



# **Christine Duncan Heritage Academy**

## **2020-2021 COVID-19 Staff Policies and Procedures Manual**

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**TABLE OF CONTENTS**

**INTRODUCTION.....1**

**RELATIONSHIP TO EXISTING CDHA POLICIES AND PROCEDURES..... 1**

**VIOLATIONS OF CDHA COVID-19 POLICIES AND PROCEDURES.....1**

**A. RETURN TO WORK..... 2**

**B. EMERGENCY PAID SICK LEAVE AND EXPANDED FAMILY MEDICAL  
LEAVE POLICY .....5**

**C. STAFF COVID-19 RELATED CONCERNS AND GRIEVANCES POLICY  
AND PROCEDURES .....8**

**FORMS ..... 9**

## **INTRODUCTION**

Due to the declared public health emergency in New Mexico related to the Novel Coronavirus (COVID-19), until further notice the following policies and procedures will be in place at Christine Duncan Heritage Academy (CDHA), in addition to the policies and procedures contained in existing CDHA Parent and Student Handbooks and Employee Handbooks, and other CDHA policies and procedures.

Christine Duncan's COVID-19 policies and procedures were developed in response to and in compliance with guidance from the New Mexico Public Education Department (NMPED), and also in compliance with guidelines and recommendations promulgated by the Centers for Disease Control (CDC), World Health Organization (WHO), Environmental Protection Agency (EPA), and Anansi's insurance company, Poms and Associates. To the extent any provision herein conflicts with a public health or executive order, the public health or executive order shall control. Further, policies and procedures contained herein are subject to revision as necessary to comply with any updated guidance that may be received from these entities during the COVID-19 pandemic. References to guidance documents used to craft these policies and procedures are included at the end of this document.

We all want students and educators to feel comfortable and safe returning to school. The conditions, current medical landscape, and growing body of knowledge surrounding COVID-19 continue to evolve. This reality presents challenges to planning, preparing, and guiding school operations. Christine Duncan Heritage Academy will communicate with local authorities and will always adhere to the most recent and restrictive recommendations from the CDC and NMPED. We will use these policies and procedures in the coming months to help keep our students and staff as safe as possible while focusing on educating every student to the best of our ability.

### **RELATIONSHIP TO EXISTING CDHA EMPLOYEE POLICIES AND PROCEDURES:**

CDHA's COVID-19 Staff Policies and Procedures are to be read as an attachment to CDHA's existing Employee Handbook and in conjunction with CDHA's COVID-19 Policies and Procedures Manual. All staff must comply with both the policies and procedures set forth herein and those included in the CDHA COVID-19 Policies and Procedures Manual. Any conflicts between these employee COVID-19 policies or procedures and pre-existing CDHA employee policies and procedures will be resolved in favor of the policies and procedures contained herein, which shall control.

### **VIOLATIONS OF CDHA COVID-19 POLICIES AND PROCEDURES**

Compliance with CDHA COVID-19 policies and procedures by staff, students, and CDHA families is a critical during the COVID-19 pandemic. Violation of these policies and procedures may subject staff to disciplinary action.

## **A. RETURN TO WORK**

CDHA recognizes that employees, as much as students and families, are experiencing fear and uncertainty. Although safety cannot be guaranteed, CDHA will support employees by providing them with information and training about the myriad of efforts implemented by the director and administrative staff, support staff, and others to bring them back to the campus safely and in compliance with guidance issued by CDC, NMPED, NMDOH, OSHA and other such entities. CDHA director and staff must work together to assure that safety processes will be consistently monitored and enforced for the protection of all. CDHA will review the following information with employees before school starts and will make any written protocols or procedures accessible to them:

- Protocols and procedures for day-to-day school operations, e.g. movement plans for students, teacher and student classroom assignments, location and distribution of food during meals, social distancing measures, and infection prevention techniques.
- Safety equipment and supplies available to staff.
- Daily cleaning protocols, name(s) of those responsible, how these tasks will be enforced and monitored and documented.
- Procedures for illness screening and surveillance, actions followed when infection or exposure possibilities have been identified at school.
- Information on self-care, encouraging people not to come to school when sick.
- Notice and information about Extended Family Medical Leave and Emergency Sick Leave<sup>1</sup>; and
- Primary contact person to address work place safety concerns or other COVID-19 related questions and who will also be open to suggestions.

## **EVALUATING STAFFING ACCOMMODATION REQUESTS**

CDHA will consider the needs of school personnel who are reluctant, vulnerable or afraid to return to work and will respond accordingly within these four general groups:

- The employee is at “increased risk” as determined by the CDC
  - Employee’s family member is at increased risk of severe illness because of age or medical condition (not COVID)
  - The employee has unmet child care obligations
  - The employee has a generalized, non-specific fear of exposure and infection

For this discussion, the situation does not arise for reasons related to COVID-19.

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<sup>1</sup> Mandated by law.

**THE EMPLOYEE IS AT “INCREASED RISK” AS DETERMINED BY THE CDC/ADA:**

CDC has determined that people of any age with certain underlying medical conditions are at risk or “might” be at risk of severe illness from COVID-19. The following is the most current CDC list as of July 14, 2020, but the employer should routinely check for changes:

At increased risk:

Chronic kidney disease

COPD (chronic obstructive pulmonary disease)

Immunocompromised state (weakened immune system) from solid organ transplant

Obesity (body mass index [BMI] of 30 or higher)

Serious heart conditions, such as heart failure, coronary artery disease, or cardiomyopathies  
Sickle cell disease

Type 2 diabetes mellitus

Might be at increased risk:

Asthma (moderate-to-severe)

Cerebrovascular disease (affect blood vessels and blood supply to the brain)

Cystic fibrosis

Hypertension or high blood pressure

Immunocompromised state (weakened immune system) from blood or bone marrow transplant, immune deficiencies, HIV, use of corticosteroids, or use of other immune weakening medicines

Neurologic conditions, such as dementia

Liver disease

Pregnancy

Pulmonary fibrosis (having damaged or scarred lung tissues)

Smoking

Thalassemia (a type of blood disorder)

Type 1 diabetes mellitus

The age of an individual is a predictor for having an increased risk of having severe illness or being hospitalized for COVID-19. Age, however, is not an “underlying medical condition.”

An employee shall notify the director in writing that he/she requires an accommodation and shall include the specific circumstance that indicates the reason for the accommodation. If it is

determined that he/she does require an accommodation, then the CDHA director and employee shall engage in an interactive process to determine the nature of the accommodation sought and whether the employee, with or without that accommodation, can perform the essential functions of the job. CDHA commits to a creative approach to provide accommodations that will allow the employee to perform his/her job. This meeting shall be held within three (3) days of the request for accommodations, and the agreed upon accommodations, if any, shall be documented and revisited if the accommodation is not working for either the employee or the employer. CDHA shall determine the accommodations within one (1) week of the above-referenced meeting and will re-visit the accommodations and needs every two weeks. The EEOC (federal Equal Employment Opportunity Commission) has also opined that given the circumstances of the pandemic, the employer may want to adapt and/or shorten the interactive process, devise end dates for the accommodation, and modify the accommodations based on changing circumstances of public health directives.

Under the current health crisis and school reopening hurdles CDHA will consider the following accommodations:

- Working remotely
- Considering some type of extended medical leave (FMLA/school developed policy)
- Extended leave (paid by using accrued leave, then unpaid leave for the balance of the school year); leave of absence for one semester or the school year
- Reduce to part time and work remotely
- If teleworking, accommodations for working at computer for extended periods, etc.
- Reassign to another position away from higher levels of person to person exposure
- Reassign marginal job duties, e.g. if teachers are required to eat with their students (when masks are off, have someone cover that activity)
- Revise job assignments to create “remote jobs” for those at risk
- Modify work schedule to avoid close contact with people coming and going
- Physical accommodations to reduce exposure in the facility, e.g. enhanced personal protective equipment (gowns, gloves, etc.); room air purifier, providing face shield and mask, respirators (e.g. N95 Masks) move to classroom with good ventilation, putting tables between individual and others in work space to maintain distance, plexiglass shields, etc.
- Others (consider contacting Job Accommodation Network ([www.askjan.org](http://www.askjan.org)))

**B. EMERGENCY PAID SICK LEAVE AND EXPANDED FAMILY MEDICAL LEAVE POLICY:**

**PURPOSE:** To comply with the federal Families First Coronavirus Response Act referred to as the CARES Act. The CARES Act was passed to assist employees affected by the COVID-19 outbreak with job-protected leave and pay, where applicable. Under the CARES Act, two new temporary laws were enacted by Congress. The first is the Emergency Family Medical Leave Expansion Act and the second law is known as the Emergency Paid Sick Leave Act. This policy will address requirements of both new laws and is in effect immediately and until December 31, 2020, unless extended by Congress.

**1. Emergency Paid Sick Leave (EPSL):**

**a. Relationship to other leave:**

- i. EPSL may not be used for any other reason or substituted for any other category of leave available to employees

**b. Eligibility/Qualifying Reasons:**

- i. No waiting period is required for employees to be eligible for EPSL. All current full-time and part-time employees scheduled but unable to do physical work at School **or** perform their job responsibilities as approved by the Director by teleworking or other remote delivery of services are eligible for EPSL if the requested leave is due to one of the following reasons for leave:
  - 1. The employee is subject to a federal, state or local quarantine or isolation order<sup>2</sup> related to COVID-19.
  - 2. The employee has been advised by a health care provider to self-quarantine due to concerns related to COVID-19.
  - 3. The employee is experiencing symptoms of COVID-19 and seeking a medical diagnosis.
  - 4. The employee is caring for an individual who is subject to either #1 or #2 above.
  - 5. The employee is caring for his or her child because the child's school (elementary or secondary) or other child care location has been closed, or the childcare provider of such child is unavailable, due to COVID-19 precautions.
  - 6. The employee is experiencing any other substantially similar condition specified by the U.S. Secretary of Health and Human Services in consultation with the U.S. Secretary of the Treasury and the U.S. Secretary of Labor. (NOTE: As of the date of this policy, no other conditions have been identified.)
- ii. Unable to telework means that the employer has work for the employee, but the employee is not able to perform that work, either under normal circumstances at the normal worksite or by at a remote location.
- iii. "Child" means a biological, adopted or foster child, a stepchild, a legal ward, or a child of a person standing in loco parentis, who is:

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<sup>2</sup> This includes "stay-at-home" orders as used by New Mexico's Governor and Department of Health.

1. Under 18 years of age; or
  2. 18 years of age or older and incapable of self-care because of a mental or physical disability.
- iv. “Child Care provider” means a provider who may or may not receive compensation for providing child care services on a regular basis. The term includes a center-based child care provider, a group home child care provider, a family-member child care provider, or other provider of child care services for compensation that is licensed, regulated, or registered under state law. However, a Child Care provider under the CARES Act need not be compensated or licensed if he or she is a family member or friend, such as a neighbor, who regularly cares for the employee’s child.
  - v. “Individual” means an immediate family member, roommate or similar person with whom the employee has a relationship that creates an expectation that the employee would care for the person if he or she self-quarantined or was quarantined.
  - vi. “Telework” means the employer permits an employee to perform work while the employee is at home or at a location other than the employee’s normal workplace. An employee is able to telework if: his or her employer has work for the employee; the employer permits the employee to work from the employee’s location; and there are no extenuating circumstances (such as a serious COVID-19 symptoms) that prevents the employee from performing that at work. Telework is work for which an employee is paid at his/her normal rate of pay.
- c. Procedure For Requesting Emergency Paid Sick Leave:**
- i. Employees must give notice according to the same procedure followed for other sick leave, however, in addition to notifying the School of the need for leave, the employee must also be specific about the reason for leave under this policy. If employee is unable to personally (either by phone, text or email) provide notice of the need for leave, a spouse or adult family member may do so. Verbal notification will be accepted until practicable to provide written notice. The employee must complete the “Request for Emergency Paid Leave” form as soon as practical, the form will be provided in response to the request for EPSL or posted on the School’s website. Failure to complete the required information or documentation within five business days after being notified by the School of the missing information/documentation, may result in an employee having to use accrued sick leave, request approved leave without pay, or be subject to other consequences. Employee shall communicate with the School about any obstacles to providing required documentation.
  - ii. The following information and/or supporting documentation for EPSL must be provided in addition to the completed Request for Emergency Paid Leave form:
    1. A copy of the federal, state, or local quarantine or isolation order related to COVID-19 applicable to the employee **or** the name of the government entity that issued the order.



2. Written documentation by a health care provider advising the employee to self-quarantine due to concerns related to COVID-19 **or** the name of the provider who advised the employee.
  3. A statement which provides for the name and employee's affiliation or relation to the individual the employee is taking leave to care for who is subject to a quarantine or isolation order or is advised to self-quarantine; a copy of the order related to COVID-19 and issued by a federal, state, or local entity applicable to the individual directing that he/she self-quarantine, **or** the name of the government entity that issued the order; or the name of the health care provider who advised the individual being cared for to self-quarantine due to concerns related to COVID-19.
  4. The name and age of the child or children being cared for; the name of the school, place of care, or child care provider that closed or became unavailable; and a statement that no other suitable person is available to care for the child during the period of requested leave.
- iii. Once EPSL has begun, the employee and the School's Administrator or designee will determine reasonable procedures for the employee to report periodically on the employee's status and intent to continue to receive EPSL. EPSL is **only** for the reasons above and **only** for as long as that reason exists.
- d. Amount of Paid Sick Leave**
- i. All eligible full-time employees will have up to 80 hours of paid sick leave available to use for the qualifying reasons above. Eligible part-time employees are entitled to the number of hours worked, on average, over a two-week period.
  - ii. For employees with varying hours, one of two methods for computing the number of hours paid will be used:
    1. If the employee has worked 6 months or more, the average number of hours that the employee was scheduled per day over the 6-month period ending on the date on which the employee takes leave, including hours for which the employee took leave of any type. The average daily hours worked number is then multiplied by 10 working days to arrive at the total number of Emergency Paid Sick Leave hours.
    2. If the employee has worked less than 6 months, the expected number of hours to be scheduled per day at the time of hire, multiplied by 10 working days to arrive at the total number of Emergency Paid Sick Leave hours.
- e. Increments and Intermittent Use of EPSL**
- i. Subject to the limitations described below, the Director may agree to permit employees to use EPSL intermittently. Whether such request is agreed to by the Administrator will be determined by factors affecting school operations. An agreement to use EPSL and the intervals and increments will be set forth in writing. Any change in the interval or

increment must be approved by the employee and Administrator in writing as soon as practical. This agreement will be used to track the employee's eligible EPSL. If an employee takes intermittent leave, only the amount of EPSL taken (and documented as described above) may be counted toward the employee's leave entitlement.

**f. Rate of Pay:**

- i.** EPSL will be paid at the employee's regular rate of pay, or minimum wage, whichever is greater, for leave taken for reasons 1-3 above. Employees taking leave for reasons 4-6 will be compensated at two-thirds their regular rate of pay, or minimum wage, whichever is greater. Pay will not exceed:
- ii.** \$511 per day and \$5,110 in total for leave taken for reasons 1-3 above.
- iii.** \$200 per day and \$2,000 in total for leave taken for reasons 4-6 above.

**C. STAFF COVID-19 RELATED CONCERNS AND GRIEVANCES POLICY AND PROCEDURES:**

*It is the policy of CDHA to implement procedures designed to encourage staff to communicate COVID-19 concerns and ensure appropriate responses to any COVID-19 concerns and grievances*

An employee should refer to the grievance procedures as outlined in the Employee Handbook, beginning with "Informal Process 1- Self Assessment" and Informal Process 2-Dialogue" as outlined. The Informal Process 2-Dialogue would be best served through direct communication with the director, due to the health and safety concerns and the potential immediate need for mitigating actions in order to maintain a safe and healthy environment.

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## REQUEST FOR EMERGENCY PAID SICK LEAVE

Please complete the following request form and submit to the School's Administrator or designee as soon as possible and before leave commences. Verbal notice will be accepted until a form can be provided.

Documentation supporting the need for leave must be included with this request, as described in the Emergency Paid Sick Leave and Expanded Family Medical Leave Policy.

Employee Name (print clearly): \_\_\_\_\_

Requested Leave Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

The amount of EPSL being requested is \_\_\_\_\_ hours.

[Optional: I wish to take intermittent leave for reason #5 below, during the following days and hours:]

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

I am requesting this emergency paid sick leave due to my inability to work (or telework) because (check the appropriate reason below):

- 1) I am subject to a federal, state, or local quarantine or isolation order related to COVID-19.
- 2) I have been advised by a health care provider to self-quarantine due to concerns related to COVID-19.
- 3) I am experiencing symptoms of COVID-19 and seeking a medical diagnosis.
- 4) I am caring for an individual who is subject to either number 1 or 2 above.
- 5) I am caring for my child whose primary or secondary school or place of care has been closed, or my child care provider is unavailable due to COVID-19 precautions; and,
  - I attest that no other suitable person is available to care for my child during the requested period of leave.
- 6) I am experiencing any other substantially similar condition specified by the U.S. Secretary of Health and Human Services in consultation with the U.S. Secretary of the Treasury and the U.S. Secretary of Labor. (NOTE: As of the date of this policy, no other conditions have been identified.)

I have attached appropriate documentation supporting my need for leave.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Administrator's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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## EMPLOYEE STATEMENT SUPPORTING EPSL

I, \_\_\_\_\_, provide the following information in support of my request for Emergency Paid Sick Leave (complete all that apply):

### Leave due to a government-issued quarantine or isolation order

Name of the issuing government agency for the quarantine or isolation order:

\_\_\_\_\_

Effective dates of the order: \_\_\_\_\_

### Leave due to a health care provider's advice to self-quarantine

Name of the health care provider advising me or the individual I am caring for to self-quarantine:

\_\_\_\_\_

Written documentation is available and attached:  Yes  No

Name and relation of the individual who I am needed to care for:

Name: \_\_\_\_\_ Affiliation/Relation: \_\_\_\_\_

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## EMPLOYEE STATEMENT SUPPORTING EPSL (page 2)

### Leave due to a school or place of child care closed due to COVID-19

Name of school or place of care:

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Name of child caregiver unavailable due to concerns related to COVID-19:

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Name and age of child or children I am needed to care for:

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

No other suitable person is available to care for my child for the requested leave period due to:

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### Leave due to a substantially similar condition specified by the secretary of health and human services

Provide details regarding the need for this leave:

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I attest that the above information is accurate and complete. I understand falsification of any information given may lead to disciplinary action.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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## EFMLA EMPLOYEE REQUEST FORM

Please complete the following request form and submit to the School's Administrator or designee as soon as possible and before leave commences. Verbal notice will be accepted until a form can be provided.

Documentation supporting the need for leave must be included with this request, as described in the Emergency Paid Sick Leave and Expanded Family Medical Leave Policy.

Employee Name (print clearly): \_\_\_\_\_

Requested Leave Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

I am requesting this EFML because I cannot be physically present at School to work, nor can I telework or otherwise work remotely, because I must care for my child due to:

- The closing of my child's school or place of care, due to concerns related to COVID-19;
- The unavailability of my child's regular child care provider due to concerns related to COVID-19; and
- No other suitable person is available to care for my child during the requested period of leave.

Time off work is expected to be (select the most appropriate box):

- For a continuous block of time.
- For a reduced work schedule (change in work schedule needed—fewer hours per day or fewer hours per week).

If a reduced work schedule is needed, indicate the days and hours you are available for work:

<u>Monday</u>	<u>Tuesday</u>	<u>Wednesday</u>	<u>Thursday</u>	<u>Friday</u>	<u>Saturday</u>	<u>Sunday</u>

I have attached appropriate documentation supporting my need for leave.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Administrator's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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## EMPLOYEE STATEMENT SUPPORTING EFML

I, \_\_\_\_\_, provide the following information in support of my request for Expanded Family Medical Leave (complete all that apply):

**Name of school or place of care closed due to concerns related to COVID-19:**

\_\_\_\_\_

**Name of child caregiver unavailable due to concerns related to COVID-19:**

\_\_\_\_\_

**Name and age of child or children I am needed to care for:**

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

**No other suitable person is available to care for my child for the requested leave period due to:**

\_\_\_\_\_

\_\_\_\_\_

I attest that the above information is accurate and complete. I understand falsification of any information given may lead to disciplinary action.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_