2020-2021
S.A.F.E. REOPENING PLAN

Safety of Students and Staff
The safety of our student and staff are the highest priority in reopening our schools for the 2020-21 school year.

Academics, Athletics, and Extracurriculars
We will provide safe and high quality experiences for our students.

Facilities and Operations
Our facilities and operations will ensure safe learning environments.

Equitable Access and Outcomes
We will commit to providing students and staff with the resources needed to be successful.

(rev. 8.27.20)
The Metropolitan School District of Warren Township is committed to providing a safe and healthy learning environment for all students and staff as our schools reopen for the 2020-2021 school year. In order to provide a safe and healthy learning environment, changes to the traditional school model will be necessary for all students, families / caregivers, staff, and our community.

After extensive discussion with Warren staff through the use of MSD Warren’s Reopening Task Force, and receiving feedback from our staff and parent / caregiver surveys, this reopening document was created to guide our S.A.F.E reopening for the 2020-21 school year. Additionally, MSD Warren Township staff followed the guidance of the Indiana Department of Education’s (IDOE) reopening framework entitled, “Indiana’s Considerations for Learning and Safe Schools (IN-CLASS)”, guidance from the Center for Disease Control (CDC), the Indiana State Department of Health (ISDH), and the Marion County Public Health Department (MCPHD).

Although evidence shows that most children infected with COVID-19 have mild symptoms, some children will develop serious illness, especially those children and caregivers at risk because of underlying health issues. MSD Warren Township encourages all families to discuss with their child’s health care provider to determine whether continued virtual learning is the appropriate plan until adequate immunization can occur. Also, MSD Warren Township personnel who are 65 years and older or who have underlying health conditions are encouraged to consult with their health care provider.

MSD Warren Township’s reopening document serves to outline the precautionary measures and protocols to be implemented as students and staff return to school. In an effort to streamline the information, the contents of this document have been organized in four categories.

S — Safety of Students and Staff
A — Academics, Athletics, and Extracurricular Activities
F — Facilities and Operations
E — Equitable Access and Outcomes
MSD WARREN TOWNSHIP HEALTH PROTOCOLS FOR SCHOOLS

It is essential for the Warren community to work together to prevent the introduction and spread of COVID-19 in the school environment and in the community while still providing a quality education program.

State statute gives public school districts the authority to exclude students who have a contagious disease such as COVID-19 or are liable to transmit it after exposure (IC 20-34-3-9).

In addition, the Marion County Public Health Department has the authority to exclude students from school and may order students and others to isolate or quarantine (IC 16-41-9-1.6). As such, districts/schools are encouraged to work closely with their local health departments.

SYMPTOMS IMPACTING CONSIDERATION FOR EXCLUSION FROM SCHOOL

Students and employees will be trained to recognize and monitor the following COVID-19-related symptoms:

- A fever of 100.0° F or greater*
- Cough
- Shortness of breath or difficulty breathing
- Sore throat
- Fatigue
- Chills
- Muscle or body aches
- Headache
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea
- New loss of taste or smell

Students and employees should be excluded from school if they test positive for COVID-19 or exhibit two or more of the symptoms of COVID-19 based on ISDH / MCPHD guidance that is not otherwise explained.

*MSD Warren Township in collaboration with Community Hospital Network will use the 100.0 °F threshold to be consistent with current district policies.
EMERGENCY WARNING SIGNS FOR COVID-19

Look for emergency warning signs* for COVID-19. If someone is showing any of these signs, seek emergency medical care immediately:

- Trouble breathing
- Persistent pain or pressure in the chest
- New confusion
- Inability to wake or stay awake
- Bluish lips or face

*This list is not all possible symptoms. Please call your medical provider for any other symptoms that are severe or concerning to you.

Call 911 or call ahead to your local emergency facility: Notify the operator that you are seeking care for someone who has or may have COVID-19.

VULNERABLE INDIVIDUALS:

The CDC defines “Vulnerable individuals” as people age 65 years and older and others with serious underlying health conditions, including high blood pressure, chronic lung disease, diabetes, obesity, asthma, and those whose immune systems are compromised such as by chemotherapy for cancer and other conditions requiring such therapy. Vulnerable individuals should be aware they are at higher risk for COVID-19 complications and should consider wearing a mask/face covering and follow physical distancing guidelines.

SELF-SCREENING

The current ISDH / MCPHD guidelines recommend screening all students and employees for COVID-19 symptoms and history of exposure.

Parents / caregivers will be required to screen their students before coming to school each day. All MSD Warren employees are also required to self-screen before coming to school. Students and employees exhibiting symptoms of COVID-19 (see Symptoms Impacting Consideration for Exclusion from School listed above) without being otherwise explained, are prohibited from coming to school, and if they do come to school, they will be sent home immediately.

MSD Warren Township will provide professional development regarding the recognition of COVID-19 symptoms and screening to improve observational reporting.

Students, families, and employees can use the ISDH COVID-19 Screening Decision Tree on page 7 and 8 to assist in the self-screening process.
COVID-19 Screening Decision Tree

Student or staff member complains of COVID-19 or MIS-C symptoms.

Call 9-1-1 (EMS) if any of the following symptoms are exhibited:
- Difficulty or Rapid Breathing
- Pulse Ox <92%
- Bluish Lips/Face
- Chest Pain
- New Confusion
- Unable to wake or stay awake

NO

Mask student or staff member

Place student in isolation area away from others

Staff should go home immediately and consult a healthcare provider.

Questions to ask:
1. When did symptoms appear?
2. Recent COVID-19 exposure?
3. Signs and Symptoms (see list on back)
4. Temp >100.4 or school board policy if lower
5. +Pulse Ox <92%

Verbal, Visual, & Physical concerns out of range?

NO
- Allow to rest for 10 minutes
- Improving? NO
  - BACK TO CLASS
- YES
  - Isolate
  - Send home ASAP
  - Contact Medical Provider
  - Contact Public Health

YES
- FOLLOW-UP WITH
  - Student/family
  - Health Services
  - Administrator

Updated: 8/5/20

Indiana State Department of Health
Symptoms of COVID-19

- Fever 100.4° or Chills
- Sore Throat
- Cough*
- Diarrhea, Vomiting or Abdominal Pain
- Headache*
- New Loss of Taste or Smell
- Muscle or Body Aches or Fatigue
- Congestion or Runny Nose
- Shortness of Breath or Difficulty Breathing

*Usually presents with more than one symptom.

Look for emergency warning signs* for COVID-19. If someone is showing any of these signs, seek emergency medical care immediately:

- Difficulty or rapid breathing
- Inability to wake or stay awake
- Persistent pain or pressure in the chest
- Bluish lips or face
- New confusion
- Stomach Pain

*This list is not all possible symptoms. Please call your medical provider for any other symptoms that are severe or concerning to you.

Call 911 or call ahead to your local emergency facility:
Notify the operator that you are seeking care for someone who has or may have COVID-19.

Symptoms of MIS-C

- Rash
- Red Eyes
- Red/Swollen Tongue
- Cracked/Swollen Lips
- Swelling Hands/Feet
- Stomach Pain

Updated: 8/5/20
COVID-19 RESPONSE PROTOCOLS

In collaboration with the Marion County Public Health Department, the Indiana State Department of Health, and the Indiana Department of Education, plans and procedures have been developed to appropriately respond in the event of a COVID-19 case.

Once a student or employee is excluded from the school environment, they may return if they satisfy the recommendations of the ISDH / MCPHD guidance.

RETURNING TO SCHOOL AFTER EXCLUSION:
Individual is NOT a known close contact to a COVID-19 case

Close Contact: Within 6 feet for more than 15 minutes total with anyone confirmed with COVID-19

<table>
<thead>
<tr>
<th>Student / Employee NOT a known close contact</th>
<th>Symptomatic (with symptoms)</th>
<th>Asymptomatic (without symptoms)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not Tested with Alternate Explanation (strep, influenza, etc. as determined by a health care provider)</td>
<td>May return to school after a 24 hours resolution of fever AND documentation from a health care provider stating the individual has an alternate diagnosis and the provider believes it is appropriate to return to school / work.</td>
<td>Not Applicable / May Return</td>
</tr>
<tr>
<td>Not Tested without Alternate Explanation</td>
<td>Must remain home for at least 10 days from the first day symptoms appeared and 24 hours fever-free without use of fever-reducing medicine and with improvement of respiratory symptoms.</td>
<td>Not Applicable / May Return</td>
</tr>
<tr>
<td>Tested and Negative for COVID - 19</td>
<td>The individual must be fever free for 24 hours without the use of fever-reducing medications, unless advised otherwise by a healthcare provider. If diagnosed with another condition, the individual must complete the exclusion period for the diagnosed disease.</td>
<td>May proceed with attending school / work.</td>
</tr>
<tr>
<td>Tested and Positive for COVID - 19</td>
<td>Individual must isolate for at least 10 days from the date symptoms began and 24 hours fever-free without fever-reducing medications and improvement of respiratory symptoms. Repeat testing is NOT recommended for making decisions about when people can return to work or school. Siblings, household members, and other close contacts should follow the close contact chart on page 10.</td>
<td>Must isolate at home for 10 days from the day the test was taken. Siblings, household members, and other close contacts should follow the close contact chart on page 10.</td>
</tr>
</tbody>
</table>
RETURNING TO SCHOOL AFTER EXCLUSION:

Individual is a known close contact to a COVID — 19 case

Close Contact: Within 6 feet for more than 15 minutes total with anyone confirmed with COVID-19

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<tr>
<th>Student / Employee</th>
<th>Symptomatic (with symptoms)</th>
<th>Asymptomatic (without symptoms)</th>
</tr>
</thead>
</table>
| Not Tested for COVID-19 | The individual must quarantine for 14 days after the last contact with the COVID-19-positive person.  
If the exposure is to a household member and the case cannot properly isolate away from others at home, the last date of contact may be the last day of isolation for the case.  
The individual must also remain home for at least 10 days since the first symptoms began AND be fever free without the use of fever-reducing medications for 24 hours AND with improvement of symptoms.  
The criteria in both of the above examples must be met before returning to school.  
Siblings, household members, and other close contacts should also follow this chart to determine quarantine length. | Must quarantine for 14 days before returning to school / work.  
If the exposure is to a household member and the case cannot properly isolate away from others at home, the last date of contact may be the last day of isolation for the case. |
| Tested and Negative for COVID - 19 | If an individual who is a close contact becomes symptomatic, refer to the symptomatic scenarios above.  
The individual must quarantine for 14 days after contact with the COVID-19-positive person, even if the student has an alternate diagnosis for symptoms. If the close contact tests positive, isolation starts on the day of symptom onset and isolation may end prior to the last day of quarantine or after the 14 days of quarantine. | Must quarantine for 14 days before returning to school / work.  
If the exposure is to a household member and the case cannot properly isolate away from others at home, the last date of contact may be the last day of isolation for the case. |
| Tested and Positive for COVID - 19 | The individual must isolate at home for at least 10 days since the first symptoms began AND be fever free without the use of fever-reducing medications for 24 hours AND with improvement in symptoms.  
Repeat testing is NOT recommended for making decisions about when people can return to work or school.  
Siblings, household members, and other close contacts should also follow this chart to determine quarantine length. | Must isolate at home for 10 days after the day the sample was collected.  
Siblings, household members, and other close contacts should follow the close contact chart. |

Note: QUARANTINE keeps someone who was in close contact with someone who has COVID-19 away from others.  
ISOLATION keeps someone who is sick or tested positive for COVID-19 without symptoms away from others, even in their own home.

The state website, [https://www.coronavirus.in.gov/2524.htm](https://www.coronavirus.in.gov/2524.htm) has a list of over 200 testing facilities, their location, and hours of operation. Although this list is updated frequently, it is recommended to call ahead of time to make sure the testing site is still operable.
PERSONAL PROTECTIVE EQUIPMENT (PPE)
FACE COVERINGS, MASKS, AND FACE SHIELDS

ALL K-12 MSD Warren students and employees will be required to wear a face covering.

ALL MSD Warren students and staff will be provided with at least one washable face covering.

FACE COVERING DO’S
● Cover your nose and mouth with your face covering.

● Wear your face covering snugly against the side of the face. It should be loose enough to allow for easy breathing.

● Wash your face coverings daily or discard disposable masks.

FACE COVERING DON'TS
● Do not place face coverings on the forehead or around the neck.

● Do not share face coverings with others.

● Do not touch the face covering, and if you do, wash your hands or use hand sanitizer to disinfect.

● Do not wear face coverings that contain inappropriate language or images. A replacement face covering will be provided in these situations.

All Marion County households can obtain up to 5 free masks by requesting them at [https://www.indy.gov/activity/face-coverings-for-marion-county-residents](https://www.indy.gov/activity/face-coverings-for-marion-county-residents)

If MSD Warren Township parents / caregivers are in need of face coverings, please contact our MSD Warren Community Outreach Hotline at 317-869-4308 or email MSDWarrenOutreach@warren.k12.in.us.
## FACE COVERING REQUIREMENTS FOR WARREN STUDENTS AND EMPLOYEES

<table>
<thead>
<tr>
<th>Students / Employees</th>
<th>Location</th>
<th>Face Covering Requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td>MSD Warren K-12 Students</td>
<td>Busses, Entering &amp; Exiting School Buildings, During Passing Periods, Restrooms, Cafeteria (in serving lines), Nurse’s Clinic</td>
<td>✓ Students are required to wear a face covering at ALL times in these locations. (If wearing a face covering is not possible due to a physical, medical, or health-related reason, parents / caregivers need to notify school personnel immediately)</td>
</tr>
<tr>
<td>MSD Warren K-12 Students</td>
<td>Classrooms (Inside and Outside)</td>
<td>✓ Students are required to wear a face covering, unless exempted by the teacher when: ● Students are physically distanced at 6 feet or more and all facing the same direction. ● Students are physically distanced at 6 feet or more and there is no talking. ● Students are physically distanced at 6 feet or more and the learning is taking place outside.</td>
</tr>
<tr>
<td>MSD Warren K-12 Students</td>
<td>Cafeteria (and other eating locations)</td>
<td>🚫 Students are not required to wear a face covering during eating times as long as physical distancing of 6 feet or more is implemented.</td>
</tr>
<tr>
<td>MSD Warren K-12 Students</td>
<td>Recess, Physical Education, Outdoor Activities</td>
<td>✓/🚫 Students are required to wear a face covering when physical distancing of 6 feet or more is not possible. If physical distancing is possible, students are not required to wear face coverings.</td>
</tr>
<tr>
<td>MSD Warren K-12 Teachers / Instructional Assistants (IA’s)</td>
<td>Classrooms</td>
<td>✓ Teachers &amp; IA’s will be required to wear a face covering at all times when working with students. (If wearing a face covering is not possible due to a physical, medical, or health-related reason, an employee needs to notify their supervisor immediately)</td>
</tr>
<tr>
<td>MSD Warren K-12 Non Teaching Employees</td>
<td>All Locations</td>
<td>✓ Employees are required to wear a face covering unless physical distancing of 6 feet or more is possible. (If wearing a face covering is not possible due to a physical, medical, or health-related reason, an employee needs to notify their supervisor immediately)</td>
</tr>
</tbody>
</table>
SCHOOL NURSES

MSD Warren Township has a partnership with Community Health Network in which they provide all of our schools with full time certified nurses. All nurses have been trained to work with COVID-19 related situations. Mrs. Kim Howard is the district’s Coordinator of Health and Nursing Services.

SCHOOL CLINIC SPACES

NON-COVID-19 RELATED

Students who DO NOT display symptoms of COVID-19 can be seen and treated in the nurse’s clinic. These would include students who are injured during the school day or students with special health care needs such as those with chronic health conditions (i.e. diabetes or seizures), those requiring medical treatments, and those with individual health plans.

COVID-19 SYMPTOMATIC

Each school building has a nurse’s office for daily medication and routine health issues. Any student or non-student experiencing COVID-19 symptoms will be placed in a separate designated room;

- Provided a mask and monitored until a parent / caregiver can pick up the student.
- Only essential staff assigned to the room may enter.
- A record will be kept of all persons who entered the room and the room will be disinfected several times throughout the day.
- Strict physical distancing is required and staff must wear appropriate PPE.
- Students who are ill will be walked out of the building to their parents.
- If a student or staff member has a fever for any reason, the staff or student must be fever-free, without the use of fever-reducing medications, for 24 hours before returning to school.
- Additionally, all staff and students with fevers or symptoms associated with COVID-19 are encouraged to seek medical attention for further evaluation and instructions. Students and staff may return before the 24-hour window has elapsed if they are approved to do so in writing by their healthcare provider.
CONFIRMED CASE OF COVID-19 ON MSD WARREN SCHOOL PROPERTY

When there is confirmation that a person infected with COVID-19 was on school property, MSD Warren Township will contact the Marion County Public Health Department immediately. MSD Warren Township Schools will also notify the Indiana Department of Education per state guidance. Unless extenuating circumstances exist, MSD Warren Township Schools will work with the Marion County Public Health Department to assess factors such as the likelihood of exposure to employees and students in the building, the number of cases in the community, and other factors that will determine building closure.

It is the responsibility of the local health department to contact the person confirmed with COVID-19, inform direct contacts of their possible exposure, and give instructions to those involved with the confirmed case, including siblings and other household members regarding self-quarantine and exclusions. The individual who tested positive will not be identified in communications to the school community at large but may need to be selectively identified for contact tracing by the local health department.

If a closure is determined necessary, MSD Warren Township Schools will consult with Marion County Public Health Department to determine the status of school activities including extracurricular activities, co-curricular activities, and before and after-school programs.

As soon as the district becomes aware of a student or employee who has been exposed to or has been diagnosed with COVID-19, the custodial staff will be informed, so that impacted building or bus areas, furnishings, and equipment are thoroughly disinfected. If possible, based upon student and staff presence, the custodial staff will wait 24 hours or as long as possible prior to disinfecting. However, if that is not possible or school is in session, the cleaning will occur immediately.
PREVENTATIVE MEASURES
The priority for preventing the spread of disease in the school setting is to insist that sick employees and students stay home. Additionally, students and employees should remain home if someone in the household has COVID-19 symptoms or is being tested for COVID-19. Some people can be infected with COVID-19, but show no signs of illness even though they are contagious and can spread the disease to others. It is also unknown how contagious people are the day or two before they begin to exhibit illness symptoms. Thus, these employees or students may be present at school, will show no signs of illness, but be capable of transmitting the disease to others. The three most important mitigation strategies are physical distancing, frequent handwashing, and appropriate PPE.

GOOD HYGIENE PRACTICES
One of the best preventive measures to reduce the spread of COVID-19 and other viruses is practicing good hygiene. MSD Warren students and staff will be encouraged to:

- Wash their hands often with soap and water for at least 20 seconds.
- It’s especially important to wash:
  - Before eating or preparing food
  - Before touching your face
  - After using the restroom
  - After leaving a public place
  - After blowing your nose, coughing, or sneezing
  - After handling your cloth face covering
  - After changing a diaper
  - After caring for someone sick
  - After touching animals or pets
- If soap and water are not readily available, use a hand sanitizer that contains at least 60% alcohol. Cover all surfaces of your hands and rub them together until they feel dry.
- Avoid touching your eyes, nose, and mouth with unwashed hands.

These key times for handwashing will include a modified class pattern to maintain the best opportunities possible while maintaining distancing between students and include:

- Start of the school day
- Before and after eating
- After recess and after using the restroom
- After blowing nose, coughing, or sneezing
- After using shared equipment

IMMUNIZATIONS
Immunization requirements will remain unchanged. Assistance through our school district personnel, Marion County Public Health Department and health systems will be provided. Immunization information can be found on our website, [https://www.warren.k12.in.us/o/msd-of-warren-township/page/2020-21-enrollment](https://www.warren.k12.in.us/o/msd-of-warren-township/page/2020-21-enrollment).
MSD WARREN TOWNSHIP EDUCATION PLAN

With the safety precautions and protocols outlined in this document in place, MSD Warren Township schools will provide traditional IN-PERSON learning for grades PK-5th grade. Students in grades 6th - 12th will participate in an ALTERNATING DAY IN-PERSON and VIRTUAL Model. All K-12 students will have access to the 5-day VIRTUAL model.

<table>
<thead>
<tr>
<th>Grade Level</th>
<th>Options for Parents/Caregivers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preschool</td>
<td>Preschool students will continue to have a 3 or 5 day a week option (full day and half day options as space permits). Childcare will also be available.</td>
</tr>
<tr>
<td>Kindergarten - 5th Grade</td>
<td>Students in grades K-5 will have both a 5-day VIRTUAL option or a 5-day IN-PERSON option. Students in the 5-day VIRTUAL model will follow an alternating day / time schedule provided by the teacher of direct instruction and application and practice days / time. <em>(8.12.20)</em></td>
</tr>
<tr>
<td>All elementary schools &amp; 5th graders at Creston, Raymond Park, and Stonybrook</td>
<td></td>
</tr>
<tr>
<td>6th - 12th Grade</td>
<td>Students in grades 6th - 12th grade will operate on an ALTERNATING DAY schedule. They will also have a 5-day VIRTUAL option.</td>
</tr>
<tr>
<td>Renaissance School</td>
<td>Renaissance School students will have a 5-day VIRTUAL option or a ½ day IN-PERSON school option.</td>
</tr>
<tr>
<td>Special Programs (Special Education)</td>
<td>Students in special programs (Life Skills, Functional Academics, Intensive Mental Health Program) will have a VIRTUAL option or a 5 day a week IN-PERSON option.</td>
</tr>
</tbody>
</table>
**K-5 TRADITIONAL IN-PERSON MODEL**
MSD Warren Township will provide a traditional IN-PERSON learning model for any K-5 student enrolled in an MSD Warren Township school.

<table>
<thead>
<tr>
<th>Instructional Model</th>
<th>Description</th>
<th>Requirements</th>
</tr>
</thead>
</table>
| **IN-PERSON (K-5)** | Students that participate in the traditional IN-PERSON model will:  
  ● Follow the district’s board approved school calendar.  
  ● Follow guidelines of face coverings and physical distancing.  
  ● Have access to transportation, free breakfast and lunch, and available extracurricular activities.  
  ● NOT participate in field trips until further notice.  
  ● Have access to district assigned devices.  
    ○ K-4 - At school iPad  
    ○ 5th Grade - Take home Chromebook | Students that participate in the traditional IN-PERSON model are required to:  
  ● Be in attendance 5 days a week.  
  ● Participate in the full school day.  
  ● Commit to a **9 week / quarter** placement. (exceptions will be made on individual COVID-19 related situations)  
  ● If students are required to isolate or quarantine, they will receive their school work from their classroom teacher during that time. *(8.12.20)*  
  ● Complete assignments and assessments given by teacher, district, and or state. |
**6-12 ALTERNATING DAY IN-PERSON / VIRTUAL MODEL**

MSD Warren students in grades 6th - 12th will participate in an ALTERNATING DAY IN-PERSON and VIRTUAL model.

<table>
<thead>
<tr>
<th>Instructional Model</th>
<th>Description</th>
<th>Requirements</th>
</tr>
</thead>
</table>
| ALTERNATING IN-PERSON and VIRTUAL Model (6-12) | Students will participate in the IN-PERSON and VIRTUAL model on an ALTERNATING DAY schedule. They will:  
  - Follow the district’s board approved school calendar.  
  - Will be placed in a cohort based on last name or family name.  
  - Follow a two-week alternating day schedule of in-person and virtual. (See below)  
  - Follow guidelines of face coverings and physical distancing.  
  - Have access to transportation for IN-PERSON, free breakfast and lunch, and available extracurricular activities.  
  - Have access to district assigned take home Chromebook and a WIFI hotspot, if needed.  
  - NOT participate in field trips until further notice. | Students that participate in the ALTERNATING DAY model are required to:  
  - Be in attendance 5 days a week both IN-PERSON and VIRTUALLY.  
  - Participate in the full school day.  
  - Commit to a 9 week / quarter (5-8) or 18 week / semester (9-12) placement. (exceptions will be made on individual COVID-19 related situations)  
  - Complete IN-PERSON and VIRTUAL assignments and assessments given by teacher, district, and or state. |

### Black Schedule Week 1, August 10-14, 2020 - (Students with Last Name A-K)

<table>
<thead>
<tr>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
</tr>
</thead>
<tbody>
<tr>
<td>IN-PERSON</td>
<td>VIRTUAL</td>
<td>IN-PERSON</td>
<td>VIRTUAL</td>
<td>IN-PERSON</td>
</tr>
</tbody>
</table>

### Black Schedule Week 2, August 17-21, 2020

<table>
<thead>
<tr>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
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</thead>
<tbody>
<tr>
<td>VIRTUAL</td>
<td>IN-PERSON</td>
<td>VIRTUAL</td>
<td>IN-PERSON</td>
<td>VIRTUAL</td>
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</tbody>
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### Gold Schedule Week 1, August 10-14, 2020 - (Students with Last Name L-Z)

<table>
<thead>
<tr>
<th>Monday</th>
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<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
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</thead>
<tbody>
<tr>
<td>VIRTUAL</td>
<td>IN-PERSON</td>
<td>VIRTUAL</td>
<td>IN-PERSON</td>
<td>VIRTUAL</td>
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### Gold Schedule Week 2, August 17-21, 2020

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<th>Friday</th>
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<tbody>
<tr>
<td>IN-PERSON</td>
<td>VIRTUAL</td>
<td>IN-PERSON</td>
<td>VIRTUAL</td>
<td>IN-PERSON</td>
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</tbody>
</table>
2020-2021 Semester 1 Black and Gold Schedule

July

<table>
<thead>
<tr>
<th>Su</th>
<th>Mo</th>
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Black Schedule = Student IN-PERSON attendance days
Gold Schedule = Student IN-PERSON attendance days
No school for students

Oct 22 Parent/Teacher Conferences 6-8
Gold Schedule for 9-12
Dec 18 Gold Schedule for 6-8
No School for 9-12
eLearning Day for ALL students
**K-12 VIRTUAL MODEL**

MSD Warren Township will also provide a K-12 VIRTUAL learning model for any student who has physical distancing or health concerns. VIRTUAL learning is different from eLearning or Learn at Home that was implemented this past Spring. The expectations of students in the K-12 VIRTUAL learning model will be similar as the students in the traditional IN-PERSON model.

Mrs. Pam Griffin, Assistant Superintendent, will oversee the district’s K-12 Virtual program. If you have questions, you may contact her office at 317-869-4349.

**VIRTUAL LEARNING: ELEMENTARY, INTERMEDIATE MIDDLE**

<table>
<thead>
<tr>
<th>Instructional Model</th>
<th>Description</th>
<th>Requirements</th>
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<tr>
<td>VIRTUAL (K-8)</td>
<td>Students that participate in the traditional VIRTUAL model will:</td>
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<td>- Kindergarten students will receive direct instruction for half of the day. The second half of the day will be designated for teacher assigned application and practice of new skills. <em>(8.12.20)</em></td>
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<td>- Grades 1-8 students will have scheduled direct instruction days (Black) and scheduled application and practice days (Gold). These days will follow an alternating day schedule provided by the teacher. <em>(8.12.20)</em></td>
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<td>- Sample grade level schedules are available on our Virtual Program webpage. <em>(8.12.20)</em></td>
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<td>- Follow the district’s board approved school calendar.</td>
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<td>- Follow Indiana Academic Standards.</td>
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<td>- Be taught by an MSD Warren Teacher.</td>
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<td>- Receive grades for assigned work.</td>
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<td>- Have access to, free breakfast and lunch at MCRC, and available extracurricular activities. <em>(8.12.20)</em></td>
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<td>- NOT participate in field trips until further notice.</td>
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<td>- Have access to district assigned devices.</td>
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<td>- K-4 - Take home iPad</td>
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<td>- 5-8 - Take home Chromebook</td>
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<td>Students that participate in the traditional VIRTUAL model are required to:</td>
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<td>- Be in attendance 5 days a week.</td>
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<td>- Participate in the full school day.</td>
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<td>- K-4th: 8:05-3:05</td>
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<td>- 5th-8th: 8:55-3:55</td>
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<td>- Follow Student Success Handbook Expectations</td>
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<td>- Commit to a 9 week / quarter placement. (Exceptions will be made on individual COVID-19 related situations.)</td>
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<td>- Complete assignments and assessments given by teacher, district, and or state.</td>
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<td>- Access Canvas daily.</td>
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<td>- Participate in Zoom meetings with their teachers.</td>
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VIRTUAL LEARNING: HIGH SCHOOL / CREDIT COURSES

9th - 12th grade counselors will work with each high school student to create their virtual schedule.

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<th>Instructional Model</th>
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<th>Requirements</th>
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| VIRTUAL (9-12)      | Students that participate in the VIRTUAL model will:  
● Follow the district’s board approved school calendar. (unless taking an online course from Indiana Online Academy)  
● Follow Indiana Academic Standards  
● Be taught by a MSD Warren Teacher or a Indiana licensed teacher if taking online courses through Indiana Online Academy.  
● Have access to select Walker Career Center courses, select Dual Credit and Advanced Placement (AP) Courses. (Each student’s counselor will assist in scheduling these courses.)  
● Receive grades for assigned work.  
● Have access to, free breakfast and lunch at designated locations through the district, and available extracurricular activities.*  
● NOT participate in field trips until further notice.  
● Have access to a district assigned take home Chromebook. | Students that participate in the VIRTUAL model are required to:  
● Be in attendance 5 days a week.  
● Participate in the full school day.  
  ○ 7:15 - 2:15  
● Follow Student Success Handbook Expectations  
● Commit to a 18 week / semester placement. (Exceptions will be made on individual COVID-19 related situations.)  
● Complete assignments and assessments given by teacher, district, and or state.  
● Access Canvas daily  
● Participate in Zoom meetings with their teachers. |

*Must meet IHSSA, IDOE guidance

Families interested in the VIRTUAL learning model are asked to contact our registration hotline at 317-608-0545 or email at WarrenRegistration@warren.k12.in.us by July 20, 2020. Families who select the virtual option after July 20, 2020 will be placed on a waitlist and will be notified prior to school starting of their placement. Families that signed up for the VIRTUAL learning model and no longer wish to participate should reach out to the hotline before the start of the school year to change their selection.
PHYSICAL / SOCIAL DISTANCING IN THE SCHOOL ENVIRONMENT

Physical distancing will be implemented when possible in all school environments. The following are actions that MSD Warren Township will take to increase physical distancing while still maintaining an exceptional learning experience.

TRANSPORTATION (additional information on Transportation is provided on page 32)
- K-12 Warren students and staff are required to wear a face covering during transporting.
- Physical Distancing will be implemented when possible.
- A Student may be seated with another student.
- Students will be assigned seats.
- Students will fill the bus from the back to front when possible.
- Signage will be posted to remind students and staff of safe physical distancing practices.

CAFETERIA / EATING IN THE CLASSROOM (additional information on Food Service is provided on page 33)
- Physical Distancing will be implemented when possible.
- Cafeteria capacity will be reduced 40%-50%.
- Meals will be delivered to the classroom when possible.
- Lunch periods will be staggered to reduce student interactions.
- No sharing of food or utensils.
- Signage will be posted to remind students and staff of safe physical distancing practices.

CLASSROOM (additional information on Classrooms is provided on page 34)
- Student seating will be arranged 3-6 feet apart.
- Student seating will be assigned and will face the same direction.
- The use of small group instruction will be reduced or eliminated.
- Teachers will maintain a 3-6 feet distance from students when possible.
- Teachers may rotate to reduce student movement throughout the building.
- Outside learning spaces will be utilized when possible.
- Signage will be posted to remind students and staff of safe physical distancing practices.

HALLWAY
- Designated lanes and movement patterns will be created for student & staff movement.
- Large group gatherings (bathroom breaks, lining up in the hallway, etc.) will be limited.
- Schedules will be staggered if needed to minimize the number of students and staff in the hallways.
- Locker access will be limited throughout the day.
- Floor markings will be used to indicate appropriate physical distancing.
- Designated entry and exits will be used to create one-way directional paths.
- Water bottles/bottled water will be encouraged to avoid use of water fountains.
- Signage will be posted to remind students and staff of safe physical distancing practices.

RECESS (PK-4 ONLY)
- Recess schedules will be created to minimize the number of students on the playground.
- Students will be assigned specific areas of the playground / outdoor space.
- Designated entry and exits will be used to create one-way directional paths.
- Contact activities (tag, football, etc.) will be prohibited.
- Water bottles/bottled water will be encouraged to avoid use of water fountains.
- Signage will be posted to remind students and staff of safe physical distancing practices.
STUDENT EXPECTATIONS

MSD Warren Township students are expected to adhere to all existing Student Success Handbook policies and procedures. In addition, students are to follow physical distancing guidelines whenever possible.

In the event of a quarantine period or school closure, MSD Warren Township students are expected to continue the educational process through the combined support of teachers, instructional assistants, and technology. MSD Warren Township will utilize virtual learning during any quarantine period or school closure. Virtual learning is a change from the previously implemented Learn at Home and eLearning practices as students will be expected to participate in the educational environment in real-time.

MSD Warren Township defines virtual learning as consisting of timely, active participation in the learning process via technology and video conferencing (Zoom, Google Meet). Students will be expected to attend the virtual classroom using the same time structure of a traditional day of school.

For example, a high school student will be expected to remotely connect to each period class to participate in the real-time, live instruction provided by teachers and instructional assistants.

Individual situations that may prevent a student from attending virtual learning or in person sessions will be addressed on a case-by-case basis by school administration.

STUDENT ATTENDANCE

A student absent from school due to COVID-19 related symptoms will be recorded as a student illness/medical absence. If a student is not ill but circumstances require the student to quarantine, the student’s attendance will be recorded as “quarantine absence”. An absence due to quarantining will be considered an “excused” absence from school. If the student is able to participate in virtual learning while quarantining, the student’s attendance will be recorded as “virtual attendance”.

MSD Warren Township parents / caregivers may opt for virtual learning (as defined above in the Student Expectations section) in lieu of students attending school physically. Tardies, absences, and truancies will be recorded for virtual learners in the same manner as traditional classroom attendance.
SAFETY PROCEDURE AND PROTOCOLS

All MSD Warren Township Employees and Education and Operational Personnel will:

- Follow physical / social distancing guidelines whenever possible.
- Facilitate the cleaning of student desks, tables, and other high-touch areas prior to the new student groups entering the classroom.
- Provide access to hand sanitizer.
- Promote social distancing and healthy hygiene practices.
- Adhere to the MSD Warren Township Health Protocols outlined in this document.
- Address all existing employment functions outlined within the job description.
- Adhere to all MSD Warren Township existing policies and procedures.
- Wear appropriate personal protective equipment (including mask) when engaging in situations where bodily fluids are of a higher exchange rate (i.e. assisting students with daily functions such as toileting, dressing, grooming, eating, etc.)

PROFESSIONAL DEVELOPMENT

All MSD Warren Township employees and Educational and Operational Personnel will complete professional development training regarding COVID-19 symptoms and screening, prevention techniques, and student and employee healthy hygiene protocols prior to working with students.

Examples of professional development topics will minimally include:

- Correct information about COVID-19, how it spreads, symptoms, risk of exposure, and mitigation techniques.
- Who to contact if a student or non-student (i.e., staff) exhibit symptoms of COVID-19.
- The requirement that personal protective equipment is worn (disposable masks, gloves, clothing, etc.), how to wear them correctly, and maintain and dispose of the equipment.
- The appropriate methods, tools, and products for cleaning surfaces and other high touch areas.
- General occupational safety training including the location of eye wash stations, AED, first-aid supplies, etc.
- Universal precautions when handling bodily fluids.
- Proper handling techniques of higher risk items (waste bins, trash bags, etc.).
MSD WARREN TOWNSHIP EXTRA-CURRICULAR AND CO-CURRICULAR REOPENING GUIDELINES

The Indiana Department of Education (IDOE), Indiana High School Athletic Association (IHSAA), National Federation of High Schools (NFHS), and the Indiana State School Music Association (ISSMA) all provided leadership and guidance to the MSD of Warren Township Schools in the development of this reopening document. During this unprecedented time, it is important to utilize all resources available to mitigate risk and ensure the safest possible environment for participation. Collectively, it is essential for student athletes, performing arts students, extracurricular coaches and essential personnel to prevent the introduction and spread of COVID-19 in the school environment. In addition, given the fluid nature of COVID-19, these guidelines are subject to change. Therefore, on Monday, July 6, 2020, we will begin the safe and healthy return of student athletes, performing arts students, extracurricular coaches, staff and essential personnel to campus and resume school sponsored activities.

PREPARTICIPATION GUIDELINES:
Prior to returning back to campus on Monday, July 6, 2020, ALL student athletes, performing arts students, extracurricular coaches and essential personnel will be required to complete and submit the following documents. (SEE APPENDIX TO VIEW ALL DOCUMENTS).

STUDENT ATHLETES:
- IHSAA Preparticipation Athletic Physical Forms (Must show proof of the 2019-2020 completed form or use the 2020-21 form);
- 2020-21 IHSAA Health History Update Questionnaire and Consent & Release Certificate;
- 2020-21 IHSAA Concussion and Sudden Cardiac Arrest Acknowledgement and Signature Form for Parents and Student Athletes form;
- 2020-21 Community Health Consent HIPAA Privacy Practices Form;
- IHSAA Transfer (New Students to WCHS);
- COVID-19 Training (Canvas);
- Warrior Acknowledgement & Pledge.

PERFORMING ART STUDENTS:
- COVID-19 Training (Canvas);
- Warrior Acknowledgement & Pledge.

EXTRACURRICULAR COACHES:
- District Employee Return to Work Requirements and Guidelines;
- COVID-19 Training (Canvas or Safe Schools);
- COVID-19 Daily Medical Screen Training (Community Health Athletic Trainers).
ESSENTIAL PERSONNEL (DETERMINED BY DIRECTORS OR HEAD COACHES ONLY):

- District Employee Return to Work Requirements and Guidelines (Adults Only);
- IHSAA Preparticipation Athletic Physical Forms (Must show proof of the 2019-2020 completed form or use the 2020-21 form) - (Students Only);
- 2020-21 IHSAA Health History Update Questionnaire and Consent & Release Certificate (Students);
- 2020-21 IHSAA Concussion and Sudden Cardiac Arrest Acknowledgement and Signature Form for Parents and Student Athletes form (Students Only);
- 2020-21 Community Health Consent HIPAA Privacy Practices Form (Students Only);
- COVID-19 Training (Adults & Students);
- COVID-19 Daily Medical Screen Training (Adults Only);
- Warrior Acknowledgement & Pledge (Students Only).

PERSONAL PROTECTIVE EQUIPMENT (PPE) / CLOTH FACE COVERING (CFC’s)

Students may wear CFC’s during activities, if doing so will not cause a health risk. When not engaging in vigorous activity and practical, students should wear face coverings. Non-students, including coaches, medical-related staff, directors, security staff, supervisors, should wear face coverings at all times unless performing rigorous activity.

CLEANING AND SANITATION:

1. Adequate cleaning schedules have been created and implemented for all extracurricular facilities.
2. Prior to students or groups of students entering a facility, hard surfaces within that facility will be wiped down and sanitized (chairs, furniture in meeting rooms, locker rooms, weight room equipment, athletic training room tables, band rooms etc.).
3. Students will either wash their hands for a minimum of 20 seconds with warm water and soap or use hand sanitizer before participating in workouts.
4. Hand sanitizer will be available to students and coaches as they transfer from place to place.
5. Weight equipment will be wiped down thoroughly before and after a student’s use of equipment.
6. Instruments and equipment will NOT be shared at any time.
7. Appropriate clothing/shoes will be worn at all times in the weight room to minimize sweat from transmitting onto equipment/surfaces.
8. Any equipment such as weight benches, athletic pads, blocking sleds, and tackling dummies etc. having holes with exposed foam must be covered.
9. Students are strongly encouraged to shower and wash their workout clothing immediately upon returning to home.
PRE-ACTIVITY SCREENING:
Starting on Monday, July 6, 2020, students that participate in extracurricular activities, prior to every workout or practice, will be screened for signs/symptoms of COVID-19. Either our Community Health Network Athletic Trainers or Warren Township Extracurricular Coaches will conduct daily screenings.

All extracurricular coaches will be required to complete a COVID-19 Medical Screening Training Session with our Community Health Network Athletic Trainers. In addition, given the fluid situation of COVID-19, these guidelines are subject to change.

SCREENING PROCEDURES:
All student-athletes, athletic trainers, and athletic coaches will enter the external Warrior Dome entrance off parking lot 8 and will maintain 3-6 feet of physical distancing during the entire screening process. Performing arts students and staff will enter through Door #36 and will maintain 6-feet of physical distancing during the entire screening process. Students and extracurricular coaches will use the pre-measured spots to maintain social distancing. The screening will consist of the following:

1. Temperature (fever) - 100.0 °F or higher.
2. “In the past 14 days, have you been told by a healthcare provider that you have, or may have, COVID-19?”
3. Symptom Checklist:
   - Fever
   - Cough
   - Shortness of breath or difficulty breathing
   - Sore Throat
   - New loss of smell and/or taste
   - Chills
   - Body Aches
   - Headache
   - Skin lesions on the feet and toes
4. Student-athletes and coaches will exit through the Warrior Dome tunnel door leading to the football field.
5. Performing Arts students and staff will exit through Door #32 leading to the band practice field.
6. If a student shows COVID-19 symptoms, the student will be prohibited from participating in treatment, practice, or competition. The parent or legal guardian will be notified and directed to contact the student’s primary care provider (PCP) or appropriate healthcare provider. Prior to rejoining the team, the student is required to provide a signed release from a physician stating the student is able to return to practice/competition.
7. Screening findings/information will be documented on a daily basis within the Google document provided by the athletic trainer. When recording responses, only (“YES”) will be recorded.
8. If a student develops COVID-19 symptoms (not associated with symptoms that may
normally be experienced with participation in physical or strenuous activity), remove
the student from activity (social distanced from others), notify the legal guardian, and
direct to contact their PCP or appropriate healthcare provider.
9. Extracurricular coaches will be trained by Community Health Network Athletic
Trainers to screen student-athletes and document the screening within the **COVID-19 Monitoring Form** provided by the athletic trainer.

**ATHLETIC TRAINING FACILITIES**

**PERSONAL PROTECTIVE EQUIPMENT (PPE) /ATHLETIC TRAINERS**

1. The Athletic Trainer when treating patients/student-athletes will use personal protective
equipment, including masks (surgical). At minimum, the mask must be disposed of each
day or sooner if the mask becomes soiled or is not functional. In addition, protective
eyewear is recommended and may be used by the athletic trainers when treating
patients/student-athletes.
2. Used PPE and contaminated materials (sharps, contaminated medical waste) will be
discarded in appropriately labeled containers and disposed of through appropriate
methods.
3. Student-athletes will be required to wear cloth face covering while in the athletic training
facilities/athletic training room. If a student-athlete refuses to wear a cloth face
covering, the Athletic Trainer may determine that it is unsafe to provide care. Therefore,
treatment may be delayed until adequate, safe circumstances/surroundings become
available.

**PHYSICAL DISTANCING RECOMMENDATIONS:**

1. Treatment tables and other tables will be arranged according to social distancing
guidelines (6 feet).
2. The limits for the number of student athletes in the athletic training facilities/athletic
training rooms will be based upon the size of the facility/athletic training room, and
following social distancing guidelines (6 feet).
3. For those student-athletes waiting for care, a space outside the facility/athletic training
room will be used. If a hallway is used, there will be 6 feet queuing marks clearly labeled.

**HYGIENE AND CLEANING RECOMMENDATIONS:**

Athletic Trainers will use and demonstrate appropriate hand hygiene, by thorough hand
washing (minimum of 20 seconds) or the use of approved hand sanitizer, before and after
contact with each student-athlete.
THE FOLLOWING ARE NEW HYGIENE AND CLEANING PROCEDURES:

Student Athletes entering the athletic training facility/athletic training room will thoroughly hand wash (minimum of 20 seconds) or use approved hand sanitizer before entering and after exiting the athletic training facility/athletic training room.

1. Hand sanitizer stations will be located outside the athletic training facility/training room doors or immediately inside the athletic training facility/athletic training room door.
2. All individuals must demonstrate frequent and appropriate hand hygiene, by thorough hand washing (minimum of 20 seconds) or the use of approved hand sanitizer, especially after touching objects in the facility (computer keyboards, cabinets, tables, chairs, pens, rehabilitation equipment, etc.).
3. All shared items (magazines, brochures, etc...) will be removed from the facility/athletic training room.
4. Athletic training facility/athletic training room and equipment cleaning will be completed according to the approved schedule following the Community Health Network Ambulatory Cleaning Checklist (See Appendix).
5. Warren Township is committed to using safe EPA-approved sanitizing products. See the products available at: https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2-covid-19
6. Discourage the use of shared equipment, towels, water bottles, or clothing.
7. Appropriate clothing/shoes will be worn to minimize sweat transmission on equipment/surfaces. The student-athletes are to bring a change of clothes for treatment after practice/competition.
8. Any equipment or tables that have holes and/or exposed foam will be covered in a timely manner.

STRENGTH AND CONDITIONING FACILITIES

PERSONAL PROTECTIVE EQUIPMENT (PPE)/STRENGTH AND CONDITIONING COACHES:
The strength and conditioning coaches will use personal protective equipment, including masks (surgical), when coaching and will practice social distancing. At minimum, the mask must be cleaned or disposed of each day or sooner if the mask becomes soiled or is not functional. Protective eyewear is recommended and may be worn by the strength and conditioning coaches when coaching.

PHYSICAL DISTANCING RECOMMENDATIONS:

1. Equipment will be arranged according to social distancing guidelines (6 feet).
2. The limits for the number of student athletes in the strength and conditioning facilities will be based upon the PHASE (Summer Guidelines) and social distancing guidelines (3-6 feet).
3. For those waiting to work out, consider a space outside the facility to do so. Otherwise, 6 feet queuing marks will be used within the facility. In the Fieldhouse, while student athletes wait to enter the weight room, 6 feet queuing marks will be used.
HYGIENE AND CLEANING RECOMMENDATIONS:
1. Updated cleaning schedules have been created and implemented for all extracurricular facilities.
2. Prior to students or groups of students entering a facility, hard surfaces within that facility will be wiped down and sanitized (chairs, furniture in meeting rooms, locker rooms, weight room equipment, athletic training room tables, band rooms etc.).
3. Students will either wash their hands for a minimum of 20 seconds with warm water and soap or use hand sanitizer before participating in workouts.
4. Hand sanitizer will be available to students and coaches as they transfer from place to place.
5. Weight equipment will be wiped down thoroughly before and after a student’s use of equipment.
6. Appropriate clothing/shoes should be worn at all times in the weight room to minimize sweat from transmitting onto equipment/surfaces.
7. Any equipment such as weight benches, athletic pads, blocking sleds, and tackling dummies etc. having holes with exposed foam will be covered.
8. Students are strongly encouraged to shower and wash their workout clothing immediately upon returning to home.

HYDRATION:
1. Student-athletes must bring their own water bottle, labeled with their name.
2. Clean water coolers, inside and outside, after every practice/competition using approved disinfectants. Use a designated cooler for each practice group or team.
3. If a water cooler is used, designate one individual to fill all water bottles.
4. See PHASES for different Hydration protocols.

PERFORMING ART FACILITIES
(Rehearsals will be held outdoors except for in poor weather conditions.)

PERSONAL PROTECTIVE EQUIPMENT (PPE)/PERFORMING ARTS COACHES:
The performing arts coaches will use personal protective equipment, including masks, when coaching and will practice social distancing. At minimum, the mask must be cleaned or disposed of each day or sooner if the mask becomes soiled or is not functional.

PHYSICAL DISTANCING RECOMMENDATIONS:
1. Instruments and Equipment will be arranged according to physical distancing guidelines (6 feet).
2. A minimum of a 4-step interval (7 ½ feet) will be used at all times. Orange dots are marked on the rehearsal lot to define this spacing.
3. Lockers may not be used. Students will transport their instrument to and from home for every rehearsal. Instrument storage at WCHS will only be provided for very large instruments (tubas and percussion).
4. Physically distant areas will be assigned for students to store belongings near the rehearsal area.
HYGIENE AND CLEANING RECOMMENDATIONS:

Updated cleaning schedules have been created and implemented for all extracurricular facilities.

1. Prior to students or groups of students entering a facility, hard surfaces within that facility will be wiped down and sanitized (chairs, furniture in meeting rooms, band rooms etc.)

2. Students will either wash their hands for a minimum of 20 seconds with warm water and soap or use hand sanitizer before participating.

3. Hand sanitizer will be available to students and staff as they transfer from place to place.

HYDRATION:

1. Students and staff must bring their own water bottle, labeled with their name. There will be no water fountains or refilling stations available.

2. Clean water coolers, inside and outside, after every practice/competition using approved disinfectants. Use a designated cooler for each practice group or team.

3. If a water cooler is used, designate one individual to fill all water bottles.

VULNERABLE INDIVIDUALS:

The CDC defines “Vulnerable individuals” as people age 65 years and older and others with serious underlying health conditions, including high blood pressure, chronic lung disease, diabetes, obesity, asthma, and those whose immune systems are compromised such as by chemotherapy for cancer and other conditions requiring such therapy. Vulnerable individuals should be aware they are at higher risk for COVID-19 complications and should consider wearing a mask/face covering and follow social distancing guidelines.
MSD WARREN TOWNSHIP EXTRA-CURRICULAR / CO-CURRICULAR REOPENING PHASES

Please read each phase carefully as we gradually monitor the safe return of extracurricular activities. Given the fluid situation of COVID-19, these considerations are subject to change.

**PHASE I: JULY 6-JULY 19**

- **ALL SCHOOL SUMMER ACTIVITIES ARE VOLUNTARY.**
- **ALL students will be required to complete the NEW Pre-Activity Screening, prior to participating in workouts/activities.**
- **No formal competition is allowed.**
- **No contact is allowed.**
- **Locker rooms will not be utilized.** Students should report to their activity in proper gear and immediately return home to shower at the conclusion.
- **Student-athletes/performing arts students will be limited to 15 hours per week on campus.**
- **Individual student-athletes/performing arts students are limited to 15 total hours of school contact activity per calendar week. SUNDAY ACTIVITIES ARE PROHIBITED.**
- **School contact activity includes conditioning and sport-specific activities.**
- **No sport may have more than two (2) activity days per calendar week. Each sport must register their activity days in the office of the Athletic Director at least 10 days in advance. Sport-specific activity days may not occur on consecutive calendar days. Activity days are limited to three (3) hours per day. (Six hours per calendar week.)**
- **Conditioning is limited to four (4) days per week. Student-athletes may attend only one (1) conditioning session per day, per sport. Rehearsals will be held outdoors except for in poor weather conditions.**
- **Performing Arts rehearsals will be sectional-based. Students will be placed into small groups.**
- **Any student who prefers to wear a face covering for activities should be allowed, if doing so will not cause a health risk.**
- **When not engaging in vigorous activity and when practical, students should wear face coverings.**
- **Non-students, including coaches, medical-related staff, directors, security staff, supervisors, etc. should wear face coverings at all times unless under rigorous activity or that poses a health risk.**
- **Only essential student-athletes, student-participants, coaches, medical staff, related supervisors, directors, and security should be in attendance.**
- **Consideration will be given to vulnerable individuals and it is encouraged for those individuals to seek medical guidance regarding their individual level of participation.**
- **Individuals should wash their hands for a minimum of 20 seconds with warm water and soap before touching any surfaces or participating. If this is not possible, hand sanitizer should be plentiful and available to individuals as they transfer from place to place.**
- **Appropriate clothing/shoes should be worn at all times to minimize transmission.**
- **No sharing of clothing, shoes, towels, or water bottles.**
- **If equipment must be shared, including sports balls, weight room facilities, non-wind instruments, etc., this equipment should be cleaned prior to use and immediately following usage.**
• Students should shower at home and wash workout clothing immediately upon returning to their home.
• Free weight exercises requiring a spotter cannot be conducted.
• Shared hydration stations (water trough, water fountains, water hose, etc.) will not be utilized except for filling individual, labeled water bottles.
• Pool usage is acceptable. State and local guidelines will be followed using social distancing.

**PHASE II: JULY 20-AUGUST 15**

• **ALL SCHOOL RELATED SUMMER ACTIVITIES ARE VOLUNTARY.**
• **ALL students will be required to complete the NEW Pre-Activity Screening, prior to participating in workouts/activities.**
• No formal competition is allowed. *(EXCEPTION IS GIRLS GOLF)*
• Contact is allowed as defined by the IHSAA.
• Locker rooms *may be used up to 50% capacity.* Students should report to their activity in proper gear and immediately return home to shower at the conclusion.
• **Any student who prefers to wear a face covering for activities should be allowed, if doing so will not cause a health risk.**
• **When not engaging in vigorous activity and when practical, students should wear face coverings.**
• **Non-students, including coaches, medical-related staff, directors, security staff, supervisors, etc. should wear face coverings at all times unless under rigorous activity or that poses a health risk.**
• **Only essential student-athletes, student-participants, coaches, medical staff, related supervisors, directors, and security should be in attendance.**
• Consideration should be given to vulnerable individuals and it is encouraged for those individuals to seek medical guidance regarding their individual level of participation.
• Individuals should wash their hands for a minimum of 20 seconds with warm water and soap before touching any surfaces or participating. If this is not possible, hand sanitizer should be plentiful and available to individuals as they transfer from place to place.
• Appropriate clothing/shoes should be worn at all times to minimize transmission.
• No sharing of clothing, shoes, towels, or water bottles.
• If equipment must be shared, including sports balls, weight room facilities, non-wind instruments, etc., this equipment should be cleaned prior to use and immediately following usage.
• Students should shower at home and wash workout clothing immediately upon returning to their home.
• Free weight exercises requiring a spotter can be conducted. Safety measures in all forms will be strictly enforced in the weight room.
• Handshakes and handclaps should be replaced with other acts of sportsmanship.
• Shared hydration stations (water trough, water fountains, water hose, etc.) will not be utilized except for filling individual, labeled water bottles.
• Pool usage is acceptable. State and local guidelines will be followed using social distancing.
PHASE III: AUGUST 15

- ALL students will be required to complete the NEW Pre-Activity Screening, prior to participating in workouts/activities.
- Formal competition may begin.
- Locker rooms may be used up to 50% capacity. For competitions, 50% or greater capacity may be used.
- Any student who prefers to wear a face covering for activities should be allowed, if doing so will not cause a health risk.
- When not engaging in vigorous activity and when practical, students should wear face coverings.
- Spectators, media, and vendors can be present but should implement social distancing and follow established mass gathering guidelines.
- Only essential student-athletes, student-participants, coaches, medical staff, related supervisors, directors, and security should be in attendance.
- Consideration should be given to vulnerable individuals and it is encouraged for those individuals to seek medical guidance regarding their individual level of participation.
- Individuals should wash their hands for a minimum of 20 seconds with warm water and soap before touching any surfaces or participating. If this is not possible, hand sanitizer should be plentiful and available to individuals as they transfer from place to place.
- Appropriate clothing/shoes should be worn at all times to minimize transmission.
- No sharing of clothing, shoes, towels, or water bottles.
- If equipment must be shared, including sports balls, weight room facilities, non-wind instruments, etc., this equipment should be cleaned prior to use and immediately following usage.
- Students should shower at home and wash workout clothing immediately upon returning to their home.
- Free weight exercises requiring a spotter can be conducted. Safety measures in all forms will be strictly enforced in the weight room.
- Handshakes and handclaps should be replaced with other acts of sportsmanship.
- Shared hydration stations (water trough, water fountains, water hose, etc.) will not be utilized except for filling individual, labeled water bottles.
- Concessions will be sold at athletic events. Food handlers and cashiers will use appropriate PPE and only prepared, prepackaged food is available.
- Pool usage is acceptable. State and local guidelines will be followed using social distancing.
CLEANING AND SANITIZING

In an effort to reduce the spread of COVID-19, MSD Warren custodial and other staff will increase cleaning and disinfecting procedures to high touch surfaces. Additionally, the following cleaning and disinfecting measures will be put in place:

- Disinfectant and hand sanitizer will be available in each classroom;
- Restrooms, the main office entrance / lobby area, and the nurse’s office will be cleaned and sanitized throughout the day;
- Cafeteria tables will be sanitized after each lunch group;
- Doors, handles, handrails, desks, tables, chairs, sinks, cabinets, counters, cubbies, and other high touch areas will be cleaned and sanitized throughout the day;
- Playground equipment access will be limited.
- Playgrounds will be closed from 6:00 AM to 9:00 AM to be cleaned and sanitized.

In the event that a positive case of COVID-19 is discovered, the following procedures will be followed:

- All students and staff will be removed from the area.
- Employees entering the area will be required to wear a mask and gloves.
- Sanitizer will be applied to all hard surfaces immediately. Allow to cover for 10 minutes before it is deep cleaned.
- All affected areas (classrooms, nearby restrooms, quarantine area, etc.) will be deep cleaned and sanitized with the Trident High-Performance Microfiber Cleaning System. This will include but is not limited to:
  - Doors and Handles, and Handrails
  - Desks, Tables, and Chairs
  - Sinks, Cabinets, and Counters
  - Cubbies
  - Hard surface floors
  - Carpeted floors will be cleaned, sanitized, and extracted.
TRANSPORTATION

Transportation will continue to be provided for MSD Warren Township students. **Parents / caregivers are encouraged to transport their children to and from school if they feel more comfortable doing so.**

PREPARING AND CLEANING

In order to provide safe transportation for students, the MSD Warren Township transportation staff will:

- Inspect all buses and transport vehicles for cleanliness and safety;
- Disinfect using products recommended by the CDC, local health departments, and/or risk management professionals;
- Thoroughly clean and disinfect all buses and transportation vehicles at the conclusion of each bus route; and
- Whenever possible, wait 24 hours before cleaning and disinfecting a bus/transportation vehicle that transported a passenger or had a driver who tests positive for COVID-19 or exhibits symptoms of COVID-19. If 24 hours is not feasible, MSD Warren Township personnel will wait as long as possible.
- Provide hand sanitizer on the bus.
- Open windows when weather is appropriate to improve air flow.
- Recommend social distancing at the bus stop.

CAR RIDERS

- Parents / caregivers are encouraged to transport their children to and from school.
- Please allow more time as car rider lines may require more time due to the increased number of car riders.
- Car rider traffic patterns / routines may differ from previous year due to the increased number of car riders.
- Each school will communicate their 2020-2021 car rider procedure prior to the start of school.
STUDENT DEVICES

Each MSD Warren Township student will be assigned a device (K-4: iPad, 5-12: Chromebook) for the 2020-21 school year.

- Students participating in the In-Person or Virtual model for grades 5 – 12 will take home their district assigned device (Chromebook).
- Students participating in the In-Person model for grades K – 4 will be assigned a district device (iPad) and it will remain in the classroom.
- Students participating in the Virtual model for grades K – 4 will be assigned a district device (iPad) and it will remain at home with the student.
- Wi-Fi internet hotspots are available on a limited basis to families who request one through their school. Students who are participating in the virtual model will receive priority.
- All student assigned devices are property of MSD Warren Township and are to be returned if the student leaves the district. Otherwise, the student may be charged for the device.
- A help desk for all students will be open at the Walker Career Center (Door 70) from 11am-1pm on Tuesdays and Thursdays until school resumes. Beginning August 6, 2020, students enrolled in virtual learning may visit a help desk at the Moorhead Community Resource Center located at 8400 E 10th St, Indianapolis, IN 46219 from 11am-1pm Monday through Friday.
- All students should have their own Chromebook or iPad. No sharing, even with siblings.
- Students should return to school with the Chromebook or iPad that was issued in the spring. If a device is not returned the student may be charged for the device.
- Find cleaning and care instructions of Chromebooks and iPads and other technology resources on our website at: https://www.warren.k12.in.us/o/msd-of-warren-township/page/student-devices.

CAFETERIA AND FOOD SERVICES

Each MSD Warren Township school will implement modifications to their cafeterias and food service delivery on a building by building basis. When possible, MSD Warren Schools will:

- Eliminate self-serve and a la carte food items.
- All food and beverage vending machines will be turned off.
- Eliminate communal access to condiments, napkins and silverware.
- Serve medically fragile students separately from other students.
- Additional designated eating locations, including classrooms will be used to increase social distancing.
- Reduce cafeteria seating capacities at lunch tables up to 50%.
- Assign seating to increase social distancing.
- Prohibit food sharing.
- Ensure personnel handling cash do not also handle food.
- Schedule hand washing for students and employees prior to food service times.
- Provide access to hand sanitizer.
- Use floor markings and various signage to indicate appropriate social distancing for student lines.
• Require food service personnel to wear personal protective equipment including face coverings while preparing and serving food.
• Install engineering controls such as sneeze guards in cafeteria serving lines.
• Free bottles of water will be available upon request during breakfast and lunch service hours at all schools.

**CLASSROOMS**

• Student seating will be assigned and will face the same direction, 3-6 ft. apart.
• The use of small group instruction will be reduced or eliminated.
• Teachers will maintain a 3-6 feet distance from students; if not, face coverings should be used.
• Teachers may rotate to reduce student movement throughout the building.
• Student belongings / supplies will be kept separate from other student’s belongings / supplies when possible.
• Sharing of supplies will be reduced or eliminated. When supplies are shared, they will be disinfected before the next use.
• Individual water bottles / bottled water will be encouraged to minimize use of water fountains.
• Outside learning spaces will be utilized when possible.
• Every effort to reduce the amount of materials, supplies, and personal belongings going to and from school. The same consideration should be given to reducing student exposure to high-touch, shared resources at school.
• Signage will be posted to remind students and staff of safe physical distancing practices.

**SCHOOL / CLASSROOM VISITORS AND VOLUNTEERS**

• To reduce the spread of COVID-19, visitors and volunteers to classrooms, cafeterias, and other student locations will be restricted or prohibited.
• Visitors and volunteers will be encouraged to schedule visits in advance with the school office staff or administration.
• Visitors and volunteers will be screened before being allowed to enter a school facility. If a visitor or volunteer displays COVID-19 symptoms, their entry to the building will be prohibited.
• Visitors and volunteers who do enter the building will be required to sign in and document their visiting location.
• When picking up a sick student, the parent / caregiver may be asked to remain in the car.
SIGNAGE
MSD Warren Township will be placing signage on doors, walls, floors, and in other highly visible locations throughout each school building.

SOCIAL / PHYSICAL DISTANCING
THANK YOU FOR PRACTICING SOCIAL DISTANCING
6 FEET
Working together to keep all students safe.

HAND SANITIZING
HAND SANITIZING STATION
Working together to keep all students safe.

HAND WASHING
THANK YOU FOR WASHING YOUR HANDS
TO HELP PREVENT THE SPREAD OF GERMS
Working together to keep all students safe.
PROVIDING UPDATED INFORMATION
MSD Warren Township will continue to provide updated information to students, families, and staff in the following ways:

- Website – [www.warren.k12.in.us](http://www.warren.k12.in.us)
- Synergy ParentVUE
- Facebook - [facebook.com/MSDWarrenTownship/](https://www.facebook.com/MSDWarrenTownship/)
- Twitter - @msdwarren
- Mobile App
- Weekly Superintendent Update Calls / Emails
- Weekly Principal Update Calls / Emails
- School Newsletters
- Monthly District Newsletter

MOORHEAD COMMUNITY RESOURCE CENTER
MSD Warren Township has created the Moorhead Community Resource Center (MCRC) to support our Warren students and families. MCRC is located at 8400 E. 10th Street and will open in August 2020 to provide services and support to families in Warren Township.

MCRC will partner with many Indiana agencies such as WorkOne, Department of Child Services, Community Health, mentoring agencies and more to provide a place for families to access the targeted support and assistance they need. MCRC will also be used for training and meeting space for the community as well as the school district. MCRC is excited to partner with the Sonny Day Community Center, which will continue in supporting our community with food, toiletry and clothing related needs. Sonny Day will relocate to the Moorhead Community Resource Center this fall so that we can offer a full continuum of support and services in one location.
MSD WARREN COMMUNITY OUTREACH

To provide our families with the support they need, MSD Warren Township has created an outreach hotline for families to communicate their needs. Families can call 317-869-4308 or email MSDWarrenOutreach@warren.k12.in.us and someone will contact them as soon as possible.

INTERNET CONNECTIVITY

MSD Warren Township will be offering free access to WIFI internet hotspots for students who need internet connectivity. Families should contact their child’s school to request this device. One hotspot per family.
EXCEPTIONAL LEARNERS

ENGLISH LEARNERS
MSD Warren Township schools will continue to support progress towards English proficiency for our English Learner students. District and school plans will be designed in collaboration with Federal and State guidance for supporting English Learners. An appropriate platform for delivery of English Learner services will be identified on a student by student basis to support progress towards English proficiency and academic progress and participation. MSD Warren Township will ensure adequate staffing is available to meet the needs of all students with ILPs within Warren schools.

504 ACCOMMODATION PLANS
Meetings for students who have 504 Plans may be conducted virtually while school buildings are closed. As school buildings reopen, MSD Warren Township will continue to conduct 504 meetings through virtual means to align with the district’s effort of limiting visitors during the course of the school day unless unique circumstances require an in-person meeting. Annual meetings are required; however, parents may request the convening of a 504 meeting at any time if they would like to amend accommodations or if there are concerns over the implementation of the plan.

SPECIAL EDUCATION
MSD Warren Township schools will continue to collaborate, share information, and review plans with local health officials to help protect the whole school community, including those with special health needs. District and school plans will be designed to complement other community mitigation strategies to protect high-risk populations, and the community’s healthcare system, and minimize disruption to teaching and learning, while protecting students and staff from social stigma and discrimination.

MSD Warren Township schools will develop a strong communication plan with families to discuss the delivery method of instruction for students with disabilities. An appropriate platform for delivery of special education-related services will be identified on a student by student basis. MSD Warren Township will ensure adequate staffing is available to meet the needs of all students with IEPs within Warren schools.

CASE CONFERENCES

ANNUAL CASE REVIEWS
At this time, there has been no waiver of the requirement to convene the case conference committee (CCC) annually to conduct the annual case review (ACR) consistent with the requirements of 511 IAC 7-42-5(a)(2). MSD Warren Township will conduct the ACR within the one year timeline, regardless of school closure status.
CASE CONFERENCE COMMITTEE MEETINGS TO REVIEW AND REVISE THE IEP

As MSD Warren Township schools plan to reopen buildings to provide in-person instruction, schools and parents may request the convening of the case conference committee if they have concerns over the educational progress of a student. Discussion can be had to determine if there is a need to adjust frequency or duration of services.

Educational needs can be measured by considering:

- Whether the student participated in continuous learning opportunities provided by the school and district during the COVID-19 school building closure;
- Parent observations of the student’s learning during the continuous learning opportunities provided by the school or district;
- Teacher observations of the student’s learning in the continuous learning opportunities provided by the school or district;
- Whether there were services identified in the student’s IEP prior to the school closure that the school or district was unable to provide during the building closure due to restrictions on in-person services;
- Whether the student continued making progress toward meeting his/her IEP goals;
- Whether the student experienced any additional or new social-emotional health issues during building closure and re-entry;
- Whether the student experienced any regression during the period of school building closure.

RECOVERY SERVICES

According to a memo from the Indiana Department of Education, titled "Addressing COVID-19 Special Education Service Interruptions: Recovery Services, Compensatory Services, and ESY", the term recovery services, rather than compensatory services, reflects the universal need of all learners to recover from any educational gaps in learning or loss of skills caused by the unexpected school building closures. Recovery services can be provided over an extended period of time - not just in the first weeks of returning to school. Also, recovery services do not need to be a minute for minute replacement for services that were not provided during the building closures.

The amount, frequency, and type of services, beyond the universal recovery services provided to all students during this time, needs to be based on the present levels of performance data collected during both the building closures and during the first days and weeks of school re-entry. The individualized recovery services to be provided to a student with a disability should be determined by the case conference committee (CCC), based on the unique needs of the student and his or her present levels of performance once school has been back in session long enough to determine if there are gaps that linger beyond the delays exhibited by other students.

TRANSITION IEPs

Transition assessments need to be updated annually, even during the COVID-19 pandemic. When updating transition assessments, teachers of record (TORs) may conduct assessments virtually or in person. Assessments may be administered prior to or during the CCC meeting. In all cases, assessment information needs to be documented within the Summary of Findings utilizing the SPIN method - Strengths, Preferences, Interests, and Needs.
Transition services still need to be created so the school is the primary service provider. It is recommended that the narrative include in-person and remote ways to accomplish objectives and goals to accommodate for the fluidity of the COVID-19 situation.

**CCC MEETING METHOD OPTIONS**
CCC meetings may be conducted virtually while school buildings are closed. As school buildings reopen, MSD Warren Township will continue to conduct CCC meetings through virtual means to align with the district’s effort of limiting visitors during the course of the school day unless unique circumstances require an in-person CCC meeting.

**EVALUATIONS**
Requirements for evaluations remain unchanged. Parts of the evaluation may be conducted virtually if the standardization and integrity of the assessment is not compromised. Virtual components will likely be limited to interviews and checklists. Most evaluation components will be required to be completed in person.

**MEDICALLY FRAGILE STUDENTS**
Medically fragile students are at high-risk of severe medical complications if exposed to COVID-19, and therefore may be unable to attend school. Medically fragile students unable to attend school will need to be provided with educational services remotely. The determination of the services to be provided must be made by the CCC based upon the individual student’s medical and educational needs. Special education and related services determined by the CCC could be provided online or in a virtual instructional format, through instructional telephone calls, or through other curriculum-based instructional activities (511 IAC 7-42-10). If the services are to be delivered through online or virtual instruction, technological competency and the need for additional assistive technology must be considered. The CCC must convene at least every 60 instructional days to review the IEP for every student unable to attend school in person (511 IAC 7-42-11).

**HOMEBOUND SERVICES**
MSD Warren Township schools must provide special education and related services to a student with a disability who is absent for an extended period of time. QA-2 in *Questions and Answers on Providing Services to Children with Disabilities During a COVID-19 Outbreak* (USED March, 2020) states:

If a child with a disability is absent for an extended period of time because of a COVID-19 infection and the school remains open, then the IEP Team must determine whether the child is available for instruction and could benefit from homebound services such as online or virtual instruction, instructional telephone calls, and other curriculum-based instructional activities, to the extent available. In doing so, school personnel should follow appropriate health guidelines to assess and address the risk of transmission in the provision of such services. The Department understands there may be exceptional circumstances that could affect how a particular service is provided.

If a child does not receive services after an extended period of time, a school must make an individualized determination whether and to what extent compensatory services may be needed, consistent with applicable requirements, including to make up for any skills that may have been lost.”
If a MSD Warren Township school has been provided a statement from the student’s physician that the student will be unable to attend school for 20 or more instructional days, Article 7 requires the school provide instruction to the student during the time the student is unable to attend school (511 IAC 7-42-12). For students with disabilities, (511 IAC 7-42-11) requires the CCC to determine the appropriate educational services to be provided.

**USE OF HOMEBOUND DUE TO COVID-19 INFECTION IN STUDENT’S FAMILY**
As MSD Warren Township schools reopen, a student with a disability may be quarantined at home for an extended period of time due to a family member’s infection. A school or district would follow the same homebound protocol identified above to ensure the provision of FAPE. School personnel should likewise follow appropriate health guidelines to assess and reduce the risk of transmission in the provision of such homebound services.

**USE OF HOMEBOUND NOT RELATED TO COVID-19**
As MSD Warren Township schools reopen, students who were receiving services in a homebound placement pursuant to their IEP will remain in that placement until the CCC determines that a different placement is appropriate. Whether the location of the homebound services identified in the student’s IEP is in the student’s home or an out-of-school location other than the student’s home, school personnel should follow appropriate health guidelines to assess and reduce the risk of transmission of COVID-19 (511 IAC 7-42-11).

**HOMEBOUND TIMELINES**
MSD Warren Township schools will ensure the CCC reconvenes at least every 60 instructional days (this instructional day count includes remote learning days used pursuant to the LEA’s Continuous Learning Plan) when a student is receiving services in a homebound setting. 511 IAC 7-42-5(a)(7). Changes to the IEP related to a safer service delivery method during school closures and re-entry may be considered by the CCC at these 60 day reconvenes. 511 IAC 7-42-11.

**SPECIAL TRANSPORTATION**
A student’s IEP must indicate the need for special transportation services. MSD Warren Township will develop and implement a transportation plan that meets social distancing recommendations is imperative (including pick-up, in-transit, and drop off).
**THERAPY**

FAPE requires considering the needs of individual students. Therefore, at a minimum, MSD Warren Township’s reopening planning for providing IEP-required therapies in accordance with the [CDC community-level guidance for schools](https://www.cdc.gov/coronavirus/2019-ncov/community/schools-universities/index.html) must address:

1. Student-specific medical and special transportation needs for transitioning back into school settings such as classrooms, playgrounds, and day programs for therapy services;
2. Unique operating conditions, including:
   - Intensified cleaning and disinfecting of equipment and surfaces between therapy sessions;
   - Class and therapy group size reductions, staggered (alternate days/rotation) scheduling and/or spaced seating to facilitate physical distancing, restricted sharing of equipment/learning aids, and possible shifts to non-traditional class settings to improve ventilation;
   - Instruction about and observance of frequent handwashing and face covering recommendations;
   - Remote therapy needs, including assistive technology, as necessary, for special student populations who cannot yet safely return to congregate settings;
   - Contingency planning to continue services if COVID-19 transmission requires intermittent or extended school building closures.
3. Individual students’ skills regression or lack of progress and communication with parents/families about IEP therapy service changes or additions to address regression.
4. Anticipated backlogs in evaluations and possible need to prioritize new referrals before re-evaluations.
5. Adequate staffing to meet all students’ therapy needs, including:
   - Age and underlying medical conditions that may preclude qualified personnel from delivering services in the physical proximity of students and other staff;
   - Technology training and access for therapists to serve medically fragile students, such as those who are ventilator-dependent and have tracheostomies; and
   - Flexible and adaptive scheduling to maximize therapy service provision despite personnel shortages, staff illness/isolation, and limited access to students.
6. The district requirement to provide equitable services to parentally-placed students with disabilities attending reopened non-public school buildings within the district boundaries.
APPENDIX

A.1-A.6........IHSAA Preparticipation Athletic Physical Forms (Must show proof of the 2019-2020 completed form or use the 2020-21 form)

B.1-B.2........ 2020-21 IHSAA Health History Update Questionnaire and Consent & Release Certificate

C.1...............2020-21 IHSAA Concussion and Sudden Cardiac Arrest Acknowledgement and Signature Form for Parents and Student Athletes Form

D.1-D.2........2020-21 Community Health Consent HIPAA Privacy Practices Form IHSAA Transfer (New Students to WCHS)

E.1-E.2.........Warrior Acknowledgement & Pledge

F.1............... COVID-19 Monitoring Form

G.1...............Community Health Network Ambulatory Cleaning Checklist

H.1..............MCPHD Reopening Guidance (released 7.2.20)

I.1-I-2.........ISDH When a student or staff can return to school guidance (released 7.21.20)
APPENDIX A.1-A.6

PRE-PARTICIPATION PHYSICAL EVALUATION FORM (PPE)

The IHSAA Pre-participation Physical Evaluation (PPE) is the first and most important step in providing for the well-being of Indiana’s high school athletes. The form is designed to identify risk factors prior to athletic participation by way of a thorough medical history and physical examination. The IHSAA, under the guidance of the Indiana State Medical Association’s Committee on Sports Medicine, requires that the PPE Form be signed by a physician (MD or DO), nurse practitioner or physician’s assistant holding a license to practice in the State of Indiana. In order to assure that these rigorous standards are met, both organizations endorse the following requirements for completion of the PPE Form:

1. The most current version of the IHSAA PPE Form must be used and may not be altered or modified in any manner.

2. The PPE Form must be signed by a physician (MD or DO), nurse practitioner or physician’s assistant only after the medical history is reviewed, the examination performed, and the PPE Form completed in its entirety. No pre-signed or pre-stamped forms will be accepted.

3. **SIGNATURES**
   - The signature must be hand-written. No signature stamps will be accepted.
   - The signature and license number must be affixed on page three (3).
   - The parent signatures must be affixed to the form on pages two (2) and five (5).
   - The student-athlete signature must be affixed to pages two (2) and five (5).

Your cooperation will help ensure the best medical screening for Indiana’s high school athletes.
PREPARTICIPATION PHYSICAL HISTORY FORM

Note: Complete and sign this form (with your parents if younger than 18) before your appointment.

Name: __________________________ Date of birth: ____________

Date of examination: ____________ Sport(s): __________________

Sex assigned at birth (F, M, or intersex): _____ How do you identify your gender? (F, M, or other): ____

List past and current medical conditions. _______________________________________________________________

Have you ever had surgery? If yes, list all past surgical procedures. ___________________________________________

Medicines and supplements: List all current prescriptions, over-the-counter medicines, and supplements (herbal and nutritional).  _____________________________________________________________

Do you have any allergies? If yes, please list all your allergies (i.e., medicines, pollens, food, stinging insects). _____________________________________________________________

Are your required vaccinations current? ______________________________________________________________

Patient Health Questionnaire Version 4 (PHQ-4)
Overall, during the last 2 weeks, how often have you been bothered by any of the following problems? (Circle Response.)

<table>
<thead>
<tr>
<th>Feeling nervous, anxious, or on edge</th>
<th>Not at all</th>
<th>Several Days</th>
<th>Over half the days</th>
<th>Nearly every day</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Not being able to stop or control worrying</th>
<th>Not at all</th>
<th>Several Days</th>
<th>Over half the days</th>
<th>Nearly every day</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Little interest or pleasure in doing things</th>
<th>Not at all</th>
<th>Several Days</th>
<th>Over half the days</th>
<th>Nearly every day</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Feeling down, depressed, or hopeless</th>
<th>Not at all</th>
<th>Several Days</th>
<th>Over half the days</th>
<th>Nearly every day</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td></td>
</tr>
</tbody>
</table>

(A sum of ≥ 3 is considered positive on either subscale [questions 1 and 2, or questions 3 and 4] for screening purposes.)

GENERAL QUESTIONS
Explain "Yes" answers at the end of this form. Circle questions if you don't know the answers.

1. Do you have any concerns that you would like to discuss with your provider? Yes No

2. Has a provider ever denied or restricted your participation in sports for any reason? Yes No

3. Do you have any ongoing medical issues or recent illness? Yes No

HEART HEALTH QUESTIONS ABOUT YOU
Yes No

4. Have you ever passed out or nearly passed out during or after exercise? Yes No

5. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise? Yes No

6. Does your heart ever race, flutter in your chest, or skip beats (irregular beats) during exercise? Yes No

7. Has a doctor ever told you that you have any heart problems? Yes No For example, electrocardiography (ECG) or echocardiography.

8. Has a doctor ever requested a test for your heart? Yes No

HEART HEALTH QUESTIONS ABOUT YOUR FAMILY

9. Do you get light-headed or feel shorter of breath than your friends during exercise? Yes No

10. Have you ever had a seizure? Yes No

11. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 35 years (including drowning or unexplained car crash)? Yes No

12. Does anyone in your family have a genetic heart problem such as hypertrophic cardiomyopathy (HCM), Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy (ARVC), long QT syndrome (LQTS), short QT syndrome (SQTS), Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia (CPVT)? Yes No

13. Has anyone in your family had a pacemaker or an implanted defibrillator before age 35? Yes No
<table>
<thead>
<tr>
<th>BONE AND JOINT QUESTIONS</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>14. Have you ever had a stress fracture or an injury to a bone, muscle, ligament, joint, or tendon that caused you to miss a practice or game?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15. Do you have a bone, muscle, ligament, or joint injury that bothers you?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**MEDICAL QUESTIONS**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>16. Do you cough, wheeze, or have difficulty breathing during or after exercise?</td>
<td></td>
</tr>
<tr>
<td>17. Are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?</td>
<td></td>
</tr>
<tr>
<td>18. Do you have groin or testicle pain or a painful bulge or hernia in the groin area?</td>
<td></td>
</tr>
<tr>
<td>19. Do you have any recurring skin rashes or rashes that come and go, including herpes or methicillin-resistant Staphylococcus aureus (MRSA)?</td>
<td></td>
</tr>
<tr>
<td>20. Have you had a concussion or head injury that caused confusion, a prolonged headache, or memory problems?</td>
<td></td>
</tr>
</tbody>
</table>

| 21. Have you ever had numbness, tingling, weakness in your arms or legs, or been unable to move your arms or legs after being hit or falling? |    |
| 22. Have you ever become ill while exercising in the heat?                                |    |
| 23. Do you or does someone in your family have sickle cell trait or disease?             |    |
| 24. Have you ever had or do you have any problems with your eyes or vision?              |    |

**MEDICAL QUESTIONS (CONTINUED)**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>25. Do you worry about your weight?</td>
<td></td>
</tr>
<tr>
<td>26. Are you trying to or has anyone recommended that you gain or lose weight?</td>
<td></td>
</tr>
<tr>
<td>27. Are you on a special diet or do you avoid certain types of food and food groups?</td>
<td></td>
</tr>
<tr>
<td>28. Have you ever had an eating disorder?</td>
<td></td>
</tr>
<tr>
<td>29. Have you ever had a menstrual period?</td>
<td></td>
</tr>
<tr>
<td>30. How old were you when you had your first menstrual period?</td>
<td></td>
</tr>
<tr>
<td>31. When was your most recent menstrual period?</td>
<td></td>
</tr>
<tr>
<td>32. How many periods have you had in the past 12 months?</td>
<td></td>
</tr>
</tbody>
</table>

**FEMALES ONLY**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

**Explain “Yes” answers here.**

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

I hereby state that, to the best of my knowledge, my answers to the questions on this form are complete and correct.

Signature of athlete: ________________________________

Signature of parent or guardian: ____________________________

Date: ____________________________


(2 of 5)
PHYSICAL EXAMINATION

(Physical examination must be performed on or after April 1 by a health care professional holding an unlimited license to practice medicine, a nurse practitioner or a physician assistant to be valid for the following school year.) Rule 3.10

Name __________________________ Date of Birth __________________________ IHSAA Member School __________________________

PHYSICIAN REMINDERS

1. Consider additional questions on more sensitive issues
   - Do you feel sad, hopeless, depressed, or anxious?
   - Do you feel safe at your home or residence?
   - Have you ever tried marijuana, cocaine, or alcohol?
   - During the last 30 days, did you use marijuana, cocaine, or alcohol?
   - Do you use any other drugs or alcohol?
   - Have you ever taken anabolic steroids or use any other performance-enhancing substance?
   - Have you ever taken any supplements to help gain or lose weight or improve your performance?
   - Do you wear a seat belt, use a helmet, and use condoms?

2. Consider reviewing questions on cardiovascular symptoms (questions 5-14)

**EXAMINATION**

<table>
<thead>
<tr>
<th>Height</th>
<th>Weight</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**MEDICAL**

- **Appearance**
  - Marfan syndrome (deficiency, high arched palate, pectus excavatum, anacoid, arm span height, hyperelasticity, myopia, MVG, aortic insufficiency)
  - Eyelashes, nose/throat
  - Pupils equal
  - Hearing
  - Lymph nodes

- **Heart**
  - Murmurs (auscultation standing, supine, +/- Valvular)
  - Location of point of maximal impulse (PMI)
  - Pulses
  - Simultaneous femoral and radial pulses

- **Lungs**

- **Abdomen**

- **Genitourinary (males only)**

- **Skin**
  - MSV, lesions suggestive of MERS, tinea corporis

- **Neurologic**

**MUSCULOSKELETAL**

<table>
<thead>
<tr>
<th>Neck</th>
<th>Shoulder/arm</th>
<th>Elbow/forearm</th>
<th>Wrist/hand/fingers</th>
<th>Hip/leg</th>
</tr>
</thead>
<tbody>
<tr>
<td>Normal</td>
<td>Normal</td>
<td>Normal</td>
<td>Normal</td>
<td>Normal</td>
</tr>
<tr>
<td>ABNORMAL FINDINGS</td>
<td>ABNORMAL FINDINGS</td>
<td>ABNORMAL FINDINGS</td>
<td>ABNORMAL FINDINGS</td>
<td>ABNORMAL FINDINGS</td>
</tr>
</tbody>
</table>

- Normal
  - Knee
  - Leg/ankle
  - Foot/heels
  - Functional
  - Duck walk, single leg hop

- Cleared for all sports without restriction
- Not cleared
- Pending further evaluation
- For any sports

Recommendations

I have examined the above-named student and completed the preparticipation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).

Name of Health Care Professional: __________________________
Address: __________________________ Phone: __________________________ License #: __________________________
Signature of Health Care Professional: __________________________
Type: MD, DO, PA, or NP (Circle one)

(3 of 5)
Preparticipation Physical Evaluation
IHSAA Eligibility Rules

INDIVIDUAL ELIGIBILITY RULES (Grades 9 through 12)

ATTENTION ATHLETE: Your school is a member of the IHSAA and follows established rules. To be eligible to represent your school in interschool athletics, you:

1. must be a regular bona fide student in good standing in the school you represent; must have enrolled not later than the fifteenth day of the current semester.
2. must have completed 10 separate days of organized practice in said sport under the direct supervision of the high school coaching staff preceding date of participation in interschool contests. (Excluding Girls Golf – See Rule 101)
3. must have received passing grades at the end of their last grading period in school in at least seventy percent (70%) of the maximum number of full credit subjects (or the equivalent) that a student can take and must be currently enrolled in at least seventy percent (70%) of the maximum number of full credit subjects (or the equivalent) that a student can take. Semester grades take precedence.
4. must not have reached your twentieth birthday prior to or on the scheduled date of the IHSAA State Finals in a sport.
5. must have been enrolled in your present high school last semester or at a junior high school from which your high school receives its students...

... unless you are entering the ninth grade for the first time.

... unless you are transferring from a school district or territory with a corresponding bona fide move on the part of your parents.

... unless you are a ward of a court; you are an orphan, you reside with a parent, your former school closed, your former school is not accredited by the state accrediting agency in the state where the school is located, your transfer was pursuant to school board mandate, you attended in error a wrong school, you transferred from a correctional school, you are emancipated, you are a foreign exchange student under an approved ESAP program. You must have been eligible from the school from which you transferred.

6. must not have been enrolled in more than eight consecutive semesters beginning with grade 9.
7. must be an amateur (have not participated under an assumed name, have not accepted money or merchandise directly or indirectly for athletic participation, have not accepted awards, gifts, or honors from colleges or their alumni, have not signed a professional contract).
8. must have had a physical examination between April 1 and your first practice and filled with your principal your completed Consent and Release Certificate.
9. must not have transferred from one school to another for athletic reasons as a result of undue influence or persuasion by any person or group.
10. must not have received in recognition of your athletic ability, any award not approved by your principal or the IHSAA.
11. must accept awards in the form of merchandise, meals, cash, etc.
12. must not participate in an athletic contest during the IHSAA authorized contest season for that sport as an individual or on any team other than your school team. (See Rule 15-1a) Exception for outstanding student-athlete – See Rule 15-1b.
13. must not reflect discredit upon your school nor create a disruptive influence on the discipline, good order, moral or educational environment in your school.
14. students with remaining eligibility must not participate in tryouts or demonstrations of athletic ability in that sport as a prospective post-secondary school student-athlete. Graduates should refer to college rules and regulations before participating.
15. must not participate with a student enrolled below grade 9.
16. must not, while on a grade 9 junior high team, participate with or against a student enrolled in grade 11 or 12.
17. must, if absent five or more days due to illness or injury, present to your principal a written verification from a physician licensed to practice medicine, stating you may participate again. (See Rule 3.11 and 9.14.)
18. must not participate in camps, clinics or schools during the IHSAA authorized contest season. Consult your high school principal for regulations regarding out-of-season and summer.
19. girls shall not be permitted to participate in an IHSAA tournament program for boys where there is an IHSAA tournament program for girls in that sport in which they can qualify as a girls tournament entrant.

This is only a brief summary of the eligibility rules.

You may access the IHSAA Eligibility Rules (By-Laws) at www.ihsaa.org
Please contact your school officials for further information and before participating outside your school.

(Consent & Release Certificate - on back or next page)
Preparticipation Physical Evaluation
CONSENT & RELEASE CERTIFICATE

I. STUDENT ACKNOWLEDGMENT AND RELEASE CERTIFICATE

A. I have read the IHSAA Eligibility Rules (next page or on back) and know of no reason why I am not eligible to represent my school in athletic competition.

B. If accepted as a representative, I agree to follow the rules and abide by the decisions of my school and the IHSAA.

C. I know that athletic participation is a privilege. Know of the risks involved in athletic participation, understand that serious injury, and even death, is possible in such participation, and choose to accept such risks. I voluntarily accept any and all responsibility for my own safety and welfare while participating in athletics, with full understanding of the risks involved, and agree to release and hold harmless my school, the schools involved and the IHSAA of and from any and all responsibility and liability, including any from their own negligence, for any injury or claim resulting from such athletic participation and agree to take no legal action against my school, the schools involved or the IHSAA because of any accident or mishap involving my athletic participation.

D. I consent to the exclusive jurisdiction and venue of courts in Marion County, Indiana for all claims and disputes between and among the IHSAA and me, including but not limited to any claims or disputes involving injury, eligibility or rule violation.

E. I give the IHSAA and its assigns, licensees and legal representatives the irrevocable right to use my picture or image and any sound recording of me, in all forms and media and in all manners, for any lawful purposes.

I HAVE READ THIS CAREFULLY AND KNOW IT CONTAINS A RELEASE PROVISION. (to be signed by student)

Date: ___________________ Student Signature: (X)
Printed: ____________________

II. PARENT/GUARDIAN/EMANCIPATED STUDENT CONSENT, ACKNOWLEDGMENT AND RELEASE CERTIFICATE

A. Undersigned, a parent of a student, a guardian of a student or an emancipated student, hereby gives consent for the student to participate in the following interscholastic sports not marked out:

B. Undersigned understands that participation may necessitate an early dismissal from classes.

C. Undersigned consents to the disclosure, by the student’s school, to the IHSAA of all requested, detailed financial (athletic or otherwise), scholastic and attendance records of such school concerning the student.

D. Undersigned knows and acknowledges that the student knows of the risks involved in athletic participation, understands that serious injury, and even death, is possible in such participation and chooses to accept any and all responsibility for the student’s safety and welfare while participating in athletics. With full understanding of the risks involved, undersigned releases and holds harmless the school’s school, the schools involved and the IHSAA of and from any and all responsibility and liability, including any from their own negligence, for any injury or claim resulting from such athletic participation and agrees to take no legal action against the IHSAA or the schools involved because of any accident or mishap involving the student’s athletic participation.

E. Undersigned consents to the exclusive jurisdiction and venue of courts in Marion County, Indiana for all claims and disputes between and among the IHSAA and the student, including but not limited to any claims or disputes involving injury, eligibility or rule violation.

F. Undersigned gives the IHSAA and its assigns, licensees and legal representatives the irrevocable right to use any picture or image or sound recording of the student in all forms and media and in all manners, for any lawful purposes.

G. Please check the appropriate space:
- The student has school student accident insurance.
- The student has football insurance through school.
- The student has adequate family insurance coverage.
- The student does not have insurance.

Company: ___________________ Policy Number: ___________________

I HAVE READ THIS CAREFULLY AND KNOW IT CONTAINS A RELEASE PROVISION.
(to be completed and signed by all parents/guardians, emancipated students, where divorce or separation, parent with legal custody must sign)

Date: ___________________ Parent/Guardian/Emancipated Student Signature: (X)
Printed: ____________________

Date: ___________________ Parent/Guardian Signature: (X)
Printed: ____________________

CONSENT & RELEASE CERTIFICATE
Indiana High School Athletic Association, Inc.
9150 North Meridian St., P.O. Box 40650
Indianapolis, IN 46240-0650

File in Office of the Principal
Separate Form Required for Each School Year

(5 of 5)
APPENDIX B.1 – B.2

Indiana High School Athletic Association, Inc.

2020-21 HEALTH HISTORY UPDATE QUESTIONNAIRE
And
CONSENT & RELEASE CERTIFICATE

HEALTH HISTORY UPDATE QUESTIONNAIRE

Name of School:

To participate in Practices and Contests in IHSAA Recognized Sports during the 2020-21 school year on a school-sponsored team, a student who had a prior pre-participation physical examination completed and such examination was completed more than 90 days prior to the first day of official Practice for the student’s sport, may, in lieu of having a 2020-21 Pre-Participation Physical Examination form completed, provide this Health History Update Questionnaire, completed and signed by the student’s parent or guardian, or by the emancipated student. Provided, should any question on this Questionnaire be answered in the affirmative (‘Yes’), then the student must have a 2020-21 Pre-Participation Physical Examination form completed.

Student ___________________________ Age ______ Grade ______

Date of Last IHSAA Pre-Participation Physical Examination ____________________________

Since the last pre-participation physical examination, has your son/daughter:

1. Been medically advised not to participate in a sport? Yes__ No__
2. Been diagnosed with COVID-19? Yes__ No__
3. Sustained a concussion, been unconscious or lost memory from a blow to the head? Yes__ No__
4. Fainted or “blacked out”? Yes__ No__
5. Experienced chest pains, shortness of breath, “racing heart” or had any heart issues? Yes__ No__
6. Had a history of unusual fatigue or unusual tiredness? Yes__ No__
7. Been hospitalized or had surgery? Yes__ No__

Undersigned, a parent of a student, a guardian of a student or an emancipated student, verifies the information in this Questionnaire, acknowledges that a 2020-21 pre-participation physical examination (rule 3-10) is not required for a student who had a 2019-2020 Pre-Participation Physical Examination form completed, and with such knowledge, has elected not to have the student undergo a pre-participation physical examination and has assumed all responsibility for student’s participation in Practices for and in Contests in IHSAA Recognized Sports during the 2020-21 school year without having a pre-participation physical examination.

Date: ____________ Parent/Guardian/Emancipated Student (X)____________________
Printed ___________________________
CONSENT & RELEASE CERTIFICATE

I. STUDENT ACKNOWLEDGMENT AND RELEASE CERTIFICATE
A. I have read the IHSAA Eligibility Rules and know of no reason why I am not eligible to represent my school in athletic competition.
B. If accepted as a representative, I agree to follow the rules and abide by the decisions of my school and the IHSAA.
C. I know that athletic participation is a privilege. I know of the risks involved in athletic participation, understand that serious injury, illness and even death, is a possible result of such participation, and choose to accept such risks. I voluntarily accept any and all responsibility for my own safety and welfare while participating in athletics, with full understanding of the risks involved, and agree to release and hold harmless my school, the schools involved and the IHSAA of any and all responsibility and liability, including any from their own negligence, for any injury, illness or claim resulting from such athletic participation and agree to take no legal action against my school, the schools involved or the IHSAA because of any accident or mishap involving my athletic participation.
D. I consent to the exclusive jurisdiction and venue of courts in Marion County, Indiana, to all claims and disputes between and among the IHSAA and me, including but not limited to any claims or disputes involving injury, eligibility or rule violation.
E. I give the IHSAA its assigns, licensees and legal representatives the irrevocable right to use my picture or image and sound recording of me, in all forms and media and in all manners, for any lawful purposes.

I HAVE READ THIS CAREFULLY AND KNOW IT CONTAINS A RELEASE PROVISION. (to be signed by student)

Date: __________________________ Student Signature: __________________________
Printed: __________________________

II. PARENT/GUARDIAN/EMANCIPATED STUDENT CONSENT, ACKNOWLEDGMENT AND RELEASE CERTIFICATE
A. Undersigned, a parent of a student, a guardian of a student or an emancipated student, hereby gives consent for the student to participate in the following interschool sports not marked out:


Unified Sports: Unified Flag Football, Unified Track & Field

B. Undersigned understands that participation may necessitate an early dismissal from classes.
C. Undersigned consents to the disclosure, by the student’s school, to the IHSAA of all requested, detailed financial (athletic or otherwise), scholastic and attendance records of such school concerning the student.
D. Undersigned knows of and acknowledges that the student knows of the risks involved in athletic participation, understands that serious injury, illness and even death, is a possible result of such participation and chooses to accept any and all responsibility for the student’s safety and welfare while participating in athletics. With full understanding of the risks involved, undersigned releases and holds harmless the student’s school, the schools involved and the IHSAA of and from any and all responsibility and liability, including any from their own negligence, for any injury, illness or claim resulting from such athletic participation and agrees to take no legal action against the IHSAA or the schools involved because of any accident or mishap involving the student’s athletic participation.
E. Undersigned consents to the exclusive jurisdiction and venue of courts in Marion County, Indiana, to all claims and disputes between and among the IHSAA and me or the student, including but not limited to any claims or disputes involving injury, eligibility or rule violation.
F. Undersigned gives the IHSAA and its assigns, licensees and legal representatives the irrevocable right to use any picture or image or sound recording of the student in all forms and media and in all manners, for any lawful purposes.

G. Please check the appropriate space:

☑ The student has adequate family insurance coverage.
☑ The student does not have insurance.
☑ The student has football insurance through school.

Company: __________________________ Policy Number: __________________________

I HAVE READ THIS CAREFULLY AND KNOW IT CONTAINS A RELEASE PROVISION. (to be completed and signed by all parents/guardians, emancipated students, where divorce or separation, parent with custody must sign)

Date: __________________________ Parent/Guardian/Emancipated Student Signature: __________________________
Printed: __________________________

Date: __________________________ Parent/Guardian/Emancipated Student Signature: __________________________
Printed: __________________________
CONCUSSION and SUDDEN CARDIAC ARREST
ACKNOWLEDGEMENT AND SIGNATURE FORM FOR PARENTS AND STUDENT ATHLETES

Student Athlete’s Name (Please Print): ________________________________

Sport Participating In (Current and Potential): ________________________

School: ___________________________ Grade: _______________________

IC 20-34-7 and IC 20-34-8 require schools to distribute information sheets to inform and educate student athletes and their parents on the nature and risk of concussion, head injury and sudden cardiac arrest to student athletes, including the risks of continuing to play after concussion or head injury. These laws require that each year, before beginning practice for an interscholastic sport, a student athlete and the student athlete’s parents must be given an information sheet, and both must sign and return a form acknowledging receipt of the information to the student athlete’s coach.

IC 20-34-7 states that an interscholastic student athlete, in grades 5-12, who is suspected of sustaining a concussion or head injury in a practice or game, shall be removed from play at the time of injury and may not return to play until the student athlete has received a written clearance from a licensed health care provider trained in the evaluation and management of concussions and head injuries, and at least twenty-four hours have passed since the injury occurred.

IC 20-34-8 states that a student athlete who is suspected of experiencing symptoms of sudden cardiac arrest shall be removed from play and may not return to play until the coach has received verbal permission from a parent or legal guardian for the student athlete to return to play. Within twenty-four hours, this verbal permission must be replaced by a written statement from the parent or guardian.

Parent/Guardian - please read the attached fact sheets regarding concussion and sudden cardiac arrest and ensure that your student athlete has also received and read these fact sheets. After reading these fact sheets, please ensure that you and your student athlete sign this form, and have your student athlete return this form to his/her coach.

As a student athlete, I have received and read both of the fact sheets regarding concussion and sudden cardiac arrest. I understand the nature and risk of concussion and head injury to student athletes, including the risks of continuing to play after concussion or head injury, and the symptoms of sudden cardiac arrest.

(Signature of Student Athlete) (Date)

I, as the parent or legal guardian of the above named student, have received and read both of the fact sheets regarding concussion and sudden cardiac arrest. I understand the nature and risk of concussion and head injury to student athletes, including the risks of continuing to play after concussion or head injury, and the symptoms of sudden cardiac arrest.

(Signature of Parent or Guardian) (Date)

Updated April 2016
ATHLETIC CONSENTS AND AUTHORIZATION FORMS  DATE:  

This document contains (1) a consent for Community Health Network, Inc. (Community) to initiate and provide medical treatment to your student athlete in the event of an injury or illness; (2) a HIPAA Authorization Form; (3) an acknowledgement of receipt of Community's Notice of Privacy Practices; (4) an Emergency Medical and Contact Information form. It is very important that you read and complete all of these sections and forms thoroughly and sign all sections/forms separately. If the student athlete is 18 years old or older, he or she must sign for himself. Parents may not sign for students who are 18 or older. Failure to follow these instructions may result in exclusion of your child from athletic programs.

CONSENT FOR TREATMENT

I consent to Community initiating any medical or first aid treatment for (name of student athlete) in the event of an accidental injury or an illness. I understand that an attempt will be made to contact me as quickly as possible in such an event. If I cannot be reached, Community may initiate the treatment that Community and its personnel believe to be in the best interest of the above-named student athlete. I acknowledge that I have read this statement, have completed and provided the school with the Emergency Contact Information Sheet, and I hereby give my consent.

<table>
<thead>
<tr>
<th>Signature of Parent/Guardian</th>
<th>Printed:</th>
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</thead>
<tbody>
<tr>
<td>Relationship to student:</td>
<td></td>
</tr>
</tbody>
</table>

HIPAA AUTHORIZATION

I hereby authorize Community and its personnel and/or agents, to disclose the protected health information (PHI) of (student's name) (Student) as follows: The PHI of the Student that may be disclosed under this Authorization includes the records of physical examinations performed by Community to determine the Student’s eligibility to participate in classroom or other school sponsored activities; records of the evaluation; records and reports regarding the diagnosis and treatment of injuries which the Student incurred while engaged in school sponsored activities, including but not limited to practice sessions, training and competition; and other records as necessary to determine the Student’s physical fitness to participate in school sponsored activities.

The Student’s PHI may be disclosed to: (1) the Student’s school principal or assistant principal, athletic director, coaches, teachers, school nurses or other members of the school's administrative staff or their designees, and (2) emergency medical personnel, hospitals or any other health care professional or provider who evaluates, diagnoses or treats an injury, illness or other condition incurred by the Student while participating in a school sponsored activity, as necessary:

- Evaluate the Student’s eligibility to participate in school sponsored activities, including but not limited to interscholastic or intramural sports programs, physical education classes or other classroom activities;
- Document the sports medicine services provided by Community and evaluate program outcomes;
- Resolve grievances; and
- Evaluate treatment alternatives.

I understand that Community has requested this Authorization to disclose PHI so that the school, together with Community, can make certain decisions about the Student’s health and ability to participate in certain classroom and school sponsored activities in accordance with the Health Information Portability and Accountability Act (HIPAA). I also understand that the Student’s participation in certain school sponsored activities is conditioned upon my signing this Authorization. I understand that I may revoke this Authorization in writing at any time prior to its expiration date, except to the extent that action has been taken by Community in reliance on this Authorization, by sending a written revocation to the athletic trainer or his/her designee. I understand that the PHI released may be subject to re-disclosure by any recipient and no longer protected by federal and/or state privacy laws. Expiration of Authorization: 1 year from date signed.

<table>
<thead>
<tr>
<th>Signature of Parent/Guardian:</th>
<th>Printed:</th>
<th>Relationship to student:</th>
</tr>
</thead>
</table>

NOTE: IF STUDENT IS 18 YEARS OR OLDER, HE/SHE MUST SIGN THIS AUTHORIZATION. IF YOUNGER THAN 18, A PARENT OR GUARDIAN MUST SIGN FOR THIS AUTHORIZATION TO BE EFFECTIVE. A STUDENT SHALL NOT BE CLEARED TO PARTICIPATE IN CERTAIN SCHOOL SPONSORED ACTIVITIES (INCLUDING BUT NOT LIMITED TO SPORTS PROGRAMS) IF THIS AUTHORIZATION IS NOT SIGNED OR IF IT IS REVOKED.

NOTICE OF PRIVACY PRACTICES

Community has prepared a detailed NOTICE OF PRIVACY PRACTICES (NPP) to help you better understand its policies in regard to the student’s personal health information. You have the right to receive the NPP prior to signing this consent. The current NPP will be posted in the school’s health clinic and in the athletic training room, on Community’s website, and copies are available upon request by asking the staff of the school health clinic or the athletic trainer.

<table>
<thead>
<tr>
<th>Signature of Parent/Guardian:</th>
<th>Printed:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Relationship to student:</td>
<td></td>
</tr>
</tbody>
</table>
EMERGENCY MEDICAL AND CONTACT INFORMATION

Student Athlete Information:

Last Name: ____________________________ First Name: ____________________________ MI: __________ Male/Female
Date of Birth: ____________________________
Grade: ____________________________
Medical Insurance Company: ____________________________ Policy #: ____________________________
Group #: ____________________________
Physician Name: ____________________________
Physician Phone #: ____________________________
Preferred Hospital (if any): ____________________________
Allergies: ____________________________
Current Medications: Name of Medication | Dose | Frequency Taken
| | | |

Does the Student Athlete have any of the following conditions (indicate yes or no): asthma: ____________; low blood sugar: ____________; diabetes: ____________; fainting spells: ____________; seizures: ____________; sickle cell anemia: ____________; others: ____________________________

Parent/Guardian Information:

Parent/Guardian #1: Name: ____________________________
 relationship to student: ____________________________
Street Address: ____________________________ City/State: ____________ Zip: ____________________________
Home Phone: ____________________________ Work: ____________________________ Cell: ____________________________
Email Address: ____________________________
Parent/Guardian #2: Name: ____________________________
 relationship to student: ____________________________
Street Address: ____________________________ City/State: ____________ Zip: ____________________________
Home Phone: ____________________________ Work: ____________________________ Cell: ____________________________
Email Address: ____________________________

Emergency Contacts if Parent/Guardian Cannot Be Reached:

<table>
<thead>
<tr>
<th>Name</th>
<th>Phone #(s)</th>
<th>Relationship to Student</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td></td>
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<tr>
<td>2.</td>
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</tbody>
</table>
APPENDIX E.1 – E.2

WARRIOR ACKNOWLEDGEMENT AND PLEDGE

All members of Warrior Nation have an important role to play in keeping our fellow students and the Warren Township community safe by doing our part to stop the spread of COVID-19. As a member of Warrior Nation, I know that I must take steps to stay well in order to protect others and promote a safe return to campus for all Warriors. Because of this, I pledge to take responsibility for my own health and help stop the spread of the COVID-19.

Warren Township School’s highest priority is the safety of its students, faculty, staff, and visitors. I know that by engaging in campus activities, including attending classes, pursuing my education, eating in designated areas, attending activities, participating in sports, performing arts and recreation, I may be exposed to COVID-19 and other infections. I also understand that despite all reasonable efforts by Warren Township Schools, I can still contract COVID-19 and other infections. In order to reduce my risk, I agree to be an active participant in maintaining my own health, wellbeing and safety, as well as the safety of others, by following all the guidelines and expectations outlined by Warren Township Schools.

As more information is gathered and known, I understand that Warren Township School’s may modify these guidelines and expectations. It is my responsibility to make every effort to keep myself apprised of these changes to protect the Warren Township community and myself. It is my Warrior Pledge to protect my peers, the Warren Township community, and myself by doing the following:

• Agree to testing for COVID-19 and potential subsequent self-quarantining if I am identified as a contact of anyone who has been determined to be positive for COVID-19.

• If I test positive for COVID-19, I agree to self-quarantine in a designated location until:
  o My symptoms have resolved, and
  o It has been at least ten days since the start of my symptoms.
  o I have a negative COVID-19 test result.

• Timely report any known or potential exposures to COVID-19 to the Athletic Training Staff.
  o A fever of 100.0°F or higher
  o Respiratory symptoms, such as dry cough or shortness of breath
  o Sore throat
  o Headache
  o Body aches
  o Chills
  o Loss of taste or smell
  o Please note that up-to-date symptoms can be found at: https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html
WARRIOR ACKNOWLEDGEMENT AND PLEDGE

• If I develop the above symptoms, to contact my athletic trainer, and to follow the medical staff’s instructions which may include being tested for COVID-19 and self-quarantining while the test results are pending, and/or being evaluated by the Athletic Training Staff.

• Stay at home, if I am feeling sick.

• Participate fully and honestly with the Warren Township School Administrators and healthcare providers for contact tracing to determine whom I might have potentially exposed to COVID-19.

• Wear a mask or the appropriate PPE in all public spaces.

• Practice physical distancing as much as possible.

• Frequently wash and/or sanitize my hands.

• Keep my personal space, shared common space, and my belongings clean.

I understand COVID-19 is a highly contagious virus and it is possible to develop and contract the COVID-19 disease, even if I follow all of the safety precautions above and those recommended by the CDC, local health department, and others. I understand that although Warren Township School’s is following the COVID-19 guidelines issued by the CDC and other experts to reduce the spread of infection, I can never be completely shielded from all risk of illness caused by COVID-19 or other infections.

I have read, understand, and agree to comply with my Warrior Pledge above. I also acknowledge that these expectations and pledge are a condition of my participation in Warren Township School’s Extracurricular Activities and that any failure to comply with my Warrior Pledge above may lead to immediate removal of participation privileges and/or the inability to use facilities.

I take my Warrior Pledge seriously and will do my part to protect Warrior Nation.

[STUDENT-ATHLETE SIGNATURE] [DATE]

[PARENT/GUARDIAN SIGNATURE] [DATE]
## COVID-19 Monitoring Form

<table>
<thead>
<tr>
<th>Name</th>
<th>Date</th>
<th>Attendance</th>
<th>Temp</th>
<th>Have you been told by a healthcare provider that you have, or may have, COVID-19?</th>
<th>Fever</th>
<th>Cough</th>
<th>Shortness of Breath</th>
<th>Sore Throat</th>
<th>New Loss of Smell/Taste</th>
<th>Chills</th>
<th>Muscle Pain</th>
<th>Headache</th>
<th>Skin Lesions-Feet/Toes</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>
APPENDIX G.1

COMMUNITY HEALTH NETWORK AMBULATORY CLEANING CHECKLIST

<table>
<thead>
<tr>
<th>Location</th>
<th>Surface</th>
<th>Frequency</th>
<th>PPE^1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Common Area/Lobby</td>
<td>Door Knobs, Handles, Push Plates, (Automatic Door) Opening Buttons</td>
<td>At least 2x/Day</td>
<td>Gloves</td>
</tr>
<tr>
<td></td>
<td>Tables &amp; Counter Tops</td>
<td>At least 2x/Day</td>
<td>Gloves</td>
</tr>
<tr>
<td></td>
<td>Chairs</td>
<td>At least 2x/Day</td>
<td>Gloves</td>
</tr>
<tr>
<td></td>
<td>Faucet Handles</td>
<td>At least 2x/Day</td>
<td>Gloves</td>
</tr>
<tr>
<td></td>
<td>Elevator Buttons &amp; Handles</td>
<td>At least 2x/Day</td>
<td>Gloves</td>
</tr>
<tr>
<td></td>
<td>Bathroom Faucets</td>
<td>At least 2x/Day</td>
<td>Gloves</td>
</tr>
<tr>
<td></td>
<td>Toilet/Urinal Handles</td>
<td>At least 2x/Day</td>
<td>Gloves</td>
</tr>
<tr>
<td></td>
<td>Bathroom Stall Handles</td>
<td>At least 2x/Day</td>
<td>Gloves</td>
</tr>
<tr>
<td>Waiting Room</td>
<td>Doorknobs &amp; Handles</td>
<td>Between patients</td>
<td>Gloves</td>
</tr>
<tr>
<td></td>
<td>Tables &amp; Counter Tops</td>
<td>Between patients</td>
<td>Gloves</td>
</tr>
<tr>
<td></td>
<td>Chairs</td>
<td>Between patients</td>
<td>Gloves</td>
</tr>
<tr>
<td></td>
<td>Pens</td>
<td>Between patients</td>
<td>Gloves</td>
</tr>
<tr>
<td></td>
<td>Clipboards</td>
<td>Between patients</td>
<td>Gloves</td>
</tr>
<tr>
<td></td>
<td>Touch Screens</td>
<td>Between patients</td>
<td>Gloves</td>
</tr>
<tr>
<td>Exam Room or Treatment</td>
<td>Doorknobs &amp; Handles</td>
<td>Between patients</td>
<td>Gloves</td>
</tr>
<tr>
<td>Area^2</td>
<td>Light Switches (not including motion sensors)</td>
<td>Between patients</td>
<td>Gloves</td>
</tr>
<tr>
<td></td>
<td>Counter Tops and Tables</td>
<td>Between patients</td>
<td>Gloves</td>
</tr>
<tr>
<td></td>
<td>Chairs</td>
<td>Between patients</td>
<td>Gloves</td>
</tr>
<tr>
<td></td>
<td>Exam, Procedure, or Treatment Tables</td>
<td>Between patients</td>
<td>Gloves</td>
</tr>
<tr>
<td></td>
<td>Sink Faucet (including handles)</td>
<td>Between patients</td>
<td>Gloves</td>
</tr>
<tr>
<td></td>
<td>Touch Screens</td>
<td>Between patients</td>
<td>Gloves</td>
</tr>
</tbody>
</table>

^1After caring for known or suspected COVID-19 patients, allow the exam room to remain vacant for at least three and a half (3.5) hours before room turnover if the patient was actively coughing and not wearing a mask. The room will need to remain vacant longer if an aerosol-generating procedure was performed. NOTE: Caregivers entering the room before adequate time has passed will need to wear full PPE (gown, gloves, respirator or mask, goggles, and face shield).

^2CDC Table B.1. Air changes/hour (ACH) and time required for airborne-contaminant removal by efficiency: https://www.cdc.gov/infectioncontrol/guidelines/environmental/appendix/air.html#tableb2

^3Always adhere to the manufacturer instructions when using disinfectant products including recommended PPE and wet time. Recommended PPE is in addition to a cloth or surgical mask face.

NOTE: Use disposable medical equipment where possible. All non-disposable medical equipment used for patient care should be cleaned and disinfected according to manufacturer’s instructions and network policy using a network-approved disinfectant wipe.

6/15/2020
APPENDIX H.1

MCPHD Guidance on the Re-opening of Schools

These recommendations are based on July 2, 2020 guidance from the Centers for Disease Control and Prevention (CDC) and other professional organizations. Implementation of this guidance is based on what is feasible, practical, and tailored to meet the needs of the Marion County community. These are the baseline recommendations. Schools may choose to implement more rigorous protocols.

OPENING DATES

Proceed with pre-established opening dates.

SYMPTOM SCREENING

Develop and implement a symptom screening policy pursuant to CDC recommendations.

CLEANING AND DISINFECTION

Increase access to cleaning supplies for each classroom and ensure frequent cleaning.
Increase accessibility and use of hand sanitizer for staff and students (at least 60% alcohol formulation necessary for COVID-19).
Extend bathroom breaks for adequate handwashing and assure access to warm water and soap.
Clean and disinfect high-touch areas throughout the day.
Clean and disinfect playground equipment on a regular basis.

CLOTH FACIAL COVERINGS AND MASKS OR FACE SHIELDS

Cloth face coverings or masks are required for all teachers, ancillary staff, and students sixth grade or higher.

EXCEPTIONS

1. Any staff or student with health conditions that make the wearing of a face covering a risk to their health.
2. When staff or students are performing tasks that cannot be completed while wearing a face covering: i.e. eating, drinking, etc.
3. Any student who is unable to remove a face covering on their own.
4. When the wearing of a face covering or mask by a teacher is determined to impede a student's learning for students for grades Pre-K through grade 5, a face shield may be considered for use by the teacher.
SOCIAL DISTANCING

According to the latest guidance of the American Academy of Pediatrics, students should be seated 3-6 feet apart. Further, students should be seated facing in one direction to facilitate social distancing. (CDC recommends 6-feet spacing when feasible)

Eliminate the use of pods or table style seating as much as possible.
Arrange for teachers to maintain a distance of 6-feet from students when feasible.
Extend or stagger passing periods.
Consider moving some classes outside if possible.
Do not allow nonessential visitors.
Do not use attendance incentives for students.

Large areas such as cafeterias, auditoriums, and gymnasiums should be utilized cautiously to ensure social distancing of at least 6-feet between people with special emphasis on reducing crowding in the space while entering or exiting.

COHORTING

Cohort students as much as possible using a team approach; the same students stick together and rotate as a team.

Students should go to recess as a cohort, avoiding contact physical activity and encouraging social distancing as much as feasible.

Assign teams to a room and consider teachers rotating.

Maintain a permanent seating chart for each class to facilitate contact tracing.

Students should eat together as a cohort while seating in a socially distance configuration utilizing a normal sanitary dishwashing process or disposable plates and silverware. Salad bars and self serve buffets should not be permitted.

STUDENT HEALTH AND SAFETY

Designate an area where symptomatic students can wait for pick-up separate from clinic area.

Use water stations for cup or bottle refills only and consider increased availability of bottled water.

Limit items that need to be shared between students. Each student should have their own designated supplies.

Encourage frequent handwashing and hand sanitizing at the minimum: upon arrival at school, before and after recess, before and after eating, and after using the restroom.

Require all students who are sick to be fever free for at least 72 hours before return to school.
BUS TRANSPORTATION

Transportation by personal vehicle is encouraged.
Drivers should wear face coverings.
Use assigned seating.
Space students apart as much as is feasible (CDC recommends 6-feet spacing when feasible).
Students are expected to wear a face covering or mask during transportation.
Open windows for cross ventilation as weather permits.
Consider alternate routes to reduce duration of trips (as possible).

COVID POSITIVE SYMPTOMATIC

Exclude from school.
Return to school if at least 72 hours have passed since recovery (defined as resolution of fever without the use of medications and improvement in respiratory symptoms) AND 10 days have passed since symptoms first appeared.

   Ask these three questions (all yes, ok to return):
   1. Has it been at least 10 days since the individual first had symptoms?
   2. Has it been at least 3 days since the individual had a fever?
   3. Has it been at least 3 days since the individual’s symptoms have improved, including cough and shortness of breath?

COVID POSITIVE ASYMPTOMATIC

Exclude from school.
Return to school 10 days from the positive test assuming no symptoms developed.

NO COVID TEST SYMPTOMATIC

Exclude from school.
Return to school if at least 72 hours have passed since recovery (defined as resolution of fever without the use of medications and improvement in respiratory symptoms) AND 10 days have passed since symptoms first appeared.

   Ask these three questions (all yes, ok to return)
   1. Has it been at least 10 days since the individual first had symptoms?
   2. Has it been at least 3 days since the individual had a fever?
   3. Has it been at least 3 days since the individual’s symptoms have improved, including cough and shortness of breath?

REPORTING CASES

Designate a contact person or team within each school; preferably the school nurse.
Report cases to your district health administrator. He or she will then contact Marion County Public Health Department (MCPHD) for guidance regarding possible closure, cleaning and parental notification.
MCPHD will provide training to the health staff of all districts mid-July 2020.

Last Updated on July 2, 2020
# COVID-19: When a student, faculty or staff member can return to school

<table>
<thead>
<tr>
<th>Individual</th>
<th>Symptomatic</th>
<th>No Symptoms</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not Tested with Alternate Explanation (strep, influenza, etc. as determined by a provider)</td>
<td>May return to school after 24 hours resolution of fever AND note (including email and fax) from provider stating the individual has an alternate diagnosis and the provider believes it’s appropriate for the patient to return to school.</td>
<td>N/A</td>
</tr>
<tr>
<td>Not Tested Without Alternate Explanation</td>
<td>Must remain home for at least 10 days from the first day symptoms appeared AND 24 hours fever-free without fever-reducing medicine and with improvement of symptoms.</td>
<td>N/A</td>
</tr>
<tr>
<td>Tested and Negative</td>
<td>1) If no alternative explanation, isolate for at least 10 days from the first day symptoms appeared AND 24 hours fever-free without fever-reducing medications and with improvement of symptoms. OR 2) The individual can return to school if tested negative AND with a note from the provider stating they believe the patient to have an alternate diagnosis and it's appropriate for the patient to return to school.</td>
<td>1) May proceed with attending school as long as individual has no exposure to a positive case. OR 2) A known close contact (within 6 feet of a confirmed case for more than 15 minutes) must complete a 14-day quarantine, even if test results are negative for COVID-19.</td>
</tr>
<tr>
<td>Tested and Positive</td>
<td>Must remain home in isolation for at least 10 days from the date symptoms began AND individual is 24-hours fever free, symptoms have improved. (CDC does not recommend test-based strategy except in certain circumstances, including provider’s advice and test availability.)</td>
<td>Isolate at home for 10 days from the day the test was taken. (CDC does not recommend test-based strategy except in certain circumstances, including provider’s advice and test availability.) *If the individual develops symptoms, then isolation time starts on day 1 of symptoms (see symptomatic tests positive.)</td>
</tr>
<tr>
<td>Close Contact (within 6 feet for more than 15 minutes of someone with confirmed COVID-19)</td>
<td>N/A If an individual becomes symptomatic, refer to the symptomatic scenarios. The individual must quarantine for 14 days after contact with the COVID-19 Positive person even if the student has an alternate diagnosis for symptoms.</td>
<td>Quarantine for 14 days before returning to school. Must remain symptom-free. If individual develops symptoms, then refer to the symptomatic scenarios.</td>
</tr>
</tbody>
</table>

Note: QUARANTINE keeps someone who was in close contact with someone who has COVID-19 away from others. ISOLATION keeps someone who is sick or tested positive for COVID-19 away from others, even in their own home.

Updated: 8/5/20
COVID-19 Screening for Parents

Every morning before you send your child to school please check for signs of illness:

- Fever 100.4° or Chills
- Sore Throat
- Cough* or Shortness of Breath
- Diarrhea, Nausea or Vomiting
- Headache*
- New Loss of Taste or Smell
- Muscle or Body Aches or Fatigue

1. Does your child have any sign of illness above?
2. Were you in close contact (within 6 feet for more than 15 minutes) with anyone confirmed with COVID-19?
   
   If the answer is YES to any of the questions, DO NOT send your student to school. Instead, begin isolation of your child and contact your healthcare provider. Have you been tested for COVID-19?
   
   Only a positive test or provider diagnosis can confirm if someone has a current infection.

3. Please keep your student home until they meet the criteria on the chart on back of the page.

4. If you have trouble breathing, chest pain, new confusion, inability to wake or stay awake or bluish lips or face  
   CALL 911!
COVID-19 Screening Decision Tree

Student or staff member complains of COVID-19 or MIS-C symptoms.

Call 9-1-1 (EMS) if any the following symptoms are exhibited

- Difficulty or Rapid Breathing
- Pulse Ox <92%
- Bluish Lips/Face
- Chest Pain
- New Confusion
- Unable to wake or stay awake

NO

Mask student or staff member

Place student in isolation area away from others

Staff should go home immediately and consult a healthcare provider.

Questions to ask:

1. When did symptoms appear?
2. Recent COVID-19 exposure?
3. Signs and Symptoms (see list on back)
4. Temp >100.4 or school board policy if lower
5. Pulse Ox <92%

Verbal, Visual, & Physical concerns out of range?

NO

Allow to rest for 10 minutes

Improving? NO

YES

Send home ASAP
Contact Medical Provider
Contact Public Health

FOLLOW-UP WITH
Student/family
Health Services
Administrator

YES

Back to Class

Updated: 8/5/20
Symptoms of COVID-19

- Fever 100.4° or Chills
  * or school board policy if threshold is lower
- Sore Throat
- Cough*
  *especially new onset, uncontrolled cough
- Diarrhea, Vomiting or Abdominal Pain
- Headache*
  *particularly new onset of severe headache, especially with fever
- New Loss of Taste or Smell
- Muscle or Body Aches or Fatigue
- Congestion or Runny Nose
- Shortness of Breath or Difficulty Breathing

*Usually presents with more than one symptom.

Look for emergency warning signs* for COVID-19. If someone is showing any of these signs, seek emergency medical care immediately:

- Difficulty or rapid breathing
- Inability to wake or stay awake
- Persistent pain or pressure in the chest
- Bluish lips or face
- New confusion
- Stomach Pain

*This list is not all possible symptoms. Please call your medical provider for any other symptoms that are severe or concerning to you.

Call 911 or call ahead to your local emergency facility:
Notify the operator that you are seeking care for someone who has or may have COVID-19.

Symptoms of MIS-C

- Rash
- Red/Swollen Tongue
- Red Eyes
- Swelling Hands/Feet
- Cracked/Swollen Lips
- Stomach Pain

Updated: 8/5/20

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