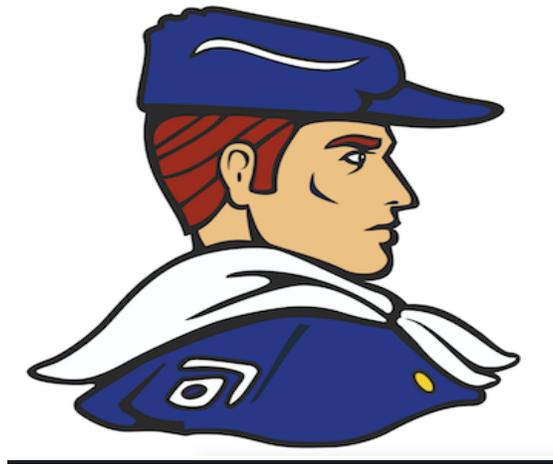


Garrison Public School Smart Restart

Fall 2020



Garrison Public School Board Approved: August 4, 2020

Garrison Public School Families,

I'd like to start this letter off with gratitude for all that you did to help us continue to educate students through the most challenging and unique time I've ever seen for the education world. I am proud of the way our community stepped up to face many challenges during the school building closure last spring. Our kids missed out on a lot of opportunities both in academics and activities that we understand they will never be able to get back. We were pleased to be able to offer our seniors a graduation ceremony that was unique and hopefully memorable for the graduates and their families. Thank you to the students, staff, parents, and community members who have helped us succeed in these difficult times. The 2019-2020 school year was challenging but we are proud of how our students worked through those difficulties.

Our challenge now is planning for what school will look like during the 2020-2021 school year. This is a daunting task as we all realize how the impact and response to COVID-19 has changed rapidly over the past four months. This plan will try to address these challenges, while providing a flexible framework to guide our response over the next school year.

For academic, social-emotional, and economic reasons, we are compelled to strive to return to an in-person model. Yet, we cannot disregard that the health and safety concerns associated with the virus remain. The district must consider all practical steps to keep our schools from contributing to virus spread in our community.

This plan presents hundreds of hours of critical thinking, research, modeling, and work by our educators, staff, and school board. Our COVID-19 response team reviewed input gathered from our employees and parents.

We realize that reviewing this plan may not address every question you have. We recognize some concepts and actions may be polarizing, and there are strong opinions about the best way for our school to move forward. Even last spring, when we did not have a choice but to educate outside of the school walls, there were many parents who were supportive of our teachers and amazed at how well online learning went. However, according to our survey results, a small minority of parents felt that school was not beneficial in any way, online. As we wrestle with many strong feelings, understand that even if we don't follow recommendations you may give, we hear you. We will consider

all viewpoints and do our best to make a plan that can work for our students, staff, and the community.

We would appreciate it if you would take some time to review this plan. We encourage everyone to ask questions and communicate their concerns as we move forward. Together, our school can continue to provide quality education to our children in a safe manner, if we continue to collaborate to solve problems.

Respectfully,

Dr. Nick Klemisch, Superintendent

School Restart Committee Members

Elementary Teacher: Jennifer Rasch
Elementary Teacher: Cyndie Behles
High School Teacher: Heather Riemer
HS Special Education Teacher: Heidi Ermer
5-12 Band/Vocal Teacher: Chandler Hertz
High School Student: Seth Kerzmann
Middle School Student: Abigail Heinzen
Parent: Stacey Majeres
Parent: Diana Bertrand
Parent: Holly Gislason
Parent: Lisa Jungling
Parent: Jodell Fox
Local Health Care Rep: Tod Graeber
Mayor: Stu Merry
School Board Member: Lisa Maki
Elem. Principal: Shelly Fuller
HS Principal: Steve Dangel
Superintendent: Nick Klemisch

Garrison Public School Restart Meeting Agenda

Thursday, July 23, 8:00 AM Cubby Hole

- I. Opening Remarks
 - A. Dr. K shared a little information about background and guidelines. Thank you for serving on the committee. State requires a health and safety plan and distance learning plan. We will get into health and safety plan today and might look at distance learning plan if time permits. We need to increase expectations for distance learning this year compared to last spring as per the state, and much of what we used last year is no longer available for free use. We also need to develop a hybrid plan. Health plan was shared if you were able to get into it. Please discuss as we go.
 - B. Introductions and roles in community/school. Group was selected as a cross section of varying viewpoints. Be respectful of others, find common ground to make it work in a short period of time.
- II. Sharing of Survey Results
 - A. What do we want for instruction coming back to school:

1. Staff: large majority want face to face
2. Parents: larger majority face to face

B. Initial Thoughts:

1. Consider the difference between distance learning expectations in the spring compared to what is expected now this fall and be sure to convey this to families.

C. Questions:

1. If a parent is uncomfortable sending their child, are they able to choose to keep their child at home? Yes. We need to develop a distance learning plan for this scenario. A suggestion is to use the ND Center for Distance Education for grades 5-12. The rigor is there and accountability, with pacing guidelines and a “blackboard” model to set up an appointment with a real North Dakota teacher. Under grade 5 is up to us to develop, and many of us are thinking of using Google Classroom to use for screen time with distance learning to video in for direct instruction and work at home. Plan everything online for submission K-12 in case of positive cases in school and we do have Chromebooks and padded cases K-12 ready to deploy for students (warranty and insurance included to ease concerns). Baseline assessment within the first 4 weeks of school starting is required now for all students K-12, so many are doing these assessments the first days of school in case of closures. Data by community is a challenge at this point and communication.
2. What happens if there is a positive case and what are the number of days to be closed? It depends. Guidance is changing. Current guidance follows daycare standards, which means if you have 2 symptoms, either get tested, or stay home for 10 days (go distance learning), or be cleared by a doctor before returning to school.
3. What about if a teacher gets it? We could discuss options. Teach remotely from home with a para in the classroom to supervise? Find a sub? We continue to seek guidance, which the state says is still coming.
4. Does the amount of distance learning need to have any guidance compared to what is done in school? It needs to be equivalent to in person expectations.
5. Did they lift the restriction of 15 students in a room? Yes as long as you can social distance with 3 feet recommended.

III. Discussion on restart plan draft

- A. ND K12 Smart Restart Guidance on ND DPI Guidance site referenced.

1. Dropdowns on guidance and guiding principles.
 2. Health & Safety plan
 3. Distance learning plan--specific tab just for that
 - a) Daily attendance procedures
 - b) Expectations for staff
 - c) Assessment and grading
 - d) Very thorough compared to last year but just given to us last week
 4. Hybrid model required as well
- B. Discussed different model drafts shared with us briefly
- C. Masks--Hot topic for all--discussion
1. Ability to have for all if desired--have ordered 500 disposable with intent to buy more as needed
 2. Option to recommend and give choice to wear
 3. Some districts are requiring students to bring a set number
 4. Discussion:
 - a) Daycare perspective: Must be taught how to wear one if parent desires one to be worn rather than require it
 - b) Health care perspective: teach people to keep kids at home if any symptoms displayed or you will have a positive case sooner rather than later
 - c) Wondered about feelings of encouraging use of masks vs requiring masks: add to school supply lists? How many? it protects others and sends mixed messages if encouraged not required and would like teachers to teach how to do this; HS level students worry about hearing and communication; wear a mask each day and not get washed (logistics?); idea to require masks in fall and lift if don't need brought up; weigh risks of wearing masks and instructional practices (loss of facial expression and body language as well as differentiation for sounds); logistics of using masks (keeping track of them, use of lanyards, how much time is spent on enforcing mask wearing vs instruction, have 5 for 5 days of week for elementary kids in bags labeled with days of week to eliminate need to send home and bring back); what type of masks are helpful; sensory issues for kids to wear masks; use in high contact times (hallways, small group instructional times, etc.); music/band/choir coalition study preliminary results released with choir should be wearing masks when singing, cut pantyhose and slip over bells, keep rehearsals

to 30 minutes and incorporate other parts of music; face shield for instruction of students who have hearing impairments); cannot ask a teacher/staff member to sacrifice their health either; good to have multiple

- IV. Discussion of logistics within the school at different levels
 - A. No lockers other than for coats--bring backpack and bring books with them
 - 1. Could this be a safety issue? Shed virus from items all over school? Other safety concerns.
 - 2. Backpacks don't fit inside lockers anyway.
 - 3. We can have elementary students get their things a few at a time rather than HS students all at one time.
 - 4. Instruments for band may be more of a challenge.
 - 5. Eliminates all congregating at lockers
 - B. Supplies--no shared school supplies. No more community supplies.
 - C. We have ordered sani-sprayers for disinfecting rooms with cleaning
 - D. Seating charts in all classrooms--flexible seating cannot be anymore unfortunately at this time for contact tracing abilities.
 - E. Seating charts on buses (so we know highest risk) - 100.5 F fever is allowable--
 - F. No Stations at the door for temperature (Public Health Dept recommendation but not requirement at this time)--infrared thermometers ordered but not taking temps at the door.
 - G. Provide documentation of state health order documents?
 - H. Documentation of close contact?
 - I. Checklist for parents (attached)
 - J. Visitors require to wear a mask--easy to do with our secure entries in both buildings--vendors, food reps, parents, etc.
 - K. Form for entry (Google)
 - L. HS Flex mod means that all of our kids aren't moving at the same time in the hallways
 - M. Restricted music not necessary--masks for choir, spread out or rehearse outside as available,
 - N. Computers assigned to every kid means that we don't have shared technology
- V. Other considerations
 - A. Lunch--HS going to the Elementary School for Lunch--Logistics may require a subcommittee for addressing all food service requirements
 - B. Define: Encourage, Recommend, Require to clarify
 - C. Specifics of How to Implement the Requirements for staff to do but not feeling like they have to do it all on their own

- D. Preschool will not be offered via distance learning option
- VI. Homework:
 - A. Email nick.klemisch@k12.nd.us with your email address
 - B. Send any questions/comments you have
 - C. Distance Learning Will Be On Agenda for Next Time & Dr. K will email the following items
 - 1. Spring Plan
 - 2. Requirements
 - 3. General Consensus of Health and Safety Plan

Garrison Public School Restart Meeting Agenda

Monday, July 27, 8:00AM Cubby Hole

Members present: Cyndie Behles, Diana Bertrand, Jennifer Rasch, Chandler Hertz, Heather Riemer, Stu Merry, Tod Graeber, Abigail Heinzen, Isabelle Rime, Nick Klemisch, Steve Dangel, Shelly Fuller, LIsa Maki, LIsa Jungling, JoDell Fox

- I. Opening Remarks: Comments were handed out (also emailed to committee members) that were emailed to Dr. K from committee members and teaching staff; Dr. K spoke a bit about clarification for cleaning/sanitizing, spray cleaner, leave policies (seeking clarification legally and following Family First Coronavirus Response Act and FMLA and local policies), challenge for K-12 teaching online and in person at the same time for those in distance learning (Zoom, Google Classroom, Swivel with cameras live following teachers?)--stress level is high and can we get tech in time, explain these parameters of expectations of distance learning at home and need liaison; question about 6 feet apart in classroom: need seating charts for contract tracing purposes if less than 6 feet apart for more than 15 minutes--get clarification for 3 or 6 feet; discussed color designation in state/county/etc.; locker issues for HS discussed--Dr. K will look at amending the Health and Safety plan with the notes from our meetings and sending out to public comment. He will send a survey with the request for sign up for what families are planning to do for a semester with stringent guidelines (reminder that in 6-12 with NDCDE there are different teachers for each class). Week by week for hybrid schedule is necessary for scheduling.
 - A. Masks-when and where?
 - 1. Buses/School Vehicles: Majority say yes all colors
 - 2. Hallways: Majority say Recommend/Encourage Blue/Green; Require Yellow/Orange/Red
 - 3. Classrooms: Majority say Recommend/Encourage Blue/Green; Require Yellow/Orange/Red

4. Lunchrooms: Discussed at length in Food Service training beginning tomorrow
 5. Recess: Majority say Recommend/Encourage Blue/Green; Require Yellow/Orange/Red
 6. Common Areas: Majority say Recommend/Encourage Blue/Green; Require Yellow/Orange/Red
 7. Locker Rooms: Social distance in locker rooms;
 8. Sports and Activities: NDHSAA guidelines; buses follow guidelines here
 9. Arrival/Departure: Majority say Recommend/Encourage Blue/Green; Require Yellow/Orange/Red
 - a) Early Bird Information
 10. School supply lists: Recommend that we add 3 masks to each grade level list. Diana will add this to her list to assist with finding resources: House colors, solicit businesses for assistance, BHG school supplies add-on, etc.
 11. Any visitor is required to wear a mask regardless of designation of color level (parent/vendor/etc.)
- B. ND Center for Distance Education for Grades 6-12 (I was told 5th Grade, but it is not included).
- C. Distance learning-what needs to change from this spring to adhere to the guidance sent previously?
1. Information from Dr. K, Mr. Dangel, and Mrs. Fuller
 2. Post from Dr. K coming before people sign up so they understand what it means
 3. NDCDE info for 6-12 from Mr. Dangel & K-5 info from Mrs. Fuller
- D. Hybrid Model-If we are in orange, what students come and when?
1. Must be week by week due to schedule
 2. A-K and L-Z to divide
 - a) If you are a family with multiple student last names, you follow the schedule of the last name of the oldest child.
 - b) Reminder of purpose of hybrid: Keeping fewer households in schools at the same time to slow the spread of COVID-19.
 - c) Band will be strange with hybrid
- E. Lunch Ideas Shared by Dr. K
1. Filling a kitchen position and possibly add 2 to do food prep and transport to HS
 2. Boxed meals in cafeteria to distance for elementary school
 3. Serve HS out of concessions; wouldn't necessarily have to do the same lunch at HS but concerned that they need a great meal as well

4. Challenge: where will everyone eat at the HS? Key target are students in grades 7-9 and they need supervision
- F. Cleaning: Asked about plans at HS to clean
 1. Take a wipe to clean up when you leave or arrive
 2. Use hand sanitizer when you come in
- II. Finalize restart for Public Comment
- III. Discuss Logistics
- IV. Share out to parents and community for feedback - Any additional questions to ask them?
- V. Other?
 - A. Question about New Students Moving In:
 1. Quarantine Required when they move in? Can they just come in right away? Need to seek clarification.
 - B. What happens with family members if someone is ill in the home?
 1. If just ill, then students can come in.
 2. If COVID, that is defined.
 - C. Gym and Recess:
 1. Cleaning of outdoor hand-used equipment required between groups
 2. Indoor recess parameters will be different (not combining classes at grade level so need more people to supervise)
 3. PE classes with increased social distancing parameters and cleaning
 - D. JoDell Fox stated that she and her aunt Carmen Fox are willing to donate some disposable masks to our schools for our students.

Garrison Public School Restart Quick Guide

At Garrison Public Schools, we believe that it is critically important for all of our students to attend school in person as much as possible. It is our intent to use the state “odometer” for risk level to adjust our practices to align with the risk level in our school district and/or county.



Risk/ Activity	Critical	High	Moderate	Low	New Normal
School	Fully Online	Online-At Risk Students in the building with precautions	Hybrid Situation A & B days, in- person and online instruction	Mostly in person high risk or quarantine individuals learning online	School as normal with additional safety routines
Activities	No Activities	Limited - Practices and small group workouts/Mtg	Targeted competitions/Me etings	Practices and competitions with extra precautions	Activities as normal with additional safety routines
Food Service	Additional precautions	Limit Contact - Serve delivered meals	In school and sack lunch food; Socially Distant lunch breaks	Fairly normal lunch routine. Some “to go” meals	Lunch as normal
Cleaning	Minimal: building empty	Clean x2 where people are using the building	Students and staff help to disinfect	More normal cleaning routine with extra disinfection	Normal cleaning routine with additional disinfection procedures

Garrison Public School Restart General Guidelines:

- The ratios (people allowed in a learning space) set by the CDC and our Governor will be followed when possible.
- Encourage the use of masks by students and staff--discussion above
- Encourage good hygiene (handwashing with soap / coughing and sneezing into the elbow)
- Arrange students to allow for maximum social distancing
- If possible, students should come dressed and ready for events to limit time in locker rooms
- Students not feeling well should not enter the school
- Keep each student's belongings separated
- Ensure adequate supplies to minimize sharing of high touch materials to the extent possible (art supplies, equipment, balls, weights etc. assigned to a single student) or limit use of supplies and equipment by one group of students at a time and clean and disinfect between uses
- Maintenance staff will regularly clean and disinfect the rooms/areas used
- Avoid sharing food or drink among students

From the American Academy of Pediatrics:

School is fundamental to child and adolescent development and well-being and provide our children and adolescents with academic instruction, social and emotional skills, safety, reliable nutrition, physical/speech and mental health therapy, and opportunities for physical activity, among other benefits. These guidelines are provided acknowledging that our understanding of the SARS-CoV-2 pandemic is changing rapidly.

The Garrison Public School Restart will consider the following key principles:

- School policies must be flexible and nimble in responding to new information, and administrators must be willing to refine approaches when specific policies are not working.
- It is critically important to develop strategies that can be revised and adapted depending on the level of viral transmission in the school and throughout the community and done with close communication with state and/or local public health authorities and recognizing the differences between school districts, including urban, suburban, and rural districts.
- Special considerations and accommodations to account for the diversity of youth should be made, especially for our vulnerable populations, including those who are medically fragile, live in poverty, have developmental challenges, or have special health care needs or disabilities, with the goal of safe return to school.
- No child or adolescents should be excluded from school unless required in order to adhere to local public health mandates or because of unique medical needs. Pediatricians, families, and schools should partner together to collaboratively identify and develop accommodations, when needed.

Assumptions & Assurances

- Every student should have the opportunity to engage in learning, regardless of the spread of COVID-19 in our community.
- Schools have a vital role in providing safe environments for students, focusing on both social-emotional and physical health.
- By working together with educators, staff, health care professionals, parents, students, and community members we can solve most challenges.
- Our district will make decisions based on the most current guidance from local, state, and national health care officials.
- Our School Board will ensure our plan meets the needs of our students, educators, staff and community.

COVID-19 Response Team

This team was gathered to assist in the development and monitoring of the district restart plan. These guiding team members that will serve as a voice in how the district responds to COVID-19 during the school year. This plan is designed to address the issues of reopening as well as provide a nimble and responsive process to address issues that may not be recognized today.

COVID-19 Building Level Coordinators

Garrison will have a COVID-19 Coordinator who will be responsible for the health and safety preparedness and response planning. Coordinators will make themselves available to the NDDoH 24 hours a day / 7 days a week to respond to phone calls from public health. This position will assist public health in identifying and notifying close contacts in the school setting. The coordinator will report cases of COVID-19, found in the school setting, to health officials and the State Superintendent's office.

The School Principal from each building will assume the role of building level coordinator. If the coordinator is unable to be reached the secondary contact will be the School Superintendent.

Phases

The following phases will be used to define the community risk level associated with COVID-19. These phases align with the color-coded guidance in the ND Smart Restart Plan. Each level is reported to schools by the NDDoH after rigorous testing and assessment of cases in the community. [ND Smart Restart Plan](#)

Instructional Models

The instructional models used by the district will be guided, in part, by the risk level of COVID-19 in the community as defined within the phases above. This is a guide as instructional models could be altered based on other factors, such as occupancy levels, age of children, and abilities to move certain classes online.

Traditional Learning

All instruction is delivered in-person with some building and group modifications. Teachers and students maintain a normal daily schedule. Safety precautions are implemented to enhance staff and student safety.

Blended Learning

Students report to school on a modified schedule. Multiple hybrid models of instructional delivery may be appropriate to meet the educational needs through a variety of delivery models.

Distance Learning (Google Classroom)

All instruction is provided off-campus through the use of Google Classroom (Grades K-5) or North Dakota Center for Distance Education (Grades 6-12). The only exception will be Preschool. Distance learning is available in two strands:

- 1) Desired by parent/guardian prior to the start of school for an entire semester
- 2) Due to temporary closure in the event we are instructed to do so.

Health and Safety Guidance

The district strives to provide a healthy and safe environment for all who occupy our schools. The following guidelines are intended to provide a framework for the district's response to COVID-19.

Resources

ND Department of Public Instruction - <https://www.nd.gov/dpi/parentscommunity/nddpi-updates-and-guidance-covid-19>

ND Department of Health - <https://www.health.nd.gov/diseases-conditions/coronavirus>

Center for Disease Control and Prevention - <https://www.cdc.gov/coronavirus/2019-nCoV/index.html>

Best Intentions

Despite taking every reasonable precaution, there is no guarantee that our school will be without risk as it relates to COVID-19. The virus will most likely be present on our buses, in our classrooms, and at our activities. In certain situations, social distancing is not possible in a school setting. Our actions, as outlined in this plan, will not prevent any student or staff member from being in contact with the virus.

Protect Yourself and Others

Wash your hands often

- Wash with soap and water for at least 20 seconds especially after blowing your nose, coughing, or sneezing.
- If soap and water are not available, use hand sanitizer that contains at least 60% alcohol.
- Avoid touching your eyes, nose, and mouth with unwashed hands.
- Students are encouraged to wash their hands often throughout the day.

Avoid close contact

- Keep social distance from others especially important for people who are at a higher risk of getting sick.
- Alternate or modified schedules, adjustments to use of common areas, use of outdoor spaces and other actions that increase physical separation may be considered.
- The sharing of instructional materials should be limited as much as possible.
- Physical separation when possible and seating charts on buses, one student per seat except those from the same household, will be our goal but cannot be guaranteed.
- Visitors will be required to wear a mask to gain entry into the building.

Cover coughs and sneezes

- Always cover your mouth and nose with a tissue when you cough or sneeze or use the inside of your elbow.
- Throw tissues away and wash hands or use hand sanitizer to prevent spread.

Clean and disinfect

- School staff should clean and disinfect frequently touched surfaces daily.
- Shared materials (not recommended) should be cleaned.
- Classrooms will be cleaned nightly by custodial staff.

Cover your mouth and nose with a cloth face cover when around others.

- The wearing of masks will be recommended within the [ND Smart Restart Guidance](#) guidelines.
- At this point, we will not be requiring masks for students or staff. Guests may be asked to wear masks when entering the school.
- Masks are not required by ND Smart Restart Guidance in the Green or Yellow phases.

Garrison COVID-19 PPE

STAFF	PPE
All staff (other than what is outlined)	Encouraged to wear cloth face coverings Required to wear face coverings on school transportation (bus).
All Students	Encouraged to wear cloth face coverings. Required to wear face coverings in any school mode of transportation.
Public facing staff (i.e. receptionists/clerical) unless plexiglass partition is in place.	Encouraged to wear a face shield or cloth face mask. Access to the building will be more stringent for parents and patrons.

Staff caring for / instructing a student in a small space – small group – for more than 15 minutes. (i.e. Nurse, SPED, EL, educator)	Building administrators in consultation with FDHU and educators will determine if face coverings or face shields are required . This may be influenced by instructional and learning needs of the student and health considerations of all occupants in the room.
All staff	Required to wear a cloth face covering.
All Students	Required to wear a face mask. Students will be provided breaks and allowed to remove their mask when outside or in spaces that can accommodate social distancing.
<i>All staff and students in school bus</i>	Required to wear a face covering

Monitor your health daily

- Be alert for symptoms. Watch for a fever, cough, or shortness of breath.
- Parents are asked to screen their children each day before sending them to school. Use the screening guidance provided (see appendix).
- Staff and students who are sick should stay home.
- Temperatures of symptomatic students or staff may be taken at the school office.
 - Symptomatic students will be isolated, and their guardians contacted.

Health & Safety Protocols

Monitoring the health of students and staff will be an important component of a safe and healthy educational environment. Garrison Public Schools will take the following measures to ensure all students and staff are healthy while they are at school.

Identifying Students & Staff at Higher Risk

- Back to School and enrollment processes will include questions asking families to identify if their child is at-risk, based on a health professionals' diagnosis. This information will be provided to the building principal (COVID-19 Coordinator) who will contact the family and discuss instructional model options.
- The Superintendent will converse with employees if they feel they are at-risk, based on a health professionals' diagnosis. The Superintendent will work in partnership with the building principal and the employee to coordinate adjustments to the work schedule or workplace.
- When the NDDoH or our District Health Unit to inform the district of a student or staff member that is COVID-19 positive that information will be passed on to Superintendent as allowable within district policy and law.

Isolation & Quarantine

- o Isolation – For people who are already sick from the virus. A prevention strategy used to separate people who are sick with the virus from healthy people.
- o Quarantine – For people who are not sick but have been exposed to the virus. A prevention strategy used to monitor people who were exposed for a period of time. Garrison Public Schools will follow isolation and quarantine guidelines and directives as set by NDDOH and First District Health Unit.

If a student or staff members becomes sick at school (or school event)

- Student
 - o Direct / escort the child to the office.
 - o The child shall be provided a facial covering and isolated in the building sick room.
 - o Parent / guardian will be contacted to pick up their child.
- Staff
 - o Inform your supervisor immediately and wear a face mask / shield until they can be replaced if supervising students at that time.
 - o Leave the school building/grounds and consult with a healthcare professional.

Return to School

- o When a student or staff member has been isolated or quarantined as directed by NDDoH or Health Care Provider they will be allowed to return to school after being cleared by the NDDoH.

Guidance for Grade Level & School Building Level Closure

This is intended as guidance for COVID-19 Coordinators and school leaders on when to close classrooms, grades, and buildings.

- Close contact as defined as being within 6 ft. of another individual for 15 min or greater.
- If a school is closed for any length of time, the district will determine which mode of instruction will resume.
- First District Health Unit will be consulted for local decision-making.
- NDDoH may close a school or district at their discretion.
- Closures can happen at any given time per the direction of NDDoH or First District Health Unit

Transportation

“Normal” transportation will not be possible when trying to abide by the guidelines set forth. The school district understands that students will not be able to follow distancing guidelines if all route buses have their normal amount of riders. We ask that parents are diligent about checking temperatures and going through the checklist within this document prior to sending students to school on the bus. It is strongly recommended that when possible, parents bring their children into school to avoid bus overcrowding and help us to keep their social distance and get them with their own cohort group.

- Routes may change throughout the year.
- Parents dropping students off should remain in their vehicles.
- Routes may be suspended during the year if our levels and/or protocols change.

Garrison Public School Operational Guidance

Blue / Green

<p>Priorities:</p>	<ul style="list-style-type: none"> · Ensure students and staff who are symptomatic stay at home. · Implement reasonable accommodations to reduce school-wide and community spread.
<p>Districtwide Practices:</p>	<ul style="list-style-type: none"> · Social distancing where possible and reasonable. <ul style="list-style-type: none"> o Distancing on a school bus will be unattainable; we encourage parents to consider alternate transportation for their child. · Buildings routinely cleaned and disinfected according to CDC guidelines. Special focus on high touch/traffic areas. · Handwashing integrated throughout the day. · Hand sanitizer available throughout each building. · Support and train parents on use of technology tools and online curricular resources. <p>*All visitors to the school will be required to wear a face mask upon entry.</p>
<p>Schools:</p>	<ul style="list-style-type: none"> · Protective measures may be implemented in office spaces. · Some school events, assemblies and gatherings may be changed or cancelled. · Access to campus may be limited, new protocols for building entry will be put into place.
<p>Classrooms:</p>	<ul style="list-style-type: none"> · Students issued “technology” and trained on how to access online learning resources · Limited use of shared materials and supplies. · Desks arranged to allow for cohort groups and social distancing where possible and reasonable. · Staff and students working in close proximity will be advised to wear a face covering.

Common Areas:	<ul style="list-style-type: none"> · Students when moving around the building will move in cohort groups and reasonably try to limit exposure to other groups. · Schedules may be altered to reduce cohorts passing in common areas. · Lunch times and location may be altered to reduce the number of students in the cafeteria at any one time.
Extracurricular & Activities:	<ul style="list-style-type: none"> · Guidance and directives from the NDHSAA and other governing boards will be used to determine activities.
Communications:	<ul style="list-style-type: none"> · Share information about how to stop the spread of COVID-19.

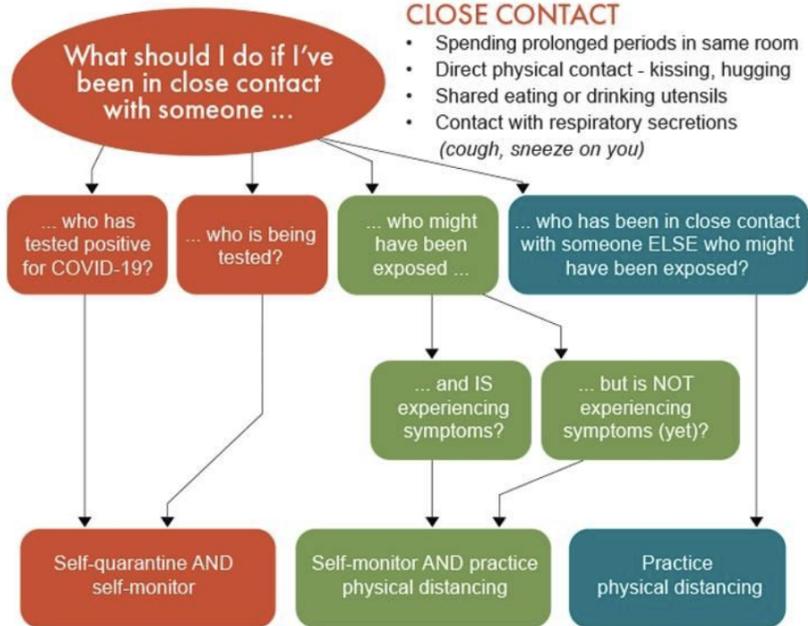
Yellow

<p>Priorities:</p>	<ul style="list-style-type: none"> · Ensure students and staff who are symptomatic stay at home. · Maximize social distancing cohort where possible. · Support blended learning model.
<p>Districtwide Practices:</p>	<ul style="list-style-type: none"> · Based on identified COVID cases of students and staff, targeted closures may be implemented (class, grade, etc) while other schools remain open and meet students in person. · Social distancing where possible and reasonable. <ul style="list-style-type: none"> o Distancing on a school bus will be unachievable; we encourage parents to consider alternate transportation for their child. · Buildings routinely cleaned and disinfected according to CDC guidelines. Special focus on high touch/traffic areas. · Handwashing integrated throughout the day. · Hand sanitizer available throughout each building. · Support and train parents on use of technology tools and online curricular resources. · Implement technology support line. <p>*All students and staff will be required to wear a face mask.</p>
<p>Schools:</p>	<ul style="list-style-type: none"> · Protective measures will be maintained in office spaces. · Some school events, assemblies and gatherings may be changed or cancelled. · Access to campus may be additionally limited, with new protocols.

Classrooms:	<ul style="list-style-type: none"> · Students may be attending school on a hybrid schedule. · Students will be expected to engage in learning opportunities online using Google classroom for online assignments on days they are not in school. · Teachers are expected to make direct student/family contact at least 1 time per week. · Limited use of shared materials and supplies when students are in school. · Desks arranged to allow for cohort groups and social distancing where possible and reasonable. · Staff and students working in close proximity will be advised to wear a face covering.
Common Areas:	<ul style="list-style-type: none"> · COVID-19 Team will address moving through common areas based on the definition of close contact. · Schedules may need to be altered to accommodate different groups. · May alter lunch times to reduce the number of students in the cafeteria simultaneously.
Extracurricular Activities:	<ul style="list-style-type: none"> · Guidance and directives from the NDHSAA and other governing boards will be used to guide these activities.
Communications:	<ul style="list-style-type: none"> · Share information about how to stop the spread of COVID-19. · Share technology support resources for parents.

Orange / Red

Priorities:	<ul style="list-style-type: none"> · Reduce the risk of community spread by closing schools.
Districtwide Practices:	<ul style="list-style-type: none"> · Online instruction will be used district wide in all courses at all grade levels. · Instruction will focus on essential learning targets. · Attendance and academic progress will be expected. · Implement internet access (wifi) hot spots around schools, to support distance learning for those that may not have it in their homes. · Local food distribution may be implemented by food service program.
Schools:	<ul style="list-style-type: none"> · Closed to the general public except by special arrangement with the district office. · Small group meetings or instruction may be allowed, particularly for special needs students or academic interventions.
Classrooms:	<ul style="list-style-type: none"> · Students will engage in learning at the home. · Students will be expected to engage in learning opportunities online via Google Classroom. · Teachers are expected to make direct student/family contact at least one time per week.
Extracurricular Activities:	<ul style="list-style-type: none"> · Guidance and directives from the NDHSAA and other governing boards will be used to guide these activities. · Athletic and other extra/co-curricular activities likely suspended.
Communications:	<ul style="list-style-type: none"> · Clear communication about academic expectations and grading shared with students and families. · Share technology support resources for parents. · Student/family support hot-line opened.



HOW DO I ...

Self-Quarantine

- Stay home for 14 days.
- Avoid contact with other people.
- Don't share household items.

Self-Monitor

- Be alert for symptoms of COVID-19, especially a dry cough or shortness of breath.
- Take your temperature every morning and night and write it down.
- Call your doctor if you have trouble breathing or a fever (100.4°F/38°C).
- Don't seek medical treatment without calling first!

Practice Physical Distancing

- Stay home as much as possible.
- Don't physically get close to people.
- Try to stay 6 feet away.
- Don't hug or shake hands.
- Avoid groups of people.

WHAT IF I HAVE SYMPTOMS? Call your health care provider.

Close contact: spending 15 or more minutes within 6 feet of another person, in addition to the definitions above.

BEFORE SCHOOL!

Parents are asked to review this daily health checklist by answering these questions before sending their child to school.

(Parents do not need to send the questionnaire to school)

Has your child had close contact with a confirmed case of COVID-19 in the past 14 days?

Yes___ No___

Does your child have a new or worsening shortness of breath?

Yes___ No___

Does your child have a new or worsening cough?

Yes___ No___

Does your child have a fever of 100.5 or greater?

Yes___ No___

Does your child have chills?

Yes___ No___

Does your child have a sore throat?

Yes___ No___

Does your child have a new loss of taste or smell?

Yes___ No___

If **YES** to any of the questions

STOP!

Do not send your child to school.

Contact your healthcare provider.

Contact your child's school to

inform them of your child's

absence.

If you are able to answer

NO to all questions, go to

school.

Recommendations from the American Academy of Pediatrics:

Physical Distancing Measures

Physical distancing, sometimes referred to as social distancing, is simply the act of keeping people separated with the goal of limiting spread of contagion between individuals. It is fundamental to lowering the risk of spread of SARS-CoV-2, as the primary mode of transmission is through respiratory droplets by persons in close proximity. There is a conflict between optimal academic and social/emotional learning in schools and strict adherence to current physical distancing guidelines. For example, the Centers for Disease Control and Prevention (CDC) recommends that schools "space seating/desks at least 6 feet apart when feasible." In many school settings, 6 feet between students is not feasible without limiting the number of students. Evidence suggests that spacing as close as 3 feet may approach the benefits of 6 feet of space, particularly if students are wearing face coverings and are asymptomatic. Schools should weigh the benefits of strict adherence to a 6-foot spacing rule between students with the potential downside if remote learning is the only alternative. Strict adherence to a specific size of student groups (eg, 10 per classroom, 15 per classroom, etc) should be discouraged in favor of other risk mitigation strategies. Given what is known about transmission dynamics, adults and adult staff within schools should attempt to maintain a distance of 6 feet from other persons as much as possible, particularly around other adult staff. For all of the below settings, physical distancing by and among adults is strongly recommended, and meetings and curriculum planning should take place virtually if possible. In addition, other strategies to increase adult-adult physical distance in time and space should be implemented, such as staggered drop-offs and pickups, and drop-offs and pickups outside when weather allows. Parents should, in general, be discouraged from entering the school building. Physical barriers, such as plexiglass, should be considered in reception areas and employee workspaces where the environment does not accommodate physical distancing, and congregating in shared spaces, such as staff lounge areas, should be discouraged.

The recommendations in each of the age groups below are not instructional strategies but are strategies to optimize the return of students to schools in the context of physical distancing guidelines and the developmentally appropriate implementation of the strategies. Educational experts may have preference for one or another of the guidelines based on the instructional needs of the classes or schools in which they work.

Elementary Schools

Higher-priority strategies:

- Children should wear face coverings when harms (eg, increasing hand-mouth/nose contact) do not outweigh benefits (potential COVID-19 risk reduction).
- Desks should be placed 3 to 6 feet apart when feasible (if this reduces the amount of time children are present in school, harm may outweigh potential benefits).
- Cohort classes to minimize crossover among children and adults within the school.
- Utilize outdoor spaces when possible.

Lower-priority strategies:

- The risk reduction of reducing class sizes in elementary school-aged children may be outweighed by the challenge of doing so.
- Similarly, reducing classmate interactions/play in elementary school-aged children may not provide enough COVID-19 risk reduction to justify potential harms.

Secondary Schools

There is likely a greater impact of physical distancing on risk reduction of COVID in secondary schools than early childhood or elementary education. There are also different barriers to successful implementation of many of these measures in older age groups, as the structure of school is usually based on students changing classrooms. Suggestions for physical distancing risk mitigation strategies when feasible:

- Universal face coverings in middle and high schools when not able to maintain a 6-foot distance (students and adults).
- Particular avoidance of close physical proximity in cases of increased exhalation (singing, exercise); these activities are likely safest outdoors and spread out.
- Desks should be placed 3 to 6 feet apart when feasible.
- Cohort classes if possible, limit cross-over of students and teachers to the extent possible.
 - Ideas that may assist with cohorting:
 - Block schedule (much like colleges, intensive 1-month blocks).
 - Eliminate or minimize use of lockers or assign them by cohort to reduce need for hallway use across multiple areas of the building. (This strategy would need to be done in conjunction with planning to ensure students are not carrying home an unreasonable number

of books on a daily basis and may vary depending on other cohorting and instructional decisions schools are making.)

- Have teachers rotate instead of students when feasible.
- Utilize outdoor spaces when possible.
- Teachers should maintain 6 feet from students when possible and if not disruptive to educational process.
- Restructure elective offerings to allow small groups within one classroom. This may not be possible in a small classroom.

Special Education

Every child and adolescent with a disability is entitled to a free and appropriate education and is entitled to special education services based on their individualized education program (IEP). Students receiving special education services may be more negatively affected by distance-learning and may be disproportionately impacted by interruptions in regular education. It may not be feasible, depending on the needs of the individual child and adolescent, to adhere both to distancing guidelines and the criteria outlined in a specific IEP. Attempts to meet physical distancing guidelines should meet the needs of the individual child and may require creative solutions, often on a case-by-case basis.

Physical Distancing in Specific Enclosed Spaces

Bussing

- Encourage alternative modes of transportation for students who have other options.
- Ideally, for students riding the bus, symptom screening would be performed prior to being dropped off at the bus. Having bus drivers or monitors perform these screenings is problematic, as they may face a situation in which a student screens positive yet the parent has left, and the driver would be faced with leaving the student alone or allowing the student on the bus.
- Assigned seating; if possible, assign seats by cohort (same students sit together each day).
- Tape marks showing students where to sit.
- When a 6-foot distance cannot be maintained between students, face coverings should be worn.
- Drivers should be a minimum of 6 feet from students; driver must wear face covering; consider physical barrier for driver (eg, plexiglass).
- Minimize the number of people on the bus at one time within reason.

- Adults who do not need to be on the bus should not be on the bus.
- Have windows open if weather allows.

Hallways

- Consider creating one-way hallways to reduce close contact.
- Place physical guides, such as tape, on floors or sidewalks to create one-way routes.
- Where feasible, keep students in the classroom and rotate teachers instead.
- Stagger class periods by cohorts for movement between classrooms if students must move between classrooms to limit the number of students in the hallway when changing classrooms.
- Assign lockers by cohort or eliminate lockers altogether.

Playgrounds

Enforcing physical distancing in an outside playground is difficult and may not be the most effective method of risk mitigation. Emphasis should be placed on cohorting students and limiting the size of groups participating in playground time. Outdoor transmission of virus is known to be much lower than indoor transmission.

Meals/Cafeteria

School meals play an important part in addressing food security for children and adolescents. Decisions about how to serve meals must take into account the fact that in many communities there may be more students eligible for free and reduced meals than prior to the pandemic.

- Consider having students cohorted, potentially in their classrooms, especially if students remain in their classroom throughout the day.
- Create separate lunch periods to minimize the number of students in the cafeteria at one time.
- Utilize additional spaces for lunch/break times.
- Utilize outdoor spaces when possible.
- Create an environment that is as safe as possible from exposure to food allergens.
- Wash hands or use hand sanitizer before and after eating.

Cleaning and Disinfection

The main mode of COVID-19 spread is from person to person, primarily via droplet transmission. For this reason, strategies for infection prevention should center around this form of spread, including physical distancing, face coverings, and hand hygiene. Given the challenges that may exist in children and adolescents in effectively adhering to recommendations, it is critical staff are setting a good example for students by modeling behaviors around physical distancing, face coverings and hand hygiene. Infection via aerosols and fomites is less likely. However, because the virus may survive in certain surfaces for some time, it is possible to get infected after touching a virus contaminated surface and then touching the mouth, eyes, or nose. Frequent handwashing as a modality of containment is vital.

Cleaning should be performed per established protocols followed by disinfection when appropriate. Normal cleaning with soap and water decreases the viral load and optimizes the efficacy of disinfectants. When using disinfectants, the manufacturers' instructions must be followed, including duration of dwell time, use of personal protective equipment (PPE), if indicated, and proper ventilation. The use of EPA approved disinfectants against COVID-19 is recommended ([EPA List N](#)). When possible, only products labeled as [safe for humans and the environment](#) (eg, Safer or Designed for the Environment), containing active ingredients such as hydrogen peroxide, ethanol, citric acid, should be selected from this list, because they are less toxic, are not strong respiratory irritants or asthma triggers, and have no known carcinogenic, reproductive, or developmental effects.

When EPA-approved disinfectants are not available, alternative disinfectants such as diluted bleach or 70% alcohol solutions can be used. Children should not be present when disinfectants are in use and should not participate in disinfecting activities. Most of these products are not safe for use by children, whose "hand-to-mouth" behaviors and frequent touching of their face and eyes put them at higher risk for toxic exposures. If disinfection is needed while children are in the classroom, adequate ventilation should be in place and nonirritating products should be used. Disinfectants such as bleach and those containing quaternary ammonium compounds or "Quats" should not be used when children and adolescents are present, because these are known respiratory irritants.

In general, elimination of high-touch surfaces is preferable to frequent cleaning. For example, classroom doors can be left open rather than having students open the door when entering and leaving the classroom or the door can be closed once all students have entered followed by hand sanitizing. As part of increasing social distance between students and surfaces requiring regular cleaning, schools could also consider

eliminating the use of lockers, particularly if they are located in shared spaces or hallways, making physical distancing more challenging. If schools decide to use this strategy, it should be done within the context of ensuring that students are not forced to transport unreasonable numbers of books back and forth from school on a regular basis.

When elimination is not possible, surfaces that are used frequently, such drinking fountains, door handles, sinks and faucet handles, etc, should be cleaned and disinfected at least daily and as often as possible. Bathrooms, in particular, should receive frequent cleaning and disinfection. Shared equipment including computer equipment, keyboards, art supplies, and play or gym equipment should also be disinfected frequently. Hand washing should be promoted before and after touching shared equipment. Computer keyboard covers can be used to facilitate cleaning between users. [Routine cleaning practices](#) should be used for indoor areas that have not been used for 7 or more days or outdoor equipment. Surfaces that are not high touch, such as bookcases, cabinets, wall boards, or drapes should be cleaned following standard protocol. The same applies to floors or carpeted areas.

Outdoor playgrounds/natural play areas only need routine maintenance, and hand hygiene should be emphasized before and after use of these spaces. Outdoor play equipment with high-touch surfaces, such as railings, handles, etc, should be cleaned and disinfected regularly if used continuously.

UV light kills viruses and bacteria and is used in some controlled settings as a germicide. UV light-emitting devices should not be used in the school setting, because they are not safe for children and adults and can cause skin and eye damage.

Testing and Screening

Virologic testing is an important part of the overall public health strategy to limit the spread of COVID-19. Virologic testing detects the viral RNA from a respiratory (usually nasal) swab specimen. Testing all students for acute SARS-CoV-2 infection prior to the start of school is not feasible in most settings at this time. Even in places where this is possible, it is not clear that such testing would reduce the likelihood of spread within schools. It is important to recognize that virologic testing only shows whether a person is infected at that specific moment in time. It is also possible that the nasal swab virologic test result can be negative during the early incubation period of the infection. So, although a negative virologic test result is reassuring, it does not mean that the student or school staff member is not going to subsequently develop COVID-19. Stated

another way, a student who is negative for COVID 19 on the first day of school may not remain negative throughout the school year.

If a student or school staff member has a known exposure to COVID-19 (eg, a household member with laboratory-confirmed SARS-CoV-2 infection or illness consistent with COVID-19) or has COVID-19 symptoms, having a negative virologic test result, according to [CDC guidelines](#), may be warranted for local health authorities to make recommendations regarding contact tracing and/ or school exclusion or school closure.

The other type of testing is serologic blood testing for antibodies to SARS-CoV-2. At the current time, serologic testing should not be used for individual decision-making and has no place in considerations for entrance to or exclusion from school. [CDC guidance](#) regarding antibody testing for COVID-19 is that serologic test results should not be used to make decisions about grouping people residing in or being admitted to congregate settings, such as schools, dormitories, or correctional facilities. Additionally, serologic test results should not be used to make decisions about returning people to the workplace. The CDC states that serologic testing should not be used to determine immune status in individuals until the presence, durability, and duration of immunity is established. The AAP recommends this guidance be applied to school settings as well.

Schools should have a policy regarding symptom screening and what to do if a student or school staff member becomes sick with COVID-19 symptoms. Temperature checks and symptom screening are a frequent part of many reopening processes to identify symptomatic persons to exclude them from entering buildings and business establishments. The list of symptoms of COVID-19 infection has grown since the start of the pandemic and the manifestations of COVID-19 infection in children, although similar, is often not the same as that for adults. **School policies regarding temperature screening and temperature checks must balance the practicality of performing these screening procedures for large numbers of students and staff with the information known about how children manifest COVID-19 infection, the risk of transmission in schools, and the possible lost instructional time to conduct the screenings.** Schools should develop plans for rapid response to a student or staff member with fever who is in the school regardless of the implementation of temperature checks or symptom screening prior to entering the school building. In many cases, it will not be practical for temperature checks to be performed prior to students arriving at school. **Parents should be instructed to keep their child at home if they are ill.** Any student or staff member with a fever of 100.5 degrees or greater or symptoms of possible COVID-19 virus infection should not be present in school.

In lieu of temperature checks and symptom screening being performed after arrival to school, **methods to allow parent report of temperature checks done at home may be considered.** Resources and time may necessitate this strategy at most schools. The epidemiology of disease in children along with evidence of the utility of temperature screenings in health systems may further justify this approach. Procedures using texting apps, phone systems, or online reporting rely on parent report and may be most practical but possibly unreliable, depending on individual family's ability to use these communication processes, especially if not made available in their primary language. Although imperfect, these processes may be most practical and likely to identify the most ill children who should not be in school. School nurses or nurse aides should be equipped to measure temperatures for any student or staff member who may become ill during the school day and should have an identified area to separate or isolate students who may have COVID-19 symptoms.

COVID-19 infection manifests similarly to other respiratory illness in children. Although children manifest many of the same symptoms of COVID-19 infection as adults, some differences are noteworthy. [According to the CDC](#), children may be less likely to have fever, may be less likely to present with fever as an initial symptom, and may have only gastrointestinal tract symptoms. A student or staff member excluded because of symptoms of COVID-19 should be encouraged to contact their health care provider to discuss testing and medical care. In the absence of testing, students or staff should follow local health department guidance for exclusion.

Face Coverings and PPE

Cloth face coverings protect others if the wearer is infected with SARS CoV-2 and is not aware. Cloth masks may offer some level of protection for the wearer. Evidence continues to mount on the importance of universal face coverings in interrupting the spread of SARS-CoV-2. Although ideal, universal face covering use is not always possible in the school setting for many reasons. Some students, or staff, may be unable to safely wear a cloth face covering because of certain medical conditions (eg, developmental, respiratory, tactile aversion, or other conditions) or may be uncomfortable, making the consistent use of cloth face coverings throughout the day challenging. For individuals who have difficulty with wearing a cloth face covering and it is not medically contraindicated to wear a face covering, behavior techniques and social skills stories(see resource section) can be used to assist in adapting to wearing a face covering. When developing policy regarding the use of cloth face coverings by students or school staff, school districts and health advisors should consider whether the use of cloth face coverings is developmentally appropriate and feasible and whether the policy can be instituted safely. If not developmentally feasible, which may be the case for younger students, and cannot be done safely (eg, the face covering makes wearers

touch their face more than they otherwise would), schools may choose to not require their use when physical distancing measures can be effectively implemented. School staff and older students (middle or high school) may be able to wear cloth face coverings safely and consistently and should be encouraged to do so. Children under 2 years and anyone who has trouble breathing or is unconscious, incapacitated, or otherwise unable to remove a face covering without assistance should not wear cloth face coverings.

For certain populations, the use of cloth face coverings by teachers may impede the education process. These include students who are deaf or hard of hearing, students receiving speech/language services, young students in early education programs, and English-language learners. Although there are products (eg, face coverings with clear panels in the front) to facilitate their use among these populations, these may not be available in all settings.

Students and families should be taught how to properly wear (cover nose and mouth) a cloth face covering, to maintain hand hygiene when removing for meals and physical activity, and for replacing and maintaining (washing regularly) a cloth face covering.

School health staff should be provided with appropriate medical PPE to use in health suites. This PPE should include N95 masks, surgical masks, gloves, disposable gowns, and face shields or other eye protection. School health staff should be aware of the [CDC guidance on infection control](#) measures. Asthma treatments using inhalers with spacers are preferred over nebulizer treatments whenever possible. The [CDC recommends](#) that nebulizer treatments at school should be reserved for children who cannot use or do not have access to an inhaler (with spacer or spacer with mask). Schools should work with families and health care providers to assist with obtaining an inhaler for students with limited access. In addition, schools should work to develop and implement asthma action plans, which may include directly observed controller medication administration in schools to promote optimal asthma control. If required while waiting for a student to be picked up to go home or for emergency personnel to arrive, when using nebulizer or a peak flow meter, school health staff should wear gloves, an N95 [facemask](#), and eye protection. Staff should be trained on proper donning and doffing procedures and follow the CDC guidance regarding precautions when performing [aerosol-generating procedures](#). Nebulizer treatments should be performed in a space that limits exposure to others and with minimal staff present. Rooms should be well ventilated or treatments should be performed outside. After the use of the nebulizer, the room should undergo routine [cleaning and disinfection](#).

School staff working with students who are unable to wear a cloth face covering and who must be in close proximity to them should ideally wear N95 masks. When access to N95 masks is limited, a surgical mask in combination with a face shield should be used. Face shields or other forms of eye protection should also be used when working with students unable to manage secretions.

On-site School Based Health Services

On-site school health services should be supported if available, to complement the pediatric medical home and to provide pediatric acute and chronic care. Collaboration with [school nurses](#) will be essential, and school districts should involve School Health Services staff early in the planning phase for reopening and consider collaborative strategies that address and prioritize immunizations and other needed health services for students, including behavioral health and reproductive health services.

Education

The impacts of lost instructional time and social emotional development on children and adolescents should be anticipated, and schools will need to be prepared to adjust curricula and instructional practices accordingly without the expectation that all lost academic progress can be caught up. Plans to make up for lost academic progress because of school closures and distress associated with the pandemic should be balanced by a recognition of the likely continued distress of educators and students that will persist when schools reopen. If the academic expectations are unrealistic, school will likely become a source of further distress for students (and educators) at a time when they need additional support. It is also critical to maintain a balanced curriculum with continued physical education and other learning experiences rather than an exclusive emphasis on core subject areas.

Students With Disabilities

The impact of loss of instructional time and related services, including mental health services as well as occupational, physical, and speech/language therapy during the period of school closures is significant for students with disabilities. Students with disabilities may also have more difficulty with the social and emotional aspects of transitioning out of and back into the school setting. As schools prepare for reopening, school personnel should develop a plan to ensure a review of each child and adolescent with an IEP to determine the needs for compensatory education to adjust for lost instructional time as well as other related services. In addition, schools can expect a backlog in evaluations; therefore, plans to prioritize those for new referrals as opposed to re-evaluations will be important. = Many school districts require adequate instructional effort before determining eligibility for special education services. However, virtual instruction or lack of instruction should not be reasons to avoid starting services

such as response-to-intervention (RTI) services, even if a final eligibility determination is postponed.

Behavioral Health/Emotional Support for Children and Adolescents

Schools should anticipate and be prepared to address a wide range of mental health needs of children and staff when schools reopen. Preparation for [infection control](#) is vital and admittedly complex during an evolving pandemic. But the emotional impact of the pandemic, financial/employment concerns, social isolation, and growing concerns about systemic racial inequity — coupled with prolonged limited access to critical school-based mental health services and the support and assistance of school professionals — demands careful attention and planning as well. Schools should be prepared to adopt an approach for mental health support.

Schools should consider providing training to classroom teachers and other educators on how to talk to and support children during and after the COVID-19 pandemic. Students requiring mental health support should be referred to school mental health professionals.

Suicide is the second leading cause of death among adolescents or youth 10 to 24 years of age in the United States. In the event distance learning is needed, schools should develop mechanisms to evaluate youth remotely if concerns are voiced by educators or family members and should be establishing policies, including referral mechanisms for students believed to be in need of in-person evaluation, even before schools reopen.

School mental health professionals should be involved in shaping messages to students and families about the response to the pandemic. Fear-based messages widely used to encourage strict physical distancing may cause problems when schools reopen, because the risk of exposure to COVID-19 may be mitigated but not eliminated.

When schools do reopen, plans should already be in place for outreach to students who do not return, given the high likelihood of separation anxiety and agoraphobia in students. Students may have difficulty with the social and emotional aspects of transitioning back into the school setting, especially given the unfamiliarity with the changed school environment and experience. Special considerations are warranted for students with pre-existing anxiety, depression, and other mental health conditions; children with a prior history of trauma or loss; and students in early education who may be particularly sensitive to disruptions in routine and caregivers. Students facing other challenges, such as poverty, food insecurity, and homelessness, and those subjected to ongoing racial inequities may benefit from additional support and assistance.

Schools need to incorporate academic accommodations and supports for all students who may still be having difficulty concentrating or learning new information because of stress associated with the pandemic. It is important that schools do not anticipate or attempt to catch up for lost academic time through accelerating curriculum delivery at a time when students and educators may find it difficult to even return to baseline rates. These expectations should be communicated to educators, students, and family members so that school does not become a source of further distress.

Mental Health of Staff

The personal impact on educators and other school staff should be recognized. In the same way that students are going to need support to effectively return to school and to be prepared to be ready to process the information they are being taught, teachers cannot be expected to be successful at teaching children without having their mental health needs supported. The strain on teachers this year as they have been asked to teach differently while they support their own needs and those of their families has been significant, and they will be bringing that stress back to school as schools reopen. Resources such as Employee Assistance Programs and other means to provide support and mental health services should be established prior to reopening. The individual needs and concerns of school professionals should be addressed with accommodations made as needed (eg, for a classroom educator who is pregnant, has a medical condition that confers a higher risk of serious illness with COVID-19, resides with a family member who is at higher risk, or has a mental health condition that compromises the ability to cope with the additional stress). Although schools should be prepared to be agile to meet evolving needs and respond to increasing knowledge related to the pandemic and may need to institute partial or complete closures when the public health need requires, they should recognize that staff, students, and families will benefit from sufficient time to understand and adjust to changes in routine and practices. During a crisis, people benefit from clear and regular communication from a trusted source of information and the opportunity to dialogue about concerns and needs and feel they are able to contribute in some way to the decision-making process. Change is more difficult in the context of crisis and when predictability is already severely compromised.

Food Insecurity

In 2018, 11.8 million children and adolescents (1 in 7) in the United States lived in a food-insecure household. The coronavirus pandemic has led to increased unemployment and poverty for America's families, which in turn will likely increase even further the number of families who experience food insecurity. School re-entry planning must consider the many children and adolescents who experience food insecurity already (especially at-risk and low-income populations) and who will have limited

access to routine meals through the school district if schools remain closed. The short- and long-term effects of food insecurity in children and adolescents are profound. **Plans should be made prior to the start of the school year for how students participating in free- and reduced- meal programs will receive food in the event of a school closure or if they are excluded from school because of illness or SARS-CoV-2 infection.**

Immunizations

Existing school immunization requirements should be maintained and not deferred because of the current pandemic. In addition, although influenza vaccination is generally not required for school attendance, in the coming academic year, it should be highly encouraged for all students. School districts should consider requiring influenza vaccination for all staff members. Pediatricians should work with schools and local public health authorities to promote childhood vaccination messaging well before the start of the school year. It is vital that all children receive recommended vaccinations on time and get caught up if they are behind as a result of the pandemic. The capacity of the health care system to support increased demand for vaccinations should be addressed through a multifaceted collaborative and coordinated approach among all child-serving agencies including schools.

Organized Activities

It is likely that sporting events, practices, and conditioning sessions will be limited in many locations. Preparticipation evaluations should be conducted in alignment with the [AAP Preparticipation Physical Evaluation Monograph](#), 5th ed, and state and local guidance.

Resources

- [Coalition to Support Grieving Students](#)
- [Using Social Stories to Support People with I/DD During the COVID-19 Emergency](#)
- [Social Stories for Young and Old on COVID-19](#)

Additional Information

If you need a print version of this guidance, use the Print icon at the top of the page or download a pdf [here](#).

- Information for Parents on HealthyChildren.org: [Returning to School During COVID-19](#)

- [Guidance Related to Childcare During COVID-19](#)
- [Guidance on Providing Pediatric Well-Care During COVID-19](#)
- [List of latest AAP News articles on COVID-19](#)
- [Pediatrics COVID-19 Collection](#)
- [COVID-19 Advocacy Resources\(Login required\)](#)
- [Centers for Disease Control and Prevention: Considerations for Schools](#)
- [Centers for Disease Control and Prevention: School Decision Tree](#)
- [Centers for Disease Control and Prevention: Activities and Initiatives Supporting the COVID Response](#)

Interim Guidance Disclaimer: The COVID-19 clinical interim guidance provided here has been updated based on current evidence and information available at the time of publishing. Guidance will be regularly reviewed with regards to the evolving nature of the pandemic and emerging evidence. All interim guidance will be presumed to expire in December 2020 unless otherwise specified.

Sources:

<https://services.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/clinical-guidance/covid-19-planning-considerations-return-to-in-person-education-in-schools/>