

COVID -19 PLAN FOR
RESUMING IN-PERSON
INSTRUCTION FOR THE 2020-
2021 SCHOOL YEAR



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GUIDING PRINCIPLES

The health and safety of students and staff is our top priority when making the decision to resume in-person instruction in our learning centers. We are working in collaboration with our county health officials in making the decision when to safely resume in-person instruction.

School sites will follow guidelines provided by the Centers for Disease Control (CDC), California Department of Public Health (CDPH) and California Department of Education (CDE) which can be found at the links below:

CDC: <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/schools.html>

CDPH: <https://covid19.ca.gov/pdf/guidance-schools.pdf>

CDE: <https://www.cde.ca.gov/ls/he/hn/strongertogether.asp>

The California Department of Public Health (CDPH) issued *COVID-19 Industry Guidance: Schools and School-based Programs* (“CDPH Guidance”) effective starting July 17, 2020, for resuming in-person instruction for schools. This guide is meant to augment the CDPH Guidance, not replace it. Given the evolving nature of the COVID-19 epidemic, we expect that this document will need to be updated in the future.

GENERAL MEASURES

Schools are eligible to resume in-person instruction once their County has been off the State’s Monitoring List for 14 days, and they have developed a plan for resuming in-person instruction that complies with state and local guidance, in consultation with the local County Department of Public Health. Our plan adheres to the CDPH [Guidance](#) and includes the following components:

- o Promote healthy hygiene practices
- o Plans for cleaning, disinfecting and ventilation
- o Plans for physical distancing inside and outside the classroom
- o Employee and staff education, including training on how to wear PPE/face coverings, checking for signs and symptoms, and cleaning and disinfecting procedures.
- o Family education, including a family communication plan
- o Screening procedures for staff, students and visitors
- o Surveillance for monitoring for attendance, verifying absences and notifying county health officials.

We continue to communicate with local and state authorities to determine current disease levels and control measures in each community. We regularly review and refer to relevant county variance documentation, which can be found [here](#).

We consult with a county health officer and/or a designated staff member, who is best positioned to monitor and provide advice on local conditions. A directory can be found [here](#).

IMPLEMENT HEALTHY HYGIENE PRACTICES

Following are best practices the school shall follow, compiled from various experts and in alignment with the CDPH Guidance in [COVID-19 Industry Guidance: Schools and School-Based Programs](#).

Hygiene

- Teach and reinforce [handwashing](#), avoid [contact with one's eyes, nose, and mouth, and covering coughs and sneezes](#).
- Develop schedules for routine handwashing before and after eating, after being outside, and before and after using the restroom.
- Ensure adequate supplies to support healthy hygiene behaviors, including soap, tissues, no-touch trashcans, face coverings and hand sanitizers (with at least 60 percent ethyl alcohol) for staff and students who can safely use hand sanitizer.
- Minimize the sharing of supplies and equipment among staff and students to the extent feasible. When items must be shared, clean and disinfect items between uses.
- Ethyl alcohol-based hand sanitizers are preferred and should be used when there is the potential of unsupervised use by children.
- Isopropyl hand sanitizers are more toxic when ingested or absorbed in skin.
- Do not use hand sanitizers that may contain methanol, which can be hazardous when ingested or absorbed.
- Children under age 9 should only use hand sanitizer under adult supervision. Call Poison Control if consumed: 1-800-222-1222.

Physical Distancing

- Ensure staff maintain physical distancing from each other, which is critical to reducing transmission between adults.
- Post signage in high-visibility areas to remind students and staff these and other prevention measures.

Face Coverings

- Require and ensure that all staff and students use face coverings in accordance with CDPH guidance and Cal/OSHA standards.
- Teach and reinforce use of [cloth face coverings](#), masks or in limited instances, face shields. Face coverings are essential.
- Provide information to all staff and families in the school community on proper use, removal, and washing of cloth face coverings.

Masks with Exhalation Valves or Vents

The purpose of masks is to keep respiratory droplets from reaching others to aid with source control. However, masks with one-way valves or vents allow air to be exhaled through a hole in the material, which can result in expelled respiratory droplets that can reach others. This type of mask does not prevent the person wearing the mask from transmitting COVID-19 to others. Therefore, [CDC](#) does not recommend using masks for source control if they have an exhalation valve or vent.

STUDENTS

Age	Face Covering Requirement
2 years old – 2nd grade	Strongly encouraged**
3rd grade – High School	Yes, unless exempt

**Face coverings are strongly encouraged for young children between two years old and second grade, if they can be worn properly. A face shield is an acceptable alternative for children in this cohort who cannot wear them properly.

- Persons younger than two years old, anyone who has trouble breathing, anyone who is unconscious or incapacitated, and anyone who is otherwise unable to remove the face covering without assistance are exempt from wearing a face covering.
- A cloth face covering or face shield should be removed for meals, snacks, or outdoor recreation, or when it needs to be replaced. When a cloth face covering is temporarily removed, it should be placed in a clean paper bag (marked with the student's name and date) until it needs to be put on again.
- In order to comply with this guidance, schools must exclude students from campus if they are not exempt from wearing a face covering under CDPH Guidance and refuse to wear one. The school will provide a face covering to students who inadvertently fail to bring a face covering to school to prevent unnecessary exclusions. The school will offer the parent or guardian of the student the option of distance learning if the student does not want to wear a mask or cloth face covering and does not qualify under the CDPH exemptions of wearing a mask or cloth face covering.

STAFF

- All staff must use face coverings in accordance with [CDPH Guidance](#) unless Cal/OSHA standards require respiratory protection.
- In limited situations where a face covering cannot be used for pedagogical or developmental reasons, (i.e. communicating or assisting young children or those with special needs) a face shield can be used instead of a cloth face covering while in the classroom as long as the wearer maintains physical distance from others, to the extent practicable. Staff must return to wearing a face covering outside of the classroom.

INTENSIFY CLEANING, DISINFECTION AND VENTILATION

Follow CDC guidelines found below:

[Cleaning and Disinfecting Your Facility](#) and [Resuming in-person instruction Guidance for Cleaning and Disinfecting Public Spaces, Workplaces, Businesses, Schools, and Homes](#)

- The use of drinking fountains is suspended and students/staff shall be provided bottled water instead.
- Janitorial staff shall clean and disinfect frequently touched surfaces within school at least daily and, as practicable, frequently throughout the day.
- Frequently touched surfaces in the school include, but are not limited to:
 - Light switches
 - Door handles
 - Sink handles
 - Bathroom surfaces
 - Tables
 - Student desks
 - Chairs
- When choosing cleaning products, use those approved for use against COVID-19 on the Environmental Protection Agency (EPA)-approved list “N” and follow product instructions.
- Establish a cleaning and disinfecting schedule to avoid both under- and over-use of cleaning products.
- Ensure safe and correct application of disinfectant and keep products away from students.
- Ensure proper ventilation during cleaning and disinfecting. During the school day, introduce fresh outdoor air as much as possible.

IMPLEMENT PHYSICAL DISTANCING INSIDE AND OUTSIDE THE CLASSROOM

CLASSROOM SPACE

- Each school may determine the number of students and staff in a classroom based on the classroom size (square footage) while maximizing space between all individuals.
- Maximize space between seating and desks. Distance teacher and other staff desks at least six feet away from student desks. Consider ways to establish separation of students through other means if practicable, such as, six feet between desks, partitions between desks, markings on classroom floors to promote distancing or arranging desks in a way that minimizes face-to-face contact.
- To the extent possible, keep students in the same space and in cohorts as small and consistent as practicable, keeping the same students and teacher or staff with each

group to the greatest extent practicable and minimize the mixing of student groups throughout the day.

- Implement procedures for turning in assignments to minimize contact.
- Limit nonessential visitors, volunteers and activities involving other groups at the same time.
- Limit communal activities where practicable. Alternatively, stagger use, properly space occupants and disinfect in between uses.
- Consider use of non-classroom space for instruction, including regular use of outdoor space, weather permitting.

ARRIVAL AND DEPARTURE

- Minimize close contact between students, staff, families and the broader community at arrival and departure through the following methods:
 - Designate routes for entry and exit, using as many entrances and exits as can be supervised appropriately to decrease crowding at entry and exit points.
 - Instruct drivers to remain in their vehicles, to the extent possible, when dropping off or picking up students. When in-person drop-off or pick-up is needed, only a single parent or caregiver may enter the facility to pick up or drop off the child and must wear a face mask.
 - Place markings on the ground to facilitate physical distancing of six feet or more at all school entry and exit points.

LIMIT SHARING

- Keep each student's belongings separated, and ensure they are taken home each day to be cleaned.
- Provide adequate supplies to minimize sharing of high-touch materials (pens, art supplies, equipment, etc.) when possible or clean and disinfect between uses.
- Avoid sharing electronic devices, clothing, toys, books and other games or learning aids as much as practicable.

NON-CLASSROOM SETTINGS

- Restrooms: Stagger use by students one at a time.
- Physical Education: Conduct classes outdoors whenever possible, maintaining physical distancing. Face coverings may be removed while doing [physical activities](#) and exercise wherein physical distancing is maintained.
- Hallways: Minimize congregating through hallways. For example, establish one-way walking/passage areas.
- Staff Break Rooms: Close break rooms if the occupancy limit exceeds the 6-foot rule and allow staff to eat their meals at their assigned workstations. Allow staff to eat meals in available outdoor areas or in large, well-ventilated spaces.

FOOD SERVICES

- Follow all requirements issued by the County Department of Environmental Health to prevent transmission of COVID-19 in food facilities.
- Only provide individually packaged grab-and-go meals to students.
- Avoid sharing of foods and utensils and buffet or family-style meals.

SCHOOL EVENTS

- Field trips, and other gatherings will be permitted only to the extent allowed by local and state public health authorities.
- Attendance at school events shall be limited to students and staff or those participating in a presentation only (no visitors).
- Maximize the number of school events that can be held virtually or outside.

TRAIN ALL STAFF AND EDUCATE FAMILIES

- Training for all staff via internal Learn 4 Life network is provided on the following topics:
 - How Covid-19 is spread and the importance of not coming to work if a staff member or if someone in the member's household has been diagnosed with COVID-19 or displays symptoms.
 - COVID-19-specific symptom identification and when to seek medical attention
 - [Proper use, removal and washing of face coverings](#)
 - [Cleaning and disinfecting](#) procedures
 - Resuming in-person instruction guidelines
 - Learn 4 Life's plan and procedures to follow when a child or adult becomes sick at school
- Printed educational materials will be provided on-site or mailed out to families on the following safety topics.
 - [Proper use, removal and washing of face coverings](#)
 - Physical distancing guidelines and their importance
 - Screening practices and the importance of not coming to the facility if any member of the family has been diagnosed with COVID-19 or displays symptoms.
 - COVID-19-specific symptom identification and when to seek medical attention

CHECK FOR SIGNS AND SYMPTOMS

Health screenings refer to symptom screening, temperature screening or both. The CDC acknowledges that "fever and symptom screening have proven to be relatively ineffective in

identifying all infected individuals.” This is because people with COVID-19 can infect others before they become ill (pre-symptomatic transmission), never become ill but can still infect others (asymptomatic transmission), or fever may not appear. L4L may require the following:

- Post signs at all entrances instructing students, staff and visitors not to enter campus if they have any COVID-19 symptoms.
- Require staff and students who are sick or who have recently had close contact with a person with COVID-19 to stay home.
- Follow screening and other procedures for all staff and students entering the facility.
- Conduct visual wellness checks of all students and take students’ temperature with a no-touch thermometer.
- A physical barrier, such as a glass window or clear plastic barrier on a table, for the person taking the temperature to stand behind, shall be put in place to the extent possible.
- If a barrier cannot be put in place, the person measuring temperatures shall be trained and wear appropriate PPE (facemask, eye protection, and disposable gloves).
- Ask all individuals about COVID-19 symptoms within the last 24 hours and whether anyone in their home has had COVID-19 symptoms or a positive test. See chart for all screening questions. A person who answers “Yes” to any one of these questions must not be allowed to enter the school facility.

1. Within the last 14 days have you been diagnosed with COVID-19 or had a test confirming you have the virus?	
Yes – STAY HOME and seek medical care.	
2. Do you live in the same household with, or have you had close contact with, someone who in the past 14 days has been in isolation for COVID-19 or had a test confirming they have the virus? Close contact is less than 6 feet for 15 minutes or more.	
Yes – STAY HOME and seek medical care and testing.	
3. Have you had any one or more of these symptoms today or within the past 24 hours? Are these symptoms new or not explained by another reason?	
• Fever • Cough • Shortness of breath/trouble breathing • Chills • Night sweats • Sore throat	• Muscle/body aches • Loss of taste or smell • Headache • Confusion • Vomiting • Diarrhea
Yes – STAY HOME and seek medical care and testing.	

Screening Diagram; <https://www.sccgov.org/sites/covid19/Pages/school-guidance.aspx>

- Document/track incidents of possible exposure and follow the procedures noted in the Response to Suspected or Confirmed Cases and Close Contacts section, below.

- Notification of local health officials, staff and families shall ensure confidentiality, as required under HIPPA, FERPA and state law related to privacy of educational records. (Information concerning confidentiality can be found [here](#).)
- If a student is exhibiting symptoms of COVID-19, staff shall communicate with the parent/guardian and refer to the student's health history form and/or emergency card to identify if the student has any underlying medical conditions.
- Monitor staff and students throughout the day for signs of illness; send home students and staff with a fever of 100.4 degrees or higher, cough or other COVID-19 symptoms.
- A digital notification system via email or text maybe used to ask staff and students COVID-19 symptoms screening question as a reminder of the importance of not coming to the learning center when feeling sick.

PLAN FOR WHEN A STAFF MEMBER, STUDENT OR VISITOR BECOMES SICK

- Any students or staff exhibiting symptoms shall immediately be isolated in a temporary room or area until they can be transported home or to a healthcare facility. The attending staff member should wear the proper PPE such as a surgical mask, protective gown and gloves when close interaction with a sick student or staff is necessary.
- The room or area shall be disinfected after the student or staff has been transported home or to a healthcare facility.
- Establish procedures to arrange for safe transport home or to a healthcare facility, as appropriate, when an individual is exhibiting COVID-19 symptoms:
 - Fever
 - Cough
 - Shortness of breath or difficulty breathing
 - Chills
 - Repeated shaking with chills
 - Muscle pain
 - Headache
 - Sore throat
 - New loss of taste or smell
 - For serious injury or illness, call 911 without delay. Seek medical attention if COVID-19 symptoms become severe, including persistent pain or pressure in the chest, confusion, or bluish lips or face.
- Close off areas used by any sick person and do not allow anyone to enter that area before cleaning and disinfection. To reduce risk of exposure, wait 24 hours before you clean and disinfect. If waiting 24 hours is not feasible, wait as long as possible.
- Require sick staff members and students not to return until they have met CDC criteria to discontinue home isolation, including three days with no fever, symptoms have improved and 14 days have passed since symptoms first appeared.

COVID-19 TESTING AND REPORTING

- Instruct students and staff to contact their medical provider and follow CDC guidelines on quarantine and isolation procedures. Instruct them to get tested as soon as possible after they develop one or more COVID-19 symptoms, or if one of their household members or non-household close contacts has tested positive for COVID-19.
- School will follow [CDPH guidance](#) on surveillance or periodic COVID-19 testing for all staff members when CDPH allows the county to resume in-person instruction or if instructed by local public health agencies. All school staff members will be instructed to contact their medical provider, local city, county or testing company partners to schedule their Covid-19 test.
- Test results will be collected in a secured digital database system (MYLO) for evaluation, tracking and notifications. Internal contact tracing procedures included in this plan will be followed.
- Only real-time reverse-transcriptase Polymerase chain reaction (RT-PCR) is recommended by the [Association of Public Health Laboratories \(APHL\)](#) to be used for surveillance testing of asymptomatic essential workers and individuals due to the lower sensitivity of the Antigen-Rapid-Testing system in detecting COVID-19 virus in the early stage of infection. APHL does not recommend using SARS-CoV-2 **antigen** tests for screening asymptomatic persons due to the high risk of both false positive and false negative results.

Positive test results:

- Student or employee that tests positive must be excluded from school for 10 days from symptom onset or test date, resolution of fever for at least 24 hours, without the use of fever-reducing medications, and with improvement of other symptoms.
- Require that parents/guardians and staff notify school administration immediately if the student or staff tested positive for COVID-19, or if one of their household members or non-household close contacts tested positive for COVID-19.
- Upon receiving notification that staff or a student has tested positive for COVID-19 or has been in close contact, without face covering, with a COVID-19 case, follow steps in the Reporting Data Collection and Internal Contact Tracing Process below.

Negative test results:

- Symptomatic students or staff who test negative for COVID-19 shall remain home at least 72 hours after resolution of fever (if any) and improvement in other symptoms.
- Asymptomatic, non-household close contacts to a COVID-19 case shall remain at home for 14 days from date of last exposure, even if they test negative.
- Asymptomatic household contacts shall remain at home 14 days after the COVID-19 positive household member completes their isolation.
- Employees on LOA (Leave of Absence) will be required to submit medical release from their doctor or from a public health officer to LLAC's HR/LOA and Safety department. A negative COVID-19 test results may be accepted in lieu of a medical note.

MAINTAIN HEALTHY OPERATIONS

- Monitor staff absenteeism and have a roster of trained back-up staff where available.
- The Area Superintendent will designate a staff liaison(s) and develop and distribute contact information to all staff to ensure staff know who they are and how to contact them.
- Instruct staff and families of students to self-report symptoms and possible exposure to COVID-19 to their direct supervisor and teacher, respectively, while maintaining confidentiality as required by FERPA and state law related to privacy of educational records. Additional guidance can be found [here](#).
- Local health departments will be consulted if routine testing of staff and students are required according to current public health guidance.

CONSIDERATIONS FOR PARTIAL OR TOTAL CLOSURES

- When a student, teacher, or staff member tests positive for COVID-19 and had exposure, with close contact, others at the school, implement the following steps:
 - In consultation with the local public health department, the Area Superintendent (or designee) may decide whether school closure is warranted, including the length of time necessary, based on the risk level within the specific community as determined by the local public health officer and CDPH.
 - The classroom or office where the patient was based will typically need to close temporarily as students or staff isolate.
 - Communication plans for school closure shall include a phone call and one written form of communication to students, parents, teachers, staff and the community.
 - Provide information for staff regarding labor laws, disability insurance, paid family leave and unemployment insurance.
 - Maintain regular communications with the local public health department.
 - Check State and local orders and health department notices daily for transmissions in the area or closures and adjust operations accordingly.
 - Include decisions from results of established internal contact tracing procedures. (see Reporting Data Collection and Contact Tracing Process section, below)

RESPONSE TO SUSPECTED OR CONFIRMED CASES AND CLOSE CONTACTS

INITIAL REPORT OF CASE

1. Infection case is reported to LLAC's HR and Safety department via case tracking form on safety and security page on MYLO ([here](#)) or email to HRSafety@llac.org.

2. Staff members are instructed not to disclose the identity of the employee or student to other staff members. This information, however, may be shared with LLAC's HR and Safety department and the public health officials as it is considered a health or safety emergency.
3. The staff member who receives the initial report is to report to the Area Superintendent, and the Area Superintendent (or designee) shall initiate the Data Collection and Internal Contact Tracing Process below.

REPORTING - DATA COLLECTION AND INTERNAL CONTACT TRACING PROCESS

The following steps shall be followed to identify the scope of risk by tracing when the infected student/staff member was last in the center/building:

1. When did the potential exposure occur (date and time)?
 - a. Were they in prolonged, [unprotected](#) and close contact with others? The CDC defines "close contact" as "someone who was within 6 feet of an infected person for at least 15 minutes starting from 2 days before illness onset (or, for asymptomatic patients, 2 days prior to positive specimen collection) until the time the patient is isolated." Note: Although the definition states that it is irrespective of whether the person with COVID-19 or the contact was wearing a cloth face covering or whether the contact was wearing respiratory personal protective equipment (PPE), close interactions in our centers are recommended to be conducted in between clear flexi barriers which serves as additional barriers and protection from exposures from expelled respiratory droplets.
 - i. Yes (higher level of risk) proceed to step b.
 - ii. No (lower level of risk) proceed to step 2 for possible removal of individual from notification list.
 - b. Identify all individuals with close/prolonged contact and create a list. Confirm with video footage review if available. Then proceed to step 2.
2. Were students and staff wearing masks, practicing physical distancing or conducting interactions between the clear acrylic barriers? If yes proceed to step 3. If no, contact the LLAC's HR and Safety department who can provide camera footage for verification.
3. LLAC's HR and Safety department will collaborate and review all information to determine who should be on the possibly exposed notification list.
4. Other information that will be needed are: Date of onset of symptoms, Date of Covid-19 test of the confirmed source, date of onset of symptoms of the source of COVID-19.
5. Once LLAC's HR and Safety department has a list of possibly exposed employees/students, the Area Superintendent (or designee) or the direct supervisor of the employee must send out the appropriate notification letters to all staff members and to those who had "close contact with the suspected or confirmed case within 24 hours of confirmation. Area superintendent will also contact the local county public health department with the assistance of LLAC's HR and Safety department to report the confirmed case.

EMPLOYEE COMMUNICATION

The Area Superintendent (or designee) shall send out the appropriate email notification to all staff members within 24 hours of receiving information of a confirmed case or “[qualifying individual](#)” in their centers. A separate email tailored for the individuals on the possibly exposed list will be sent. The standard COVID-19 notification letters are located on [MYLO](#) in both English and Spanish language.

STUDENT COMMUNICATION

The Area Superintendent (or designee) will contact the students and parents by phone and email or mail within 24 hours of confirmation of the COVID-19 case to inform them of potential exposure and follow the steps below:

1. Stay home for at least [14 days](#), except to get medical care.
2. Contact your medical provider.
3. Separate yourself from other people and pets in your home.
4. Monitor your symptoms and follow instructions from your medical provider and local health authorities.
5. Students will need to provide medical clearances or negative COVID-19 test results from their healthcare provider if access to local testing facility is possible; the student will need to complete the 14-day quarantine and has to be symptoms-free for three days without the assistance of any medications.
6. Provide the [10 things you can do to manage your COVID-19 symptoms at home](#) document from CDC.

Definition of a confirmed case or “[qualifying individual](#)”

“Qualifying individual” means any person who has any of the following:

1. A laboratory-confirmed case of covid-19, as defined by the state department of public health.
2. A positive covid-19 diagnosis from a licensed health care provider.
3. A covid-19-related order to isolate provided by a public health official.
4. An individual who died due to covid-19, in the determination of a county public health department or per inclusion in the covid-19 statistics of a county.

Duration of isolation and precautions

For most persons with COVID-19 illness, isolation and precautions can generally be discontinued 10 days *after symptom onset*¹ and resolution of fever for at least 24 hours, without the use of fever-reducing medications, and with improvement of other symptoms.

A limited number of persons with severe illness may produce replication-competent virus beyond 10 days that may warrant extending duration of isolation and precautions for up to 20 days after symptom onset; consider consultation with infection control experts.

- [Isolation](#) separates sick people with a contagious disease from people who are not sick.
- [Quarantine](#) separates and restricts the movement of people who were exposed to a contagious disease to see if they become sick.

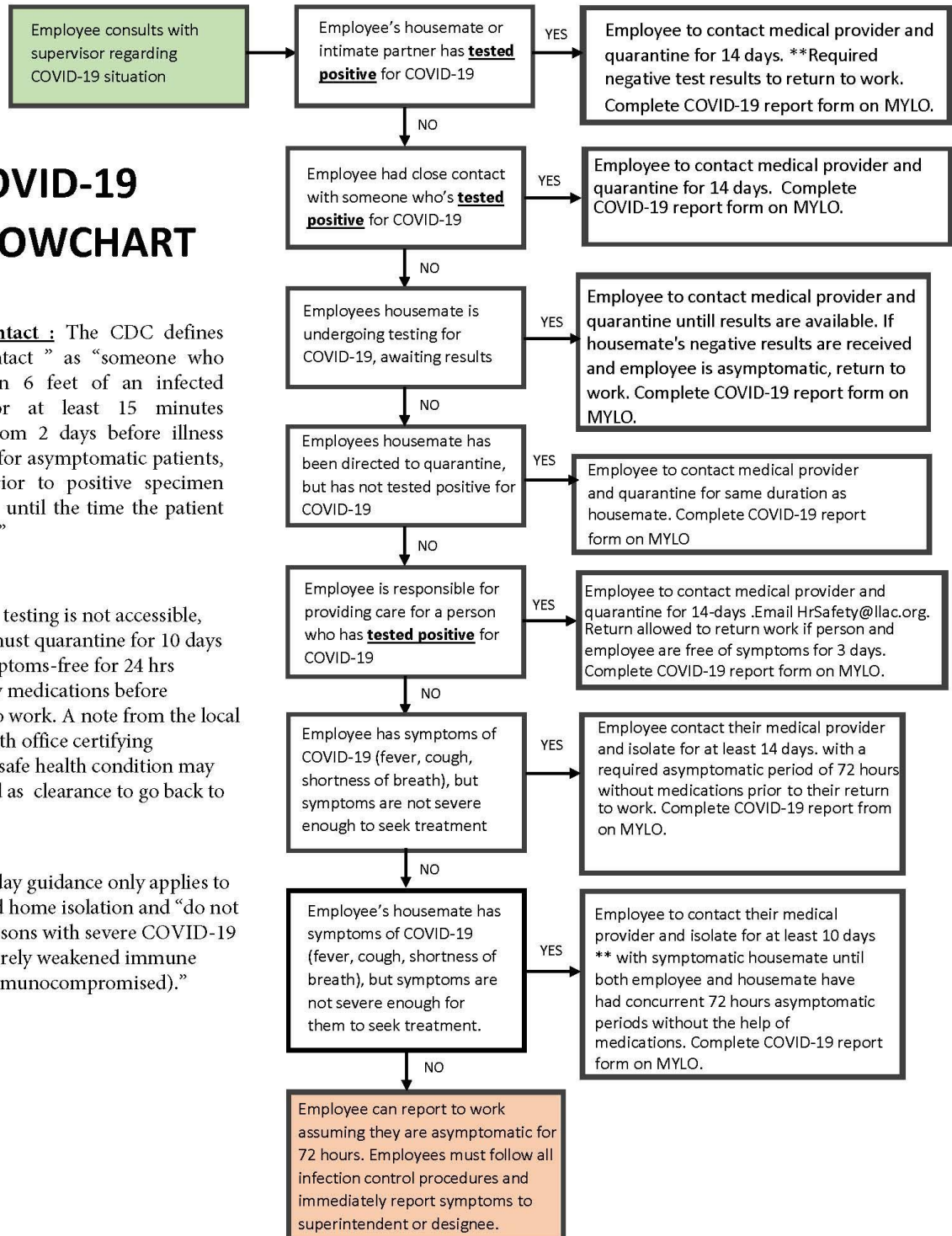
COVID-19 FLOWCHART

COVID-19 FLOWCHART

Close Contact : The CDC defines “close contact ” as “someone who was within 6 feet of an infected person for at least 15 minutes starting from 2 days before illness onset (or, for asymptomatic patients, 2 days prior to positive specimen collection) until the time the patient is isolated.”

If Covid-19 testing is not accessible, employee must quarantine for 10 days and be symptoms-free for 24 hrs without any medications before returning to work. A note from the local Public Health office certifying employee's safe health condition may also be used as clearance to go back to work.

**CDC 10-day guidance only applies to when to end home isolation and “do not apply to persons with severe COVID-19 or with severely weakened immune systems (immunocompromised).”



DISTANCE/REMOTE LEARNING FOR MEDICALLY FRAGILE STUDENTS

Regardless of on-site school conditions, distance/remote learning shall be made available for the following students:

- Students who are medically fragile or would be put at risk by in-person instruction, or who are isolating or quarantining because of exposure to COVID-19.
- Students who live in a household with anybody who is medically fragile.

Families requesting distance learning due to medical fragility must contact the Principal to discuss options regarding request.

COHORTING GUIDANCE

Learning centers will continue to provide critical educational service for students with disabilities and English learners, access to internet and devices for distance learning, and in-person support for at-risk and high-need students. Current [Cohorting guidance](#) clarifies the conditions that must be met to offer in-person services for small groups of students if a school is otherwise unable to reopen under state public health directives.

In-person targeted, specialized support and services in stable cohorts is permissible when the school is able to satisfy all of the conditions detailed in the [Cohorting Guidance](#), including:

- Limiting cohort size
- Restricting cohort mixing
- Maintaining proper physical distancing, masking, cleaning and other safety measures

The determination is made at the LEA- and school-level based on the needs of students. Students with disabilities should be prioritized by the LEA and school for receiving targeted supports and services. In addition, English learners, students at higher risk of further learning loss or not participating in distance learning, students at risk of abuse or neglect, foster youth and students experiencing homelessness may also be prioritized.

Specialized services are determined by LEAs and include but are not limited to occupational therapy services, speech and language services, and other medical services, behavioral services, educational support services as part of a targeted intervention strategy or assessments, such as those related to English learner status, individualized educational programs and other required assessments.

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