

COVID -19 PLAN FOR RESUMING IN-PERSON INSTRUCTION



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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. This document is rooted in the [scientific evidence](#) available to date and supports twin goals: **safe** and **successful** 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/k-12-guidance.html#anchor_1625661937509

CDPH: <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/K-12-Guidance-2021-22-School-Year.aspx>

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

California Department of Industrial Relations, *Cal/OSHA and Statewide Industry Guidance on COVID-19; Guidance on Requirements to Protect Workers from Coronavirus*, July 2020. See: <https://www.dir.ca.gov/dosh/coronavirus/Health-Care-General-Industry.html>.

Authority

This guidance is a public health directive that applies to all public and private schools operating in California. Under operative [executive orders](#) and provisions of the California Health and Safety Code, schools must comply with orders and guidance issued by the California Department of Public Health and relevant local health departments (LHDs) to limit the spread of COVID-19 and protect public health.

Governmental and non-governmental entities at all levels have issued guidance and directives relating to the safe reopening of schools for in-person instruction. Schools may comply with guidance from other federal, state, local, and nongovernmental sources, to the extent those guidelines are not weaker than or inconsistent with state and local public health directives.

This updated directive also incorporates two other public health directives issued January 14, 2021, related to: (1) reporting details of any positive case of a person who has been on campus to LHDs and (2) reporting to CDPH whether and to what degree all public and private schools have reopened to serve students in-person on campus. These directives are attached as Appendices 3 and 4.

State Technical Assistance resources available for schools and for LHDs to support safe and successful in-person instruction, available on the Safe Schools for All Hub.

Regularly review updated guidance from state agencies, including CDPH and California Department of Education. The California Department of Public Health (CDPH) issued [Consolidated Schools Guidance](#) (“CDPH Guidance”) effective starting March 20, 2021, 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](#), [CAL-OSHA Emergency Temporary Standards](#) and includes the following components:

- Posted this Covid-19 Safety Plans and Checklist on school's website
- Promote healthy hygiene practices
- Plans for cleaning, disinfecting and ventilation
- Plans for physical distancing inside and outside the classroom
- Employee and staff education, including training on how to wear PPE/face coverings, checking for signs and symptoms, and cleaning and disinfecting procedures.
- Family education, including a family communication plan
- Screening procedures for staff, students and visitors
- 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. 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. Students and staff should wash their hands frequently throughout the day, including before and after eating; after coughing or sneezing; after classes where they handle shared items, such as outside recreation, art, or shop; and before and after using the restroom.
- Students and staff should wash their hands for 20 seconds with soap, rubbing thoroughly after application. Soap products marketed as "antimicrobial" are not necessary or recommended.
- 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

- CDPH recommends focusing on the other mitigation strategies provided in this guidance instead of implementing minimum physical distancing requirements for routine classroom instruction.
- If practicable, ensure staff maintain physical distancing from each other, which is critical to reducing transmission between adults.
- If determined necessary by Principal to accommodate more students who need in-person instruction in a classroom, recent evidence indicates that in-person instruction can occur safely without minimum physical distancing requirements when other mitigation strategies (e.g. masking strong recommendations, vaccination or public health policies based on [CDC community levels of COVID-19 infection](#)) are implemented. This is consistent with [CDC K-12 School Guidance](#)
- Post signage in high-visibility areas to remind students and staff these and other prevention measures.

Masks

- After March 11, 2022, the universal masking requirement for K-12 and Childcare settings will terminate. CDPH strongly recommends that individuals in these settings continue to mask in indoor settings when the universal masking requirement lifts.
- CDPH is maintaining the masking requirements in specified [high-risk congregate settings](#), consistent with CDC recommendations. This allows us to continue protecting our most vulnerable populations and the workforce that delivers critical services in these settings.
- Finally, CDPH is maintaining the requirement that businesses and venue operators, including K-12 school and childcare settings, must allow any individual to wear a mask if they desire to.
- School may continue to require or reinstate required masking at schools and during school activities, along with other appropriate COVID-19 safety protections for their school community based on local, and regional COVID-19 cases, outbreaks and situations needing immediate infection control procedures.
- K-12 students and staff are strongly recommended to wear mask indoors per [CDPH's face mask guidance](#). Adults in K-12 school settings are strongly recommended to mask when sharing indoor spaces with students.
- Teach and reinforce use of mask indoors or in limited instances where the use of [face shields with drapes](#).
- Masks are essential and strongly recommended per [CDPH's face mask guidance](#).
- Provide information to all staff and families in the school community on [proper use, removal of mask](#).
- Masks are optional outdoors for all in K-12 school settings
- Persons exempted from wearing a face covering due to a medical condition, as confirmed by school district health team and therapists, must wear a non-restrictive alternative, such as a face shield with a drape on the bottom edge, as long as their condition permits it.

- Employers and schools must provide and ensure staff use mask and all other required personal protective equipment in accordance with CDPH guidelines.
- Mask policies apply on school buses and any vehicle affiliated with the LEA used to transport students, staff, or teachers to and/or from a school site.
- No person can be prevented from wearing a mask as a condition of participation in an activity or entry into a school, unless wearing a mask would pose a safety hazard (e.g., watersports).
- CDPH strongly recommends that all persons (e.g., students and staff) wear masks in K-12 indoor settings, with consideration of exemptions per [CDPH face mask guidance](#).
- Schools must develop and implement local protocols to provide a mask to students who inadvertently fail to bring a face covering to school and desire to use one.
- Public schools should be aware of the requirements in AB 130 (Chapter 44 of the Statutes of 2021) to offer independent study programs for the 2021-22 school year.
- In situations where use of masks is challenging due to pedagogical or developmental reasons, (e.g., communicating or assisting young children or those with special needs), a face shield with a drape (per [CDPH guidelines](#)) (PDF) may be considered instead of a mask while in the classroom.

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	Mask Strongly Recommended
Under 2 years old	Exempted
All grades	Strongly recommended unless exempted.

Students in all grade levels k-12 are strongly recommended to wear mask at all times, while at school, unless [exempted](#). 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 mask without assistance are exempt from the strong recommendation of wearing a mask.

STAFF

- All staff are strongly recommended to wear masks in accordance with [CDPH Guidance](#) and Cal/OSHA standards
- In situations where use of masks is challenging due to pedagogical or developmental reasons, (e.g., communicating or assisting young children or those with special needs), a face shield with a drape (per [CDPH guidelines](#)) (PDF) may be considered instead of a mask while in the classroom.
- For staff who come into routine contact with others, CDPH strongly recommends the use of medical grade 3-ply surgical or higher grade such as [N95](#), which are more effective than cloth face coverings.

INTENSIFY CLEANING, DISINFECTION AND VENTILATION

Follow CDC and CDPH 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](#)

“Cleaning” involves water and soap or a detergent, does not use disinfecting agents, and significantly decreases germs on surfaces and decreases infectious risks. “Disinfection” kills germs on surfaces using specific agents (see below for those approved for use). If a case has been identified, the spaces where the case spent a large proportion of their time (e.g., classroom, or administrator’s office if an administrator) should be disinfected. Frequent disinfection can pose a health risk to children and students due to the strong chemicals often used and so is not recommended in the school setting unless a case has been identified.

- The use of drinking fountains may resume following a maintenance service checking for hazards before returning units in service after a period of inactivity. Hazards include Legionella (the cause of Legionnaires’ disease), mold, and lead and copper contamination.

CDC: <https://www.cdc.gov/nceh/ehs/water/legionella/building-water-system.html>

EPA: Lead and copper rule : https://www.epa.gov/sites/default/files/2019-10/documents/lcr101_factsheet_10.9.19.final_.2.pdf

- Janitorial and other school staff shall clean and or disinfect according to CDPH guidance frequently touched surfaces before and after use 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
 - Shared pens, pencils, finger scanner, bar code reader or stylus at front desk

- Phones
 - Keyboards and Mouse
 - Shared Copy Machines
- When choosing disinfection products after an in-school COVID-19 case has been identified (see “What to do if there is a case of COVID-19 in a School”), 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.
 - In general, cleaning once a day is usually enough to sufficiently remove potential virus that may be on surfaces. Disinfecting (using disinfectants on the [U.S. Environmental Protection Agency COVID-19](#) list) removes any remaining germs on surfaces, which further reduces any risk of spreading infection.
 - For more information on cleaning a facility regularly, when to clean more frequently or disinfect, cleaning a facility when someone is sick, safe storage of cleaning and disinfecting products, and considerations for protecting workers who clean facilities, see [Cleaning and Disinfecting Your Facility](#).
 - If a facility has had a sick person with COVID-19 within the last 24 hours, clean AND disinfect the spaces occupied by that person during that time.
 - Drinking fountains may be open and used by students and staff. Routine cleaning is recommended.

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.
- If determined necessary by Principal to accommodate more students who need in-person instruction in a classroom, recent evidence indicates that in-person instruction can occur safely without minimum physical distancing requirements when other mitigation strategies (e.g. masking strong recommendations, vaccination or public health policies based on [CDC community levels of COVID-19 infection](#)) are implemented. This is consistent with [CDC K-12 School Guidance](#)
- To the extent possible, keep students in the same space and in cohorts and stable groups 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.
- It is recommended for some situations(COVID-19 exposures) to 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.
- It is recommended to 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

- Limit nonessential visitors, volunteers and activities involving other groups at the same time. School tours are considered a non-essential activity and increase the risk of in-school transmission.
- Restrooms: Stagger use by students one at a time for single occupancy bathrooms.
- Physical Education: Participants in youth and adult sports should wear face coverings when participating in the activity, even with heavy exertion as tolerated, both indoors and outdoors.
- School athletic activities and sports should follow the [CDPH Outdoor and Indoor Youth and Adult Recreational Guidance](#). Note that risk of infection transmission increases for indoor activities; indoor sports are higher risk than outdoor sports due to reduced ventilation. And transmission risk increases with greater exertion levels; greater exertion increases the rate of breathing and the quantity of air that is inhaled and exhaled with every breath. For example, consider part-day instruction outside, maintaining physical distancing.
- Hallways: Minimize congregating through hallways. For example, establish one-way walking/passage areas.
- Consider use of non-classroom space for instruction, including regular use of outdoor space, weather permitting.
- 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.
- Limit communal activities. Alternatively, stagger use, properly space occupants and clean in between uses.
- Minimize congregate movement through hallways as much as practicable. For example, establish more ways to enter and exit a campus, create staggered passing times when necessary or when students cannot stay in one room and use visual reminders on the floor that students can follow to enable physical distancing while passing and waiting in line. In

addition, schools can consider eliminating the use of lockers, which can become congregating areas.

FOOD SERVICES

- Follow all requirements issued by the County Department of Environmental Health to prevent transmission of COVID-19 in food facilities.
- Avoid sharing of foods and utensils and buffet or family-style meals.
- Maximize physical distance as much as possible while eating (especially indoors). Using additional spaces outside of the cafeteria for mealtime seating such as classrooms or the gymnasium can help facilitate distancing. Arrange for eating outdoors as much as feasible.
- Clean frequently touched surfaces. Surfaces that come in contact with food should be washed, rinsed, and sanitized before and after meals.
- Maximize physical distance as much as possible while eating (especially indoors). Using additional spaces outside of the cafeteria for mealtime seating such as classrooms or the gymnasium can help facilitate distancing. Arrange for eating outdoors as much as feasible.
- Clean frequently touched surfaces. Surfaces that come in contact with food should be washed, rinsed, and sanitized before and after meals.
- Given very low risk of transmission from surfaces and shared objects, there is no need to limit food service approaches to single use items and packaged meals.

SCHOOL EVENTS

The requirements and recommendations in this guidance apply to all extracurricular activities that are operated or supervised by schools, and all activities that occur on a school site, whether or not they occur during school hours, including, but not limited to, sports, band, chorus, and clubs.

- 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 and volunteers or those participating in the event only (no non-essential visitors).
- Masks are strongly recommended indoors at all times for teachers, referees, officials, coaches, and other support staff
- Masks are strongly recommended for all spectators and observers.
- Maximize the number of school events that can be held virtually or outside.
- Outdoor singing and band practice are permitted, provided that precautions such as physical distancing and mask wearing are implemented to the maximum extent possible. School officials, staff, parents, and students should be aware of the increased likelihood for transmission from exhaled aerosols during singing and band practice, and physical distancing beyond 6 feet is strongly recommended for any of these activities.
- Individuals using instruments indoors that cannot be played with a mask (e.g., wind instruments) may perform if bell coverings are used when playing wind instruments AND a minimum of 3 feet of physical distancing is maintained between participants. Modified masking may be considered in addition to, but not in place of, bell covers. If bell covers are not used, it is strongly recommended that individuals undergo screening testing at least once weekly. An FDA-approved antigen test, PCR test, or pooled PCR test is acceptable for evaluation of an individual's COVID-19 status.
- Activities may be performed outdoors without masks. (Check your local county for stricter standards). Indoor mask use remains a critical layer in protecting against COVID-19 infection and transmission, including during sports, music, and related activities. Accordingly:
- Masks are strongly recommended indoors at all times when participants are not actively practicing, conditioning, competing, or performing. Masks are also required indoors while on the sidelines, in team meetings, and within locker rooms and weight rooms.

- When actively practicing, conditioning, or competing in indoor sports, masks are strongly recommended by participants even during heavy exertion, as practicable. If masks are not worn due to heavy exertion, it is strongly recommended that individuals undergo screening testing at least once weekly. An FDA-approved antigen test, PCR test, or pooled PCR test is acceptable for evaluation of an individual's COVID-19 status.

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
- COVID-19 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

Ventilation

- Ensure sufficient ventilation in all school classrooms and shared workspaces per American Society of Heating, Refrigerating, and Air- Conditioning Engineers (ASHRAE) [guidance](#) on ventilation.
- Contact a mechanical engineer, heating, ventilation, and air conditioning (HVAC) design professional, or mechanical contractor in order to evaluate your ventilation system in regards to the ASHRAE guidance.
- If opening windows poses a safety or health risk (e.g., by allowing pollen in or exacerbating asthma symptoms) to persons in the facility, consider alternatives. For example, maximize central air filtration for HVAC systems by using filters with a minimum efficiency reporting value (MERV) of at least 13.
- MERV 13 or greater filtration is efficient at capturing airborne viruses and should be the target minimum level of filtration. If the air handling system cannot function with such a high level of filtration, increase the filtration in the equipment to the maximum allowable for the system.
- Consider installing portable high-efficiency air cleaners, upgrading the building's air filters to the highest efficiency possible, and making other modifications to increase the quantity of outside air and ventilation in classrooms, offices and other spaces.
- If not able to properly ventilate indoor instructional spaces, outdoor instruction is preferred (use caution in poor air quality conditions).
- Ventilation considerations are also important on school buses; use open windows as much as possible to improve airflow.
- Specific practices to avoid:
 - Classrooms or buses with no ventilation.
 - Classrooms or buses with increased airflow across occupants (e.g., air conditioners or fans blowing into the classroom or overhead fans creating air currents across occupants).

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 recommended symptoms screening and other procedures (e.g. Titan Screening App) for all staff and students entering the facility.
- Conduct visual wellness checks of all students and take students' temperature with a no-touch thermometer. (Per recommendation by each site administrator based on current COVID-19 cases in school and community.)
- 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 unless the individual has been determined qualified to shorten isolation and quarantine procedures.

COVID-19 Screening Questionnaire (Titan HST App)

Q1. Are you going into the school or workplace today?

Q2. Have you been diagnosed with Covid-19 or had a test confirming you have the virus in the last five (5) days?

Q3. Do you live in the same household with, or, had "close contact", someone who in the past 10 days has been in isolation for COVID-19 or had test confirming they have the virus?

Q4. If yes to question 3, have you passed all the CDC and CDPH requirements needed to shorten your isolation and quarantine period after the 5th day from exposure? (Negative Test, No Fever (last 24 hours), Symptoms Receded)

Q5. Have you had any or more of these symptoms today or within the past 24 hours?

- Fever
 - Cough
 - Shortness of breath/trouble breathing
 - Chills
 - Night Sweats
 - Sore throat
 - Muscle/body aches
 - Loss of taste or smell
 - Headache
 - Confusion
 - Vomiting
 - Diarrhea
- 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.
- Policies should not penalize students for missing class.

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

- Staff and students should self-monitor throughout the day for signs of illness; staff should observe students for signs or symptoms of illness to support students who are less able to self-monitor or less likely to self- report.
- 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.
- Any students or staff exhibiting 1 or more symptoms should be required to wait in the previously identified isolation area until they can be transported home or to a healthcare facility, as soon as practicable.
- If a student is exhibiting 1 or more symptoms of COVID-19, staff should communicate with the parent/caregiver and refer to the student's health history form and/or emergency card.
- 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 10 days have passed since symptoms first appeared.

Return to School After Exclusion for Symptoms at Home or in School

- Ensure that students, including students with disabilities, have access to instruction when out of class, as required by federal and state law.
- Testing of symptomatic students and staff can be conducted through local health care delivery systems or other testing resources, as fits the context of the local health jurisdiction. Advise staff members and students with symptoms of COVID-19 infection not to return for in-person instruction until they have met [CDPH criteria](#) to discontinue home isolation for those with symptoms:
 - At least 24 hours have passed since resolution of fever without the use of fever-reducing medications; and
 - Other symptoms have improved; and
 - They have a negative test for SARS-CoV-2, OR a healthcare provider has provided documentation that the symptoms are typical of their underlying chronic condition (e.g., allergies or asthma) OR a healthcare provider has confirmed an alternative named diagnosis (e.g., Streptococcal pharyngitis, Coxsackie virus), OR at least 10 days have passed since symptom onset.

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 Health Order](#) on COVID-19 testing for all unvaccinated staff members. 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 in accordance to the state and local health order.
- 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.
- 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. Rapid Antigen tests are now allowed performed at a point of care with reporting and tracking conditions in the CDPH Health Mandate issued August 11, 2021. See Health Order Mandate on page 26.
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. [CDPH option to shorten Isolation and Quarantine guidance](#) are available for both students and staff. See page 17 for more details.

- 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, 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 10 days from symptoms onset and at least 24 hours after resolution of fever (if any) and improvement in other symptoms. [CDPH option to shorten Isolation and Quarantine guidance](#) are available for both students and staff. See page 17 for more details.
- Asymptomatic, non-household close contacts to a COVID-19 case shall remain at home for 10 days from date of last exposure, if they choose not to test to shorten quarantine. [CDPH option to shorten Isolation and Quarantine guidance](#) are available for both students and staff. See page 17 for more details.
- Asymptomatic household contacts shall remain at home 10 days after the COVID-19 positive household member completes their isolation. [CDPH option to shorten Isolation and Quarantine guidance](#) are available for both students and staff. See page 17 for more details.
- 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 (performed at point of care) 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, 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 and OSHA guidance.
- Consult with CDPH K-12 School Testing Guidance if LEA is considering routine testing.

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.
 - When either a school or LHD is aware that an outbreak may be underway, the LHD should investigate, in collaboration with the school, to determine whether these cases

- had a common exposure at school (e.g., a common class or staff member, bus ride, or other common exposures outside of school).
 - CDPH defines a school outbreak as 3 or more confirmed or probable cases of staff or students occurring within a 14-day period who are epidemiologically- linked in the school, are from different households and are not contacts of each other in any other investigation cases (e.g., transmission likely occurred in the school setting).
 - The classroom or office where the patient was placed will typically need to close temporarily as students or staff isolate. Arrange for cleaning and disinfection of classrooms or other areas where cases or symptomatic students or staff members spend significant time.
 - 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)
 - Notify the school community if the school is to be closed for 14 days due to widespread and/or ongoing transmission of SARS-CoV2 at the school or in the general community, and repeat recommendations for prevention and control measures (see sample notification #3 in Appendix 2).
 - Implement online/distance teaching and learning during school closure.
 - Arrange for cleaning and disinfection of entire school before reopening in the case of closure.
- Schools may typically reopen after 14 days and if the following have occurred:
- Cleaning and disinfection
 - Public health investigation
 - Consultation with the LHD

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 infection case 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 or immediate notification procedures.
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 and the close contact, date of onset of symptoms of the source of COVID-19 and the close contact.
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 receipt of information. Area superintendent or designee 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 close contact list will be sent. The standard COVID-19 notification letters are located on [MYLO](#) and in the appendix 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 [10 days](#), except to get medical care. [[See options to shorten quarantine below](#)]
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 and staff do not need to provide medical clearances or negative PCR COVID-19 test results from their healthcare provider as long as the required 10-day quarantine or isolation period has been completed and is symptoms-free for 24 hours 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 quarantine

- [Isolation](#) separates sick people with a contagious disease from people who are not sick. 10 Days
- [Quarantine](#) separates and restricts the movement of people who were exposed to a contagious disease to see if they become sick. 10 Days. Fully vaccinated individual can refrain from quarantine following a known exposure if asymptomatic.

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. Notify all close contacts at the school and instruct them to follow [CDPH COVID-19 Quarantine Guidance](#) . (or follow LHO orders, if relevant and/or more stringent).

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.

Options to Reduce Quarantine

Reducing the length of quarantine may make it easier for people to quarantine by reducing the time they cannot work. A shorter quarantine period also can lessen stress on the public health system, especially when new infections are rapidly rising.

Your local public health authorities make the final decisions about how long quarantine should last, based on local conditions and needs. Follow the recommendations of your local public health department if you need to quarantine. [Options they will consider include stopping isolation and quarantine](#)

- After day 10 without testing required
- After day 5 after receiving a PCR negative test result or Rapid Antigen (test must occur on day 5 or later)

After stopping isolation and quarantine, you should:

- Watch for symptoms until 10 days after exposure.
- If you have symptoms, immediately self-isolate and contact your local public health authority or healthcare provider.
- Wear a mask, stay at least 6 feet from others, wash your hands, avoid crowds, and take other steps to [prevent the spread of COVID-19](#).
- If a student or staff member tests positive, they should stay home for at least five (5) days. Isolation can end after day 5 if symptoms are not present or are resolving and an antigen test on day 5 or later tests negative. If unable to test or choosing not to test, and symptoms are not present or are resolving, isolation can end after day 10. If fever is present, isolation should be continued until fever resolves. If symptoms, other than fever, are not resolving continue to isolate until symptoms are resolving or until after day 10. Wear a well-fitting mask around others for a total of 10 days, especially in indoor settings.

Group Tracing

Area Superintendents, Principals and designee have the option use these recommendations for students exposed to someone with COVID-19 in a K-12 school:

- Schools should notify students who spent more than a cumulative total of 15 minutes (within a 24-hour time period) in a shared indoor airspace (e.g., classroom) with someone with COVID-19 during their period of infectiousness.
- Notification should occur to "groups" of exposed students (e.g., classmates, teammates, cohorts, etc.) rather than contact tracing to identify individual "close contacts" (e.g., those within 6 feet). Notifications should be provided to all individuals considered exposed, including those who are vaccinated and/or recently infected.

For example, if a student in tenth grade is diagnosed with COVID-19, the school should notify groups with whom that student interacted as per the criteria above, such as those in the same classes, sports team, and/or other extracurricular cohorts.

A sample notification letter is available here for school edit and use.

- Exposed students, regardless of COVID-19 vaccination status or prior infection, should get tested for COVID-19 with at least one diagnostic test obtained within 3-5 days after last exposure.

In the event of wide-scale and/or repeated exposures, broader (e.g., grade-wide or campus-wide) once weekly testing for COVID-19 may be considered until such time that exposure events become less frequent.

Any FDA-approved antigen diagnostic test, PCR diagnostic test, or pooled PCR test is acceptable for evaluation of an individual's COVID-19 status. For individuals who have been recently infected (within the past 90 days), antigen testing is strongly recommended as PCR results may remain persistently positive and not be indicative of a new active infection. Repeat antigen testing and/or confirmatory molecular testing should be considered in individuals who receive a negative result with an antigen test but have symptoms specific for COVID-19 (such as loss of taste and smell).

- Exposed students who participate in testing may continue to take part in all aspects of K-12 schooling, including sports and extracurricular activities, unless they develop symptoms or test positive for COVID-19. They should test as recommended, report positive test results to the school, and follow other components of this guidance, including wearing mask as directed. Exposed students who develop symptoms should see Section 4 of the CDPH K-12 Guidance. Exposed students who receive a positive test result should isolate in accordance with of the K-12 Guidance.
- CDC continues to endorse quarantine for 10 days and recognizes that any quarantine shorter than 10 days balances reduced burden against a small possibility of spreading the virus. CDC will continue to evaluate new information and update recommendations as needed. See [Options to Reduce Quarantine for Contacts of Persons with SARS-CoV-2 Infection Using Symptom Monitoring and Diagnostic Testing](#) for guidance on options to reduce quarantine.

The following recommendations apply to non-healthcare settings. For related information for healthcare settings, visit [Updated Healthcare Infection Prevention and Control Recommendations in Response to COVID-19 Vaccination](#).

Up-To-Date Vaccinated Individuals (boosted and not booster eligible) can:

- Participate in outdoor activities and recreation without a mask, except in certain crowded settings and venues.
- Resume domestic travel and refrain from testing before or after travel or self-quarantine after travel.
- Refrain from testing following a known exposure, if asymptomatic, with some exceptions for specific settings.
- Refrain from quarantine following a known exposure if asymptomatic.
- Refrain from routine screening testing if asymptomatic only if determined no longer required as determined by the Area Superintendent in accordance with CAL-OSHA, CDPH, the local Public Health Department and sponsoring school district requirements.
- Get tested if experiencing COVID-19 symptoms.
- If you came into close contact with someone with COVID-19 get tested 5 days after the date of your exposure and wear a mask in public indoor settings for 10 days after exposure or until a negative test result.
- Isolate if they have tested positive for COVID-19 in the prior 10 days or are experiencing COVID-19 symptoms.
- Follow any applicable federal, state, local, tribal, or territorial laws, rules, and regulations.

For now, Up-To-Date Vaccinated Individuals (boosted and not booster eligible) should continue to:

- Take precautions in indoor public settings like wearing a well-fitted mask.
- Wear well-fitted masks when visiting indoors with unvaccinated people who are at [increased risk for severe COVID-19](#) disease or who have an unvaccinated household member who is at increased risk for severe COVID-19 disease.
- Wear well-fitted masks when visiting indoors with unvaccinated people from multiple households.
- Avoid indoor large-sized in-person gatherings.
- Get tested if experiencing [COVID-19 symptoms](#).
- Follow guidance issued by individual employers.
- Follow CDC and health department travel requirements and recommendations.

Quarantine recommendations for unvaccinated students for exposures when both parties were wearing a mask, as required in K-12 indoor settings. These are adapted from the CDC K-12 guidance and CDC definition of a close contact. School principals or designee may choose any of these quarantine recommendations as they see appropriate for the safety of the students and staff.

When both parties were wearing a mask in any school setting in which students are supervised by school staff (including indoor or outdoor school settings and school buses, including on buses operated by public and private school systems), unvaccinated students who are close contacts (more than 15 minutes over a 24-hour period within 0-6 feet indoors) may undergo a modified quarantine as follows. They may continue to attend school for in-person instruction if they:

- Are asymptomatic;
- Continue to appropriately mask, as required;
- Undergo at least twice weekly testing during the 10-day quarantine; and
- Continue to quarantine for all extracurricular activities at school, including sports, and activities within the community setting.

Quarantine recommendations for unvaccinated close contacts who were not wearing masks or for whom the infected individual was not wearing a mask during the indoor exposure; or unvaccinated students as described above.

For these contacts, those who remain asymptomatic, meaning they have NOT had any symptoms, may discontinue self-quarantine under the following conditions:

- Quarantine can end after Day 10 from the date of last exposure without testing; OR
- Quarantine can end after Day 7 if a diagnostic specimen is collected after Day 5 from the date of last exposure and tests negative.

To discontinue quarantine before 14 days following last known exposure, asymptomatic close contacts must:

- Continue daily self-monitoring for symptoms through Day 10 from last known exposure; AND
- Follow all recommended non-pharmaceutical interventions (e.g., wearing a mask when around others, hand washing, avoiding crowds) through Day 10 from last known exposure.
- If any symptoms develop during this 10-day period, the exposed person must immediately isolate, get tested and contact their healthcare provider with any questions regarding their care.

EMPLOYEE COVID-19 FLOWCHART

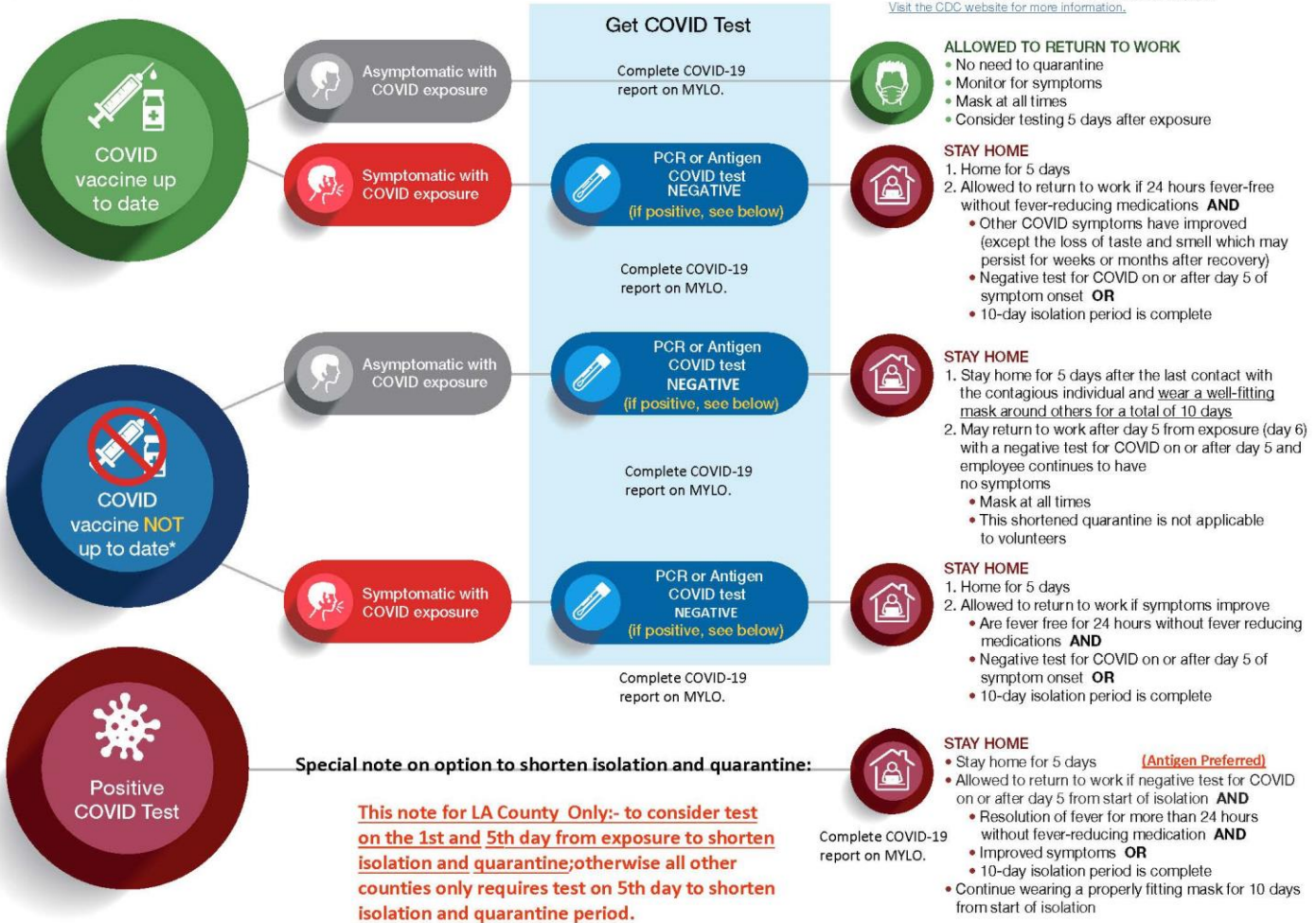
L4L Return to Work Following Exposure to COVID

updated January 10, 2022

*Persons are considered NOT up-to-date if they:

1. Are unvaccinated for COVID-19; **OR**
2. Have not completed a primary series with any COVID-19 vaccine; **OR**
3. Completed a primary series (two doses) of Pfizer or Moderna COVID-19 vaccines more than six months ago and are not boosted; **OR**
4. Completed a primary series (one dose) with Johnson & Johnson/Janssen vaccine more than two months ago and are not boosted.

[Visit the CDC website for more information.](#)



Return to Work



COVID Symptoms

Fever > 100.4 F
Loss of taste or smell
Difficulty Breathing
New Onset Cough
Congestion/Runny Nose
Nausea/Vomiting/Diarrhea
Sore Throat
Headache
Fatigue/Muscle or Body Aches



Someone with COVID-19 is defined as anyone with laboratory-confirmed or a clinically compatible illness.

COVID exposure includes within 6 feet regardless of proper mask use (on either person) for greater than 15 cumulative minutes in a 24-hour period.
“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 two days before illness onset or for asymptomatic patients two days prior to positive specimen collection until the time the patient is isolated.

If you test **POSITIVE** for COVID:

As a reminder, you are not eligible to get the COVID-19 vaccine while you are infected with COVID.

You will need to notify your supervisor and complete the COVID exposure workplace documentation where applicable.

You will be off work:

- At least 24 hours from improved symptoms and no fever without fever-reducing medication AND at least 5 days have passed since symptoms first appeared
- May return to work if negative test is taken on or after day 5 from symptom onset (day 6) ****ANTIGEN TEST PREFERRED****
- Routine surveillance testing is not required for staff who have had a lab-confirmed case of COVID-19 in the last 90 days.

If you develop worsening symptoms, do not delay and consult your primary care physician (PCP) or emergency department for care.

Contact supervisor or LeaveofAbsence@llac.org for time off options if needed.

If you test **NEGATIVE** for COVID:

If you are exposed and develop symptoms, we consider you a probable case and we expect 10 days of isolation regardless of results.

For continuing illness, you should consult your PCP. You will need to coordinate with your PCP and your supervisor to address your continuing symptoms and when you will be able to return to work.

When you return to work, you will need to meet the following:

- At least 1 day (24 hours) has passed since recovery, defined as resolution of fever without the use of fever-reducing medications.
- Improvement of symptoms (e.g., cough, shortness of breath); secretions can be properly maintained, and you feel capable of returning to work.
- Continue wearing a properly fitting mask for 10 days.

TIP: If you have symptoms get tested right away. If you were exposed and don't have symptoms, it is best to wait 5-7 days after last exposure to be tested.

This care pathway was designed to assist school personnel and is not intended to replace the clinician's judgment or establish a protocol for all patients with a particular condition. Diagnosis and treatment should be under the close supervision of a qualified healthcare provider, including school nurses. This guidance is based on current evidence and the best data at the time of publication. Updates are provided to reflect changes in knowledge about the impact of the disease on children and adolescents (01-10-2022).

Contents are based on current CDC guidance. Template Source Design: adapted from Orange County Public Health January 10, 2022

SCHOOL ISOLATION FLOW CHART

**Have you tested positive
for COVID-19?**

no

**You do not need to
isolate**

yes

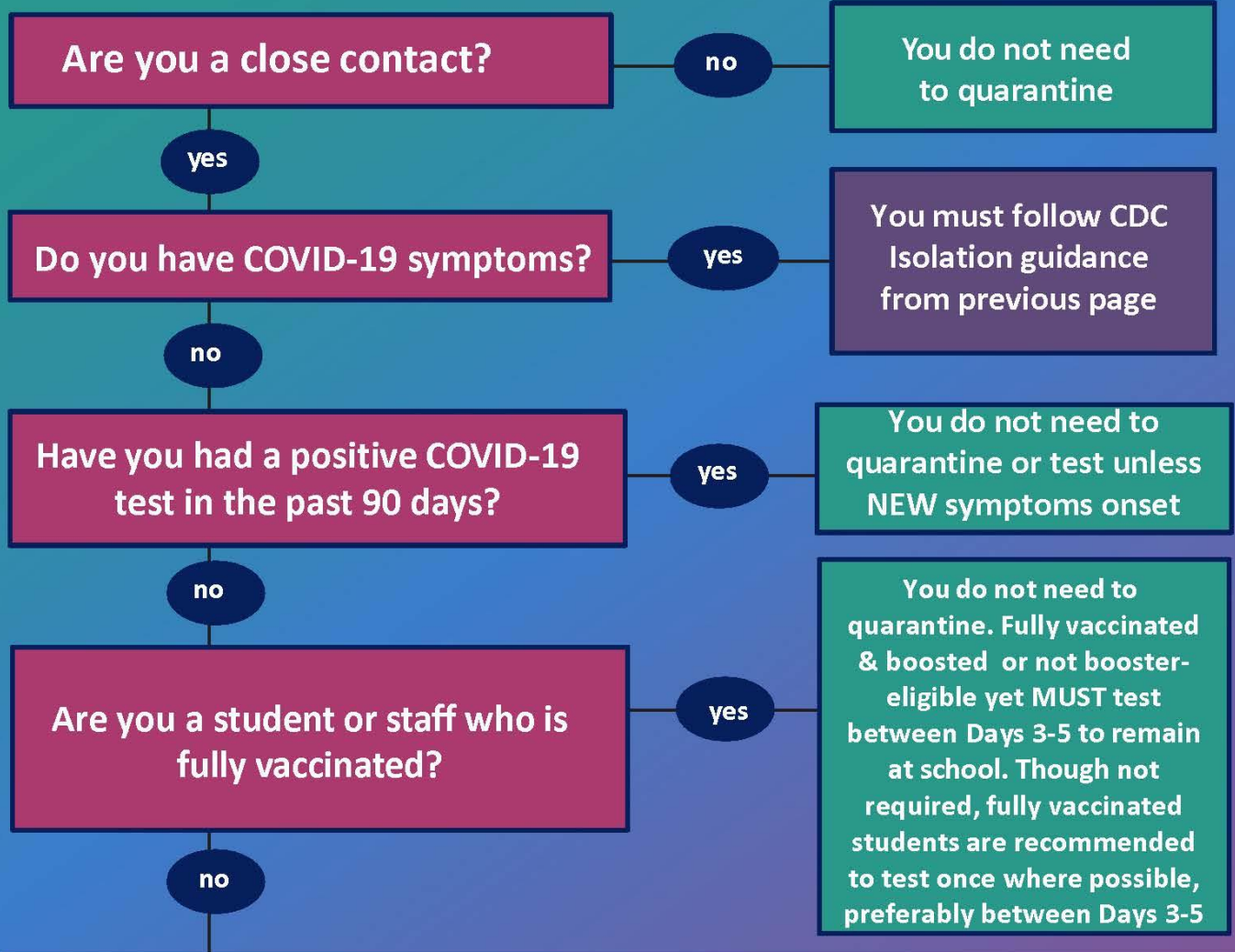
- Stay home for at least 5 days, regardless of vaccination status, previous infection, or lack of symptoms.
- Isolation can end after Day 5 if symptoms are not present or are resolving and a diagnostic specimen* collected on Day 5 or later tests negative.
- If unable to test or choosing not to test, or test positive after Day 5, and symptoms are not present or are resolving, isolation can end after Day 10.
- If fever is present, isolation should be continued until fever resolves.
- If symptoms, other than fever, are not resolving continue to isolate until symptoms are resolving or until after Day 10.
- Wear a well-fitting medical grade mask around others for a total of 10 days, especially in indoor settings; children should wear a well-fitting, non-cloth mask of multiple layers of non-woven material with a nose wire. See CDC guidance on masks for more information.
- Tell your close contacts that they have been exposed and need to follow instructions for close contacts at CDC website.
- See CDC guidance for full isolation instructions for people with COVID-19.

Note: If you have symptoms, Day 0 is your first day of symptoms. Day 1 is the first full day after your symptoms developed. If you do not have symptoms, Day 0 is the day your positive test was taken. Day 1 is the first full day after your positive test was taken.

***Antigen test preferred.**

Contents based on CDC guidance. Template Design from LA County Department of Public Health

INDIVIDUAL CONTACT TRACING SCHOOL QUARANTINE FLOW CHART



You must quarantine

You may end your quarantine after either:

- Ten (10) full days from your last known contact. Activities resume on Day 11.
- OR
- Five (5) full days from your last known contact if you have a negative viral test collected on or close to Day 5. Activities may resume as early as Day 6.

Some unvaccinated students with an exposure may remain in school and participate in school activities if they meet the criteria below:

- They do not have symptoms.
- They had a mask-on-mask school exposure and test negative at least once, preferably on a specimen collected on or around Days 3-5. If testing resources are available, testing twice is recommended, preferably immediately after exposure notification and again on or around Day 5.
- They wear a well-fitting mask at all times at school, indoors and outdoors, except when eating or drinking.
- They monitor for symptoms for 10 days. If they have symptoms, they must follow isolation guidance and test immediately.

Contents based on CDC guidance. Template Design from LA County Department of Public Health

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. The LEA and school for receiving targeted supports and services should prioritize students with disabilities. 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.

K-12 TESTING

Please see CDPH mandate on Vaccination or Testing on page 26.

The state of California has put into place support for the testing cadences in Table 3, through supplemental testing supplies, shipment, laboratory capacity, enrollment and reporting technology, training, and assistance with insurance reimbursement.

The increased levels of testing in the higher Tiers in Table 3 reflect the higher likelihood that someone in the school community might be infected due to higher levels of circulating virus in the surrounding community.

Table 3. Testing Cadences with Support from the State of California for K-12 (Note that as of June 15, 2021, the Color Tiered System has been retired. This table only remains as a reference guide for the COVID-19 case rates and positivity rates in the community being reported by the Department of Public Health).

	Yellow CR <1.0* TP <2%	Orange CR 1-3.9* TP 2-4.9%	Red CR 4-7* TP 5-8%	Purple CR >7-13.9* TP >8%	CR >14*
Staff	Symptomatic and response testing.	Symptomatic and response testing.	Symptomatic and response testing +	Symptomatic and response testing +	Symptomatic and response testing + Weekly asymptomatic
			Every 2 weeks asymptomatic testing.	Every 2 weeks asymptomatic testing.	(PCR or twice weekly antigen testinal)**.
Students K-12	Symptomatic and response testing.	Symptomatic and response testing.	Symptomatic and response testing + Every 2 weeks asymptomatic testing.	Symptomatic and response testing + Every 2 weeks asymptomatic testing.	Symptomatic and response testing + Weekly asymptomatic (PCR or twice weekly antigen

TP = test positivity

*The case rates above are adjusted case rates.

** Weekly asymptomatic testing assumes the use of a PCR test. If antigen testing is used, testing should be at a twice weekly cadence.

Students or staff who have tested positive for active infection with SARS-CoV-2 virus within the last 90 days are exempt from asymptomatic testing.

Any school currently open is subject to the minimum testing requirement standards established by Cal/OSHA. These standards include response testing for exposed cases and outbreak testing for everyone weekly until no longer considered an outbreak. Please refer to [Cal/OSHA](#) guidance for complete details.

CDC's Know Your COVID-19 Community Level

COVID-19 Community Levels are a new tool to help communities decide what prevention steps to take based on the latest data. Levels can be low, medium, or high and are determined by looking at hospital beds being used, hospital admissions, and the total number of new COVID-19 cases in an area. Take precautions to protect yourself and others from COVID-19 based on the COVID-19 Community Level in your area.

COVID-19 Community Levels – Use the Highest Level that Applies to Your Community				
New COVID-19 Cases Per 100,000 people in the past 7 days	Indicators	Low	Medium	High
Fewer than 200	New COVID-19 admissions per 100,000 population (7-day total)	<10.0	10.0-19.9	≥20.0
	Percent of staffed inpatient beds occupied by COVID-19 patients (7-day average)	<10.0%	10.0-14.9%	≥15.0%
200 or more	New COVID-19 admissions per 100,000 population (7-day total)	NA	<10.0	≥10.0
	Percent of staffed inpatient beds occupied by COVID-19 patients (7-day average)	NA	<10.0%	≥10.0%

The COVID-19 community level is determined by the higher of the new admissions and inpatient beds metrics, based on the current level of new cases per 100,000 population in the past 7 days

What Prevention Steps Should You Take Based on Your COVID-19 Community Level?

Low	Medium	High
- Stay up to date with COVID-19 vaccines Get tested if you have symptoms	- If you are at high risk for severe illness, talk to your healthcare provider about whether you need to wear a mask and take other precautions - Stay up to date with COVID-19 vaccines Get tested if you have symptoms	- Wear a mask indoors in public - Stay up to date with COVID-19 vaccines Get tested if you have symptoms - Additional precautions may be needed for people at high risk for severe illness
People may choose to mask at any time. People with symptoms, a positive test, or exposure to someone with COVID-19 should wear a mask. Masks are required on public transportation and may be required in other places by local or state authorities.		

Vaccines for K-12 Schools

CDPH strongly recommends that all persons eligible to receive COVID-19 vaccines receive them at the first opportunity. COVID-19 vaccination is recommended for everyone aged 12 years and older in the United States for the prevention of coronavirus disease 2019 (COVID-19) according to the CDC.

In addition to vaccines required for school entry, CDPH strongly recommends that all students and staff be immunized each autumn against influenza unless contraindicated by personal medical conditions, to help:

- Protect the school community.
- Reduce demands on health care facilities.
- Decrease illnesses that cannot be readily distinguished from COVID-19 and would therefore trigger extensive measures from the school and public health authorities.

Because vaccine implementation for schools is rapidly evolving, we are providing a separate vaccine guidance document that will be available on the Safe Schools for All Hub [here](#).

Promoting Vaccination

COVID-19 vaccination among all eligible students as well as teachers, staff, and household members is the most critical strategy to help schools safely resume full operations.

Vaccination is the leading public health prevention strategy to end the COVID-19 pandemic. People who are fully vaccinated against COVID-19 are at low risk of symptomatic or severe infection. A growing body of evidence suggests that people who are fully vaccinated against COVID-19 are less likely to become infected and develop symptoms and are at substantially reduced risk from severe illness and death from COVID-19 compared with unvaccinated people.

Only a small proportion of fully vaccinated people get infected (breakthrough infections), even with the Delta and Omicron variant. Moreover, when these infections occur among vaccinated people, they tend to be milder than among those who are unvaccinated. However, preliminary evidence suggests that fully vaccinated people who are infected with the Delta or Omicron variant can be infectious and can spread the virus to others. To reduce the risk of becoming infected with the Delta or Omicron variant and spreading it to others, students, teachers, and school staff should continue to use layered prevention strategies including universal masking in schools.

People 5-11 years and older are now eligible for [COVID-19 vaccination](#). Schools can promote vaccinations among teachers, staff, families, and eligible students by providing information about COVID-19 vaccination, encouraging vaccine trust and confidence, and establishing supportive policies and practices that make getting vaccinated as easy and convenient as possible.

When promoting COVID-19 vaccination, consider that certain communities and groups have been disproportionately affected by COVID-19 illness and severe outcomes, and some communities might have experiences that affect their trust and confidence in the healthcare system. Teachers, staff, students, and their families may differ in their level of vaccine confidence. School administrators can adjust their messages to the needs of their families and community and involve trusted community messengers as appropriate, including those on social media, to promote COVID-19 vaccination among people who may be hesitant to receive it.

To promote vaccination, schools can:

Visit [vaccines.gov](https://www.vaccines.gov) to find out where teachers, staff, students, and their families can get vaccinated against COVID-19 in the community and promote COVID-19 vaccination locations near schools.

Encourage teachers, staff, and families, including extended family members that have frequent contact with students, to get vaccinated as soon as they can.

Consider partnering with state or local public health authorities to serve as COVID-19 vaccination sites, and work with local healthcare providers and organizations, including school-based health centers. Offering vaccines on-site before, during, and after the school day and during summer months can potentially decrease barriers to getting vaccinated against COVID-19. Identify other potential barriers that may be unique to the workforce and implement policies and practices to address them. The Workplace Vaccination Program has information for employers on recommended policies and practices for encouraging COVID-19 vaccination uptake among workers.

Find ways to adapt key messages to help families, teachers, and staff become more confident about the vaccine by using the language, tone, and format that fits the needs of the community and is responsive to concerns.

Use [CDC COVID-19 Vaccination Toolkits](#) to educate members of the school community and promote COVID-19 vaccination. CDC's Workers COVID-19 Vaccine Toolkit is also available to help employers educate their workers about COVID-19 vaccines, raise awareness about vaccination benefits, and address common questions and concerns. HHS also has an On-site Vaccination Clinic to help community groups, employers, and other host organizations work directly with vaccine providers to set up vaccination clinics in locations that people know and trust.

Host information sessions to connect parents and guardians with information about the COVID-19 vaccine. Teachers, staff, and health professionals can be trusted sources to explain the safety, efficacy, and benefits of COVID-19 vaccines and answer frequently asked questions.

Offer flexible, supportive sick leave options (e.g., paid sick leave) for employees to get vaccinated or who have side effects after vaccination. See CDC's Post-Vaccination Considerations for Workplaces.

Promote vaccination information for parents and guardians, siblings who are eligible for vaccines, and other household members as part of kindergarten transition and enrollment in summer activities for families entering the school system.

Provide students and families flexible options for excused absence to receive a COVID-19 vaccination and for possible side effects after vaccination.

Work with local partners to offer COVID-19 vaccination for eligible students and eligible family members during pre-sport/extracurricular activity summer physicals.

STATE PUBLIC HEALTH OFFICER ORDER VACCINE VERIFICATION FOR WORKERS IN SCHOOLS

August 11, 2021

The COVID-19 pandemic remains a significant challenge in California. COVID-19 vaccines are effective in reducing infection, serious disease, hospitalization, and death. At present, 63% of Californians 12 years of age and older are fully vaccinated with an additional 10% partially vaccinated. Children under the age of 12 are not currently eligible for any authorized vaccines.

California is currently experiencing the fastest increase in COVID-19 cases during the entire pandemic with 22.7 new cases per 100,000 people per day, with case rates increasing tenfold since early June. The Delta variant, which is two times more contagious than the original virus, is currently the most common variant causing new infections in California.

Unvaccinated persons are more likely to get infected and spread the virus, which is transmitted through the air. Most current hospitalizations and deaths are among unvaccinated adults. Almost all K-6th graders are unvaccinated and will not be eligible for vaccines at the outset of the 2021-22 school year. Additionally, although some 7-12th grade students will be fully vaccinated by the start of the school year, many will not. As of August 10, 2021, less than 41% of Californians 12 to 17 years old were fully vaccinated.

California is committed to safe, full, in-person learning for all in K-12 schools, following strong public health science. For example, California has implemented a universal masking requirement in all K-12 schools, as well as recommendations around testing strategies for K-12 schools, to support the successful return to full in-person instruction at the outset of the school year, as well as minimizing missed school days.

Vaccination against COVID-19 is the most effective means of preventing infection with the COVID-19 virus, and subsequent transmission and outbreaks. Current CDPH K-12 guidance strongly recommends vaccination for all eligible individuals, thereby reducing COVID-19 rates throughout the community, including in schools, and creating a wrap-around safety layer for unvaccinated students. This Order, consistent with this recommendation, requires verification of vaccination status among eligible K-12 school workers, and establishes diagnostic screening testing of unvaccinated workers to minimize the risk that they will transmit while on K-12 school campuses, where a majority of students are not vaccinated and younger students are not yet eligible for vaccines.

Schools may use funds received from multiple sources to address costs associated with employee vaccination verification and COVID-19 diagnostic screening testing, including Elementary and Secondary School Emergency Relief Fund (ESSER) I, II, and III; Governor's Emergency Education Relief Fund (GEER) I and II; and In-Person Instruction Grants (AB 86). Additionally, the California Department of Public Health provides access to subsidized COVID-19 testing for schools through specified partners.

For these reasons, in order to prevent the further spread of COVID19 in K-12 schools, the following temporary and limited public health measures are necessary at this time.

I, AS STATE PUBLIC HEALTH OFFICER OF THE STATE OF CALIFORNIA, ORDER:

I. This Order applies to the following facilities: public and private schools serving students in transitional kindergarten through grade 12, inclusive, except that it does not apply to home schools. Further, it does not apply to child care or to higher education.

II. All schools identified in this Order must verify vaccine status of all workers.

A. Pursuant to the CDPH Guidance for Vaccine Records Guidelines & Standards, only the following modes may be used as proof of vaccination:

1. COVID-19 Vaccination Record Card (issued by the Department of Health and Human Services Centers for Disease Control & Prevention or WHO Yellow Card) which includes name of person vaccinated, type of vaccine provided and date last dose administered); OR
2. a photo of a Vaccination Record Card as a separate document; OR
3. a photo of the client's Vaccination Record Card stored on a phone or electronic device; OR
4. documentation of COVID-19 vaccination from a health care provider; OR
5. digital record that includes a QR code that when scanned by a SMART Health Card reader displays to the reader client name, date of birth, vaccine dates and vaccine type; OR
6. documentation of vaccination from other contracted employers who follow these vaccination records guidelines and standards.

In the absence of knowledge to the contrary, a school may accept the documentation presented as valid.

B. Schools must have a plan in place for tracking verified worker vaccination status. Records of vaccination verification must be made available, upon request, to the local health jurisdiction for purposes of case investigation.

C. Workers who are not fully vaccinated, or for whom vaccine status is unknown or documentation is not provided, must be considered unvaccinated.

I. Testing requirements:

1. Asymptomatic unvaccinated or incompletely vaccinated workers are required to undergo diagnostic screening testing.
2. Workers may be tested with either antigen or molecular tests to satisfy this requirement, but unvaccinated or incompletely vaccinated workers must be tested at least once weekly with either PCR testing or antigen testing. Any PCR (molecular) or antigen test used must either have Emergency Use Authorization by the U.S. Food and Drug Administration or be operating per the Laboratory Developed Test requirements by the U.S. Centers for Medicare and Medicaid Services.
3. Unvaccinated or incompletely vaccinated workers must also observe all other infection control requirements, and are not exempted from the testing requirement even if they have a medical contraindication to vaccination, since they are still potentially able to spread the illness. Previous history of COVID-19 from which the individual recovered more than 90 days

earlier, or a previous positive antibody test for COVID-19, do not waive this requirement for testing.

4. Schools with workers required to undergo workplace diagnostic screening testing should have a plan in place for tracking test results and conducting workplace contact tracing, and must report results to local public health departments. There are IT platforms available that can facilitate these processes for schools.

II. Definitions: For purposes of this Order, the following definitions apply:

A. "Fully Vaccinated" means individuals who are considered fully vaccinated for COVID-19: two weeks or more after they have received the second dose in a 2-dose series (Pfizer-BioNTech or Moderna or vaccine authorized by the World Health Organization), or two weeks or more after they have received a single-dose vaccine (Johnson and Johnson [J&J]/Janssen). COVID-19 vaccines that are currently authorized for emergency use:

1. By the US Food and Drug Administration, are listed at <https://www.fda.gov/emergency-preparedness-and-response/coronavirus-disease-2019-covid-19/covid-19-vaccines>.

2. By the World Health Organization, are listed at <https://extranet.who.int/pqweb/vaccines/covid-19-vaccines>

B. "Incompletely vaccinated" means persons who have received at least one dose of COVID-19 vaccine but do not meet the definition of fully vaccinated.

C. "Transitional Kindergarten" means the first year of a two-year kindergarten program that uses a modified kindergarten curriculum that is age and developmentally appropriate.

D. "Unvaccinated" means persons who have not received any doses of COVID-19 vaccine or whose status is unknown.

E. "WHO Yellow Card" refers to the original World Health Organization International Certificate of Vaccination or Prophylaxis issued to the individual following administration of the COVID-19 vaccine in a foreign country.

F. "Worker" refers to all paid and unpaid adults serving in the school settings described in Section I. Workers include, but are not limited to, certificated and classified staff, analogous staff working in private school settings, and volunteers who are on-site at a school campus supporting school functions.

III. The Terms of this Order supersede any conflicting terms in any other CDPH orders, directives, or guidance.

IV. Except to the extent this Order provides otherwise, all other terms in my Order of June 11, 2021 remain in effect and shall continue to apply statewide.

V. This Order shall take effect on August 12, 2021, at 12:01 am. Facilities must be in full compliance with the Order by October 15, 2021.

VI. This Order is issued pursuant to Health and Safety Code sections 120125, 120140, 120175, 120195 and 131080 and other applicable law.

Tomás J. Aragón, MD, DrPH

Director and State Public Health Officer California Department of Public Health

TRANSPORTATION

Physically distancing students can be a particular challenge on transportation vans and buses and other vehicles that transport groups of students to school. However, there are several options to consider to promote safety and increase the distance among students and between students and the driver on school buses:

- Consider Implementing COVID-19 testing 24 hours prior to the trip using Rapid Antigen test kits. Proof or a picture of negative test required with attestation of the name, date and time of the test performed allows the student and staff to join the trip.
- Opening windows, weather permitting, to increase circulation of outdoor air, as long as doing so does not pose a safety or health risk (e.g., risk of falling).
- Maintaining strong recommendations consistent, correct use of masks by adults and children while on a school bus and at arrival/departure points (e.g., bus stops), except for Individuals who cannot safely wear a mask (consult Principal or site administrator for these exemptions).
- Bus drivers should be provided with extra masks to make available in case a student does not have one.
- Seating one student per row, alternating window and aisle seating, skipping rows when possible. (Alternating seating maybe waived if all passengers are [fully vaccinated](#) or have a negative COVID-19 [viral test](#) within 1-3 days of travel date).
- Seating members of the same household next to each other.
- Assigning each rider to a designated seat that is the same every day, to promote clear expectations and assist contact tracing, when needed.
- Using seat assignments that load the vehicle from the rear forward (and unload from the front backward) to help reduce student contact.
- If a school system provides transportation for students with disabilities as part of their IEP or 504 plan, including medically fragile children, considering the reservation of specific seats that would not be used for other students during the day and would be subject to special precautions for cleaning. Alternatively, the student's IEP or 504 team could discuss arranging for separate transportation for those students who require this type of transportation.
- Installing signage with visual cues on the school bus to encourage physical distancing protocols and to communicate this information to students with vision or reading disabilities.
- Developing a communication plan to encourage students and parents to maintain physical distance at bus stops and avoid congregating in groups while waiting for the bus.
- Encouraging families to drive their children to school, or field trip's location if possible, to reduce the number of students on the vehicle.

Families and Staff are required to Check for Symptoms at Home before transportation.

School staff should check educators, staff, and students should stay home when they are experiencing any COVID-10 like symptoms and seek medical attention. Educators, staff, and students who have symptoms or who live with someone who has developed symptoms should stay home and consult with a healthcare provider for testing and care as directed and should not be allowed to travel unless seeking medical care.

- Fever or chills
- Cough (for students with chronic cough due to allergies or asthma, a change in their cough from baseline)
- Shortness of breath or difficulty breathing (for students with asthma or other respiratory conditions, a change from their baseline breathing)
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea
-

This list does not include all possible symptoms. Travel organizers should include posting signs on the entrances to buildings or vehicles and providing periodic mobile or other communications to families with reminders to check. Students and staff will need to quarantine or isolate if exposed to COVID-19, if they have a confirmed case of COVID-19, or if they live with someone who has COVID-19. Schools should plan for what to do if a student becomes sick at school or reports a new COVID-19 diagnosis.

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Appendix 1: Resources

SCHOOL RESOURCE LINKS

- [Safe Schools for All Hub](#)
- [Testing Guidance](#)

Appendix 2: Sample Notifications

SCHOOL EXPOSURE TO A CASE OF COVID-19 NOTIFICATION

Sample Notification Letter to Parents/Guardians of Students Exposed to COVID-19 in School

[Date]

Dear Parent/Guardian:

[INSERT School Name] considers the health and well-being of our students and staff a priority. We have been alerted that your child may have been exposed to an individual diagnosed with COVID-19. We are following public health recommendations to ensure that the person with COVID-19 follows instructions for isolation and remains away from others until they can safely return to school. The individual with COVID-19 was in school while infectious on **[Date]**.

What does this mean for you and your child?

- **Your child may remain in school unless they develop symptoms or test positive for COVID-19.** Being exposed to somebody with COVID-19 does not necessarily mean that your child will become infected. In fact, scientific research, and experience from around the country – including from California during this school year – demonstrate that schools remain among the safest places for children to be.
- **Your child should get tested for COVID-19:**
[INSERT DATES, within 3-5 days after the last date that the individual with COVID-19 was in school], UNLESS your child had COVID-19 within the past 90 days (3 months). If your child starts to feel sick or show [symptoms](#), they should get tested right away, even if they had COVID-19 before.
You may get tested at **[INSERT local school or community testing resources]** or by [clicking here to find a testing site near you](#). Over-the-counter (at-home) tests may also be used.
- **If your child develops [symptoms of COVID-19](#) or tests positive for COVID-19, please ensure they [isolate](#) at home immediately and notify us right away at **[INSERT school contact information]**.** When you notify us, we can take additional steps to keep our school community safe.
- **Your child must continue to wear a mask** indoors in the school and community per school, local, and state requirements. Follow school policies to protect against COVID-19. [High-quality masks](#)

with the best fit and filtration will provide the best protection for your child and the school community.

- **If you haven't done so yet, your child should get vaccinated against COVID-19.** If your child is 12 years of age or older, a booster dose is recommended five months after the second dose. Vaccinations against COVID-19 remain the best way to protect against the spread of this virus and against severe disease. [Make an appointment to get vaccinated](#) or contact your child's doctor or healthcare provider to learn more.

We will continue to provide you with regular updates as needed. Note that infections diagnosed in students and school staff are not necessarily the result of exposure at school when safety protocols are followed at school, and COVID-19 transmission remains much more likely to occur outside of school settings.

We encourage you to contact us with questions and concerns. Please call us at **[INSERT Number]**, email us at **[INSERT Email]**, or visit our website **[INSERT School Website]** for updates.

Please be assured that we are committed to facilitating an optimal learning experience ensuring the safety of our students and staff.

Sincerely,

[INSERT Name, Title, and Contact information]

SPANISH VERSION

[Date]

Estimado padre/tutor:

[INSERT School Name] considera como una prioridad la salud y el bienestar de nuestros estudiantes y personal. Hemos sido alertados que su hijo(a) puede haber estado expuesto a un individuo diagnosticado con COVID-19. Estamos siguiendo las recomendaciones de salud pública para asegurarnos de que la persona con COVID-19 siga las instrucciones de aislamiento y se mantenga alejada de los demás hasta que pueda regresar sin riesgo a la escuela. El individuo con COVID-19 estuvo en la escuela mientras estaba contagioso en **[Date]**.

¿Qué significa esto para usted y para su hijo(a)?

- **Su hijo(a) puede permanecer en la escuela a menos que desarrolle síntomas o tenga una prueba positiva de COVID-19.** El estar expuesto a una persona con COVID-19 no quiere decir necesariamente que su hijo(a) estará infectado(a). De hecho, las investigaciones científicas y las experiencias a lo largo del país – incluyendo a California durante este año escolar – demuestran que las escuelas continúan siendo uno de los lugares más seguros para los niños.
- **Su hijo/a debe realizarse la prueba de COVID-19** **[INSERT DATES, within 3-5 days after the last date that the individual with COVID-19 was in school], A MENOS que su hijo/a haya tenido COVID-19 en los últimos 90 días (tres meses).** Si su hijo/a comienza a sentirse enfermo o a presentar [síntomas](#), debe realizarse la prueba de inmediato, aunque ya haya tenido COVID-19.

Puede realizarse una prueba en **[INSERT local school or community testing resources]** o [haga clic aquí para encontrar el centro de prueba más cercano](#). También puede utilizar pruebas de venta libre (en el hogar).

- **Si su hijo(a) desarrolla [síntomas de COVID-19](#) o tiene una prueba positiva de COVID-19, por favor asegúrese de que se [aísle](#) en casa de inmediato y avísenos enseguida al **[INSERT school contact information]**.** Cuando nos avise, podremos tomar pasos adicionales para mantener segura nuestra comunidad.
- **Su hijo(a) debe continuar usando una mascarilla** adentro de la escuela y en la comunidad, según los requisitos de la escuela, locales y estatales. Seguir las normas de la escuela para protegernos contra el COVID-19. [Las mascarillas de alta calidad](#) con mejor ajuste y filtración proporcionarán la mejor protección para su hijo(a) y la comunidad escolar.
- **Si todavía no lo ha hecho, su hijo(a) debe vacunarse contra el COVID-19.** Si su hijo(a) tiene 12 años o más de edad, se recomienda una vacuna de refuerzo cinco meses después de la segunda dosis. Las vacunas contra el COVID-19 continúan siendo la mejor manera de protegerse contra la propagación de este virus y contra la enfermedad grave. [Haga una cita para vacunarse](#) o contacte al doctor de su hijo(a) o a su proveedor de salud para aprender más.

Continuaremos proporcionándoles con actualizaciones según sea necesario. Sepa que las infecciones diagnosticadas en estudiantes y personal escolar no son necesariamente el resultado de haber estado expuesto en la escuela cuando se siguen los protocolos de seguridad en la escuela, y la transmisión del COVID-19 sigue sucediendo más probablemente fuera de la escuela.

Le exhortamos a contactarnos si tiene preguntas o preocupaciones. Por favor llámenos al **[INSERT Number]**, escríbanos un correo electrónico al **[INSERT Email]**, o visítenos en nuestra página web **[INSERT School Website]** para actualizaciones.

Por favor siéntase seguro de que estamos comprometidos a facilitar una experiencia de aprendizaje óptima al proteger la seguridad de nuestros estudiantes y personal.

Sinceramente,
[INSERT Name, Title, and Contact information]

SCHOOL CLOSURE DUE TO COVID-19 NOTIFICATION

TK-12 SCHOOL NAME/LETTERHEAD

From School Principal (or Designee) Date

Dear Parents/Guardians, Teachers, and Staff Members,

We are informing you that we are closing our school, starting on [DATE] due to the ongoing COVID-19 outbreak and likely continuing transmission at our school. In consultation with the [LOCAL HEALTH OFFICER], we have been advised that the school should be closed for 14 days to prevent further transmission of COVID-19 and to clean and disinfect the school before reopening on [DATE].

During school closure, the school will switch to online teaching to continue our classes; please see attached information sheet on how students can sign in to continue their schoolwork online. The [LOCAL HEALTH DEPARTMENT] will also continue to follow-up with cases and contacts during school closure to ensure isolation and quarantine and testing. If upon school reopening, your child is feeling ill or having a fever or symptoms of COVID-19, even if symptoms are very minor, please do not send your child to school and consider getting your ill child tested for COVID-19. If your child is well without any symptoms, please remind your child before going back to school to use their face covering, stay at least 6 feet from other people, and wash their hands often with soap and water for 20 seconds. School staff should call in sick and stay home if having symptoms of COVID-19 and consider getting tested.

Symptoms of COVID-19 may appear 2-14 days after exposure to the virus and include:

- Fever or chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

Ensuring the health and safety of our students, teachers, and staff members is of the utmost importance to us. If you have any questions or concerns, please contact [CONTACT NAME] at XXX-XXX-XXXX.

Sincerely,

Appendix 3: Public Health Directive

REPORTING DETAILS OF POSITIVE CASES

Required COVID-19 Case Reporting By Schools January 14, 2021

Following school closures that occurred in spring 2020 in response to the COVID-19 pandemic, the California Department of Public Health (“CDPH”) developed the “COVID-19 and Reopening In-Person Learning Framework for K-12 Schools in California, 2020-2021 School Year” (July 17, 2020) to support school communities as they decided when and how to implement in-person instruction for the 2020-2021 school year. Public and private K-12 schools throughout the state are currently in various stages of instruction including distance learning, in-person learning, and hybrid instruction based on local conditions.

New evidence and data about COVID-19 transmission coupled with the experiences of schools both nationally and internationally demonstrates that schools, particularly elementary schools, can operate in-person instruction safely with the correct safety protocols in place. Concurrently with this directive, CDPH issued updated, consolidated guidance for K-12 schools (including public, private, and charter) to support school re-openings and safe implementation of in-person instruction for students and staff.

Under current guidance, schools that have already reopened are permitted to continue offering in-person instruction, and additional schools are expected to reopen under the forthcoming K-12 school guidance. To be equipped to prevent and mitigate ongoing community COVID-19 transmission, a comprehensive and coordinated approach for the secure sharing of vital data and information regarding COVID-19 infections among school employees and students is necessary, especially in light of current epidemiological conditions.

The sharing of identified case information data with public health professionals is therefore necessary to ensure that state and local public health experts can respond to confirmed cases of COVID-19 who have been present at a school site, to track and understand the extent of disease transmission within the state, and to support communities with appropriate prevention strategies and support. Accordingly, to monitor and prevent the spread of COVID-19, it is necessary for CDPH and local health jurisdictions to have accurate information about COVID-19 infections among school employees and students. Specifically, the prompt, secure, and confidential sharing of information about individuals within the school community who have tested positive for COVID-19 is critical to ensure that public health authorities can rapidly respond by:

1. Instituting necessary case investigation and contact tracing;
2. Focusing public health resources to effectively provide comprehensive support to the affected schools related to further investigation, mitigation strategies, and operational plans;
3. Assessing and monitoring the practices and activities that may have led to the infection or transmission of COVID-19;
4. Taking appropriate measures to protect the health of both the school community and population-at-large; and
5. Ensuring that CDPH and local health jurisdictions have the information necessary to accurately assess the impact of school reopening on COVID-19 transmission and case rates to effectively update operative public health guidance and directives as necessary.

Schools are authorized under the Family Educational Rights and Privacy Act (FERPA) to disclose personally identifiable information without parental consent to local health departments regarding COVID-19 testing and cases. (20 USC § 1232g(b)(1)(I).) In response to the COVID-19 pandemic, California has been under a State of Emergency since March 4, 2020. California continues to see the dire effects of this pandemic through limited ICU capacities and new cases and deaths each day. The COVID-19 pandemic poses an extreme threat to the health and safety of all Californians. Even with protocols in place to mitigate the transmission of COVID-19, the presence of an individual who has tested positive of COVID-19 on a K-12 public or private school campus is an emergency that poses a risk to health or safety of students and employees present on the campus. Reporting to the local health officer the presence of a positive case of COVID-19 in an individual who is or has been present on a K-12 public or private school campus is necessary to protect the health and safety of students and employees present on the campus. California law (17 C.C.R. section 2508) also requires anyone in charge of a K-12 public or private school kindergarten to report at once to the local health officer the presence or suspected presence of any of the communicable disease, which includes COVID-19.

Accordingly:

Effective immediately, every local educational agency (school district, county office of education, and charter school) and private school in California shall notify its local health officer of any known case of COVID-19 among any student or employee who was present on a K-12 public or private school campus within the 10 days preceding a positive test for COVID-19. Specifically, the local educational agency or private school shall report the following information:

- The full name, address, telephone number, and date of birth of the individual who tested positive;
- The date the individual tested positive, the school(s) at which the individual was present on-site within the 10 days preceding the positive test, and the date the individual was last on-site at any relevant school(s); and
- The full name, address, and telephone number of the person making the report.

This information shall be reported to the local health officer by telephone within twenty-four hours from the time an individual within the local educational agency or private school is first made aware of a new case.

This reporting shall continue until this directive is modified or rescinded.

Information reported to the local health officer pursuant to this directive shall not be disclosed except to (1) the California Department of Public Health; (2) to the extent deemed necessary by the local health officer for an investigation to determine the source of infection and to prevent the spread of COVID-19, including with health officers in other jurisdictions as necessary to monitor, investigate, prevent, and/or control the spread of COVID-19; (3) if required by state or federal law; or (4) with the written consent of the individual to whom the information pertains or the legal representative of the individual.

This reporting does not replace or supersede any other statutory or regulatory requirements that require reporting of COVID-19 cases and/or outbreaks to other entities or institutions, such as Cal/OSHA.

Appendix 4: Public Health Directive

REPORTING DETAILS OF IN-PERSON INSTRUCTION

COVID-19 School Reopening Status Reporting January 14, 2021

Following school closures that occurred in spring 2020 in response to the COVID- 19 pandemic, the California Department of Public Health (CDPH) developed the “COVID-19 and Reopening In-Person Learning Framework for K-12 Schools in California, 2020-2021 School Year” (July 17, 2020) to support school communities as they decided when and how to implement in-person instruction for the 2020- 2021 school year. Schools throughout the state are currently in various stages of instruction including distance learning, in-person learning, and hybrid instruction based on local conditions.

New evidence and data about COVID-19 transmission and experience nationally and internationally demonstrate that schools, particularly elementary schools, can operate safely for in-person instruction with the correct safety protocols in place. Concurrently with this directive, CDPH issued updated, consolidated guidance for public and private K-12 schools to support school re- openings and safe implementation of in-person instruction for students and staff.

Under the guidance, schools that have already reopened are permitted to continue offering in-person instruction, and additional schools will reopen through the early spring. To be equipped to prevent and mitigate ongoing community COVID-19 transmission, it is necessary for CDPH and local health jurisdictions to have accurate information about which school sites are serving students in-person and to which degree such in-person services are being provided, especially in light of evolving epidemiological conditions.

This information will assist public health authorities maintain awareness of possible locations where case transmission may occur and can rapidly respond to any confirmed positive cases of individuals who have been on-site at schools offering in-person instruction and services. It is also necessary to focus public health resources to support schools, including COVID-19 testing support, contact tracing, and technical assistance related to mitigation strategies and operational plans, to make the most efficient and effective use of those resources. Finally, this information will assist CDPH and local health jurisdictions to accurately assess the impact of school reopening on COVID-19 and update operative public health guidance and directives as necessary.

Accordingly:

Beginning January 25, 2021, every local educational agency (school district, county office of education, and charter school) and private school in California shall notify the California Department of Public Health whether it is serving students in-person. Specifically, the local educational agency or private school shall report the following information:

- In-person instruction is provided full-time, including whether provided for all grades served by the local educational agency or private school or only certain grade spans.
- In-person instruction is provided only part-time (hybrid model), including whether provided for all grades served by the local educational agency or private school or only certain grade spans.
- In-person instruction and services are provided only pursuant to the Guidance Related to Cohorts issued by the California Department of Public Health.
- No in-person instruction and services are provided (distance learning only).

This reporting shall continue every other Monday (or the Tuesday immediately following, if the Monday is a state holiday) until this directive is modified or rescinded.

This information shall be reported via a web form that will be made available by the California Department of Public Health.

The California Department of Public Health will provide this information to local health officers and, once the information is processed, will make this information publicly available on the Safe Schools For All Hub website.