



**Tarrant County  
Public Health**

TCPH Guidance for School Reopening in  
the Setting of Widespread Community  
Transmission of COVID-19

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## INTRODUCTION

With parental, student, and governmental desires to return children to classes in our area, the Tarrant County Public Health (TCPH) feels compelled to re-iterate the continuing high rate of COVID-19 transmission within the county. To prevent the spread of COVID-19 in schools resulting in repeated cycles of opening and closing, TCPH supports the opening of our schools for virtual learning but warns that in-person teaching will subject students, teachers, and staff to an increased risk of acquiring COVID-19 until the following community metrics are met.

### TARRANT COUNTY METRICS FOR SAFER IN PERSON INSTRUCTION

- ✓ The seven-day moving average percent of people who test positive (Positivity Rate) is 10% or less, ideally less than 5%. The lower the positivity rate, the less likely COVID-19 will be introduced into the schools.
- ✓ The rate of cases reported for Tarrant County needs to 100 cases per 100,000 population, or less than 2000 cases per week.
- ✓ At least the last 4 weeks of data showing stable or declining case counts. This is to compensate for incomplete data in the most recent 2 weeks due to typical reporting lags.
- ✓ The seven day moving average for COVID Like Illness (CLI) percent should be trending lower for at least the last 2 weeks.
- ✓ The percent of hospital beds occupied in Tarrant County by COVID-19 cases at or below 10%.
- ✓ ISDs and/or school have presented plans for reopening, including the elements outlined in this guide, to TCPH LHA and as applicable to Arlington and Burleson Local Health Authorities (LHA) for review and comments.

\*These criteria may be adjusted as information about the pandemic evolves. For latest information regarding these Tarrant County metrics, [tarrantcounty.com/covidtestinfo](https://tarrantcounty.com/covidtestinfo).

The ISDs and schools have ultimate decision-making authority over the plans they implement. However, the Local Health Authorities in Tarrant County, City of Arlington, and City of Burleson and the personnel supporting those Local Health Authorities will guide the responses to COVID-19 school outbreaks. Thus, the following recommendations are offered:

### PREVENTION/MITIGATION STRATEGIES

- ✓ At the present time, remote learning is safest
- ✓ Screening of all persons before entering the building for COVID-19 symptoms and exposure; with temperature measurements as well. When there is more community transmission, the likelihood that individuals with symptoms actually have COVID-19 is higher. Therefore, symptom screenings will be helpful when COVID-19 transmission in the community is high.
- ✓ Restrict visitors to a minimum.
- ✓ Restrict class sizes to as small as possible per TEA guidance.
- ✓ Seating should be assigned, preferably in a space big enough to allow student to sit at least 6 feet apart. Students should not sit face to face.

- ✓ Stagger class start times and minimize movement in school hallways to minimize comingling of different cohorts (ex. one-way movement on sides of hallways)
- ✓ Consider alternating-day strategies for classes (for example, one-half of the students might have face-to-face classes on alternating weeks on MWFTTH schedule over two weeks, and the other half of students might attend classes on a TTHMWF schedule over two weeks)
- ✓ Serve meals in classrooms. Use disposable trays and utensils.
- ✓ Suspend group and extracurricular activities which involve close contact of groups of students and teachers.
- ✓ Enhance sanitizing protocols, including wiping down high-touch surfaces with disinfectant.
- ✓ Avoid shared use of materials which are not easily disinfected.
- ✓ Practice social distancing of 6 feet or greater.
- ✓ Delay start of contact sports and other activities which enhance spread of COVID-19 (including activities such as singing, playing wind and brass instruments, etc.) until community transmission in Tarrant County has fallen to acceptably safe levels for two weeks or greater.
- ✓ Emphasize frequent hand washing and hand sanitization with alcohol-based hand rubs that contain 60% alcohol or greater. Hand sanitizer readily available in classrooms and hallways.
- ✓ Use, at a minimum, cloth face coverings for all students, ages 2 and older per CDC guidelines. Develop a policy/procedure for children who arrive without a face covering, lose their face covering or refuse to wear a face covering.
- ✓ Use, at a minimum, cloth face coverings for all personnel and staff. Use procedure masks, gloves and face shields for school-based healthcare workers or other staff who may be asked to respond to the needs of ill children suspected to have COVID-19 disease.
- ✓ Consider modification of duties for personnel with significant comorbidities which may place them at risk for adverse outcomes of COVID-19.
- ✓ Utilize currently unused or underused spaces such as libraries, auditoriums, gymnasiums, etc., to allow for smaller class size and more effective social distancing.
- ✓ Remove perfect in-person attendance incentives.

### **SCHOOL RESPONSE PLAN TO COVID 19 OUTBREAK**

- ✓ Designate a school point-of-contact for COVID-19-related issues BEFORE an outbreak occurs. More than one person may be needed to serve as back-up to the point of contact.
- ✓ Identify and designate room(s) on campus for isolating ill students.
- ✓ Maintain seating charts for each class in a place readily accessible to the school point of contact.
- ✓ Communicate in a timely manner with TCPH, and city of Arlington or City of Burleson Local Health Authority as applicable regarding the situation in the affected school.

- ✓ Designated COVID-19 point-of-contact and assistants will assist TCPH with contact investigation around the school's case(s). Consider a contact tracing course for these people before starting in-person learning.
- ✓ Consider remote learning options for children at higher risk for serious adverse effects with COVID-19. Included in this category are those with intellectual and development disabilities, chronic respiratory, cardiac, nutritional and metabolic disorders.
- ✓ Work with school healthcare personnel to ensure that they have appropriate PPE (face shields, procedure mask, gloves, etc.) for encounters with children who are suspects for COVID-19 infections.
- ✓ In case of COVID-19 confirmed in a classroom:
  - Close that classroom for 24 hours prior to cleaning.
  - Require 14-day home isolation of close contacts to a COVID-19 ill person (assessment assisted by TCPH Epidemiology).
- ✓ If close contacts of case(s) cannot be easily identified:
  - Close school for 24 hours, prior to cleaning, and do not reopen school until close contact(s) of case(s) have been identified and assessed, or for 14 days if close contacts cannot be identified.
- ✓ Establish protocol for deep cleaning of facilities before COVID-19 has been identified in the facility.

### **SCREENING QUESTIONS FOR COVID-19<sup>1</sup>**

#### **Before Campus Access**

- ✓ School systems must require teachers and staff to self-screen for COVID-19 symptoms before coming onto campus each day. Symptoms are listed at the end of this document. The self-screening should include teachers and staff taking their own temperature. Teachers and staff must report to the school system if they themselves have COVID-19 symptoms, are lab-confirmed with COVID-19, or waiting for test result, and, if so, they must remain off campus until they meet the criteria for re-entry as noted below. Additionally, they must report to the school system if they have had close contact with an individual who is lab-confirmed with COVID-19, as defined at the end of this document, and, if so, must remain off campus until the 14-day incubation period has passed.
- ✓ Parents must ensure that a child is not sent to school if the child has COVID-19 symptoms (as listed in this document) or is waiting for test results or has lab-confirmed COVID-19, and instead should opt to receive remote instruction until the below conditions for re-entry are met. Students with close contact to a person with COVID-19 must not be present for 14 days after their last exposure. School systems may consider screening students for COVID-19 as well. Screening is accomplished by asking questions by phone or other electronic methods and/or in person. The screening questions should also be asked of a

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<sup>1</sup> <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/symptom-screening.html>

student's parent if that parent will be dropping off or picking up their child from inside the school.

- ✓ Except for parental drop-off and pick-up as discussed above, do not allow visitors into buildings until the visitor has been screened for COVID-19 symptoms (as listed in this document), waiting on test results, or has lab-confirmed COVID-19, and, if so, they must remain off campus until they meet the criteria for re-entry as noted below. Additionally, school systems must screen to determine if visitors have had close contact with an individual with COVID-19, and, if so, they must remain off campus until the 14-day incubation period has passed. When practical, screening questions could be supplemented with temperature checks of adults.

### **Individuals Confirmed or Suspected with COVID-19**

Any individuals who **themselves** either: (a) are waiting on test results or has lab-confirmed COVID-19; or (b) experience the symptoms of COVID-19 (listed below) must stay at home throughout the infectious period and cannot return to campus until the school system screens the individual to determine if the conditions below for campus re-entry have been met. In the case of an individual who was diagnosed with COVID-19, the individual may return to school when all three of the following criteria are met:

- at least one day (24 hours) has passed since resolution of fever without the use of fever-reducing medications;
  - the individual has improvement in symptoms (e.g., cough, shortness of breath); and
  - at least ten days have passed since symptoms first appeared.
- ✓ In the case of an individual who has symptoms that could be COVID-19 and who is not evaluated by a medical professional or tested for COVID-19, such individual is assumed to have COVID-19, and the individual may not return to the campus until the individual has completed the same three-step set of criteria listed above.
  - ✓ If the individual has symptoms that could be COVID-19 and wants to return to school before completing the above stay at home period, the individual must either (a) obtain a medical professional's note clearing the individual for return based on an alternative diagnosis or (b) obtain an acute infection test at an approved testing location ([tarrantcounty.com/covidtestinfo](http://tarrantcounty.com/covidtestinfo)) that comes back negative for COVID-19 (Note: antibody test is not acceptable).

### **Identifying Possible COVID-19 Cases on Campus**

- ✓ Schools must immediately separate any student who shows COVID-19 symptoms while at school until the student can be picked up by a parent or guardian.
- ✓ Schools should clean the areas used by the individual who shows COVID-19 symptoms while at school (student, teacher, or staff) as soon as is feasible.
- ✓ Students who report feeling feverish should be given an immediate temperature check to determine if they are symptomatic for COVID-19.

## **Return-to-School Policies**

**CHECK LIST:** *Daily Screening for Students* on page 16 or [CLICK HERE](#).

- ✓ If the student/parent/caregiver answers YES to any question in Section 1 but NO to any questions in Section 2, the student would be excused from school in accordance with existing school illness management policy (e.g., until symptom-free for 24 hours without fever reducing medications).
- ✓ If the student or parent or caregiver answers YES to any question in Section 1 and YES to any question in Section 2, the student should be referred for evaluation by their healthcare provider and possible testing. CDC strongly encourages local health departments to work with local school systems to develop a strategy to refer symptomatic individuals to an appropriate healthcare provider or testing site. Health officials and/or healthcare providers will determine when viral testing for SARS-CoV-2 is appropriate. Students who have received a negative test result should be allowed to return to school once their symptoms have otherwise improved in accordance with existing school illness management policies.
- ✓ Students diagnosed with COVID-19 or who answer YES to any question in Section 1 and YES to any question in Section 2 without negative test results should stay home, isolate themselves from others, monitor their health, and follow directions from their state or local health department. Students and their families should be advised that the local health department may contact the family for contact tracing. If contacted, families should notify the contract tracer that the student attended school.
- ✓ Students diagnosed with COVID-19 or who answer YES to any component of Section 1 AND YES to any component of Section 2 without negative test results should be permitted to return to school should be in line with current CDC recommendations in “When Can I Be Around Others”. A negative test or doctor’s note should not be required for return. Questions regarding return to school should be jointly decided in consultation with parents or caregivers, school personnel, and the student’s healthcare provider.
- ✓ Students who are excluded from school should be afforded the opportunity, as soon as feasible when they are well enough to participate in classwork, to make up any missed classwork without penalty to reduce mental or physical anxieties about missed academic opportunities.

### **COVID-19 CASE RUBRIC**

The accompanying rubric is intended to serve as a tool to help inform COVID-19 response by school districts. Every effort should be made to make school-level decisions that allow schools that are not impacted by active cases to conduct in-person instruction at some level.

This rubric consists of three main tables that are based on low, moderate, and high community spread. Tables are read left to right, and guidance is based upon the number of cases identified and the circumstances surrounding those cases.

### How to use this tool:

- Read the rubric from left to right, moving from the “Community Spread” column on the left through the number of cases, circumstances, and actions

### Definitions:

- **Isolation** is used to keep an individual who has been infected with SARS-CoV-2 away from people who are not infected to slow the spread of the disease. Individuals who have been diagnosed with COVID-19 or who have symptoms of COVID-19 are to self-isolate for a period of 10 days from the onset of their symptoms or, if they never developed symptoms, from the date their positive test was collected. Additionally, the individual must be free of fever (without fever reducing medications) for at least **24 hours** and must have improvement of COVID-19 symptoms before leaving isolation.
  - [CDC GUIDELINES FOR ISOLATION](#)
  - **Isolation** means staying home and staying away from people.
    - Isolated individuals should not leave home except to seek emergency medical attention.
    - If an individual in isolation must leave home, they should wear a cloth face covering or mask, remain at least six feet from others and, if seeking medical care, notify the facility prior to their arrival that they are currently in isolation for COVID-19.
    - Students and staff who are in isolation are **not to be present on school property** until they have met the criteria for discontinuing isolation.
    - **Isolation is not optional** and may be formally ordered by the LHA if instructions are not followed.
- **Quarantine** is used to keep close contacts (within six feet of someone who has been diagnosed with COVID-19 for fifteen or more minutes) away from people who have not been exposed to slow the spread of the disease. Individuals who have been exposed may become infectious at any time within 14 days of their last exposure to an individual with COVID-19.
  - **Quarantine** means staying home and staying away from people.
    - Quarantined individuals should not leave home except to seek emergency medical attention.
    - If an individual in quarantine must leave home, they should wear a cloth face covering or mask, remain at least six feet from others and, if seeking medical care, notify the facility prior to their arrival that they are currently in quarantine for COVID-19.
    - **Quarantine is not optional** and may be formally ordered by the LHA if instructions are not followed.
- **Cohorting** refers to the placement of students or staff into small groups that remain together over a time. For example, rather than students in a classroom of 20 being able to mix throughout the day, teachers could consider subdividing the class into smaller groups



of students, perhaps four groups of five students, that would sit together and participate in activities together, rather than mixing randomly with larger group. In this way, if one of the students become infected with the virus, only the smaller group of contacts would require quarantine. Similarly, teachers might cohort by limiting close contact to those who teach in the same grade, have classrooms in the same hallway, or teach in the same department.

- **Identification of Contacts (contact tracing)** refers to the process through which the close contacts of an individual who has COVID-19 are identified and instructed to quarantine. As it is critical that contacts are identified and excluded from school as quickly as possible to prevent further spread of the virus, schools are asked to put procedures in place that will allow for school staff to quickly complete that identification.
  - All classes are encouraged to have **assigned seating** to facilitate the rapid identification of contacts should the school become aware of an infectious individual
  - Schools are encouraged to have a central location (central office, shared online site, etc.) where ALL seating charts are kept. When the school is notified of an infected individual, a designated staff member pulls the student's class schedule, pulls the seating charts for those classes, and notifies the parents of the students who are seated within six feet of that individual of their exposure to COVID-19. Those **contacts are to quarantine** for 14 days from the time of their last contact with the infected individual and are **not to be present on school property until that time has passed**.
- **Cleaning and disinfecting** refers to the wiping of surfaces with cleaning and disinfecting products per guidelines established by the Centers for Disease Control and Prevention (CDC) and the Environmental Protection Agency (EPA).
  - [CDC CLEANING AND DISINFECTING GUIDELINES](#)
  - It is recommended that staff wait 24 hours from the time the case left the room to clean and disinfect affected areas.
  - If it has been more than seven days since the infected individual was present, no additional cleaning or disinfecting is necessary.
- **Closures** may occur on a classroom, hallway, grade, wing, or building level, depending upon the extent of an outbreak and associated contacts.
  - Short-term closures of 24h or a few days may be necessary in order for a school to have the time to adequately identify contacts of an infected individual and exclude them from school for a 14-day quarantine period.
  - A 14-day period of closure may be necessary when contacts cannot be identified and/or there is concern for widespread exposure of students and/or staff. In this case, the 14-day period allows for all students and staff to be out of the school for a full incubation period, thereby helping to stop the spread of infection throughout the school.

## Resources:

- **Public Health** plays a critical role in the identification of individuals who have been infected with communicable diseases and in the tracing of their exposed contacts. The rapidity and degree of spread of the COVID-19 pandemic has severely impaired the ability of county, regional, and state public health to perform contact tracing and monitoring.
  - To assist with capacity, school districts are asked to **identify an individual (consider having one or more back-up people)** who will contact the local health department with reports of positive cases and requests for assistance. **Please ask schools to report their concerns to the district, rather than individually contacting the local or regional health department.**
  - If schools are to be able to continue in-person learning, schools will need to be prepared to identify and exclude from school those individuals who have had close contact with an infectious person.
  - School administrators should notify TCPH, City of Arlington or City of Burleson as appropriate if they learn of a COVID-19 positive individual in the school.
  - District superintendents are urged to include county, regional, or state public health officials in any conversations around district-level closure.

As we move through the next few months together, public health officials within Tarrant are willing to guide, assist, provide recommendations to prevent or mitigate transmission of this disease.

## Additional Resources:

- Tarrant County Public Health Coronavirus Information Page: [coronavirus.tarrantcounty.com](https://coronavirus.tarrantcounty.com)
- Testing availability and information page: [tarrantcounty.com/covidtestinfo](https://tarrantcounty.com/covidtestinfo)
- Tarrant County COVID information including Executive Orders: <http://www.tarrantcounty.com/content/main/en/county/tarrant-county-covid-19-information.html>
- Governor's Office Coronavirus Information Page: <https://gov.texas.gov/coronavirus-executive-orders>
- DSHS COVID Information: <https://www.dshs.texas.gov/coronavirus/>
- American Academy of Pediatrics Interim Guidance on School Re-Entry <https://www.aappublications.org/news/2020/06/26/schoolreopening062620>
- American Academy of Pediatrics Coronavirus Resources: <https://www.aappublications.org/cc/covid-19>
- Centers for Disease Control and Prevention Coronavirus Resources for Childcare, Schools and Youth Programs: <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/index.html>

## COVID-19 RESPONSE RUBRIC

|   |   |   |     |  |  |  |
|---|---|---|-----|--|--|--|
| COMMUNITY SPREAD IS<br><b><u>LOW</u></b>  | <b>NO CASES IN THE BUILDING</b>   |   |     |  | Cloth face covering, distancing, hand hygiene, expected in all situations. Cohort students and staff where possible.   |  |
|   | For <b>EVERY</b> identified case  | Has individual been in the <b>BUILDING</b> or at school activates since 48h prior to onset of symptoms? | Yes | Can all contacts be easily traced?   | Yes  | Close <b>CLASSROOM</b> x 24h for cleaning and until the school has identified close contacts. Exclude contacts from the building x 14d. Reinforce prevention measures. Restrict events and gatherings. Reopen <b>CLASSROOM</b> . District rep contacts local health dept for guide, as needed. |
|   |   |   | Yes | NO   | Close <b>BUILDING</b> x 24h for cleaning and until the school has identified close contacts. Exclude contacts from the building x 14d. Reinforce prevention measures. Restrict events and gatherings. Reopen <b>BUILDING, including classrooms</b> . District rep., contacts local health dept for guide, as needed. |  |
|   |   |   | NO  | District rep contacts local health dept. to assist with tracing outside of the building. Ensure contacts do not return to the building for 14 days from the last exposure. |  |  |
|   | Two or more unlinked cases (no common classes, close friends, teammates).                                       |   |     |  |  | Treat as any other identified case as above. See section of management of increasing number of cases within 14 days.   |
|   | Two or more linked cases within 14 days (common classmate, friend, group, team mates, etc. [excludes siblings]) | Are cases within a physical <b>CLASS</b> space or relatively confined area?                             | Yes | Confident that contacts have been identified?  | Yes  | Refer to “For Every Identified Case”. Continue with Current Plan.  |
|   |   |   |     | NO   | May need to consider 14-day closure of a section of hallway, grade the entire building depending upon degree of involvement. District rep contacts local health dept for guidance.   |  |
|   |   |   | Yes | Confident that contacts have been identified?  | Yes  | Refer for “For Every Identified Case”. If exposure is widespread, consider partial or complete building closure for 14 days. District rep contacts local health depts. for guidance.   |
|   |   |   |     | NO   | Seriously consider 14-day <b>BUILDING</b> closure of extensive exposure. District rep contacts local health dept. for guidance.  |  |
|   | Increased cases identified within 14 days?  |   |     |  |  | Seriously consider 14-day closure of the Building unless circumstances dictate otherwise. District rep contact local health dept for guidance.   |
| <ul style="list-style-type: none"> <li>✓ Outside of state, county, or local executive order, district-wide closures should occur under only the most extreme circumstance.</li> <li>✓ The use of “percent active cases” as a sole determinant of district-wide closure is strongly discouraged.</li> <li>✓ Every effort should be made to make school –level decisions that allow schools that are not impacted by active cases to conduct in-person instruction as some level.</li> <li>✓ District administrators are strongly encouraged to include local, regional, and/or state public health officials in any discussions regarding district closure.</li> </ul> |   |   |     |  |  |  |

## COVID-19 RESPONSE RUBRIC

|   |   |   |     |   |  |  |
|---|---|---|-----|---|--|--|
| COMMUNITY SPREAD IS<br><b><u>MODERATE</u></b>   | NO CASES IN THE BUILDING  |   |     |   | Cloth face covering, distancing, hand hygiene, expected in all situations. Cohort students and staff where possible. |  |
|   | For <b>EVERY</b> identified case<br>→   | Has individual been in the <b>BUILDING</b> or at school activates since 48h prior to onset of symptoms? | Yes | → | Yes  | Close <b>CLASSROOM</b> x 24h for cleaning and until the school has identified close contacts. Exclude contacts from the building x 14d. Reinforce prevention measures. Restrict events and gatherings. Reopen <b>CLASSROOM</b> . District rep contacts local health dept for guide, as needed.                       |
|   |   |   | Yes | → | NO   | Close <b>BUILDING</b> x 24h for cleaning and until the school has identified close contacts. Exclude contacts from the building x 14d. Reinforce prevention measures. Restrict events and gatherings. Reopen <b>BUILDING, including classrooms</b> . District rep., contacts local health dept for guide, as needed. |
|   |   |   | NO  | → |  | District rep contacts local health dept. to assist with tracing outside of the building. Ensure contacts do not return to the building for 14 days from the last exposure.   |
|   | Two or more unlinked cases (no common classes, close friends, teammates).                                       |   | →   |   |  | Treat as any other identified case as above. See section of management of increasing number of cases within 14 days.   |
|   | Two or more linked cases within 14 days (common classmate, friend, group, team mates, etc. [excludes siblings]) | Are cases within a physical <b>CLASS</b> space or relatively confined area?                             | Yes | → | Yes  | Refer to “For Every Identified Case”. Continue with Current Plan.  |
|   |   |   |     | → | NO   | May need to consider 14-day closure of a section of hallway, grade the entire building depending upon degree of involvement. District rep contacts local health dept for guidance.   |
|   |   |   | Yes | → | Yes  | Refer for “For Every Identified Case”. If exposure is widespread, consider partial or complete building closure for 14 days. District rep contacts local health depts. for guidance.   |
|   |   |   |     | → | NO   | Seriously consider 14-day <b>BUILDING</b> closure of extensive exposure. District rep contacts local health dept. for guidance.  |
|   | Increased cases identified within 14 days?  |   | →   |   |  | Seriously consider 14-day closure of the Building unless circumstances dictate otherwise. District rep contact local health dept for guidance.   |
| ✓ Outside of state, county, or local executive order, district-wide closures should occur under only the most extreme circumstance.<br>✓ The use of “percent active cases” as a sole determinant of district-wide closure is strongly discouraged.<br>✓ Every effort should be made to make school –level decisions that allow schools that are not impacted by active cases to conduct in-person instruction as some level.<br>✓ District administrators are strongly encouraged to include local, regional, and/or state public health officials in any discussions regarding district closure. |   |   |     |   |  |  |

## COVID-19 RESPONSE RUBRIC

|   |   |   |     |   |  |  |
|---|---|---|-----|---|--|--|
| COMMUNITY SPREAD IS<br><h1 style="margin: 0;"><u>HIGH</u></h1>  | NO CASES IN THE BUILDING  |   |     |   | Cloth face covering, distancing, hand hygiene, expected in all situations. Cohort students and staff where possible. |  |
|   | For <b>EVERY</b> identified case<br>→   | Has individual been in the <b>BUILDING</b> or at school activates since 48h prior to onset of symptoms? | Yes | → | Yes  | Close <b>CLASSROOM</b> x 24h for cleaning and until the school has identified close contacts. Exclude contacts from the building x 14d. Reinforce prevention measures. Restrict events and gatherings. Reopen <b>CLASSROOM</b> . District rep contacts local health dept for guide, as needed.                       |
|   |   |   | Yes | → | NO   | Close <b>BUILDING</b> x 24h for cleaning and until the school has identified close contacts. Exclude contacts from the building x 14d. Reinforce prevention measures. Restrict events and gatherings. Reopen <b>BUILDING, including classrooms</b> . District rep., contacts local health dept for guide, as needed. |
|   |   |   | NO  | → |  | District rep contacts local health dept. to assist with tracing outside of the building. Ensure contacts do not return to the building for 14 days from the last exposure.   |
|   | Two or more unlinked cases (no common classes, close friends, teammates).                                       |   | →   |   |  | Treat as any other identified case as above. See section of management of increasing number of cases within 14 days.   |
|   | Two or more linked cases within 14 days (common classmate, friend, group, team mates, etc. [excludes siblings]) | Are cases within a physical <b>CLASS</b> space or relatively confined area?                             | Yes | → | Yes  | Refer to “For Every Identified Case”. Continue with Current Plan.  |
|   |   |   |     | → | NO   | Seriously consider 14-day closure of a section of hallway, grade the entire building depending upon degree of involvement. District rep contacts local health dept for guidance.   |
|   |   |   | Yes | → | Yes  | Refer for “For Every Identified Case”. If exposure is widespread, consider partial or complete building closure for 14 days. District rep contacts local health depts. for guidance.   |
|   |   |   |     | → | NO   | Seriously consider 14-day <b>BUILDING</b> closure of extensive exposure. District rep contacts local health dept. for guidance.  |
|   | Increased cases identified within 14 days?  |   | →   |   |  | Minimum 14-day <b>BUILDING</b> closure unless circumstances dictate otherwise. District rep contacts local health dept.  |
| <ul style="list-style-type: none"> <li>✓ Outside of state, county, or local executive order, district-wide closures should occur under only the most extreme circumstance.</li> <li>✓ The use of “percent active cases” as a sole determinant of district-wide closure is strongly discouraged.</li> <li>✓ Every effort should be made to make school –level decisions that allow schools that are not impacted by active cases to conduct in-person instruction as some level.</li> <li>✓ District administrators are strongly encouraged to include local, regional, and/or state public health officials in any discussions regarding district closure.</li> </ul> |   |   |     |   |  |  |

# School District Decision-Making protocol for Response to Multiple Cases I

## PREVENTION MEASURES

Cloth face covering

Social distancing

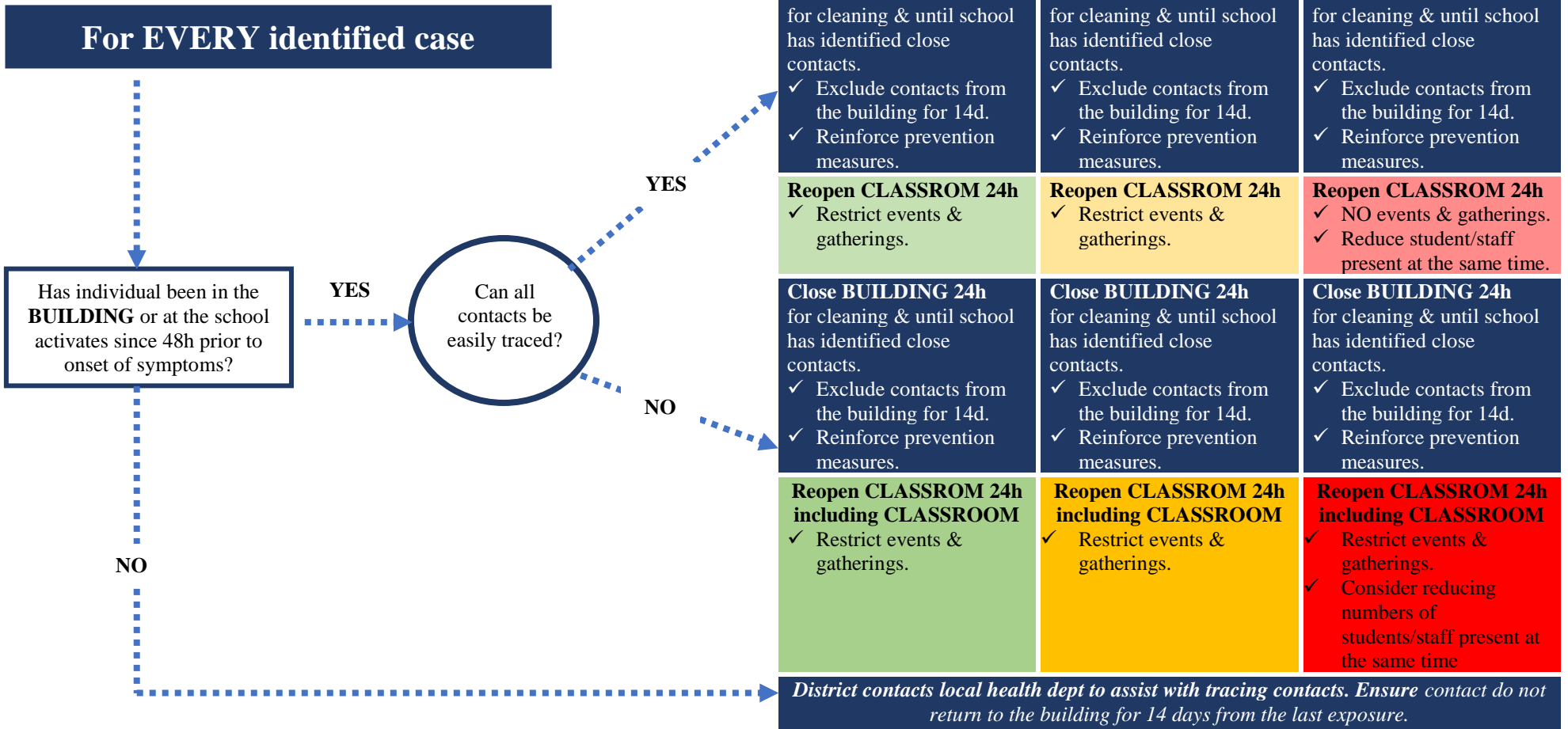
Hand Hygiene

EXPECTED in ALL SITUATIONS:

Cohort students & staff into small groups that remain together over time *as much as possible.*

District representative should contact local health department for guidance, as needed. Schools & Districts Action Teams should be formed to serve as the initial response command until should a positive case of COVID-19 be identified within a school community. The action teams will collaborate with local health authorities to ensure coordinate response and communication efforts.

## SPECIFIC STEPS if community spread is:



Outside of state, county, or local executive order, district-wide closures should occur under only the most extreme circumstance. The use of “percent active cases” as a sole determinant of district-wide closure is strongly discouraged. Every effort should be made to make school –level decisions that allow schools that are not impacted by active cases to conduct in-person instruction as some level. District administrators are strongly encouraged to include local, regional, and/or state public health officials in any discussions regarding district closure.

## School District Decision-Making protocol for Response to Multiple Cases II

### PREVENTION MEASURES

Cloth face covering

Social distancing

Hand Hygiene

EXPECTED in ALL SITUATIONS:

Cohort students & staff into small groups that remain together over time as much as possible.

District representative should contact local health department for guidance, as needed. Schools & Districts Action Teams should be formed to serve as the initial response command until should a positive case of COVID-19 be identified within a school community. The action teams will collaborate with local health authorities to ensure coordinate response and communication efforts.

**For two or more unlinked cases**  
No common classes, close friends, teammates

**Two are more linked cases within 14 days**  
Common classmates, friends group, team mates, etc. (excluding siblings)

Are Cases within physical **CLASSROOM** space or relatively confined area?

YES

Can all contacts be easily traced?

YES

NO

NO

Confident that contacts have been identified?

YES

NO

**Increasing number of cases identified within 14 days**

### SPECIFIC STEPS if community spread is:

LOW

MODERATE

HIGH

**Refer to “For Every identified Case.”**  
See section for management of increasing numbers of cases within 14 days

**Refer to “For Every identified Case.”** Continue current plan

**May need to consider 14-day CLOSURE** of a section of hallway, grade or the entire building depending upon degree of involvement

**May need to consider 14-day CLOSURE** of a section of hallway, grade or the entire building depending upon degree of involvement

**Seriously consider 14-day CLOSURE** of a section of hallway, grade or the entire building depending upon degree of involvement

**Refer to “For Every identified Case.”**  
If exposure is widespread, consider partial or complete building closure for 14 days

**SERIOUSLY consider 14-day BUILDING closure if extensive exposure**

**SERIOUSLY consider 14-day BUILDING closure** unless circumstances dictate otherwise

**SERIOUSLY consider 14-day BUILDING closure** unless circumstances dictate otherwise

**Minimum 14-day BUILDING closure** unless circumstances dictate otherwise

*Outside of state, county, or local executive order, district-wide closures should occur under only the most extreme circumstance. The use of “percent active cases” as a sole determinant of district-wide closure is strongly discouraged. Every effort should be made to make school-level decisions that allow schools that are not impacted by active cases to conduct in-person instruction as some level. District administrators are strongly encouraged to include local, regional, and/or state public health officials in any discussions regarding district closure.*



# CHECKLIST: DAILY SCREENING FOR STUDENTS<sup>2</sup>

## SECTION 1: Symptoms

If your child has any of the following symptoms, that indicates a possible illness that may decrease the student's ability to learn and also put them at risk for spreading illness to others. Please check your child for these symptoms:

- Temperature 100 degrees Fahrenheit or higher when taken by mouth
- Sore throat
- New** uncontrolled cough that causes difficulty breathing (for students with chronic allergic/asthmatic cough, a change in their cough from baseline)
- Diarrhea
- Vomiting
- Abdominal pain
  - Abnormal taste and smell
  
- New onset of severe headache (especially with a fever)

## SECTION 2: Close Contact/Potential Exposure

- Had close contact (within 6 feet of an infected person for at least 15 minutes) with a person with confirmed COVID-19
- Traveled to or lived in an area where the local, Tribal, territorial, or state health department is reporting large numbers of COVID-19 cases as described in the [Community Mitigation Framework](#)
- Live in areas of high community transmission (as described in the [Community Mitigation Framework](#)) while the school remains open.

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<sup>2</sup> <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/symptom-screening.html>



## CHECKLIST: PARENTS COVID-19 PREVENTION<sup>3</sup>

- Check in with your child each morning for [signs of illness](#). If your child has a temperature of 100 degrees or higher, they should not go to school.
- Make sure your child does not have a sore throat or other signs of illness, like a cough, diarrhea, severe headache, vomiting, or body aches.
- If your child has had close contact to a COVID-19 case, they should not go to school. Follow guidance on what to do when [someone has known exposure](#).

### Identify your school point person(s) to contact if your child gets sick.

Name of school point person(s):

**Contact information:**

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- Be familiar with [local COVID-19 testing](#) sites in the event you or your child develops symptoms. These may include sites with free testing available.

**My local testing options:**

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- Review and practice proper [hand washing techniques](#) at home, especially before and after eating, sneezing, coughing, and adjusting a face cover. [Make hand washing fun](#) and explain to your child why it's important
- Be familiar with how your school will make water available during the day. Consider packing a water bottle.
- Develop daily routines before and after school—for example, things to pack for school in the morning (like hand sanitizer and an additional (back up) cloth face covering) and things to do when you return home (like washing hands immediately and [washing worn cloth face coverings](#)).

### **Talk** to your child about precautions to take at school. Children may be advised to:

- Wash and sanitize their hands more often.
- Keep physical distance from other students.
- Wear a cloth face covering.

<sup>3</sup> <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/parent-checklist.html>

- Avoid sharing objects with other students, including water bottles, devices, writing instruments, and books.
- Use hand sanitizer (that contains at least 60% alcohol.) Make sure you're using a safe product. FDA [recalled products external](#) that contain toxic methanol. Monitor how they feel and tell an adult if they are not feeling well.

**Develop a plan as a family to protect household members who are [at increased risk for severe illness](#).**

- Make sure your information is current at school, including emergency contacts and individuals authorized to pick up your child(ren) from school. If that list includes anyone who is at increased risk for severe illness from COVID-19, consider identifying an alternate person.
- Be familiar with your school's plan for how they will communicate with families when a positive case or exposure to someone with COVID-19 is identified and ensure student privacy is upheld.
- Plan for possible school closures or periods of quarantine. If transmission is increasing in your community or if multiple children or staff test positive for COVID-19, the school building might close. Similarly, if a close contact of your child (within or outside of school) tests positive for COVID-19, your child may need to stay home for a 2-week quarantine period. You may need to consider the feasibility of teleworking, taking leave from work, or identifying someone who can supervise your child in the event of school building closures or quarantine.

**Plan for transportation:**

- If your child rides a bus, plan for your child to wear a cloth face covering on the bus and talk to your child about the importance of following bus rules and any spaced seating rules.
- If carpooling, plan on every child in the carpool and the driver wearing cloth face coverings for the entire trip. If your school uses the cohort model, consider finding families within your child's group/cohort at school to be part of the carpool.

**Ask how your school plans to help ensure that students are following practices to reduce the spread of COVID-19.**

- If your child has an Individualized Education Program (IEP) or 504 Plan or receives other learning support (e.g., tutoring), ask your school how these services will continue.
- If your child receives speech, occupational or physical therapy or other related services from the school, ask your school how these services will continue.
- If your child receives mental health or behavioral services (e.g., social skills training, counseling), ask your school how these services will continue.
- If your school uses a Cohorting model, consider limiting your child's in-person out-of-school interactions to children in the same cohort or to activities where physical distancing can be maintained.

# CHECKLIST: DAILY TEACHER'S TASK

## PRIOR TO CHILD ARRIVAL - GENERAL

- Ensure all important signage is intact and clearly visible at designated points of entrance/exit. Signage must clearly indicate that no one may enter if they have symptoms of respiratory illness. Ensure all other entryways are locked.

Make fresh bleach/water mixture for each classroom and for the entrance, if applicable,

- Wipe down all door handles, and light switches used in primary care spaces using a disinfectant that contains 60% alcohol or bleach/water solution.
- Sanitize all hard surfaces.
- Disinfect frequently touched items including classroom phones, keyboards, 2-way radios, sinks, toilets, and faucets.

Check all phone lines, email, and any other communication tools used for daily information sharing for messages regarding child, family, or staff illnesses since the prior day:

- Follow up with any illness related calls and document the details shared.
- If someone has become quarantined, note the earliest date they are able to return.
- It is recommended to chart absenteeism as it relates to illness, in particular respiratory issues.

Ensure daily cleaning supplies and PPE equipment is refilled and accessible to staff in their program spaces.

- Note any supplies that are in lower quantities and in need of purchasing. Allow extra time to secure additional items.

## ARRIVAL OF STAFF (IF APPLICABLE)

Health check (screening and temp check) on all staff (Registered Home provider should screen self and household members)

- Staff with symptoms and/or temperatures higher than 100 should be sent home
- FCCPs should close if you or a household member has symptoms and/or temperatures higher than 100

Ensure staff have access to PPE and are wearing facial coverings

- Staff should only work in their assigned classroom space

Have staff place personal items in a designated spot at least 6 feet away from others' personal items.

- Encourage staff to wear over-large button-down, long sleeved shirts or bring an extra change of clothing to keep on site for clothing that might become soiled.
- Remember to wash hands between facial covering changes
- Communicate important updates around child illness in each classroom. Review program plans for the day to ensure each classroom is isolated in their daily plans and movements around the building.

- Communicate important updates around child illness in each classroom. Review program plans for the day to ensure each classroom is isolated in their daily plans and movements around the building.
- Review support staff plans for the day to ensure staff breaks, lunches, and/or planning time is in isolated locations with limited additional adults accessing the classroom space.

### **ARRIVAL OF CHILDREN**

- Children who wear facial coverings should put them on if they haven't already
- Prepare for child arrival by wearing PPE: Consider staggering arrival and drop off times and/or plan to limit direct contact with parents and designated persons

Designate one staff to oversee welcoming children at the program entrance, ensure proper PPE

- Health check (screening and temp check) on all children
- Sinks/hand washing stations should be set up at each entrance being used or have a system established for how children will wash their hands after their health check has been completed.
- After the child's health check has been completed, the child should place all essential items from home in their designated cubby and wash their hands with soap and water
- If a child is found with symptoms and the staff person at the entrance has touched the child, the staff person should change gloves, clothes (e.g. over-large button-down, long sleeved shirt) or any other PPE that have been in contact with the ill child prior to continuing work.

### **REGULAR HANDWASHING AND CLEANING/DISINFECTING**

All children, staff, and contracted service providers should engage in hand hygiene at the following times:

- ✓ Arrival to the facility or FCCH
  - ✓ After staff breaks
  - ✓ Before and after diapering
  - ✓ Before and after preparing food or drinks
  - ✓ Before and after handling raw meat
  - ✓ Before and after assisting with face coverings
  - ✓ Before and after eating or handling food, or feeding children
  - ✓ Before and after administering medication or medical ointment
  - ✓ Before and after caring for a child who is injured or may be sick
  - ✓ After using the toilet or helping a child use the bathroom
  - ✓ After encountering bodily fluid
  - ✓ After handling animals or cleaning up animal waste
  - ✓ After playing outdoors
  - ✓ After playing with sand and sensory play
  - ✓ After handling garbage
  - ✓ After cleaning

Clean and disinfect frequently touched objects and surfaces every day, such as:

- ✓ Countertops
  - ✓ Drinking fountains
  - ✓ Frequently used equipment including electronic devices
  - ✓ Door handles, cabinet handles and handrails
  - ✓ Playground equipment to the best of your ability

# CHECKLIST: PLANNING FOR VIRTUAL OR AT-HOME LEARNING

## Setting up for Virtual or At-Home Learning

- Try to attend school activities and meetings. Schools may offer more of these virtually. These meetings can be a way to express any concerns you may have about the school's plans.
- Create a schedule with your child and make a commitment to stick with it. Structure and routine can greatly help your child from falling behind with assignments. Discuss your family's schedule and identify the best times for learning and instruction, as well as family-oriented physical activity, such as walks outside. A family calendar or other visuals could be useful for keeping track of deadlines and assignments.
- Try to find a space where you live that's free of distractions, noise, and clutter for learning and doing homework. This could be a quiet, well-lit place in your dining room or living room or a corner of your home that could fit a small table, if available.
- Identify opportunities for your child to connect with peers and be social— either virtually or in person, while maintaining physical distance.

## Planning for Virtual or At-Home Learning

- Find out if there will be regular and consistent opportunities during each day for staff and student check-ins and peer-to-peer learning.
- Find out if students have regular opportunities for live video instruction by teachers or if they will primarily be watching pre-recorded videos and receive accompanying assignments.
- Ask if the school will offer virtual or socially distanced physical activity. If not, identify ways to add physical activity to your child's daily routine.
- Ask your school what steps they are taking to help students adjust to being back in school and to the ways that COVID-19 may have disrupted their daily life. Supports may include school counseling and psychological services, social-emotional learning (SEL)-focused programs, and peer/social support groups.
- If your child participates in school meal programs, identify how your school district plans to make meals available to students who are learning virtually at home.
- If your child has an Individualized Education Program (IEP) or 504 Plan or receives other learning support (e.g., tutoring), ask your school how these services will continue during virtual at-home learning.
- If your child receives speech, occupational or physical therapy or other related services from the school, ask your school how these services will continue during virtual at-home learning.
- If your child receives mental health or behavioral services (e.g., social skills training, counseling), ask your school how these services will continue during virtual at-home learning.
- If you anticipate having technological barriers to learning from home, ask if your school or community can provide support or assistance for students without appropriate electronic devices for schoolwork (like a computer/ laptop or tablet).
- If your school offers a hybrid model, be familiar with your school's plan for how they will communicate with families when a positive case or exposure to someone with COVID-19 is identified and ensure student privacy is upheld.

## **CHECKLIST: CAFETERIA AND FOOD SERVICE SPECIFIC RECOMMENDATIONS**

Consider closing shared spaces such as cafeterias and other areas where students congregate at mealtimes, if possible, and have students eat meals in classrooms with the same cohort of students. Otherwise, stagger use of cafeterias and clean and disinfect between use.

### **Social Distancing Methods**

|                          |   |
|--------------------------|---|
| <input type="checkbox"/> | Consider closing the school campus at lunch time so that students are not able to leave school and risk potential exposure in the community.  |
| <input type="checkbox"/> | Consider moving furniture, using signage or floor markings, and/or staggering meal times to help make physical distancing intuitive.  |
| <input type="checkbox"/> | Closing off seats so that students cannot sit opposite of each other and must sit in a zig-zag pattern, leaving space between seats.  |
| <input type="checkbox"/> | Providing physical guides to ensure that students remain at least six feet apart while moving around in the cafeteria or waiting in line. For example, floor decals, colored tape, or signs to indicate where students should sit, or stand can be used to guide students safely. |
| <input type="checkbox"/> | Reducing the maximum occupancy of cafeterias to no more than %50 capacity.  |
| <input type="checkbox"/> | Installing physical barriers, such as sneeze guards and partitions, particularly in areas where it is difficult for individuals to remain at least 6 feet apart. Consider installing a plexiglass barrier in front of work service workers and cashiers.                          |

### **Other Measurements May Include:**

|                          |  |
|--------------------------|--|
| <input type="checkbox"/> | Serve individually plated meals in classrooms instead of in a communal dining hall or cafeteria areas. School districts/private schools must still ensure the safety of children with food allergies.  |
| <input type="checkbox"/> | Students should be dismissed by classroom/cohort to come to cafeteria to pick up their meals and take them back to the classroom. This avoids groups of students congregating.   |
| <input type="checkbox"/> | Use disposable food service items (e.g., utensils, dishes). If disposable items are not feasible or desirable, ensure that all non-disposable food service items are handled with gloves and washed with dish soap and hot water or in a dishwasher. Individuals should wash their hands after removing their gloves or after directly handling used food service items. |
| <input type="checkbox"/> | Consider assigned seating in the cafeteria following physical distancing guidelines so that students know where to go when they enter the cafeteria. Allow students from the same household or living unit to sit together.  |
| <input type="checkbox"/> | Designate areas for students with underlying health conditions to limit exposure to other students.  |
| <input type="checkbox"/> | Establish one entrance and one exit for a designated eating area to help control traffic flow and monitor how many people are allowed in each room.  |
| <input type="checkbox"/> | Create one-way traffic flow for thoroughfares, including cafeteria lines or areas where lines may form, and general foot traffic.  |
| <input type="checkbox"/> | Remove salad bars or other opportunities for self-service or “high-touch” touch points.  |
| <input type="checkbox"/> | Restrict the number of employees in shared spaces, including kitchens and break rooms.   |

### **If breakfast or lunch is served in classrooms make sure to take measures to ensure the safety of individuals with food allergies.**

|                          |  |
|--------------------------|--|
| <input type="checkbox"/> | Minimize risk of cross-contact of allergenic proteins in the classroom by reinforcing strict hand washing with soap and water after food contact, disinfection of surfaces after food contact is made, and implement blanket “do not share” food practices. <sup>4</sup> |
|--------------------------|--|

<sup>4</sup> [https://www.cdc.gov/healthyschools/foodallergies/pdf/13\\_243135\\_A\\_Food\\_Allergy\\_Web\\_508.pdf](https://www.cdc.gov/healthyschools/foodallergies/pdf/13_243135_A_Food_Allergy_Web_508.pdf)

| <b>Hand Washing and Hand Sanitizer Stations</b>  |  |
|--|--|
| <input type="checkbox"/>   | Install and maintain hand washing and hand sanitizer stations at the entrance to the school cafeteria.   |
| <input type="checkbox"/>   | Require hand washing and/or hand sanitizing for all those entering the cafeteria or, if eating in the classroom, to use hand sanitizer before eating.  |
| <input type="checkbox"/>   | Ensure that monitoring students for proper hygiene and physical distancing at meal times is done in a culturally relevant, non-discriminatory manner.  |
| <b>Meal Preparation and Procurement Options</b>  |  |
| <input type="checkbox"/>   | If possible, maintain on-site meal preparation or split meal preparation across multiple kitchens or locations rather than using a central kitchen. This way, if one location needs to be shut down, others can take over, and fewer staff would be affected.  |
| <input type="checkbox"/>   | Consider working with a local staffing agency.<br>If current kitchens or vendors are unable to meet demands, consider other food service management companies that may have capacity due to school closures as well as private restaurants or caterers that may be able to support efforts.  |
| <input type="checkbox"/>   | If needed, USDA has Emergency Procurement Regula for Foodservice.  |
| <input type="checkbox"/>   | If food is offered at any event, have pre-packaged boxes or bags for each attendee instead of a buffet or family-style meal. Avoid sharing food and utensils and ensure the safety of children with food allergies.  |
| <b>Cleaning and Disinfecting Cafeterias and Kitchens</b>   |  |
| CDC recommends routine cleaning and disinfection of all frequently touched surfaces, such as tables, countertops, and doorknobs. Use the cleaning agents that are usually used in these areas and disinfectants approved by EPA to be effective against the virus that causes COVID-19 and follow the directions on the label. |  |
| <input type="checkbox"/>   | Conduct a high-touch audit to identify surfaces that are touched frequently and can become contaminated easily.  |
| <input type="checkbox"/>   | Clean and disinfect each lunch table and seating after each group of students leaves the cafeteria and before the next group arrives.  |
|  | <ul style="list-style-type: none"> <li>✓ Clean and disinfect all frequently touch surfaces such as refrigerator handles, tables, chairs, door knobs, door handles, turnstiles, counter tops before and after each meal.</li> <li>✓ Use gloves, eye protection, and other necessary personal protection equipment to prevent direct contact with chemicals.</li> <li>✓ Ensure proper ventilation when cleaning and disinfecting the cafeteria and kitchen area.</li> <li>✓ Use gloves when removing garbage bags or handling and disposing of trash and wash hands afterwards.</li> </ul> |