



ARLINGTON PUBLIC SCHOOLS

EDUCATE • PREPARE • INSPIRE

Reopening Arlington Schools Plan for 2020-21



Meeting the challenges together

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Letter from Dr. Chrys Sweeting

Dear Arlington Families, Staff and Students,

I hope you are enjoying your summer break and you are staying safe and healthy as we continue to maneuver the challenges that the COVID-19 pandemic presents. We are monitoring this situation as it changes from day to day. We remain steadfast in our commitment to educate, prepare and inspire each Arlington student in any learning mode and keep the health and safety of our staff and students as a top priority.

On July 30, the Reopening Arlington Schools 2020 (RAS20) district committee comprised of students, staff, parents and community members finalized [a recommendation proposing a six step reopening plan for reopening Arlington Public Schools for the 2020-21 school year. The recommendation includes beginning the school year on step three with enhanced distance learning 2.0 for all students.](#)

The six step reopening plan is a progressive continuum where the ultimate goal is five days of in-person instruction - step 6 - when the COVID-19 transmission rates in our community and county show sustained improvement. Movement from step to step will be determined by the impacts of the changing health situation, available resources, and direction from the Office of the Superintendent of Public Instruction (OSPI), Governor and our Health Department(s).

The RAS20 Committee considered the recent strong recommendations and warnings from the Governor, OSPI and the Snohomish County Health District stating that beginning school with in-person instruction presents a significant risk to the health of students, staff, and our community. On Aug. 5, the Governor identified Snohomish County as a county at high risk for in-person instruction due to the COVID-19 infection rate and strongly recommended instruction take place at a distance.

It is our greatest desire to have school return to five days of in-person instruction as soon as possible. We understand that our decisions have impacts on families, students and staff. Our Strategic Plan calls us to not only increase student learning but to do so in a safe and caring environment.

Thank you for your patience and support in this time when choices are hard and less than ideal. Your partnership is valued and appreciated.

Passionate for Student Learning,



Dr. Chrys Sweeting
Superintendent

Arlington Public Schools Strategic Plan, Mission, Values & Goals

It is an intentional effort to align our decisions and actions to support the Arlington Strategic Plan and meet our Mission regardless of the learning mode. Our Mission states:

“Arlington Public Schools educates all students, preparing and inspiring them to graduate and seek their full potential as lifelong learners.”

Reinventing how we deliver instruction and engaging/motivating students in learning during a global pandemic has caused us to rethink how traditional instruction and learning can be maximized in a distance learning environment.

We will continue to work together with our staff, students, parents and community to meet this challenge by fostering these VALUES:

- Culture of Equitable Practices
- Collective Responsibility
- Continuous Improvement
- Collaborative Culture

Educating our students requires a comprehensive approach with intentional effort in the following four goal areas:

- ✓ **Student Learning and Achievement**
- ✓ **Safe and Caring Environment**
- ✓ **Good Stewardship**
- ✓ **Parent and Community Partnerships**



Reopening Arlington Schools 2020 (RAS20) Committee Roster

Facilitator:

Dr. Chrys Sweeting, Superintendent

District Administration:

Eric DeJong (Human Resources)
Kari Henderson-Burke (Teaching & Learning)
Gina Zeutenhorst (Finance)
Brian Lewis (Operations)
Gary Sabol (Communications)

Building Administration:

Duane Fish (AHS)
Karl Olson (Kent Prairie)
Trevor Summers (Haller)
Leslie Tuomisto (Post)

District Support:

Julie Davis (Superintendent's Office)

Program Supervisors:

Krissa Cramer (District Nurse)
Ed Aylesworth (Nutrition)
Dave McKellar (Special Education)
Mark Ehrhardt (Technology)
Will Nelson (Equity & Student Success)

Certificated Staff:

Kristen Bass (Eagle Creek)
Anne Beckley (Presidents)
Sarah Cofer (Pioneer)
Shanna Crookes (AHS)
Nathan Davis (AHS)
Natalie Hollifield (Haller)
Jason Klein (AHS, AEA President)
Tamatha Moseley (Kent Prairie)
Pam Moser (Music Specialist)
Megan O'Brien (Post)
Terri Stanton (Haller)
Kristen Sutton (Pioneer)

Classified Staff:

Laura Bailey (Office Staff & PSE AP)
Jade Boykin (Sub -Para)
Anne McAlvey (School Nurse, Kent Prairie)
Jennifer White (Office Staff & PSE President)

Parents:

Terrie Bertrand (Kent Prairie)
Sarah Blake (Eagle Creek)
Jordan Bluford (Pioneer)
Erika Coghill (Post)
Mileesha Crews (Pioneer)
Angie Donaldson (SVLC/AHS)
Stacy Jacobs (Haller)
Ryan and Joy Johnson (Eagle Creek)
Sheri Kelly (AHS)
Brittany Kleinman (Pioneer)
Kimberly Meno (AHS)
Trent Olson (AHS/Haller)

Students:

Ali Amezcua-Toscano (AHS)
Montan Copenhaver (AHS)
Autumn Engels (AHS)
Sophie Willis (AHS)

Community Members:

Judy Fay (Board)
Mary Levesque (Board and Parent)
Jordan Grant (Stillaguamish Tribe)
Lauren Hunter (Alumni)
Sam LaBrun (Stillaguamish Tribe)
Anna Soltero (Alumni)
Lyanne Garka (Boys and Girls Club)

Technical Work Groups

Facilitators will engage staff and others with specific expertise on an ongoing basis in to design, plan, implement, monitor/assess and answer specific questions in the following areas:

Special Education - Dave McKellar, Director of Special Education

Operations (Facilities & Transportation) - Brian Lewis. Executive Director of Operations

Operations (Meals) - Ed Aylesworth, Director of Nutrition

Instructional Services including Technology - Kari Henderson-Burke, Executive Director of Teaching and Learning

Labor Impacts - Eric DeJong, Executive Director of Human Resources

Health Services - Krissa Cramer, District Nurse

Communication & Community Engagement - Gary Sabol, Director of Communication

Building and Site Teams to plan specific logistics for their work locations

Overview of Our Plan & Process

In June, The Office of Superintendent of Public Instruction (OSPI) published the Reopening Washington Schools 2020 District Planning Guide. This comprehensive guide is available in the Reopening Arlington Schools section of our district website. The OSPI guidance is specific to K-12 public and private education.

Arlington Public Schools must adopt a reopening plan and approve a Board Resolution for the 2020-21 school year prior to the opening of school. The district's reopening plan must also be submitted to OSPI and posted on the district website prior to the opening of school.

OSPI developed a Washington School 2020 Reopening Plan Template in consultation with the State Board of Education (SBE). There are three major sections of the template with attestations or descriptions required for the components of each major section. The three major sections include:

- Mandatory Health Requirements
- Statutory Education Requirements
- Additional Expectations

Developing the Reopening Arlington Schools Plan has been a joint effort. In June, we implemented the Reopening Arlington Schools 2020 (RAS20) Committee comprised of teachers, parents, community members, teachers, classified staff, students and administrators. This committee met through the summer to develop a recommendation for the School Board to consider for reopening Arlington Schools.

The RAS20 Committee met throughout the summer beginning in June. During their meetings, the group engaged in large and small break out room discussions focused on how we can reopen our schools safely and in compliance with the requirements set forth by OSPI, Department of Health and Labor and Industry. The committee of more than 50 individuals reviewed research, numerous guidance documents, articles, survey comments and feedback from multiple staff, parent and student surveys in order to develop a recommendation for the School Board to consider.

Board updates and discussion regarding the process, efforts and work toward reopening Arlington schools took place at the June 8, June 22, and July 13 board meetings as well as at a special study session dedicated to reopening schools on August 3.

Staff, Students and Parents completed a Reopening Arlington Schools Survey in June. Staff and Parents also completed a Calendar Survey in July. All feedback was reviewed and analyzed by the RAS20 Committee. We value all input. More surveys will take place.

The Reopening Arlington Schools 2020 (RAS20) District Committee finalized a recommendation proposing a Six Step Reopening Plan for reopening Arlington Public Schools for the 20/21 school year. [The recommendation includes beginning the school year on step three with enhanced distance learning 2.0 for all students](#) with consideration of the recent strong recommendation and warning from the Snohomish County Health District stating that beginning school with in-person instruction presents a significant risk to the health of students, staff, and our community.

On August 5, the Governor identified Snohomish County as a county at high risk for in-person instruction due to the COVID-19 infection rate and strongly recommended instruction take place at a distance at this time aligning with the RAS20 recommendation.

The Six Step Reopening Plan is a progressive continuum where the ultimate goal is five days of in-person instruction, step 6 when the coronavirus transmission rates in our community and county show sustained improvement. The plan provides for multiple learning modes including:

- Distance Learning 2.0
- Hybrid Learning

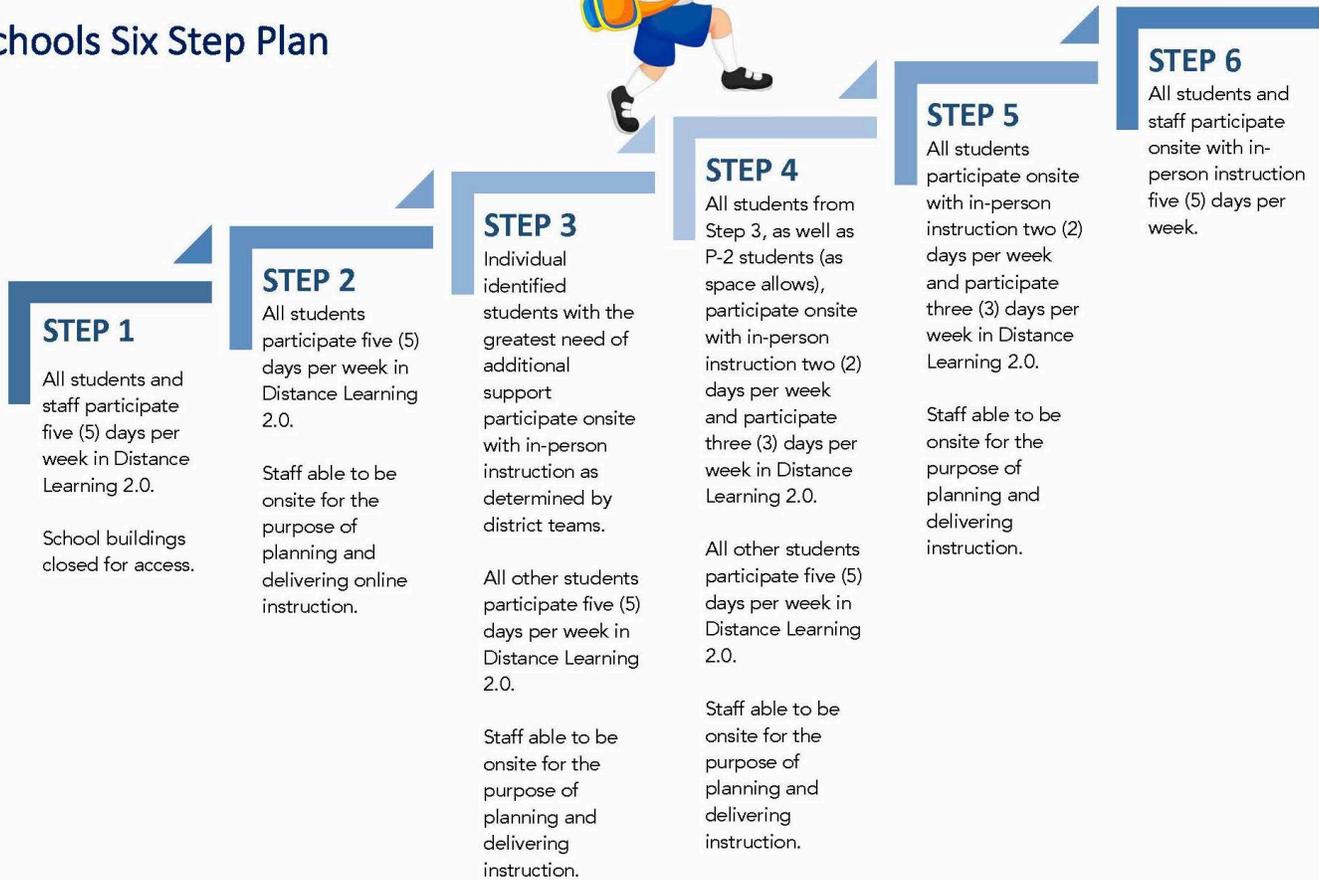
Other Learning Choices available include:

- Arlington Online Program via continuous remote learning (Stillaguamish Valley Learning Center) for grades K-12
- Stillaguamish Valley Learning Center district/homeschool partnership for grades K-8

Movement from step to step will be evaluated on a regular basis with Board approval required for the starting step, step 5 and step 6. Criteria for movement will include consideration of impacts of the changing health situation, available resources, and direction from the Office of the Superintendent of Public Instruction (OSPI), Governor and our Health Department/s. You can review the most recent guidance from the Department of Health on August 5 in Appendix H. We will use the Decision Tree published on August 5 by the Department of Health. You can view the Decision Tree in Appendix I. Ample time to prepare and communicate a transition from step to step must be provided and include conversations with our local labor groups.

Arlington Public Schools will monitor the reopening plan and will revise and update it as needed. Parents, families, students, staff, and community partners will continue to be engaged in the process.

Reopening Arlington Public Schools Six Step Plan



The six step reopening plan is a progressive continuum where the ultimate goal is five days of in-person instruction when the COVID-19 transmission rates in our community and county show sustained improvement. Movement from step to step will include consideration of health metrics and other criteria.

FULL DISTANCE LEARNING

MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY



***Individual indentified students with the greatest need for additional support participate onsite with in-person instruction as determined by district teams.**

Distance Learning 2.0:

The Six Step Reopening Plan includes a learning mode of full 100% distance learning. This is part of steps 1-5. Distance Learning 2.0 will be improved from the Distance Learning 1.0 in the spring. The differences include:

- Clear expectations for staff, students and parents
- Better access to connectivity
- Professional development and training for teachers and support staff
- Training for parents on supporting learning at home
- Common platforms
- Attendance will be taken daily
- Resources to support distance learning will be available on the district website
- Tech Helpline will be available for staff, students and parents
- More teacher led “live” instruction

FULL DISTANCE LEARNING

MONDAY



TUESDAY



WEDNESDAY



THURSDAY



FRIDAY



HYBRID MODEL

MONDAY



TUESDAY



WEDNESDAY



THURSDAY



FRIDAY



STUDENT
GROUP A

STUDENT
GROUP B



IN-PERSON INSTRUCTION



DISTANCE LEARNING

***Individual identified students with the greatest need for additional support participate onsite with in-person instruction as determined by district teams.**

Hybrid Model:

The Six Step Reopening Plan includes a Hybrid learning mode with a combination of in person instruction and distance learning 2.0. Students will attend two (2) consecutive days onsite followed by three (3) consecutive distance learning days. Each student will be assigned to either Group A (Monday and Tuesday) or Group B (Wednesday and Thursday). On Fridays, both Group A and B will participate in distance learning 2.0.

Other Learning Choices Available Include:

Arlington Online Program via Continuous Remote Learning (SVLC) for Grades K-12

The Online Program enables students in grades K-12 to learn entirely online with support from APS teachers. The Online Program accommodates more schedule flexibility, particularly for those students who work during the day, have family obligations, are trying to recover credit, or who are re-engaging into school.

Stillaguamish Valley Learning Center (SVLC) District/Homeschool Partnership (Grades K-8)

The Stillaguamish Valley Learning Center is a public school offering K-8 Alternative Learning Experience with online, onsite learning (when appropriate) and **parent led home based instruction**. The instructional design engages students in project and problem-based learning opportunities to promote deep understanding and learning through rich tasks and by fostering strong partnerships between school and home. Families can call SVLC for more information at 360-618-6440. New student registration begins August 14.

Mandatory Health Requirements

1) Our primary local health officer(s):

Dr. Chris Spitters
Local Health Officer
cspitters@snohd.org

Heather Thomas
Public & Gov't Affairs Manager
hthomas@snohd.org

Michelle Rolfson, RN
Public School Health Nurse
mrolfson@snohd.org

2) The district primary district-level-point of contact for our reopening efforts is:

Dr. Chrys Sweeting
Superintendent
csweeting@asd.wednet.edu or 360-618-6202

3) We have reviewed the U.S. Centers for Disease Control and Prevention (CDC) definition of high-risk employees and we have clearly communicated with staff their opportunity to identify themselves as high-risk.

Staff will be given the opportunity to identify themselves as high risk. According to Proclamation 20-46 and the Centers for Disease Control, individuals who fall into one or more of the following categories are at greater risk of serious illness or death from COVID-19:

- I. Anyone over the age of 65*
- II. People of any age with the following conditions are at increased risk of severe illness from COVID-19:*
 - Cancer*
 - Chronic kidney disease*
 - COPD (chronic obstructive pulmonary disease)*
 - Immunocompromised state (weakened immune system) from solid organ transplant*
 - Obesity (body mass index [BMI] of 30 or higher)*
 - Serious heart conditions, such as heart failure, coronary artery disease, or cardiomyopathies*
 - Sickle cell disease*
 - Type 2 diabetes mellitus*

III. *Anyone with the following conditions might be at an increased risk for severe illness from COVID-19:*

- *Asthma (moderate-to-severe)*
- *Cerebrovascular disease (affects blood vessels and blood supply to the brain)*
- *Cystic fibrosis*
- *Hypertension or high blood pressure*
- *Immunocompromised state (weakened immune system) from blood or bone marrow transplant, immune deficiencies, HIV, use of corticosteroids, or use of other immune weakening medicines*
- *Neurologic conditions, such as dementia*
- *Liver disease*
- *Pregnancy*
- *Pulmonary fibrosis (having damaged or scarred lung tissues)*
- *Smoking*
- *Thalassemia (a type of blood disorder)*
- *Type 1 diabetes mellitus*

- a. We are engaging self-identified high-risk employees to address accommodations consistent with L&I requirements and the Governor's proclamation about high-risk employees.

Yes

We will provide the following protections for staff in high-risk categories:

- *Provide high-risk employees accommodations to protect them from risk of exposure to COVID-19 on the job including the opportunity to work in an alternative work environment when feasible.*
- *When appropriate accommodations or an alternative work environment is not feasible, we will allow employees to access and exhaust all available leave including sick leave, vacation, personal days, federal and state allowable leave, and unemployment benefits.*
- *Continue employee benefits when employees run out of leave.*

Action Plan: Engaging self-identified high-risk employees

- *Staff will be given the opportunity to self-identify as high-risk according to the above categories. The District will ask the employee to identify if the condition is from the list in #II or #III above. If the condition is in list #III, the District may ask for medical documentation. Information will be given to staff regarding the conditions that are covered and the allowable options.*

- *Staff who have these conditions and choose to exercise their options as a high-risk employee will notify Human Resources.*
 - *Human Resources will work with high-risk staff to provide appropriate accommodations and/or remote work if feasible and, if not feasible, allow the employee access to all available leave.*
- 4) We have reviewed our drop-off and pick-up plans to provide proper physical distancing and minimal opportunities for parents and other adults, who are not staff, to enter our buildings.

We are starting the school year with remote learning. When students are back on campus, pick-up and drop-off plans will be in place to ensure that all requirements for physical distancing and access to buildings will be in place. No parents will be allowed in school buildings until step 5 on our district model, unless an exception has been granted.

Elementary plans (when we return to hybrid model or full time on site):

Drop off: parents remain in vehicles, separate drop off location for walkers, riders, and bus riders; buses will unload one at a time to minimize student group size; outdoor supervisors will oversee physical distancing and masks.

Pick up: Same as above but classrooms or grade levels will release one at a time to minimize student groups exiting the building. Parents walking to pick up children will be directed to physically-distanced intervals for waiting (markers).

Secondary (when we return to hybrid model or full time on site):

Drop off: parents remain in vehicles; separate entrances will be designated for walkers, drop offs, student drivers, and bus riders as needed; buses will unload one at a time to minimize student group size; outdoor supervisors will oversee physical distancing and masks.

Pick up: Students will be released in a manner to minimize student group size.

- 5) We have daily health screening protocols in place for students and staff.
Our plan will rely primarily on a screening process conducted at school or the work site.

Our plan is to rely on attestations, but to screen staff who do not provide an attestation that a screen was done at home before school and students who do not provide an attestation that a screening was conducted by a parent, guardian, or caregiver before school.

EMPLOYEE SCREENING PROTOCOLS

All employees, upon entering the instructional or support building, will perform a health self-screening consisting of the following:

- *Check their own temperature.*
- *Answer the self-screening questions: Any new fever, chills, cough, shortness of breath, or loss of taste or smell?*
- *If the employee has a temperature above 100.3 degrees Fahrenheit and/or answers “Yes” to the screening question they are to immediately notify their supervisor and go home.*
- *If the employee does not have a temperature above 100.3 degree and/or answers “No” to the screening question, then sign the daily health log and proceed to work.*
- *The employee screening log will be maintained with the screening kit for review by district health and administrative staff.*
- *Employees must inform their supervisors if they have a family member at home diagnosed with COVID-19. If an employee/student has a family member diagnosed with COVID-19, that employee/student must follow the isolation/quarantine requirements as established by the State Department of Health.*

STUDENT SCREENING PROTOCOLS

- *Each student’s parent/guardian will complete the student health attestation form prior to the start of the school day.*
- *The attestation form must be reviewed by a designated staff member prior to the start of the school day.*
- *All students, upon entering the instructional or support building, will be subjected to a health self-screening consisting of the following:*
 - *Temperature check with handheld infrared thermometer or thermal camera.*
 - *Answer the self-screening questions: Any new fever, chills, cough, shortness of breath, or loss of taste or smell?*
 - *Does the student have a household member diagnosed with COVID or been exposed to someone confirmed with COVID in the past 14 days?*
- *If the student has a temperature above 100.3 degrees Fahrenheit and/or answers “Yes” to the screening question or the parent/guardian answers yes to any of the screening questions on the attestation form, they are not allowed to participate in face to face instruction that day.*

- *If the student does not have a temperature above 100.3 degree and answers “No” to the screening question or the parent/guardian answers “No” to the screening questions on the attestation form, then a designated staff member records the response on the Student Screening log and is allowed to participate in instruction that day.*
- *Students must inform their instructors if they have a family member at home diagnosed with COVID-19. If a student has a family member at home diagnosed with COVID-19, that student must follow the isolation/quarantine requirements as established by the State Department of Health.*

6) We have altered our indoor classroom and common spaces and reconfigured our processes to ensure six feet of physical space between persons in our school facilities.

Tables will be swapped out for individual student desks as needed and excess furniture will be removed to allow for six feet of distance between students. We are making arrangements to use local warehouse space to store extra furniture.

Students will be assigned to a cohort group whenever possible to minimize exposure.

Floor stickers or other indicators will be used throughout the buildings to remind students of spacing.

a. We are using additional common spaces to ensure six feet of physical distance between all persons in our school facilities as a planning framework.

During on-site instruction, students will use pod areas, conference rooms, and other spaces to minimize numbers of students in classrooms.

b. We are using additional community-based spaces outside of our school facilities to ensure six feet of physical distance between all persons in our school facilities as a planning framework.

Not at this time, however, we may explore community-based spaces in the future.

c. We understand that this is a planning framework and there will be limited times when students and/or staff may need to be within six feet for short periods of time.

Yes.

d. We understand there are limited exceptions to the six-foot rule, but we will accommodate students with disabilities or others who meet the exceptions in order to deliver equitable services, which may include providing additional personal protective equipment (PPE) to staff and/or the student.

Yes.

- 7) We have altered physical spaces, reconfigured schedules, and adopted necessary plans to provide meals to students that ensure six feet of physical distance between all persons.

Meals will be provided in individual classrooms or common areas which are set up for physical distancing.

- 8) We have established clear expectations and procedures to ensure **frequent hand washing** in all of our facilities for students and staff.

Handwashing posters will be displayed throughout all buildings and a video demonstrating proper handwashing has been developed. Students and staff will be provided standards for how often to wash hands.

Classrooms without sinks will be provided with portable sinks. We will provide hand sanitizer in each classroom and office.

- 9) We have established clear expectations with students, staff, and families that all persons in our facilities will be wearing **facial coverings** consistent with DOH and L&I requirements, including any of the narrow exceptions identified by DOH and L&I guidance.

Common expectations for face coverings are in place and will be frequently communicated.

- a. We have adequate supply of face coverings on our premises to accommodate students who arrive at school without a face covering.

We have an adequate supply of face coverings and face shields to supply students and staff as needed. So far, we have ordered 216,000 disposable facial coverings and 2,000 face shields. These will arrive before school starts. Supplies will be replenished as needed.

- b. We will provide adequate face coverings and other PPE requirements to protect all staff in each building and/or work site consistent with the law and L&I guidance.

We have an adequate supply of face coverings and face shields to supply staff as needed. So far, we have ordered 284,000 adult disposable facial coverings, 1,000 face shields, and 2,600 cloth facial coverings and 100 clear masks for staff. We also ordered 4,500 KN95 masks for staff who may work with students in our health rooms.

- 10) We have developed busing plans to maximize **physical distancing on our buses** as much as possible on a given bus route.

- a. We recognize that busing is an exception to the six-foot rule, as long as much as long as we exercise proper cleaning, maximum ventilation when reasonable, face coverings on students and adults, and proper PPE for our drivers.

Bus routes will be designed to minimize the density of students on board the bus, the length of time students ride the bus, and provide at least six feet of distance between students and driver. Windows in the bus will be open during transportation to provide

ventilation. All bus drivers and students will wear facial coverings while on the bus. Facial coverings and shields will be provided by the district for bus drivers; disposable masks will be provided for students who do not have facial coverings when they board the bus. Buses will be disinfected following the end of each pickup or drop-off route.

- 11) We will develop a **cleaning regimen** in our facilities and buses consistent with DOH guidance and the Infection Control Handbook 2010.

CLEANING AND DISINFECTING FACILITY PLAN & BEST PRACTICES

In the practice of reducing disease transmission, an on-going cleaning program is the best strategy. Disinfecting and sanitizing play a smaller role in specific situations. Disinfectants and sanitizers are not cleaners and not effective on soiled surfaces.

THERE ARE THREE STEPS IN THE STRATEGY TO REDUCE THE TRANSMISSION OF COVID 19 AND OTHER VIRUSES:

- 1). *Hygiene control (the most effective)*
 - a. *Hand washing*
 - b. *Sneeze covering*
 - c. *Facial coverings*
- 2). *Cleaning*
 - a. *Use of approved all-purpose detergent*
 - b. *Microfiber cloth*
- 3). *Disinfecting and Sanitizing*
 - a. *Disinfect-kill and eliminate bacteria and viruses*
 - b. *Sanitize-reduce bacteria to acceptable levels on food contact surfaces*

High-touch surfaces will be cleaned more often. High-touch surfaces include:

- *Shared learning materials/equipment*
- *Doorknobs, light switches, door crash-bars, handrails*
- *Faucet handles, toilet handles*
- *Condiment containers, vending machines*

CLASSROOMS

Each classroom will be supplied with a labeled spray bottle of soap and water and microfiber cloths. The soap and water are to be used to clean surfaces and teaching aids in the classroom. Desks will be cleaned frequently.

DISINFECTING

The CDC indicates that most surfaces only require normal routine cleaning. Only some, like high-touch surfaces, will need to be cleaned and then disinfected. Disinfectants should not be

used on items used by children: especially items that may be put in their mouths. Cleaning with soap and water is generally sufficient.

High-touch areas that may need routine disinfection following reopening:

- *Tables*
- *Doorknobs*
- *Light switches*
- *Countertops*
- *Handles*
- *Desks*
- *Phones*
- *Keyboards*
- *Toilets*
- *Faucets and sinks*
- *Touch screens*

DO DAILY

- *Disinfect desks*
- *Clean and sanitize cafeteria tables (if used)*
- *Vacuum*
- *Clean and disinfect bathrooms*

DO ON FRIDAYS

- *Kaivac bathrooms*
- *Disinfect library tables*
- *Deep clean kitchens*
- *Deep clean cafeteria tables (if used)*

12) We have clearly established procedures, in coordination with our local health authority, to **report any suspected or known cases of COVID-19.**

Reporting procedure for a student or staff member diagnosed with COVID-19:

- *We will report any COVID-19 positive cases to the local health department.*
- *Staff or Student/Family will fill out Arlington Public Schools attestation form.*
- *Known positive cases in the school will be reported to the District Nurse via email.*
- *The District Nurse will track COVID-19 positive cases and report to the Snohomish County Health Department (SCHD).*
 - *The District Nurse will notify the Snohomish County Health Department using their provided COVID NOTIFICATION FORM, following their reporting protocol.*
 - *School District COVID-19 positive cases will be reported daily/weekly per Snohomish County Health Department protocol.*

- *Form will be faxed to the Snohomish County Health Department: Attention Michelle Rolfson, RN – Public Health Nurse*

Reporting Procedure for a student or staff member with a suspected case of COVID-19:

- *Students and staff displaying COVID-19 symptoms during the school day will be assessed and tracked by the building nurse.*
 - *The building nurse will track suspected cases on a shared COVID-19 document.*
- *The District Nurse will track suspected COVID-19 cases.*
 - *The District Nurse will notify the Snohomish County Health Department using their provided COVID-19 Suspected Cases Form, following their reporting protocol.*
 - *School District suspected cases will be reported daily/weekly per Snohomish County Health Department protocol.*
 - *Form will be faxed to the Snohomish County Health Department: Attention Michelle Rolfson, RN – Public Health Nurse*
- *Staff or Student/Family to fill out Arlington Public Schools attestation form (if prior to the school day).*

Statutory Education Requirements

- 13) We have established a school calendar to accommodate **180 Instructional Days and the required instructional hours** assuming all of the guided learning planned by and under the direction of the certificated teacher counts (in-person face-to-face, distance learning on screen with a teacher, independent learning assigned and evaluated by a teacher, and any other directed learning) subject to the State Board of Education requirements outlined in WAC 180-16-200.

We have developed a calendar that identifies all 180 learning days with guided learning planned by and under the direction of the certificated teacher to meet the required instructional hours using a variety of modes.

- a. We have created a flexible calendar with additional days that may be needed to address short-term school closures in the event that our facilities are not accessible as directed by a public health authority or the Governor, and for which we were not able to make an immediate transition to Continuous Learning 2.0.

Our school calendar includes five additional days at the end of the year in the event that we need to make-up any days lost for short-term closures.

See Appendix A: 2020-21 District Calendar

- 14) We have developed **weekly schedules** for students and professional collaboration to accommodate for the instructional hours requirements.

- 1) Elementary - *see Appendix B*
- 2) Middle School - *see Appendix C*
- 3) High School - *see Appendix D & E*

The middle school and elementary schedules for Stillaguamish Valley Learning Center (Alternative Learning Experience) – Appendix F & G - are also attached for informational purposes.

- 15) We have a plan to take **daily attendance** for all students, regardless of our teaching modality, as well as a tiered approach to supporting students not participating and aligned to OSPI attendance rules.

All teachers will take attendance in Skyward each day. Teachers will record attendance at the end of the day in order to allow evening participation. We will adjust our attendance methods within Skyward to match the phases we are in - Distance Learning (plus in-person with intentional populations), Hybrid (plus in-person with intentional populations), and fully in-person.

- a. We have a clear plan for ongoing communication with students and families, and we have provided a means by which all students will be required to check in daily even on days when the student is not physically present at school.

Intervention efforts for students who are not participating progresses as follows:

- *Teacher contacts student/parent(s)*
- *Principal/assistant principal contacts parent(s)*
- *Counselor intervention*
- *Home visits*
- *Attendance conferences/contracts*
- *Community Truancy Board*

There are many methods we have utilized and will continue to utilize to provide ongoing communication with students, families, staff and community members:

School Messenger (Broadcast, Email, Text) - *School Messenger is the primary way we send out important information to our families and staff both at the school and district levels. We can send the information out as an email, broadcast or text or any combination of the three. We have utilized School Messenger as a communications tool for years as a district. However, when COVID-19 started impacting schools, this method proved invaluable in getting important information out in a timely manner to our families and staff. Community members can also sign up to receive School Messenger communications from the district.*

District Website - *When COVID-19 hit, we developed a “COVID-19” landing page. This page includes:*

- *Information about COVID-19 (Links to COVID-19 information)*
- *COVID-19 Questions and Answers (that were asked by our families and staff)*
- *Community Resources*
- *Learning Opportunities*
- *Student Meal Distribution*
- *Chromebook Check-out Plan*
- *Childcare information*

Reopening Arlington Schools Landing Page. *Information about our reopening plans for school including:*

- *Updates about the Reopening Arlington Schools 2020 (RAS20) Committee and their efforts to review different reopening options to recommend to the Board of Directors*
- *A timeline for reopening schools*
- *Distance Learning Frequently Asked Questions*
- *Student Meal Distribution*
- *Chromebook Check-out*

Videoconferencing - School and district staff utilized various videoconferencing methods (Zoom, GoogleMeets, etc.) to communicate with families. District administration has also used videoconferencing tools to communicate with the Reopening Arlington Schools 2020 committee throughout the summer.

Social Media - The district and schools have been using social media platforms such as Facebook and Twitter to communicate important COVID-19 information to families and community members. Facebook is particularly effective because it allows users to provide comments. The district has used these comments to answer questions about COVID-19 and to address any concerns that may arise.

District and School Newsletters - District and school newsletters are another important method to provide ongoing communications with families. Most schools send out a monthly newsletter to families. The district sends out a quarterly newsletter to all families and community members. The most current district newsletter focused solely on our effort this spring to provide distance learning to students. The fall 2020 newsletter will focus on our reopening plans.

Family Access and other Platforms - Teachers use Family Access (Skyward) and other teaching platforms to communicate with families.

- 16) We have identified **learning standards** across grade levels and/or content areas to ensure instructional time and professional learning are effectively tied to our reopening plan.

Elementary and secondary math and ELA standards will be drawn from Achieve the Core Essential Standards.

Narrowing standards in all subject areas will be completed at our District Day on Wednesday, August 26th. Processing and applying the standards will be managed via planning, PLC and professional development opportunities over the course of the year.

- 17) We have determined our 2020-21 **grading policies**.

- a. We have reviewed our grading practices, learned from decision-making this spring, and established the following grading system:

Elementary:

Elementary report cards will be in narrative form. The following practices will be included in determining report card comments:

- *Narratives will be connected directly to narrowed standards*
- *Teachers will emphasize verbal and written feedback through formative and diagnostic assessment*
- *Teachers will use Skyward for required assignments so there is evidence to back grades.*
- *Student will be encouraged to set goals and self-assess.*

Middle School:

Middle School report cards will rely on an A-F marking system. The following practices will be included in determining report card grades:

- *Grades will be connected directly to narrowed standards*
- *Teachers will emphasize verbal and written feedback through formative and diagnostic assessment*
- *Students will have repeated opportunities to show growth and improve grades while enrolled in a class*
- *Students will be given opportunities to set goals and self-assess*
- *Equity and compassion continue to infuse grading practices*
- *Teachers will use Skyward for required assignments so there is evidence to back grades*

High School:

High School report cards will rely on an A-F marking system. The following practices will be included in determining report card grades:

- *Grades will be connected directly to narrowed standards*
- *Teachers will emphasize verbal and written feedback through formative and diagnostic assessment*
- *Students will have repeated opportunities to show growth and improve grades while enrolled in a class*
- *Students will be given opportunities to set goals and self-assess*
- *Incompletes are an option and will be carefully considered*
- *Equity and compassion continue to infuse grading practices*
- *Teachers will use Skyward for required assignments so there is evidence to back grades*

Additional Expectations

18) We have a plan to support students who received “incompletes” in the spring of 2020.

Incomplete grades for high school students will be addressed in the following manner:

- *Competency-based credit opportunities*
- *Course completion during summer school or the next school year (20-21)*
- *Next-level course completion (i.e., student earns and “I” in 9th grade English, then successfully completes 10th grade English)*

19) Our district developed summer learning and services opportunities for **students who needed additional support** to be ready for success this fall.

- a. What percentage of our students did we provide services for?
- b. What services, programs and targeted support did we provide?
- c. How did we prioritize our students furthest from educational justice?

APS Special Education teachers identified nine students for Extended School Year (ESY) services between December 2019 and January 2020. This is an annual identification for students with disabilities (SWD) to measure the amount of regression and recoupment needed when long periods of time away from school are measured. Five families representing six students agreed to attend ESY for the summer of 2020. The case managers for these students wrote ESY IEPs. These identifications and services were established prior to the COVID 19 pandemic. In total, seven students participated in ESY, which is less than 1% of our students served in K-12 Special Education.

We had three programs for our elementary students:

- *Lit2Go - where district staff developed packages of literacy learning materials and activities and distributed them directly to registered families throughout our district.*
- *The Bookmobile had planned stops and provided students and families access to books.*
- *The Mathmobile had planned stops and provided students and families with math learning materials and activities.*

Participation in Lit2Go was based on participation in LAP programming during the school year, and a projected score of “below standard” or lower on state SBAC testing.

In total, the elementary summer support programs served 66 students, which is just over 2% of our elementary population.

Secondary support included an on-line summer school designed to retrieve credit(s) in math, science, English, and history. A certificated teacher oversaw all credit advancement courses. A para educator was also available to support students that

needed paper/pencil. A counselor was also available. The summer school administrator and counselor visited approximately 40 homes to encourage student engagement. 156 students were served, which is nearly 3% of the district's students.

- 20) We have a plan to perform a **universal screening** of each student when they return to school to better understand their strengths, learning needs, and social-emotional needs.

We will assess Kindergarten students using WAKIDS assessment. We are exploring using STAR testing for literacy and math for grades 1-12. A survey to assess social-emotional needs will be given to students during the first week of school or soon thereafter.

- 21) We have developed a family and community engagement process that includes strategies to reach non-English speaking families to inform our reopening plan.

Yes

- a. Please briefly describe your engagement strategy and the organizations or individuals who took part in your planning effort:

We have been intentional about recruiting community members to serve on our Reopening Arlington Public Schools committee who represent the demographic make-up of the students attending the schools in Arlington Public Schools.

Additionally, we will translate all documents into Spanish and Russian to ensure that our families stay informed about our reopening plan.

- 22) We have invested in additional technology, hardware, or connectivity for students and educators to prepare for the fall opening.

Arlington Public Schools has invested in new Chromebooks to bring us to a true 1:1 ratio for K-12 distance learning. In order to support the use of these tools, we have also purchased hot spots for students in need, and will continue to do so as enrollment numbers change or new needs emerge.

For staff: Each teacher in our district is provided with the technology required to instruct using a distance learning model. Several teachers struggle with reliable Internet access while working from home. To address this need, we have provided hot spots and building access to Internet services.

- a. Please identify the percentage of students that you believe have adequate technology and connectivity to learn remotely during the 2020–21 school year.

0 – 30%

31 – 40%

41 – 50%

51 – 60%

61 – 70%

71 – 80%

81 – 90%

91 – 100%

- b. Please briefly describe your strategy to accommodate students during the 2020–21 school year who do not have adequate technology or connectivity to effectively learn remotely:

Each building will distribute learning devices and hotspots at the start of the school year. Because we have purchased enough Chromebooks to reach a 1:1 ratio across our system, each child will have a learning device.

While we have plenty of hot spots to distribute, there are outlying areas in our community that still cannot connect to our learning opportunities. In order to address this, we have installed antennas at easy-to-access points in the district (at Haller Middle School and Presidents Elementary). In addition, we have worked with the City of Arlington and community centers to offer free wi-fi zones for students and families to utilize. We are also exploring other options such as hotspots on food delivery busses and expanding wifi access to other parking lots and common areas.

- 23) We are providing professional learning for our educators to prepare them for effective instruction during the 2020-21 school year.

Arlington Public Schools has an annual Summer Academy for educators in our school district. This year it will be a virtual academy with recorded content that can be accessed throughout the school year. Additionally, we are planning for required training that addresses gaps in knowledge as well as enhances the use of the learning platforms and technology adopted as core platforms, including Google Classroom, Zoom, and SeeSaw.

We are reserving time for teachers to access the professional development during contracted time to gain deeper capability across our system, which translates to more successful strategies and more student engagement.

Additional content will include, equity, antiracism and project-based learning.

- 24) Our district has selected a primary learning management system for consistent use with students across the district during the 2020-21 school year.

Yes.

- a. If yes: Please select or write-in the primary learning management system the district is using with students:

✓ *Google Classroom for grades 3-12*

✓ *SeeSaw for grades K-2*

Because of the unique learning and reading needs of our primary grade students, we elected to use SeeSaw as an early learning platform. Our learners in grades 3-12 are already used to Google Classroom and we found it to be a highly usable teaching platform for distance learning last spring, therefore we are continuing its use with older students.

indicating Student Learning Days

Various factors will determine the mode in which students receive instruction (in person or distance learning)

July 2020						
Su	M	Tu	W	Th	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

August 2020						
Su	M	Tu	W	Th	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

JULY/AUGUST

- Jul 3 Independence Day Holiday (observed)
- Aug 25 Staff Inservice Day
- Aug 26 Staff Inservice Day
- Aug 27 Staff Inservice Day

September 2020						
Su	M	Tu	W	Th	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			
					20/20	

October 2020						
Su	M	Tu	W	Th	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31
					22/42	

SEPTEMBER/OCTOBER

- Sep 1 First Day of School
- Sept 1, 2, 3 Reopening Schools Phase-In Days - All Students
- Sept 8, 9, 10 Additional Reopening Schools Phase-In Days for Elementary
- Sep 4 No School
- Sep 7 Labor Day Holiday - No School
- Sep 18 3-Hr Early Release for All Students
- Oct 16 3-Hr Early Release for All Students
- Oct 30 End of HS/MS Qtr 1 (42)

November 2020						
Su	M	Tu	W	Th	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					18/60

December 2020						
Su	M	Tu	W	Th	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		
					14/74	

NOVEMBER/DECEMBER

- Nov 11 Veterans' Day Holiday - No School
- Nov 25 3-Hr Early Release (Staff & Students)
- Nov 25 End of Elem Trimester 1 (59)
- Nov 26-27 Thanksgiving Holidays - No School
- Dec 4 3-Hr Early Release for All Students
- Dec 21-Jan 1 Winter Break - No School

January 2021						
Su	M	Tu	W	Th	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						18/92

February 2021						
Su	M	Tu	W	Th	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28						
						19/111

JANUARY/FEBRUARY

- Jan 1 Winter Break (cont.)
- Jan 18 ML King Jr. Day Holiday - No School
- Jan 22 End of HS/MS Qtr 2 (46)/Sem 1 (88)
- Jan 25 Inservice Day - No School
- Feb 12 3-Hr Early Release for All Students
- Feb 15 Presidents' Day Holiday - No School

March 2021						
Su	M	Tu	W	Th	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			
						23/134

April 2021						
Su	M	Tu	W	Th	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	
						17/151

MARCH/APRIL

- Mar 10 End of Elem Trimester 2 (60)
- Mar 19 3-Hr Early Release for All Students
- Mar 31-Apr 2 Elem Conferences - Early Release **Elem Only**
- Apr 2 End of HS/MS Qtr 3 (48)
- Apr 5-9 Spring Break - No School

May 2021						
Su	M	Tu	W	Th	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						20/171

June 2021						
Su	M	Tu	W	Th	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			
						9/180

MAY/JUNE

- May 14 3-Hr Early Release for All Students
- May 31 Memorial Day - No School
- Jun 9 Weston HS Graduation (T)
- Jun 10 Arlington HS Graduation (T)
- Jun 11 Last Day (tentative) - 3-Hr Early Release for All Students
- Jun 11 End of Elem Trimester 3 (61)
- Jun 11 End of HS/MS Qtr 4 (44)/Sem 2 (92)
- Jun 14-18 Make Up Days, if needed

 Student Learning Days - Mode may vary (in-person or distance learning)

 Early Release - all students

 Early Release - Conferences for certain grades - see notes to side of calendar

Appendix B

Kent Prairie Learning Blocks

	Kindergarten	First	Second	Third	Fourth	Fifth
9:00	*During times that students are not involved in direct instruction, they will work on assigned tasks and online learning activities.					
9:15	LAP/Resource	Check-In 9:10-9:30	Check-In 9:10-9:30	Title/Resource	Check-In 9:10-9:30	Check-In 9:10-9:30
9:30	9:10-9:40	Literacy Block	Literacy Block	9:10-9:40	Literacy Block	Literacy Block
9:45	Check-In 9:40-10:00	Option 1	Option 1	Check-In 9:40-10:00	Option 1	Option 1
10:00	Literacy Block	9:30-10:15	9:30-10:15	Literacy Block	9:30-10:15	9:30-10:15
10:15	Opt. 1 to 10:30	Recess 10:15	Recess 10:15	Option 1	Recess 10:15	Recess 10:15
10:30	Recess 10:30	Math Block	LAP/Resource	10:00-10:45	Math Block	Title/Resource
10:45	Math Block	Option 1	10:30-11:00	Recess 10:45	Option 1	10:30-11:00
11:00	Opt. 1 to 11:15	10:30-11:15	Math Block	Math Block	10:30-11:15	Math Block
11:15	Family Support	LAP/Resource	Option 1	Option 1	Title/Resource	Option 1
11:30	11:15-11:45	11:15-11:45	11:00-11:45	11:00-11:45	11:15-11:45	11:00-11:45
11:45	Specialist	Specialist	Specialist	Specialist	Specialist	Specialist
12:00	Office Hours	Office Hours	Office Hours	Office Hours	Office Hours	Office Hours
12:15	11:45-12:30	11:45-12:30	11:45-12:30	11:45-12:30	11:45-12:30	11:45-12:30
12:30	Lunch	Lunch	Lunch	Lunch	Lunch	Lunch
12:45	12:30-1:00	12:30-1:00	12:30-1:00	12:30-1:00	12:30-1:00	12:30-1:00
1:00	Independent Directed Learning	Independent Directed Learning	Title/Resource	Independent Directed Learning	Independent Directed Learning	LAP/Resource
1:15	1:00-1:30	1:00-1:30	1:00-1:30	1:00-1:30	1:00-1:30	1:00-1:30
1:30	Option 2	Recess at 1:30	Independent Directed Learning	Recess at 1:30	Recess at 1:30	Independent Directed Learning
1:45	Learning Block	Title/Resource	1:30-2:00	LAP/Resource	Option 2	1:30-2:00
2:00	Recess at 2:00	1:45-2:15	Recess at 2:00	1:45-2:15	Learning Block	Recess at 2:00
2:15	Literacy/Math	Option 2	Option 2	Option 2	Literacy/Math	Option 2
2:30	1:45-2:45	Learning Block	Learning Block	Learning Block	1:45-2:45	Learning Block
2:45	Title/Resource	Literacy/Math	Literacy/Math	Literacy/Math	LAP/Resource	Literacy/Math
3:00	2:45-3:15	2:15-3:15	2:15-3:15	2:15-3:15	2:45-3:15	2:15-3:15
3:15	Family Support	Family Support	Family Support	Family Support	Family Support	Family Support
3:30	3:15-3:40	3:15-3:40	3:15-3:40	3:15-3:40	3:15-3:40	3:15-3:40
3:45						

Middle School Distance Learning Schedule

	Monday	Tuesday	Wednesday	Thursday	Friday
8:00 - 9:10	1st Period*	2nd Period*	1st Period*	2nd Period*	SEL check ins
9:10-9:25	Transition	Transition	Transition	Transition	HS & Beyond Plan
9:25-10:35	3rd Period*	4th Period*	3rd Period*	4th Period*	Independent, directed learning, small groups
10:35-11:05	Lunch	Lunch	Lunch	Lunch	Lunch
11:05-11:35	Student contact*	Student contact*	Student contact*	Student contact*	Student contact*
11:35-12:45	5th Period*	6th Period*	5th Period*	6th Period*	Independent, directed learning, remediation
12:45-1:00	Transition	Transition	Transition	Transition	Transition
1:00-2:30	7th Period*	Intervention block*	7th Period*	Intervention Block*	Independent, directed learning

*During times that students are not involved in direct instruction, they will work on independent directed learning.

Appendix D

Arlington High School Schedule					
	Monday	Tuesday	Wednesday	Thursday	Friday
8:00 - 9:00	Student and family support*				
9:00 - 10:20	1st Period*	2nd Period*	1st Period*	2nd Period*	Independent, directed learning
10:20-10:30	Transition	Transition	Transition	Transition	10:00 to 10:30 Advisory*
10:30 - 11:50	3rd Period*	4th Period*	3rd Period*	4th Period*	Independent, directed learning
11:50 - 12:20	Lunch	Lunch	Lunch	Lunch	Lunch
12:20-1:00	SEL student check in*				
1:00-1:10	Transition	Transition	Transition	Transition	Transition
1:10 - 2:30	5th Period*	6th Period*	5th Period*	6th Period*	Independent, directed learning

**During times that students are not involved in direct instruction, they will work on independent directed learning.*

After School Support 2:40 - 3:30	Intervention & Student Support	Student Support			
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Appendix E

Weston High School Schedule

	Monday	Tuesday	Wednesday	Thursday	Friday
8:00-9:00	Student/Family Support*				
9:00 - 10:20	1st Period*	2nd Period*	1st Period*	2nd Period*	Small group review/preview*
10:20-10:30	Transition	Transition	Transition	Transition	Transition
10:30 - 11:50	3rd Period*	4th Period*	3rd Period*	4th Period*	Independent, directed learning
11:50 - 12:20	Lunch	Lunch	Lunch	Lunch	Lunch
12:20 - 1:00	Panther Period (5th Period)	SEL student check in*			
1:00-1:10	Transition	Transition	Transition	Transition	Transition
1:10 - 2:30	7th Period*	6th Period*	7th Period*	6th Period*	Independent, directed learning

**During times that students are not involved in direct instruction, they will work on independent directed learning.*

After School Support 2:40 - 3:30	SEL Student Check In				
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Appendix F

Stillaguamish Valley Learning Center - Middle School S schedule

	Monday	Tuesday	Wednesday	Thursday	Friday
7:30 - 8:00	Office Hours/Meetings	Office Hours/Meetings	Office Hours/Meetings	Office Hours/Meetings	Students: Home Learning
8:00 - 9:00	Consulting -	Plan Time	Plan Time	Plan Time	
9:00 - 10:15	*Student/Parent Meetings	Period 1	Period 1	Period 1	
10:15 - 10:30	*Document Progress on WSLP	Break	Break	Break	
10:30-11:45		Period 2	Period 2	Period 2	
11:45 - 12:15	Students: Home Learning	Lunch	Lunch	Lunch	
12:15 - 12:45		Attendance/Connections	Attendance/Connections	Attendance/Connections	
12:45-2:00		Period 3	Period 3	Period 3	
2:00 - 3:00		Professional Learning/Video Creating Editing/Meetings			

Notes:

Each period is 75 Minutes

Teachers get one hour plan time, and an hour of professional development for each work day

8-11:30 on Mondays for Consulting

All teachers are 0.7 FTE (Mon AM/Tues/Wed/Thurs)

Appendix G

Stillaguamish Valley Learning Center - Elementary Schedule

	Monday	Tuesday	Wednesday	Thursday	Friday
7:30 - 8:00	Students:	Office Hours/Meetings	Office Hours/Meetings	Office Hours/Meetings	Students:
8:00 - 9:00	Home Learning	Plan Time	Plan Time	Plan Time	Home Learning
9:00 - 10:15		Literacy Instruction	Literacy Instruction	Literacy Instruction	
10:15 - 10:30		Recess	Recess	Recess	
10:30-11:45		Math Instruction	Math Instruction	Math Instruction	
11:45 - 12:15		Lunch	Lunch	Lunch	
12:15 - 12:45		Attendance/SEL Check-in	Attendance/SEL Check-in	Attendance/SEL Check-in	
12:45-2:00		Intervention/Student Support	Intervention/Student Support	Intervention/Student Support	
2:00 - 3:00		Professional Learning/Video Creating Editing/Meetings			

Notes:

Each period is 75 Minutes

Teachers get one hour plan time, and an hour of professional development for each work day

8-11:30 on Mondays for Consulting

All teachers are 0.7 FTE (Mon AM/Tues/Wed/Thurs)

K-12 Schools – Fall 2020-2021 Guidance

Schools are fundamental to child and adolescent development and well-being. They provide our children and adolescents with academic instruction, social and emotional skills, safety, reliable nutrition, physical/speech and mental health therapy, and opportunities for physical activity. This guidance provides feasible actions schools can take to reduce risks to student and staff from COVID-19 and allow schools to resume in-person instruction.

This guidance is specific to public or private schools serving kindergarten through 12th grade (K-12). Schools can use this guidance regardless of the county or phase they are in of [Governor Inslee’s Safe Start Plan](#). Use this guidance to inform **how** to resume school in person. Use the accompanying document, “K-12 School Decision Tree,” for decisions about **if/when** to resume school in person. Make all decisions in coordination with the local school board and the local health department.

This guidance is based on existing science, expert public health opinion, current policies, and stakeholder input. This guidance uses information from the [CDC Interim Guidance for Administrators of US K-12 Schools and Child Care Programs--Plan, Prepare, and Respond to Coronavirus Disease 2019 \(COVID-19\)](#), [K-12 Schools and Child Care Programs](#) and the [CDC COVID-19 Considerations for Schools guidance](#). These resources assist schools in complying with the Governor’s and Office of Superintendent of Public Instruction’s (OSPI) requirements to help ensure employee and student safety during the COVID-19 pandemic.

“Using these guidelines successfully relies on communication between schools and local public health authorities. Some of this communication may include private information that falls under the Family Educational Rights and Privacy Act. FERPA allows schools to share personally identifiable information with local public health without consent when responding to a health emergency. Read more about FERPA here:

https://studentprivacy.ed.gov/sites/default/files/resource_document/file/FERPA%20and%20Coronavirus%20Frequently%20Asked%20Questions_0.pdf

If the school buildings have been closed, please follow CDC’s [Reopening Buildings after Shutdown](#) guidance to safely reopen.

This guidance does not address extracurricular activities, such as youth sports. When in person learning resumes, refer to Washington Interscholastic Activities Association (WIAA) for specific guidance for sport (<https://www.wiaa.com/default.aspx?SecID=46>).

DOH recognizes the need to plan ahead while the science of COVID-19 evolves. Further, the trajectory of disease in our state and nation may require changes to our state's response. DOH will update this guidance and the K-12 decision tree periodically and work with OSPI to ensure districts, schools, and families are aware of updates.

Key Principles for Reducing Potential Exposures

The main ways of reducing exposure to the coronavirus and other respiratory pathogens involve:

- **Keeping ill persons out of school.** Educate students, families and staff to stay home when sick, and use screening methods.
- **Using Cohorts.** Conduct all activities in small groups that remain together over time with minimal mixing of groups.
- **Physical distancing.** Minimize close contact (less than six feet) with other people.
- **Hand hygiene.** Frequently wash with soap and water, or use alcohol-based hand gel.
- **Protective equipment.** Use face coverings or shields and other barriers between people.
- **Environmental cleaning and disinfection.** Prioritize the cleaning of high-touch surfaces.
- **Improve indoor ventilation.** Open windows when possible.
- **Isolation.** Isolate sick people and exclude exposed people.
- **Low risk spaces.** Outdoor spaces are safer than indoor spaces. Consider moving activities outdoors when possible.

Based on these principles, increased interaction, close contact, and longer activities between people increases the risk of getting COVID-19. Different teaching activities have different levels of risk, as follows:

- **Lowest Risk:**

Students and teachers engage in virtual-only classes, activities, and events

- **Some Risk:**

Hybrid Learning Model: Some students participate in virtual learning and other students participate in in-person learning

- Small, in-person classes, activities, and events
- Cohorting (also known as grouping), alternating schedules, and staggered schedules are applied rigorously
- No mixing of groups of students and teachers throughout/across school days
- Students and teachers do not share objects

- Students, teachers, and staff follow all steps to protect themselves and others at all times including proper use of face coverings masks, physical distancing, hand hygiene
- Regularly scheduled cleaning and disinfection of frequently touched areas implemented with fidelity

- **Medium Risk:**

Hybrid Learning Model: Most students participate in in-person learning, some students participate in virtual learning

- Larger in-person classes, activities, and events
- Cohorting/grouping, alternating schedules, and staggered schedules are applied with some exceptions
- Some mixing of groups of students and teachers throughout/across school days
- Students and teachers minimally share objects
- Students, teachers, and staff follow all steps to protect themselves and others at all times including proper use of face coverings masks, physical distancing, hand hygiene
- Regularly scheduled cleaning and disinfection of frequently touched areas largely implemented with fidelity

- **Higher Risk:**

Students and teachers engage in in-person only learning, activities, and events

- Students minimally mix between classes and activities
- Students and teachers share some objects
- Students, teachers, and staff follow all steps to protect themselves and others at all times including proper use of face coverings masks, physical distancing, hand hygiene
- Irregular cleaning and disinfection of frequently touched areas

- **Highest Risk:**

Students and teachers engage in in-person only learning, activities, and events

- Students mix freely between classes and activities
- Students and teachers freely share objects

- Students, teachers, and staff do not/are not required to follow steps to protect themselves and others such as proper use of face masks, social distancing, hand hygiene
- Irregular cleaning and disinfection of frequently touched areas

General Guidance

Do not allow students, staff, vendors, parents, guardians, or guests on-site if they:

1. Are showing [symptoms of COVID-19](#).
2. Have been in close contact (within 6 feet for at least 15 minutes) with someone who has confirmed COVID-19 in the last 14 days.
3. Have tested positive for COVID-19 in the past 10 days.

Health care providers, EMS workers, and staff who wore proper personal protective equipment (PPE) during potential COVID-19 exposure are permitted to be in site.

Ensure staff are trained in health and safety protocols for your site. This includes:

- How to screen for symptoms
- How to maintain physical distance
- The use of appropriate personal protective equipment (PPE)
- Understanding and practicing frequent cleaning and handwashing
- How to handle situations when someone develops signs of COVID-19

Communicate regularly with students, families and staff. Emphasize the importance of staying home when sick, maintaining six feet of physical distance, and hand hygiene. Communication should be provided using multiple methods, such as posters, written letters, email, text message, phone, video conferencing. Make sure communication is in the language that parents best understand.

All students age 5 years and older, staff, volunteers, and guests must wear cloth face coverings or acceptable alternatives in K-12 settings. See the Reducing Transmission section for more information about cloth face coverings. Schools have a general obligation to provide employees a safe and healthy work site in accordance with state and federal law and safety and health rules, including addressing hazards associated with COVID-19. Refer to the Department of Labor & Industries' [COVID-19 Workplace Safety and Health Requirements](#) for more information.

Monitor student and employee attendance and absences, have flexible locally-determined leave policies and practices, and have access to trained substitutes to support employee absences.

People at High Risk for Serious Health Problems from COVID-19

Those at [high risk](#) for health problems from COVID-19 should consult with their health care provider when considering whether to provide or participate in K-12 activities. Protections for employees at high risk for health problems remain in place under [Proclamation 20-46](#). Families with a member who is at high risk from COVID-19 should carefully consider risks

and benefits of sending their student to school in person.

Drop-Off and Pick-Up

Develop a system for dropping off and picking up students that keeps families at least six feet from each other and reduces their need to enter the school. This may include staggering drop-off and pick-up times for various groups, one-way traffic flows, greeting students at their vehicle, or placing distancing markers on walkways.

Health Screening at Entry

Students and staff should be assessed for illness before attending school each day. It is recommended to screen students and staff upon arrival to school. Students and staff with any illness must stay home.

There are several methods that facilities can use to protect students and staff while conducting temperature and symptom screenings. The most protective methods incorporate social distancing (maintaining a distance of six feet from others) or physical barriers to eliminate or minimize exposures due to close contact. Schools should decide how to enact daily health screening, whether by active onsite screening, assessment at home by parents/guardians with daily attestation, or other method.

For more information on screening, see the [CDC guidance](#).

Every day, ask staff, parents, guardians, and students (grades 6-12) to review the following questions and stay home if the answer is yes.

1. Do you have any of the following [symptoms within the last day](#) that are not caused by another condition? (If it is the first day after a break or for a new student, please ask about the past 3 days.)
 - Fever (100.4°F) or chills
 - Cough
 - Shortness of breath or difficulty breathing
 - Unusual fatigue
 - Muscle or body aches
 - Headache
 - Recent loss of taste or smell
 - Sore throat
 - Congestion or runny nose
 - Nausea or vomiting
 - Diarrhea
2. Have you been in close contact with anyone with confirmed COVID-19?

3. Have you had a positive COVID-19 test for active virus in the past 10 days?
4. Within the past 14 days, has a public health or medical professional told you to self-monitor, self-isolate, or self-quarantine because of concerns about COVID-19 infection?

For those who answer yes, refer to “Returning to school after suspected COVID-19 symptoms” below.

Encourage parents to be on the alert for signs of illness in their children. Parents should keep their children home if they are sick. If the school district recommends parents check children at home in addition to screening at the school, have the parents follow a simplified screening process that includes taking the child’s temperature and observing whether they look unwell or are coughing.

Reducing Transmission

Grouping Students

Create cohorts or groups of students with dedicated staff who remain together throughout the day, at recess and lunch time. These groups should remain consistent from day to day and should not be combined or mixed. Staying in small groups limits the amount of contact between individuals. Reducing the mixing of students, teachers and staff through groups:

- Decreases the opportunities for exposure or transmission of COVID at school.
- Makes contact tracing easier in the event of a positive case.
- Simplifies the testing, quarantine and isolation to a single cohort.

Consider block schedules to minimize mixing among students. Assign seating in classrooms for all students so those in close contact with COVID-19 cases can be quickly identified. Multiple groups of students may use the same facility as long as they are in limited contact with and physically distanced from other groups. When needed, divide large spaces like full-size gyms, playgrounds, or sports fields into separate areas for different cohorts or small groups. Create a barrier with equipment such as cones, chairs, or tables to maintain separation between groups.

Physical Distancing

Practice physical distancing of six feet or more between groups or classrooms as much as possible. Create space between students and reduce the amount of time they are close with each other. Your ability to do this will depend on students’ ages and developmental and physical abilities. Select strategies to increase physical distancing that will work for your school and the space available. Maintaining six feet of distance is most important when students or staff will be engaged in something for more than a few minutes, like during class, reading or quiet time, or eating lunch. There may be brief moments, such as passing by others in the hallway or during play at recess when students are less than six feet apart from each other. Not all strategies will be feasible for all schools. Think creatively about all opportunities to increase physical space between students during all scheduled activities and limit interactions in large group settings.

Schools may consider the following physical distancing strategies:

- **Increase the space between desks and assign seating in all classes.** Rearrange student desks or workstations to provide six feet of distance between students. Turn desks to face in the same direction (rather than facing each other) to reduce transmission caused from virus-containing droplets (e.g., from talking, coughing, sneezing).
- **Reduce the number of students at tables, lab benches, or other workstations to increase physical distance.**
- **Reduce the number of students in the halls and restrooms at one time.** Stagger the release of classes, restroom breaks, recess, and other common travel times. Consider allowing students to bring belongings to the classroom and store them in a personal cubby or container to reduce the use of lockers.
- **Cancel activities where multiple classrooms interact.**
- **Reduce congestion in the health office.** For example, use the health office for children with flu-like symptoms and a satellite location for first aid or medication distribution.
- **Mark traffic flow and designate entrances and exits to minimize face to face contact.**
- **Stagger arrival and/or dismissal times.** These approaches can limit the amount of close contact between students in high-traffic situations.
- **Place tape, spots, cones, paint or other markers to signal six feet distance in areas where students may be waiting in line.** This could include symptom screening points, restrooms, water fountains, hand washing or sanitizing stations, the main classroom door, and the cafeteria.
- **Limit the presence of volunteers** for classroom activities, reading, cafeteria support, and other activities.
- **Cancel or modify classes where students are likely to be in very close contact.** Physical Education (PE) should focus on individual skills or activities and should be held outside whenever possible. If PE takes place indoors, maintain 6 feet of distance between students. Avoid strenuous activity so students can wear their face coverings.
- **Limit the use of locker rooms to handwashing and restroom use only. Showers should not be used** due to potential spread of aerosolized droplets. Consider eliminating requirements to change clothes for PE. If use of locker rooms for changing is necessary, maximize ventilation and use tape, spots, or cones to signal 6 feet of distance for students who need to change. Stagger entry to the changing area and use these facilities as appropriate with members of the same group/cohort. Make sure to limit occupancy of the locker rooms to avoid crowding.
- **Cancel in person activities that are considered high risk.** These activities include choir, playing of instruments involving breath, contact sports, or other activities that require students to remove face coverings and/or be in close contact with one another. These activities may contribute to transmission of COVID-19.
- **Cancel in person field trips, assemblies, and other large gatherings.** Cancel in-person activities and events such as field trips, student assemblies, special performances, STEAM fairs, school-wide parent meetings, or spirit nights.
- **Limit cross-school transfer for special programs.** For example, if students arrive from multiple schools for special programs (e.g., music, robotics, and academic clubs),

consider using distance learning to deliver the instruction or temporarily offer duplicate programs in the participating schools.

- **Teach staff, students, and their families to maintain distance from each other in the school.** Educate staff, students, and their families at the same time and explain why this is important.
- **Keep students outside more, as weather and space permit.** Outdoor spaces decrease the transmission risk of COVID-19.

Meals

Limit gatherings and mixing of students in the cafeteria or other communal spaces. Consider having students eat their meals in the classroom or outside. You may accomplish this through meal delivery to classes or through grab-and-go services.

If students use the cafeteria, keep cohorts together. Ensure physical distance between students in a cohort and between other groups. Stagger meal times in the lunchroom or dining hall to avoid crowding. Arrange and direct the flow of students for handwashing sinks, food vending areas, and other areas where students may congregate. Space students as far apart as you can at tables. Make sure tables are at least six feet apart.

Individually plate food for each student. The staff should handle utensils and serve food to reduce spread of germs.

Clean and sanitize tables before and after each group eats. Use a washable plastic table cloth for wooden tables.

Hygiene Practices

Children and adults should clean their hands in the following situations:

- Arriving at school
- Before meals or snacks
- After outside activities
- After going to the bathroom
- After sneezing or blowing their nose
- Before leaving school

Help young children to make sure they wash their hands correctly. The best option is to wash hands with soap and water for at least 20 seconds. If soap and water are not readily available, people should use an alcohol-based hand gel with at least 60 percent alcohol. Supervise the use of alcohol-based hand gel by young children.

Teach children and adults not to touch their eyes, nose, and mouth with unwashed hands.

Cover coughs or sneezes with a tissue, throw the tissue in the trash, and clean hands with soap and water or hand gel.

Cloth Face Coverings

Wearing cloth face coverings may help prevent the spread of COVID-19 and is required for staff and students in all indoor public spaces. There are specific exceptions based on age, development, or disability. See the [Washington State Department of Health Guidance on Cloth Face Coverings](#) and [CDC Recommendation Regarding the Use of Cloth Face Coverings](#) for more information. All students, volunteers, or guests must wear cloth face coverings or an acceptable alternative at school when indoors. Schools should provide face coverings for staff and students who don't have them.

For staff, cloth facial coverings must be worn by every individual (except as described below) not working alone at the location. Certain situations may require a higher level of protection under Department of Labor & Industries safety and health rules and guidance. Refer to [Coronavirus Facial Covering and Mask Requirements](#) for additional details.

1. Cloth face coverings should not be worn by:
 - Those with a disability that prevents them from comfortably wearing or removing a face covering.
 - Those with certain respiratory conditions or trouble breathing.
 - Those who are deaf or hard of hearing, and those who provide instruction to such people, and use facial and mouth movements as part of communication.
 - Those advised by a medical, legal, or behavioral health professional that wearing a face covering may pose a risk to that person.
2. In rare circumstances when a cloth face covering cannot be worn, students and staff may use a clear face covering or a face shield with a drape as an alternative to a cloth face covering. If used, face shields should extend below the chin, to the ears, and have no gap at the forehead.
3. Younger students must be supervised when wearing a face covering or face shield. These students may need help with their masks and getting used to wearing them.
4. Continue practicing physical distancing while wearing cloth face coverings.
5. Students may remove face coverings to eat and drink and when they can be physically distanced outside. If students need a "mask break" take them outside or to a large, well ventilated room where there is sufficient space to ensure more than six feet of physical distance between people.
6. The school is responsible for providing appropriate PPE for staff who provide assistance to students who have special needs.

Bus Transportation

There are several guidelines to prevent COVID during school transportation.

- Keep riders as far apart as possible on the bus. Consider how to reduce occupancy and increase space on the bus through scheduling and using additional busses.
- Require assigned seating.

- If possible, seat students with household members or members of their school group/cohort.
- Maximize outside air flow and keep windows open as much as possible.
- Encourage walking or biking where safe.
- Have caregivers drive students to school, if possible.
- Riders and staff members must wear a cloth face coverings or acceptable alternatives.
- Encourage students to wash or sanitize hands when they leave their home or classroom immediately before boarding the bus.
- Clean and disinfect frequently touched surfaces, including the tops and backs of seats. Use an EPA registered product and follow the manufacturer’s instructions for use.

Cleaning and disinfecting procedures

Schools should have infection control plans updated to reflect what is known about COVID-19. A good resource for infection control and school cleaning is [Cleaning for Healthier Schools – Infection Control Handbook 2010](#).

These are basic cleaning definitions:

- Cleaning removes germs, dirt, food, body fluids, and other material. Cleaning increases the benefit of sanitizing or disinfecting.
- Sanitizing reduces germs on surfaces to safe levels.
- Disinfecting kills germs on surfaces of a clean object.
- The U.S. Environmental Protection Agency (EPA) regulates sanitizer and disinfectant chemicals. If you sanitize or disinfect without cleaning first, it will reduce how well these chemicals work and may leave more germs on the surface.

Current CDC [guidance for cleaning and disinfection for COVID-19](#) states that disinfectants should be registered by the EPA for use against the COVID-19. Find the current list here: [List N: Disinfectants for Use Against SARS-CoV-2 \(COVID-19\)](#).

Disinfectants based on hydrogen peroxide or alcohol are safer than harsher chemicals. The University of Washington has a handout with options for [safer cleaning and disinfecting products](#) that work well against COVID-19.

If you use a bleach and water mixture for disinfection, mix it at a concentration of four teaspoons of 6 percent bleach per quart of cool water or five tablespoons of 6 percent bleach (one-third cup) per gallon of cool water (1,000 parts per million). Thoroughly clean surfaces with soap and water and remove the soap with water before applying the bleach solution. Keep the surface wet for at least one minute. An emergency eye wash station is required at the location where bleach is mixed from concentrate.

Find more information about cleaning, disinfecting, and choosing safer cleaning products on the [DOH COVID-19 website](#). Clean and sanitize toys, equipment, and surfaces in the program space. Clean and disinfect high-touch surfaces like doorknobs, faucet handles, check-in counters, and restrooms. Use alcohol wipes or 70% isopropyl alcohol to clean keyboards and electronics. Outdoor areas generally require normal routine cleaning and do not require disinfection. Wash hands after you clean.

If groups of students are moving from one area to another in shifts, finish cleaning and disinfecting before the new group enters the area. Clean and disinfect high-touch surfaces each night after students leave.

Always follow the disinfectant instructions on the label:

- **Use disinfectants in a ventilated space. *Heavy use of disinfectant products should be done when children are not present. The facility should have enough time to air out before children return.***
- Use the proper concentration of disinfectant.
- Keep the disinfectant on the surface for the required amount of wet contact time.
- Follow the product label warnings and instructions for PPE such as gloves, eye protection, and ventilation.
- Keep all chemicals out of reach of children.
- Facilities must have a Safety Data Sheet (SDS) for each chemical used in the facility.
- Parents, teachers, and staff should not supply disinfectants and sanitizers.

Carpets

If possible, vacuum carpets every day. Vacuum when children are not present in the space. . Use a vacuum with a HEPA (high efficiency particulate air) filter – or use HEPA vacuum bags. Having both is even better.

Outdoor Areas

Outdoor areas, like playgrounds in schools and parks, require routine cleaning, but do not require disinfection.

- Do not spray disinfectant on outdoor playgrounds—it is not an efficient use of supplies and is not proven to reduce risk of COVID-19 to the public.
- High-touch surfaces made of plastic or metal, such as grab bars and railings, should be cleaned routinely.
- Cleaning and disinfection of wooden surfaces such as play structures, benches, tables, is not recommended.
- Cleaning and disinfection of groundcover such as mulch or sand is not recommended.

Ventilation

Ventilation is important to have good indoor air quality. Offer more outside time, open windows often, and adjust the HVAC system to allow the maximum amount of outside air to enter the program space. Use of fans for cooling is acceptable. They should blow away from people. There is no special cleaning or disinfection for heating, ventilation, and air conditioning (HVAC) systems. For more information and options related to ventilation, see [CDC's guidance for improving ventilation and increasing filtration](#) in schools.

Shared Hands-On Teaching Materials

Clean and disinfect hands-on materials often and after each use. Limit shared teaching materials to those you can easily clean and disinfect. Discourage sharing of items that are difficult to clean or disinfect. Children's books and other paper-based materials are not high risk for spreading the virus.

Ensure adequate supplies to minimize the sharing of high touch materials as much as possible. An example includes assigning each student their own art supplies or limiting the use for one group of children at a time. Clean and disinfect shared items between use. Keep each student's belongings separate and in individually labeled containers, cubbies, or areas.

What to do if someone develops signs of COVID-19

To prepare for the potential of student or staff showing symptoms while at school, schools should have a response and communication plan in place that includes communication with staff, families, and their [local health jurisdiction](#). Schools should prepare for instructing students who are excluded from school due to illness or quarantine.

Every school should have an identified space for isolating ill persons until they can be sent home. This space would ideally have several rooms with doors that can close and windows that vent to the outside to improve ventilation. Alternatively, use a room with several cots spaced at least six feet apart with privacy curtains between cots. Ideally, the isolation unit would have a private bathroom for use only by persons being evaluated for COVID. If private bathroom for ill persons is not available, the ill person should wear a face mask when traveling to and from the communal bathroom. Clean all high touch areas between the patient room and bathroom as well as in the bathroom. Thoroughly clean and disinfect the communal bathroom immediately after use. Increase ventilation in the bathroom by keeping a window open and/or turning on a fan that vents to the outside.

If a student or staff member develops signs of COVID-19 (see the list under health screenings on page 3), separate the person and supervise them from a safe distance until the sick person can leave. Staff caring for ill persons should use appropriate medical grade PPE. While waiting to leave school, the individual with symptoms should wear a cloth face covering or mask if tolerated. Air out, clean and disinfect the area after the ill person leaves.

Returning to school after having suspected signs of COVID-19

For ill persons without known exposure to a confirmed COVID-19 case, follow [DOH guidance for what to do if you have symptoms for COVID-19 and have not been around anyone who has been diagnosed with COVID-19](#).

- If Polymerase Chain Reaction (PCR) testing for COVID-19 is not performed, stay home for at least 10 days after symptom onset, and at least 24 hours after fever has resolved and symptoms have improved. People with severe disease or who are

immunocompromised may need to isolate at home for longer.

- If PCR testing for COVID-19 is negative, stay home until 24 hours after the fever resolves and symptoms improve.

People who are ill **and** had known exposure to COVID-19 should be encouraged to be tested for COVID-19. They should stay out of school until at least 10 days after symptom onset, and at least 24 hours after their fever has resolved and symptoms have improved. People with severe disease or who are immunocompromised may need to be isolated at home for longer.

Ask staff and caregivers to inform the school right away if the ill person is diagnosed with COVID-19.

If a student or staff member tests positive for COVID-19, it is possible that many of the student's classmates and teachers will be considered close contacts and need to be quarantined for 14 days. Consult with the local health jurisdiction to determine the correct course of action. Refer affected classmates and teachers to the [What to do if you were potentially exposed to someone with confirmed coronavirus disease \(COVID-19\)? guidance.](#)

Returning to school after testing positive for COVID-19

A staff member or student who had confirmed COVID-19 can return to the program when at least 24 hours have passed since recovery. A person is recovered when they have no fever without the use of medications and improvement in respiratory signs like cough and shortness of breath. Additionally, at least 10 days must have passed since signs first showed up.

Returning to school after being in close contact to someone with COVID-19

If a person believes they have had close contact to someone with COVID-19, but they are not sick, they should watch their health for COVID-19 [symptoms. This should last for](#) 14 days after the last day they were in close contact with the person sick with COVID-19. They should not go to work, child care, school, or public places for 14 days. If a person develops symptoms of COVID-19 during their quarantine, they should seek testing for COVID-19. If they test positive for COVID-19, they should follow the guidance listed above. Consider testing at day 10 even if no symptoms are present. However, a negative test after exposure does not shorten the 14 day quarantine period.

Environmental cleaning after a suspected or confirmed case is identified

When a school sends a person with COVID-19 [symptoms](#) home, or learns a confirmed case of COVID-19 has been on the premises, clean and disinfect the areas where the ill person spent time.

- Close off areas visited by the ill persons. Open outside doors and windows and use ventilating fans to increase air circulation in the area. Wait 24 hours, or as long as practical, before beginning cleaning and disinfection.
- Cleaning staff should clean and disinfect all areas such as offices, bathrooms, common areas, shared electronic equipment (like tablets, touch screens, keyboards, remote controls) used by the ill persons, focusing especially on frequently touched surfaces.
- If it has been more than 7 days since the person with suspected/confirmed COVID-19 visited or used the facility, additional cleaning and disinfection is not necessary.

Contact investigation, contact tracing, and quarantine of close contacts of confirmed COVID-19 cases

Schools can play an important role to identify close contacts and communicate with parents and guardians. When a school learns of a confirmed case of COVID-19 on the school premises, they should:

- Immediately notify the local health jurisdiction of the case.
- Identify and provide school-based close contacts of the case to the local health jurisdiction. This includes contacts around the case from 2 days before symptoms started (or date of positive test if asymptomatic) until the time the case was no longer in school. Close contacts are defined as persons who were within six feet of the confirmed case for at least 15 minutes and would include siblings at the same school, those in the same cohort, and those sitting close to the student on the bus.
- Public health will advise close contacts, but the school should communicate to close contacts and advise them to self-monitor and quarantine for 14 days from the last exposure. Schools may use the following DOH guidance: [What to do if you were potentially exposed to someone with confirmed coronavirus disease \(COVID-19\)?](#)

COVID-19 outbreaks in school

A COVID-19 outbreak is considered when the following have been met:

- There are two or more laboratory-positive (PCR or antigen) COVID-19 cases among students or staff.
- The cases have a symptom onset within a 14-day period of each other.
- The cases are epidemiologically linked.
- The cases do not share a household.
- The cases are not identified as close contacts of each other in another setting during the investigation.

If the school is grouping or cohorting students

Dismiss the entire classroom for home quarantine for 14 days if two or more laboratory positive (PCR or antigen) COVID-19 cases occur within the group or cohort within a 14 day period.

Close a school and switch to remote learning for 14 days when

- 2 or more classrooms are dismissed due to outbreaks in schools with 10 or fewer classrooms.
- 10% or more of classrooms are dismissed due to outbreaks in schools with greater than 10 classrooms.
- School cannot function due to insufficient teaching or support staff.

If the school is not grouping or cohorting students

Quarantine close contacts and notify families if two or more laboratory positive (PCR or antigen) COVID-19 cases are reported in a 14 day period. Evaluate to determine if transmission is occurring in the school.

Consider the following to determine the need to close a school and switch to remote learning for 14 days when:

- The school experiences a rapid increase in cases
- There is a prolonged chain of transmission (2 or more generations) occurring in the school.
- School cannot function due to insufficient teaching or support staff.

More COVID-19 Information and Resources

Stay up-to-date on the [current COVID-19 situation in Washington](#), [Governor Inslee’s proclamations](#), [symptoms](#), [how it spreads](#), and [how and when people should get tested](#). See our [Frequently Asked Questions](#) for more information.

A person’s race/ethnicity or nationality does not, itself, put them at greater risk of COVID-19. However, data are revealing that communities of color are being disproportionately impacted by COVID-19- this is due to the effects of racism, and in particular, structural racism, that leaves some groups with fewer opportunities to protect themselves and their communities. [Stigma will not help to fight the illness](#). Share accurate information with others to keep rumors and misinformation from spreading.

- [WA State Department of Health 2019 Novel Coronavirus Outbreak \(COVID-19\)](#)
- [WA State Coronavirus Response \(COVID-19\)](#)
- [Find Your Local Health Department or District](#)
- [CDC Coronavirus \(COVID-19\)](#)
- [Stigma Reduction Resources](#)

Have more questions about COVID-19? Call our hotline: **1-800-525-0127**, Monday – Friday, 6 a.m. to 10 p.m., Weekends: 8 a.m. to 6 p.m. For interpretative services, **press #** when they answer and **say your language**. For questions about your own health, COVID-19 testing, or testing results, please contact a health care provider.

To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 ([Washington Relay](#)) or email civil.rights@doh.wa.gov.

Decision Tree for Provision of In Person Learning among K-12 Students at Public and Private Schools during the COVID-19 Pandemic

Summary of October 16 changes:

- Under **COVID-19 Activity Level**, DOH clarified and made consistent across all three activity levels that health and education leaders should look at the trends in COVID-19 cases and hospitalizations and test positivity should ideally be lower than 5%.
- Under **Education Modality**, DOH clarified that in communities with Moderate COVID-19 Activity we recommend careful phasing in in-person learning, starting with elementary. Then, over time, if schools can demonstrate the ability to limit transmission in the school environment, schools should add in-person learning for middle and high school.
- Under **Extracurricular**, DOH created flexibility for schools and districts to cautiously phase in extra-curricular activities as they phase in in-person learning to create more parity between school-related and community related activities based on disease activity level. DOH continues to prioritize educational opportunities over extracurricular or other activities in the surrounding community.

Introduction

This framework can assist local health officers and school administrators in deciding whether to resume in-person instruction for public and private K-12 schools during the COVID-19 pandemic. This tool is added to the Department of Health's (DOHs) [K-12 Fall Health and Safety Guidance](#). Both will be updated as the COVID-19 pandemic evolves and additional scientific information is available.

School administrators face challenging decisions about how to operate their schools during a pandemic, and should consult with their local health officer, local elected leaders, teachers, school staff, families, and other stakeholders to weigh the risks and benefits of various locations and modes of education based on local COVID-19 activity. In particular, health officers and school administrators should engage staff and families of students at risk for severe COVID-19. In addition, they should engage the families of students with disabilities, English language learners, students living in poverty, students of color and young students to determine how to best meet the health and education needs of these students and the community.

While DOH encourages local health officers and school administrators to work together to choose the best setting(s) for their students, school administrators are ultimately responsible to establish appropriate education services. The local health officer should advise the school administrator and the school community on the level of COVID-19 activity, the community's access to testing, and the health department's capacity to respond to cases or outbreaks in schools with time investigations and contact tracing.

Local health officers are responsible for controlling the spread of communicable disease like COVID-19 in the community. County-level COVID-19 activity is measured by the number of cases per 100,000 people over a 14-day period, along with other key health indicators such as the percentage of positive tests and trends in cases or hospitalizations. The local health officer should inform the school administrator of significant changes in indicators. You can also find county and statewide indicators on [Washington's Risk Assessment Dashboard](#) (cases per 100K over 14 days and percentage of positive tests) and [Department](#)

of Health’s [COVID-19 Dashboard](#) (epidemiologic curves for cases and hospitalizations). The local health jurisdiction may further disaggregate these indicators, or use other data to guide recommendations for in-person learning.

If a local health officer determines that the opening of a school or the continuation of in-person learning poses an imminent public health threat to the community, they have the legal power and duty to direct or order an interruption of in-person learning ([WAC 246-110-020](#)). School administrators must cooperate with investigations, directives, and orders made by the local health officer ([WAC 246-101-420](#)).

Background

To help develop this guidance, DOH reviewed the experiences of countries that resumed some degree of in-person instruction this year. These countries generally had low and decreasing community rates of COVID-19 cases. Table 1 shows that the incidence rates in several countries that resumed in-person instruction were below 35 cases per 1,000,000 population, per day. As of July 23, 2020, Washington State had an incidence rate almost three times higher at 92 cases per 1,000,000 population, per day. In addition, the rate of COVID-19 in Washington slightly increased during the prior 20 days, whereas the trend in the rate of COVID-19 decreased in most other countries in the 20 days before reopening schools.

Table 1: School Re-Openings: Country Comparisons on Key Metrics Compared to Current U.S. Data

	Date of Reopening	Daily Cases (7-day average)	Daily Cases Per Million Population	Test Positive Rate (%) (7-day average)	Estimated Cases Per 100,000 Population Per 14 days
United States	—	65,750.4	198.6	8.3	278.0
Washington	—	711	92.9	5.6	130.1
Belgium	5/18/2020	291.3	25.1	2.1	35.1
Denmark	4/15/2020	205.7	35.5	6.2	49.7
France	5/11/2020	1,110.9	17.0	1.1	23.8
Germany	5/4/2020	1,140.3	13.6	2.4	19.0
Greece	6/1/2020	5.6	0.5	0.1	0.7
Israel	5/3/2020	126.7	14.6	1.4	20.4
Japan	4/24/2020	439	3.5	8.7	4.9
South Korea	6/8/2020	44.4	0.9	0.3	1.3
New Zealand	5/14/2020	1.1	0.2	0	0.3
Norway	4/20/2020	93.3	17.2	3.8	24.1
Switzerland	5/11/2020	57.1	6.6	1.3	9.2
Taiwan	2/25/2020	1.1	0.0	0.2	0
Vietnam	5/18/2020	4.6	0.0	0	0

This table was adapted from the Kaiser Family Foundation “What Do We Know About Children and Coronavirus Transmission?” website accessed on August 2, 2020 at: <https://www.kff.org/coronavirus-covid-19/issue-brief/what-do-we-know-about-children-and-coronavirus-transmission/>

NOTES: U.S. estimates calculated based on most recent data. France positivity rate from May 24. Vietnam positivity rate from April 29. Data represent 7-day average, as of re-opening date (unless other date noted).

SOURCES: COVID-19 data from: Department of Health [COVID-19 Data Dashboard](#) retrieved August for data

In addition to having lower and decreasing community rates of disease, these countries took a very cautious approach to resuming in-person instruction. Most countries first resumed in-person instruction for a portion of their students, and many implemented health and safety measures like physical distancing, frequent hand washing, use of face coverings, and frequent environmental cleaning to reduce the spread of COVID-19 in the schools.¹

There is limited data on the health impacts of resuming in-person learning when community incidence rates are as high as the current rates in the United States. With limited data, states are taking a wide range of approaches. The Oregon Health Authority recommends in-person instruction for K-3 students if rates are less than 60 cases per 100,000 over a 14-day period, and test positivity is <5%². The Minnesota Department of Health uses a staggered approach for K-12 students beginning at 100 cases per 100,000 population over 14 days, using local epidemiological information and the health and safety provisions of the school, to move from in-person elementary and hybrid secondary, through hybrid elementary and distance-learning for secondary, to fully distance-learning at 500 cases per 100,000. Once school has opened, they tailor the learning model based on the presence of cases in the school community³.

The decision to resume in-person learning is complex and requires weighing both the risks and benefits. When choosing thresholds to resume in-person learning, DOH considered both the health risks of COVID-19 to students, school staff, and the surrounding community; as well as the benefits of in-person school to children and their families.

Health risks of COVID-19 to students, school staff, and the community

The risk of COVID-19 entering schools depends on the level of COVID-19 spread in the community. At this time, any degree of in-person instruction presents some risk of infection to students and staff. It is hard to predict the number of infections that might occur under different in-person models and levels of transmission in the community.

The full spectrum of illness due to COVID-19 is not fully understood. While children generally have mild COVID-19 disease, serious infections have occurred⁴. Teachers and school staff are at risk for more serious disease, especially older adults and those with [certain underlying health conditions](#). Students and staff that acquire COVID-19 at school can transmit to others in the school setting as well as to their households and the community. DOH recommends comprehensive and strict [health and safety measures \(PDF\)](#) to minimize the risk of transmission within schools.

¹ Summary of School Re-Opening Models and Implementation Approaches During the COVID 19 Pandemic. July 6, 2020. Available at: <https://globalhealth.washington.edu/sites/default/files/COVID-19%20Schools%20Summary%20%28updated%29.pdf>

² Ready schools, safe learners: Guidance for school year. Version 3.0.1 July 29, 2020. Available at: https://www.oregon.gov/ode/students-and-family/healthsafety/Documents/Ready%20Schools%20Safe%20Learners%202020-21%20Guidance.pdf?utm_medium=email&utm_source=govdelivery

³ Safe Learning Plan for 2020-2021: A Localized Data-Driven Approach. Accessed August 1, 2020 at: https://mn.gov/covid19/assets/safe-learning-plan_tcm1148-442202.pdf

⁴ Götzinger F, Santiago-García B, Noguera-Julián A, et al. COVID-19 in children and adolescents in Europe: a multinational, multicentre cohort study. *Lancet Child Adolesc Health* 2020. Available at: <https://www.thelancet.com/action/showPdf?pii=S2352-4642%2820%2930177-2>.

Benefits of school for children

In-person learning has a broad range of benefits for our children. In addition to educational instruction, schools support the development of social and emotional skills; create a safe environment for learning; address nutritional, behavioral health and other special needs; and facilitate physical activity⁵. The absence of in-person learning may be particularly harmful for children living in poverty, children of color, English language learners, children with diagnosed disabilities, and young children, and can further widen inequities in our society⁶.

The decision tree on the following page can assist local health officials and school administrators in determining the degree of in-person learning that is advisable in their school. It can also help ensure the school is able to implement comprehensive health and safety measures, and respond swiftly if a person with confirmed COVID-19 is identified in the school environment. DOH favors a cautious, phased-in approach to resuming in-person instruction that starts with staff, small groups of our youngest learners, and students who are unable to learn or receive critical services asynchronously. Over time, schools can add additional students to in-person models. In-person learning should be prioritized for elementary school students because they may be less likely to spread COVID-19 than older children⁷, have more difficulty learning asynchronously, and may otherwise need to be in a childcare setting if their parent(s) work. While important to a child's growth and development, DOH prioritizes educational opportunities over extra-curricular activities in schools or other activities in the surrounding community.

More COVID-19 Information and Resources

Stay up-to-date on the [current COVID-19 situation in Washington](#), [Governor Inslee's proclamations](#), [symptoms](#), [how it spreads](#), and [how and when people should get tested](#). See our [Frequently Asked Questions](#) for more information.

A person's race/ethnicity or nationality does not, itself, put them at greater risk of COVID-19. However, data are revealing that communities of color are being disproportionately impacted by COVID-19- this is due to the effects of racism, and in particular, structural racism, that leaves some groups with fewer opportunities to protect themselves and their communities. [Stigma will not help to fight the illness](#). Share accurate information with others to keep rumors and misinformation from spreading.

- [WA State Department of Health 2019 Novel Coronavirus Outbreak \(COVID-19\)](#)
- [WA State Coronavirus Response \(COVID-19\)](#)
- [Find Your Local Health Department or District](#)
- [CDC Coronavirus \(COVID-19\)](#)
- [Stigma Reduction Resources](#)

Have more questions about COVID-19? Call our hotline: **1-800-525-0127**, Monday – Friday, 6 a.m. to 10 p.m., Weekends: 8 a.m. to 6 p.m. For interpretative services, **press #** when they answer and **say your language**. For questions about your own health, COVID-19 testing, or testing results, please contact a health care provider.

To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 ([Washington Relay](#)) or email civil.rights@doh.wa.gov.

⁵ CDC. The Importance of Reopening America's Schools this Fall. Accessed August 1, 2020 at <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/reopening-schools.html>

⁶ Levinson M, Phil D, Cevik M, Lipsitch M. Reopening Primary Schools during the Pandemic. *New Eng J Med* 2020.

⁷ Park YJ, Choe YJ, Park O, Park SY, Kim YM, Kim J, et al. Contact tracing during coronavirus disease outbreak, South Korea, 2020. *Emerg Infect Dis* 2020. Available at: <https://doi.org/10.3201/eid2610.201315>

Decision Tree for Provision of in Person Learning among Public and Private K-12 Students during COVID-19

Should your community provide in person learning and for whom? For School Administrators, Local Health Officers, and Community Stakeholders

The risk of COVID-19 being introduced into the school depends on the level of COVID-19 spread in the community and the health and safety measures taken by schools. Consider the following educational modalities based on community transmission and other health and education risks and benefits.

COVID-19 Activity Level	Education Modality*	Extracurricular**
HIGH >75 cases/100K/14 days Other considerations: <ul style="list-style-type: none"> Trend in cases or hospitalizations Test positivity, ideally <5% Other health and education risks and benefits to children and their families 	Strongly recommend distance learning with the option for limited in-person learning in small groups, or cohorts, of students for the highest need students, such as students with disabilities, students living homeless, those farthest from educational justice, and younger learners.	Strongly recommend canceling or postponing most in person extra-curricular activities, including sports, performances, clubs, events, etc. with the option to allow extracurricular activities in small groups of 6 or fewer students.
MODERATE 25–75 cases/100K/14 days Other considerations: <ul style="list-style-type: none"> Trend in cases or hospitalizations Test positivity, ideally <5% Other health and education risks and benefits to children and their families 	Recommend careful phasing in of in-person learning, starting with elementary students. Over time, if schools can demonstrate the ability to limit transmission in the school environment, add in-person learning for middle and high school students.	Consider cautious phasing in of low then moderate risk in person extra-curricular activities. Activities that can be done online, should continue in that format.
LOW <25 cases/100K/14 days Other considerations: <ul style="list-style-type: none"> Trend in cases or hospitalizations Test positivity, ideally <5% 	Encourage full-time in person learning for all elementary students and hybrid learning for middle and high school. Over time, if physical space allows, add full-time in-person learning for middle and high school.	Consider low, moderate, or high risk in-person extra-curricular activities.

When any in-person



Can the school(s) implement recommended COVID-19 health and safety measures? School Administrators and Staff

The risk of COVID-19 spreading in schools depends on the ability of the school to implement [DOH's K-12 health and safety measures](#), and LNI employer safety requirements

Does the school have the plans, staff, space, and supplies to do the following?

✓	Protect staff and students at higher risk for severe COVID-19 while ensuring access to learning
✓	Transport or facilitate drop-off and pick-up of students
✓	Group students (required in elementary, recommended for middle and high school)
✓	Practice physical distancing of ≥6 feet among students and staff.
✓	Promote frequent hand washing or sanitizing
✓	Promote and ensure face covering use among students and staff
✓	Increase cleaning and disinfection
✓	Improve ventilation
<i>Are all staff trained on health and safety practices?</i>	

When all YES



Is the school and health system ready to monitor for and respond to suspected and confirmed cases of COVID-19? Schools and Local Public Health

COVID-19 cases in the school should be expected. The risk of COVID-19 spreading in schools depends on the ability to quickly identify and respond to suspected and confirmed cases and the level of community transmission.

✓	Can <u>the school</u> ensure monitoring of symptoms and history of exposure among students and staff? (attestation acceptable)
✓	Is <u>the school</u> prepared to manage students and/or staff who get sick onsite?
✓	Does <u>the school</u> have letters drafted to inform families and staff about confirmed cases or outbreaks?
✓	Is there adequate access to testing in the community <u>health</u> system for ill students and staff?
✓	Is there capacity in your <u>local health department</u> to investigate confirmed COVID-19 cases, quarantine their close contacts and assess whether transmission is occurring in the school?
✓	Can <u>local public health</u> monitor the level of community spread to determine when a change in education modality is needed?

When all YES

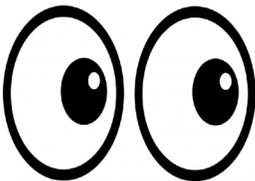


Begin Learning Model and Monitor

*Staff may work in school at any COVID-19 activity level if the school follows DOH and LNI health and safety guidance
 **Where possible do extracurricular activities outdoors, wear face coverings, and maintain physical distance of 6 feet.

REOPENING ARLINGTON SCHOOLS

Moving Step-to-Step Decisions



We are continually watching the health data, including:

- Snohomish County Data
- City of Arlington Data
- Arlington School District Data

Trigger:
 County is officially moved into a different risk level
LOW ↔ **MODERATE** ↔ **HIGH**

Arlington Public Schools COVID-19 Response Team Analyzes:

- Current Washington State Phase (1-4)
- Community Infection Rates and Other City and Community Factors
- District Factors
 - Staff/Student Infection Rates
 - Readiness to Comply with Health and Safety Requirements
 - Readiness to Respond to Suspected and Confirmed Cases of COVID-19

Formulates Recommendation

Confirm Recommendation with Snohomish Co. Health Dept.

Recommendation Discussed with:

- District Leadership Team
- Employee Labor Groups
- Advisory Council for Education (ACE)
- Board of Directors (Action)

Decision to **NOT** Move to the Next Step Yet

Decision to Move to the Next Step

Communicate to Staff & Families

Move to the Next Step

Appendix K

Month:	Period: Current Date:	Period: Current Date:	Period: Current Date:	Period: Current Date:
TRIGGERS				
Snohomish County Risk Level (LOW, MODERATE, HIGH)				
Snohomish Positive Cases per 100,000				
Snohomish County Phase				
FACTORS				
City of Arlington Infection Rates				
Arlington Public Schools Infection Rates: <ul style="list-style-type: none"> • Student Infection Rates • Staff New Infection Rates • Staff Quarantined 				
Health & Safety Requirements Readiness: <ul style="list-style-type: none"> • Yes, attestations system in place and we are prepared to call parents if this has not been done 				
<ul style="list-style-type: none"> • Yes, we can take the temperatures when students/staff arrive. 				
<ul style="list-style-type: none"> • Yes, we isolations areas in place at every school site 				
<ul style="list-style-type: none"> • Yes, we have a process to keep students in cohorts so they do not mix with other staff/students 				
<ul style="list-style-type: none"> • Yes, instructional spaces are set up to ensure 6 ft of physical distancing throughout the day 				
<ul style="list-style-type: none"> • Yes, PPE is provided for every student and staff 				
<ul style="list-style-type: none"> • Readiness to Respond to Suspected COVID 				
<ul style="list-style-type: none"> • Readiness to Confirmed Cases of COVID-19 				

Recommendation Formulated:	Confirm with SnoCo. HD	Discuss Recommendation with:	Board/Supt Decision –	Communicate to Staff & Families	Move to the Next Step
		_____ DLT _____ Labor Groups _____ ACE _____ RAS20 Committee _____ Other/COVID Team			

Which Mask for Which Task?

COVID-19 Prevention at Work: When to Use Face Coverings and Respirators

This information is current as of Sept. 9, 2020.



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Introduction

Face coverings and masks are important tools to prevent the spread of the coronavirus. Used along with social distancing and physical barriers, they can help protect workers and the public.

This publication provides guidance about when workers are required to use cloth face coverings and masks to protect others from the coronavirus, and when they must use respirators to protect themselves.

This information supplements the technical guidance in *Washington Coronavirus Hazard Considerations for Employers (except hospitals/clinics) Face Coverings, Masks, and Respirator Choices*, available at www.Lni.wa.gov/MaskConsiderations.

The information in this document does not apply to workers who treat active COVID-19 patients in hospitals and clinics. Employers of those workers must follow Centers for Disease Control (CDC) guidelines for selecting respirators and other personal protective equipment (PPE). More information on CDC guidelines is available at www.cdc.gov/coronavirus/2019-nCoV/hcp.

Why wear a face covering, mask, or respirator?

Wearing a face covering, mask, or respirator at work can lessen the risk for spreading the coronavirus. Businesses must also require customers to wear a face covering. This is along with social distancing, hand washing and disinfecting surfaces to prevent virus spread.

The coronavirus can spread into the air on tiny particles of saliva when an infected person breathes, talks, coughs, or sneezes. Many infected people don't have noticeable symptoms (are asymptomatic), so they might spread the virus to others without knowing it.

Cloth face coverings help keep exhaled particles from escaping into the air, but don't effectively filter out particles already in the air.

Masks are usually more protective than cloth face coverings.

Respirators offer a higher level of protection than cloth face coverings and masks because they also prevent wearers from inhaling particles already in the air.

All three provide some protection when a person coughs and sneezes nearby. Some that are approved by the U.S. Food and Drug Administration (FDA) provide more protection against coughs and sneezes.

Can employees use a face shield instead of a face covering?

No. A face shield is not a substitute for a cloth face covering. Face shields allow particles exhaled from the wearer to freely move around the edges of the shield and into the open air for others to breathe. Face shields may be worn along with cloth face coverings to protect employees from others who sneeze or cough nearby or to protect from splashes when diluting or applying harmful liquids like bleach or cleaning chemicals.

Are employees with a medical or disability issue required to wear face coverings or masks?

For some workers, medical issues or disabilities make face coverings unsafe to wear. To be considered exempt from face-covering requirements, employees must provide their employer with an accommodation statement from their health care provider. The statement must specify that the employee should not wear a face covering because of a health condition or disability. Employers with workers who are unable to wear masks must take alternative steps to prevent the spread of the virus.

Employers should assess any negative impacts that face coverings might have on employees with disabilities and adjust for accommodations per the Americans with Disability Act (ADA) process at www.eeoc.gov/laws/guidance/fact-sheet-disability-discrimination.

In addition, workers may remove their masks to communicate with people who are deaf or hard of hearing so they can read facial cues or lip-read, while keeping at least six feet or a physical barrier between them. If employees remove their mask to accommodate a deaf person, the employer should ensure that alternative protections are in place to prevent the spread of the virus.

Is social distancing less important for a worker wearing a face covering?

No. Face coverings and masks do not replace social distancing. Besides staying at least six feet away from others, workers must still practice frequent hand washing and frequent cleaning and disinfecting of surfaces and tools, and follow other critical safety measures required by the Washington State Department of Labor & Industries (L&I) (www.Lni.wa.gov/CovidSafety) and the Governor's reopening guidelines to help prevent the spread of the coronavirus at www.governor.wa.gov/issues/covid-19-resources.

Negligible Risk

Employees working alone or driving by themselves are not required to wear a cloth face covering because the risk for transmission is negligible (very low).

“Alone” means the employee is isolated from interactions with others and has little or no expectation of in-person interruptions. If someone working alone has to pass another person once or twice a day, they should stay at least six feet away to maintain negligible risk. If that isn’t possible, then a cloth face covering is required during passing.

Examples of negligible-risk jobs:

- A sole occupant in an office with a door.
- Small landscaping crews of three or four workers who drive separately and work alone outdoors all day.
- A crane operator isolated in an enclosed cab.
- Delivery drivers with no face-to-face interaction with others when picking up or dropping off packages.
- A lone janitor in a building.

Low Risk

A reusable cloth face covering is required when risk for transmission is low.

Risk for transmission is low when employees work around or travel with others and stay at least six feet apart, except for briefly passing by others up to several times a day.

Risk is also considered low when one or two workers provide personal services to healthy clients who also wear a cloth face covering.

Examples of low-risk workplaces and jobs with low-risk activities:

- A driver and passenger sitting six feet apart in a vehicle and only needing to pass each other briefly when entering and exiting the vehicle several times a day.
- Manufacturing facilities that are set up to keep workers separated while they operate machinery and perform other tasks.
- Custodial staff who work after hours around others and do not clean up after known COVID-19 cases.
- One or two healthy workers in a room providing haircuts or other personal services to clients who also wear a face covering.
- Waiters at restaurants and cafes with curbside pick-up services only.
- Mechanics working on vehicles around others (but six feet away) at repair shops.



Examples of cloth face coverings for use during low-risk work.

*Top photo provided by author Doc James,
<https://commons.wikimedia.org/wiki/File:HomemadeFacemask.jpg>*

Medium Risk

Masks are required when risk for transmission is medium. Examples of masks include disposable dust masks used for hobbies, but not approved by the National Institute for Occupational Safety and Health (NIOSH); surgical-style masks not approved by the FDA; and masks such as KN90s or KN95s approved in other countries.

Risk for transmission is generally considered medium when workers stay at least six feet away from others except for several times throughout the day when the six-foot distance is broken for several minutes and prevention measures such as physical barriers aren't feasible.

When employees are in vehicles, it's considered a medium risk for up to one hour per trip if:

- There are no more than two people per compact car.
- There are no more than four in larger sedans or work trucks with two rows of seats.
- There are no more than seven in passenger vans depending on capacity.

And:

- Occupants stay at least three feet apart.
- Mechanical and natural ventilation is optimized (e.g., fresh air from vehicle system and/or open windows).

For personal services, employees are considered medium risk when three to six people are working in a room with healthy clients who wear a cloth face covering.

Examples of medium-risk jobs and medium-risk activities:

- Commercial fishing crews.
- Crews of workers being transported to a job site.
- Grocery store produce stockers who work during store hours around customers.
- Manicurists working with clients wearing cloth face coverings.
- Kitchen workers in restaurants.
- Ride-service drivers who only pick up masked passengers.
- Transit operators.



Examples of masks for use during medium-risk work. From left to right, top to bottom: KN95, surgical-style mask, hobby dust mask.

High Risk

Respirators are required when risk for transmission is high.

Respirators for high-risk activities must be approved by the National Institute for Occupational Safety and Health (NIOSH) or by an equivalent approval body from outside the United States. Examples include: elastomeric (rubber-like) half- or full-facepiece respirators with cartridges, tight or loose-fitting powered air-purifying respirators (PAPRs) with particulate cartridges, and filtering facepiece N-, R-, or P-95s to 100s (when supplies allow).

Risk for transmission is considered high when employees work or travel within three feet of others for more than 10 minutes an hour many times a day, and other prevention measures aren't feasible.

Risk is also considered high when workers:

- Clean and sanitize areas recently occupied by someone with known COVID-19 illness.
- Provide services in residences of clients with known COVID-19 illness.

- Perform procedures that aerosolize saliva, mucous, or secretions from eyes; or that cause increased or forced breathing, coughs, sneezes, or yawning.

Examples of high-risk activities:

- Working or traveling with multiple people in a small room, confined space, vehicle, or other small space for more than 10 minutes in an hour.
- Using an ultrasonic scaler or air and water syringe on a client in a dentist office.
- Administering medication with a nebulizer.
- Performing spirometry or coaching a client on deep or forced breathing exercises.
- Providing in-home maintenance or pet euthanasia services for a masked client with known or potential COVID-19 illness.

Examples of high-risk jobs:

- Dentists and dental hygienists.
- Mortuary services.
- Work crews in confined spaces.



Examples of NIOSH-approved respirators for use during high-risk work. From left to right, top to bottom: N95 filtering facepiece, elastomeric half-facepiece with particulate (HEPA) filters, elastomeric full-facepiece with particulate (HEPA) filters, loose fitting PAPR with particulate (HEPA) filters.

Top left photo provided by author Banej, https://commons.wikimedia.org/wiki/File:3M_N95_Part particulate_Respirator.JPG

Extremely High Risk

When risk for transmission is extremely high, workers must wear a NIOSH-approved N95, half- or full-facepiece elastomeric respirator with cartridges; PAPR (powered air-purifying respirator) with particulate cartridges; or an FDA-approved surgical mask with eye protection, or other respirators with NIOSH-equivalent approval from outside the United States.

Workers must also:

- Wear goggles or face shields to protect their eyes during face-to-face interactions when not using full-facepiece respirator styles.
- Have the client wear a surgical mask or other type of mask (as supplies allow), when feasible, during face-to-face tasks for as long as possible during transport or care.

Transmission risk is extremely high when employees transport people with COVID-19 or work in residential or non-hospital or clinic settings within six feet of someone infected with the coronavirus.

Transmission risk is also extremely high when workers have direct contact with another person's mouth, nose, or eyes, even if they appear to be healthy or asymptomatic.

Examples of extremely high-risk jobs:

- Emergency Medical Technicians (EMTs).
- Long-term care facility workers who care for clients ill with COVID-19.
- Occupational or physical therapists providing therapy to quarantined clients.

Examples of extremely high-risk tasks:

- Conducting visual eye exams or tonometry.
- Taking mouth or nose swab samples at drive-up testing stations.



Examples of NIOSH-approved respirators for use during high-risk work. From left to right, top to bottom: N95 filtering facepiece, surgical N95 filtering facepiece, elastomeric half-facepiece with particulate (HEPA) filters, elastomeric full-facepiece with particulate (HEPA) filters, and loose-fitting PAPR with particulate (HEPA) filters.

Use and Care

When respirators are required, employers must provide NIOSH-approved respirators (or respirators with equivalent approval from a country outside the United States) and follow requirements to ensure workers receive a medical evaluation, fit test, and training; and practice maintenance, storage, and other necessary provisions as required by the Respirators rule in Chapter 296-842 WAC (www.Lni.wa.gov/safety-health/safety-rules/rules-by-chapter/?chapter=842).

If employees use an N95 or other tight-fitting respirator, they must be clean shaven so the respirator can form a reliably tight face seal. PAPRs with loose-fitting hoods do not require fit testing and may be an alternative for bearded workers.

Protecting workers from retaliation or discrimination

It is against the law for employers to fire, demote, retaliate, or discriminate against employees for exercising their safety and health rights. Those include the right to:

- Raise safety and health concerns with employers.
- Participate in union activities related to safety and health.
- File safety and health complaints.
- Participate in Division of Occupational Safety & Health (DOSH) investigations.

Workers can file retaliation complaints with DOSH and/or with the federal Occupational Safety and Health Administration (OSHA) within 30 days of the alleged incident.

Learn more:

www.Lni.wa.gov/WorkplaceDiscrimination.

Resources

Call a consultant near you at 1-800-547-8367 or email DOSHConsultation@Lni.wa.gov for free, confidential help. www.Lni.wa.gov/DOSHConsultation.

The DOSH coronavirus website (www.Lni.wa.gov/safety-health/safety-topics/topics/coronavirus) includes resources from the CDC and OSHA.

Washington State Department of Health:
www.doh.wa.gov/Emergencies/Coronavirus.

Upon request, foreign language support and formats for persons with disabilities are available. Call 1-800-547-8367. TDD users, call 711. L&I is an equal opportunity employer.

PUBLICATION F414-168-000 [09-2020]



EMPLOYER HEALTH & SAFETY REQUIREMENTS FOR SCHOOL SCENARIOS

September 30, 2020

Developed by:

- The Office of Superintendent of Public Instruction
- The Department of Health
- The Department of Labor & Industries
- Local School District Superintendents
- School Labor Representatives

ABOUT THIS GUIDANCE

The following set of rules and guidance for school staff health and safety was developed by representatives from the Office of Superintendent of Public Instruction (OSPI), the Department of Health (DOH), the Department of Labor & Industries (L&I), local superintendents, and labor organizations.

Questions related to personal protective equipment (PPE) or other employment-related requirements should be [directed to L&I](#), questions about health requirements should be directed to DOH, and questions about K–12 education requirements should be directed to OSPI.

Key Points

This guidance clarifies and builds out the worksite safety guidance embedded in the June reopening guidance ([Reopening Washington Schools 2020: District Planning Guide](#)).

The key points are as follows:

- The overall health risk for the typical K–12 in-person instructional setting is classified as low risk. There are other scenarios in the school setting where the risk level may be higher or lower.
- In low risk situations, staff may wear a cloth face covering.
- In medium risk situations, L&I’s long-standing guidance allows for several different protection options, including a face shield with a cloth face mask, a surgical-style mask, a hobby dust mask, a KN95 mask, or a KN90 mask.
- For high risk or extremely high risk situations, an N95 respirator or equivalent should be used. If an employer cannot reasonably obtain an N95 or equivalent, they may use a face shield **plus** an FDA-approved surgical mask, procedural mask, or a KN95 mask until a respirator can be obtained.
- N95 respirators or equivalent protection are only required in high risk or extremely high risk situations.

For all risk levels, different face covering and respirator options are included in L&I’s [Which Mask for Which Task?](#) document.

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INTRODUCTION

This document provides general guidance to protect employees in common school scenarios under existing conditions. The guidance is intended to aid local school districts and safety officers as they develop required COVID-19 safety plans and procedures. The guidance does not replace local decisions based on specific conditions.

When schools reopen for in-person instruction, they must protect their employees. Required protections may differ based on the specific job duties and occupations. For guidance related to the health and safety requirements for students, please refer to materials developed by the Department of Health, including:

- [Fall Guidance, K–12](#)
- [Decision Tree, K–12](#)

This document focuses on required PPE, assuming other required safeguards such as cleaning and hygiene, and engineering or administrative controls, are present. It is intended to aid school districts for planning purposes only.

Please also consider recently updated guidance from the U.S. Centers for Disease Control and Prevention (CDC):

- [Strategies for Protecting K–12 School Staff from COVID-19](#)
- [What is known about the signs and symptoms, burden, and transmission of SARS-COV-2 among children?](#)
- [Preparing K–12 School Administrators for a Safe Return to School in Fall 2020](#)

GENERAL REQUIREMENTS

As described in the [Reopening Washington Schools 2020: District Planning Guide](#), school districts, like all businesses, have a general obligation to keep a safe and healthy worksite in accordance with state and federal law and safety and health rules for a variety of workplace hazards. An employer's obligations include developing an Accident Prevention Plan (APP), including a Job Hazard Analysis that also includes worker protections from COVID-19, a known workplace hazard.

School districts must comply with the following COVID-19 worksite-specific safety practices as outlined in the Governor's "Stay Home, Stay Healthy" Proclamation 20-25, and in accordance with L&I's [General Requirements and Prevention Ideas for Workplaces](#) and DOH's [Workplace and Employer Resources and Recommendations](#).

K–12 employers must specifically ensure operations follow the main L&I COVID-19 requirements to protect workers, including:

1. Educate workers in the language they understand best about coronavirus, how to prevent transmission, and the employer's COVID-19 policies.
2. Limit capacity in indoor spaces to ensure 6 feet of distance can be kept between all staff, students, and others.
3. Maintaining a minimum 6-foot separation is required between all employees, students, and others to the maximum extent feasible. When strict physical distancing is not feasible for a specific task, and takes more than 10 minutes in an hour, the employer is required to provide additional prevention measures, such as use of barriers, masks, or respirators that provide a higher level of protection than a cloth face covering, minimize the number of staff or students in the enclosed areas, and stagger breaks, recesses, and work shift starts.
4. Provide (at no cost to employees) and require the wearing of PPE, such as gloves, goggles, face shields, and face masks as appropriate or required for the work activity being performed. Cloth face coverings must be worn by every employee not working alone on the job site unless their exposure dictates a higher level of protection under L&I safety and health rules and guidance.
 - a. Exceptions to this requirement for cloth face coverings include:
 - i. when working alone in an office, vehicle, or at a job site;
 - ii. if the individual is deaf or hard of hearing and is communicating with someone who relies on language cues such as facial markers and expression and mouth movements as a part of communication;
 - iii. if the individual has a medical condition or disability that makes wearing a facial covering inappropriate; or
 - iv. when the job has no in-person interaction.
 - b. For additional details, please refer to:
 - i. L&I's [Washington Coronavirus Hazard Considerations for Employers \(except COVID-19 care in hospitals and clinics\) Face Coverings, Masks, and Respirator Choices](#) document.
 - ii. L&I's [Which Mask for Which Task?](#) document.
 - iii. Cloth face coverings are described in [Department of Health guidance](#).
5. Ensure frequent and adequate hand washing with adequate maintenance of supplies. Use disposable gloves where safe and applicable to prevent transmission on tools or other items that are shared.

6. Increase the frequency of facility cleaning schedules that includes cleaning and sanitizing with a particular emphasis on commonly touched surfaces – which shall be no less stringent or frequent than what is required by the [Department of Health's fall guidance for K–12 schools](#).
7. Screen employees, students, and any other individual who will be at the school facility for more than 15 minutes, for signs/symptoms of COVID-19 at start of every shift.
8. Make sure sick employees and students stay home or immediately go home if they feel or appear sick.
9. Cordon off any areas where an employee or student with probable or confirmed COVID-19 illness worked, touched surfaces, etc. until the area and equipment is cleaned and sanitized. Follow the cleaning and sanitizing guidelines established by the Department of Health in their fall K–12 guidance.

A site-specific COVID-19 supervisor shall be designated by the employer at each school and other worksite to monitor the health of employees and enforce the COVID-19 job site safety plan.

SCENARIOS FOR SCHOOL SETTINGS

The following scenarios are intended as general guidance to aid local school districts and safety officers as they develop required COVID-19 safety plans and procedures. Specific conditions of each work site must be considered when determining workplace protections required for workers. However, these general guidelines should be beneficial for planning and anticipating needed PPE supplies.

Each scenario assumes:

- The activity is conducted indoors, if not otherwise specified. In general, working outdoors reduces potential exposure to airborne pathogens.
- People who are required to wear a cloth face covering are, indeed, wearing a cloth face covering during any interaction. While protections outlined below are required for workers, they are predicated on the assumption that virus transmission is reduced when non-workers also wear at least a cloth face covering.
- No known positive case of COVID-19 exists in the workplace. When a positive case is identified, that person is immediately removed from the worksite, and the locations where the person had been are cordoned off and sanitized before workers return to the area.
- Exposure time exceeds 15 minutes. In general, longer periods of potential exposure increase the likelihood that a worker is infected. For reference, the June reopening guidance exempts individuals who are on campus less than 15 minutes.
- All required protections – including PPE – are provided by the employer. These workplace protections work together to protect workers. No single protection is sufficient by itself.
- Required disinfection occurs before work areas are shared. For example, if a school employee moves from one classroom to another, all shared equipment is sanitized before the next employee arrives.
- Additional controls are not present. Where additional barriers, ventilation, distance or other controls are provided, minimum requirements may be reduced further. [Consultative services from the Department of Labor & Industries Division of Occupational Safety and Health](#) are available for districts with specific questions.

In the [Washington Coronavirus Hazard Considerations for Employers \(except COVID-19 care in hospitals & clinics\)](#), minimum requirements for face coverings, masks, and respirators are identified based on transmission level. For each scenario below, a risk level is identified, indicating required PPE and some alternatives. Additional alternatives, or combinations of controls and PPE may also be identified through consultation services.

The summary tables on pages 8–11 provide basic PPE requirements in each scenario. However, all additional conditions identified immediately above must also be considered when applying the minimum PPE guidelines summarized in the tables.

SUMMARY OF PPE REQUIREMENTS FOR SCHOOL-SPECIFIC SCENARIOS

Examples of Work Conditions by Transmission Risk Level

Negligible Transmission Risk	Low Transmission Risk	Medium Transmission Risk	High Transmission Risk	Extremely High Transmission Risk
Health Status of the People Around You:				
Healthy/Asymptomatic (No COVID-19 Symptoms)	Healthy/Asymptomatic (No COVID-19 Symptoms)	Healthy/Asymptomatic (No COVID-19 Symptoms)	Healthy/Asymptomatic (No COVID-19 Symptoms)	Probable or Known COVID-19 Source or Direct Human Mouth, Nose, or Eye Interactions
<p>Worksite with controlled and low public interaction, where at least 6 feet of distance is always maintained and only broken in passing once or twice a day.</p> <p><i>For example, when working alone in a classroom or office.</i></p>	<p>Work inside a structure/office where number present allows for at least 6 feet of distance to be easily maintained fulltime and only broken intermittently, in passing, up to several times a day.</p> <p><i>For example, in the general instructional setting, in office settings with 6 feet of distance, or in food service with 6 feet of distance.</i></p>	<p>Work inside a structure/office where at least 6 feet of distance is mostly maintained, but with job tasks that require sustained several minutes of 6-foot distance broken several times a day without sneeze guards or other mitigations.</p> <p><i>For example, in an individual/small group instructional setting with 6 feet of distance or in transportation settings with 6 feet of distance mostly maintained.</i></p>	<p>Work in close quarters, such as a multiple-occupancy permit-required confined space or inside a room with 10 or more people where at least 6 feet of distance is not maintained, and includes job tasks requiring sustained close-together (less than 3 feet apart) work for more than 10 minutes in an hour multiple times a day.</p> <p><i>For example, in different in-person educational settings with sustained close contact.</i></p>	<p>Healthcare work involving face-to-face close proximity or potential for coughing or sneezing while working with healthy or asymptomatic people. Potential for droplets of biological material or fluids to become airborne within the breathing zone of the employee. Examples include tonometry during eye exams, visual examination of the oral and nasal cavities, visual examination of the eyes, swab sampling in the mouth or nose.</p> <p><i>For example, in a health or isolation room.</i></p>

Minimum Required Mask or Respiratory Protection for Employees Without Additional Engineering Controls or PPE

Negligible Transmission Risk	Low Transmission Risk	Medium Transmission Risk	High Transmission Risk	Extremely High Transmission Risk
Health Status of the People Around You:				
Healthy/Asymptomatic (No COVID-19 Symptoms)	Healthy/Asymptomatic (No COVID-19 Symptoms)	Healthy/Asymptomatic (No COVID-19 Symptoms)	Healthy/Asymptomatic (No COVID-19 Symptoms)	Probable or Known COVID-19 Source or Direct Human Mouth, Nose, or Eye Interactions
<p>Reusable cloth face covering that fully covers mouth and nose except when working alone in room, vehicle, or on job site. Job has no in-person interaction.</p> <p>A face shield that includes a cloth extension attached to the entire edge of the shield is an acceptable accommodation.</p>	<p>Reusable cloth face covering that fully covers the mouth and nose.</p> <p>A face shield that includes a cloth extension attached to the entire edge of the shield is an acceptable accommodation.</p>	<p>Face shield with a cloth face covering.</p> <p>-OR-</p> <p>Non-cloth disposables: dust mask, KN95 or other non-approved foreign-system NIOSH-style filtering facepiece respirators, or non-FDA approved procedure masks.</p>	<p>Elastomeric half- or full-face respirator with particulate filters ****</p> <p>-OR-</p> <p>Powered-air purifying respirator (PAPR) with particulate filter. (Tight-fitting respirators must be fit-tested and the wearer must be clean-shaven. No fit-testing is required for loose fitting systems.)</p> <p>-OR-</p> <p>Industrial use N95, R95 or P95 or foreign-system non-NIOSH approved filtering facepiece respirator (or other particulate respirator****).</p> <p>-OR-</p> <p>Face shield plus an FDA-approved KN95 mask, surgical mask, dust mask, or procedural mask (if a respirator cannot be reasonably obtained).</p>	<p>FDA-approved surgical mask or healthcare N95 filtering facepiece respirator****</p> <p>-OR-</p> <p>Elastomeric respirator with particulate filters.</p> <p>-OR-</p> <p>Face shield plus an FDA-approved KN95 mask, surgical mask, dust mask, or procedural mask (if a respirator cannot be reasonably obtained).</p> <p>Tight-fitting respirators must be fit-tested and the wearer must be clean-shaven. Powered-air purifying respirator (PAPR) with particulate filter may be used; no fit testing is required for loose-fitting models.</p> <p>When feasible, people with COVID-19 should also wear an FDA-approved surgical N95 or surgical mask.</p>

**Use a face shield combined with the minimum face covering to lower the risk category where the work or job task allows.*

*For all risk levels, different face covering and respirator options are included in L&I's [Which Mask for Which Task?](#) document.

Staff-Only Face Coverings Required in School-Specific Scenarios

Scenario	Negligible Transmission Risk	Low Transmission Risk	Medium Transmission Risk	High Transmission Risk	Extremely High Transmission Risk
In Classroom or Office Working Alone	X – when “working alone,” a mask is not required				
General Group Instructional Setting		X – with 6 feet of distance easily maintained			
Individual/Small Group Instructional Support Setting			X – with 6 feet of distance	X – without 6 feet of distance, sustained close contact*	
Office Settings— School and Non-School-Based	X – when “working alone,” a mask is not required	X – with easily maintained 6 feet of distance		X – if near health/isolation room, sustained close contact*	
Transportation (Driver and Staff)			X – with 6 feet of distance mostly maintained	X – without 6 feet of distance, sustained close contact	
Food Service		X – with easily maintained 6 feet of distance	X – with 6 feet of distance mostly maintained		
Health/Isolation Room*					X – whether nurse or other staff*
Band	X – wind instruments permitted only if entirely remote, with no other human	X – for percussion and string instruments only with easily maintained 6 feet of distance			

Scenario	Negligible Transmission Risk	Low Transmission Risk	Medium Transmission Risk	High Transmission Risk	Extremely High Transmission Risk
	outside the household present				
Choir	<i>Remote only with no other human outside the household present; otherwise not permitted at this time. See DOH Guidance to determine when small or large group choir may be resumed.</i>				
Physical Education (Outdoor)		X – with easily maintained 6 feet of distance; no strenuous activity; cloth face covering worn at all times			
Physical Education (Indoor)			X – with 6 feet of distance mostly maintained; no strenuous activity; cloth face covering worn at all times		
Distribution Centers		X – with 6 feet of distance easily maintained	X – without 6 feet of distancing		

***Additional PPE is required as indicated.**

If an employer cannot reasonably obtain a NIOSH-approved N95 or equivalent for their employees who perform work tasks (not including aerosolizing procedures) that require one, they may utilize a face shield and an approved KN95 mask, dust mask, or procedural mask until a respirator can be obtained. The employer must show that they are attempting to procure the appropriate the PPE (for example, through a standing order that cannot be filled).

1. General Instructional Settings

General instructional settings are the most common settings in schools. This is a typical 900-square-foot classroom with a planned number of students present, allowing for 6 feet of physical distancing and additional recommended health and safety measures as outlined by the Department of Health.

School employees working from their classroom workstation with students present would be at low risk level, where at least 6 feet of distance is **easily maintained full time** and only **broken intermittently**, in passing, up to several times a day.

This low risk environment requires:

- Reusable cloth face coverings that fully covers the mouth and nose.
- Tools are not shared or are sanitized between different users.

However, there are some situations that may require a different level of protection, depending on specific job tasks. For example, school employees working from their classroom workstation with no one else (students or staff) present are considered to be “working alone” and, therefore, not required to wear a cloth face covering.

When leaving the classroom or if being joined by any other person, employees must wear a cloth face covering or face shield that includes a cloth extension attached to the entire edge of the shield.

Where possible, a cohort model is used to reduce potential exposure. According to the CDC’s guidance [Preparing K–12 School Administrators for a Safe Return to School in Fall 2020](#), updated August 24, 2020:

Cohorting is a new term for a strategy that schools may use to limit contact between students and staff as part of their efforts to limit transmission of SARS-CoV-2 (the virus that causes COVID-19). These strategies work by keeping groups of students – and sometimes staff – together over the course of a pre-determined period of time. Ideally, the students and staff within a cohort will only have physical proximity with others in the same cohort.

This practice may help prevent the spread of COVID-19 by limiting cross-over of students and school employees to the extent possible, thus:

- Decreasing opportunities for exposure or transmission of SARS-CoV-2
- Reducing contact with shared surfaces
- Facilitating more efficient contact tracing in the event of a positive case
- Allowing for targeted testing, quarantine, and/or isolation of a single cohort instead of school-wide measures in the event of a positive case or cluster of cases

Cohorting strategies are common practice in many elementary schools across the United States. Many elementary school students have the same school employees and classmates during the entire school year. Implementation of this strategy varies, depending on setting and resources. For example, schools may:

- Keep cohorts together in one classroom, and have employees rotate between rooms.
- Alternate cohorts by days or weeks, with cohorts assigned to specific days or weeks.

- Adopt a hybrid approach, with some cohorts assigned to in-person learning and others assigned to remote learning.

Evidence of the impact of cohorting on the spread of COVID-19 is limited. Some evidence from other viral disease outbreaks and school reopenings in international settings suggests that cohorting may be an important tool for mitigating the spread of COVID-19. However, it is essential to note that those studies were conducted in very different contexts, in communities with lower transmission levels.

2. Individual/Small Group Instructional Support Setting

Individual instructional settings include situations when work occurs inside a classroom or office where at least 6 feet of distance **is mostly maintained**, but with job tasks that **require sustained** several minutes of 6-foot distance broken several times a day without sneeze guards or other mitigations.

Examples may include:

- Working with students with disabilities or other students needing one-to-one support
- Speech language, behavioral support, or articulation therapy

A school employee working in an individual or small group instructional support setting would generally be considered medium transmission risk.

Medium transmission risk requires:

- A minimum of 6 feet of distance is maintained in most interactions.
- Students wear at least a cloth face covering.
- Employees wear at least a face shield with a cloth face covering **OR** non-cloth disposable dust mask, KN95 or other non-approved, foreign-system NIOSH-style filtering facepiece respirator, or non-FDA approved procedure mask.

When working in close proximity with someone who may not be able to consistently wear at least a cloth face covering, best practices also include:

- Wearing a disposable gown that is discarded after each close interaction.
- Frequent hand washing and reminders to not touch face.

In addition, and while it is likely the exception, there may be job tasks that require sustained close contact with students. For those job tasks, a school employee may be considered high transmission risk where at least 6 feet of distance **is not maintained**, and includes tasks **requiring sustained** close-together (less than 3 feet apart) work for more than 10 minutes in an hour multiple times a day.

In these situations:

- School employees wear at least industrial use N95, R95, or P95 or foreign-system non-NIOSH approved filtering facepiece respirator (or other particulate respirator****). If an employer cannot reasonably obtain an approved filtering facepiece respirator, then a face shield **plus** an FDA-approved KN95 mask, dust mask, or procedural mask is an acceptable alternative.
- Respirator use that is required must comply with existing respirator rules, including medical surveillance, fit testing, training, and a written program. Written Respiratory Protection Program templates can be found on L&I's website.

3. Office Settings – School and Non-School Based

Like other office settings, school and non-school-based office settings could include situations where workers are “working alone” and also potential interactions with students and other staff on a daily basis. Non-school-based office settings *may* include short interactions with families and students for specific staff, but primarily the settings would only include other staff members working in the same school buildings.

When a worker in a school-based office setting is expected to interact with others but maintains distance, it would be considered a negligible transmission risk, requiring at least a cloth face covering. This may include situations where more than one worker is in an office space without partitions or doors, or students or other staff may enter the space.

Where an office worker is working alone, with no expectation of human interaction, a cloth face covering is not required. A person is considered to be working alone when they're isolated from interaction with other people and have little or no expectation of in-person interruption. How often a worker is able to work alone throughout the day may vary.

Examples of working alone include:

- A person by themselves inside an office with four walls and a door.
- A lone worker inside a cubicle with four walls (one with an opening for an entryway) that are high enough to block the breathing zone of anyone walking by, and whose work activity will not require anyone to come inside of the cubicle. Cubicle walls or other barriers may include plexi-glass or other non-porous materials.

Staff working in an office with students present would be at low risk level, where a distance of at least 6 feet is **easily maintained fulltime** and only broken intermittently in passing up to several times a day.

It would require:

- A reusable cloth face covering that fully covers the mouth and nose.
- Tools are not shared or are sanitized between different users.

Office staff who are working with students in the health or isolation room where known or suspected cases of COVID-19 may be present, and where at least 6 feet of distance is maintained may be considered high transmission risk, requiring at least Industrial use N95, R95 or P95 or foreign-system non-NIOSH approved filtering facepiece respirator (or other particulate respirator****) or surgical mask. If an employer cannot reasonably obtain an N95 or equivalent, they may use a face shield **plus** an FDA-approved surgical mask, procedural mask, or a KN95 mask.

If their duties include working directly (within 3 feet) with these students, particularly students not able to wear a mask, a respirator is required. See section 6, Health/Isolation Room minimum requirements.

When working in close proximity with someone who may not be able to consistently wear at least a cloth face covering, best practices may also include:

- Wearing a disposable gown that is discarded after each close interaction.
- Frequent hand washing and reminders to not touch face.

4. Transportation

Student transportation may include many different sizes of buses and numbers of students. Students boarding the bus may be screened prior to boarding to take temperatures and observe symptoms. (If screening is done, it is performed by additional staff at the pick-up spot.) Windows should remain open to increase ventilation whenever possible.

A driver or other staff working to transport students would be considered medium transmission risk, requiring they:

- Wear non-cloth disposables, such as dust masks, KN95 or other non-approved foreign-system NIOSH-style filtering facepiece respirators, or non-FDA approved procedure masks

-OR-

- Wear a face shield with a cloth face covering.

Also, consider leaving seats open near the driver to reduce exposure.

A driver or other staff working to transport students, including students with disabilities or other students that may require the driver or staff to be in close proximity, where at least 6 feet of distance is **not maintained**, and includes job tasks **requiring sustained** close-together (less than 3 feet apart) work for more than 10 minutes in an hour multiple times a day would be considered high transmission risk, requiring at least Industrial use N95, R95, or P95 or foreign-system non-NIOSH approved filtering facepiece respirator (or other particulate respirator****). If an employer cannot reasonably obtain an approved filtering facepiece respirator, then a face shield **plus** an FDA-approved KN95 mask, dust mask, or procedural mask is an acceptable alternative.

When working in close proximity with someone who may not be able to consistently wear at least a cloth face covering, best practices may also include:

- Wearing a disposable gown that is changed between each close interaction.
- Frequent hand washing and reminders not to touch face.

Frequent cleaning procedures for commonly touched surfaces on the bus is also required. Follow [CDC guidelines](#), including:

- [Clean and disinfect](#) frequently touched surfaces on school buses at least daily or between use as much as possible.
- Develop a schedule for increased frequency of [routine cleaning and disinfection](#).
- If transport vehicles (e.g., buses) are used by the school, drivers should practice all safety actions and protocols as indicated for other staff (e.g., hand hygiene, cloth face coverings). To clean and disinfect school buses or other transport vehicles, see guidance for [bus transit operators](#).
 - Develop a schedule for increased, routine cleaning and disinfection.
 - Ensure [safe and correct use](#) and storage of [cleaning and disinfection products](#), including storing products securely away from children. Use products that meet [EPA disinfection criteria](#).
 - Avoid using cleaning products near children and ensure there is adequate ventilation to prevent children or themselves from inhaling toxic fumes.

When considering spacing of students while being transported, 6 feet of distancing is not required. Follow DOH's [K–12 Fall Guidance](#), including:

- Keep riders as far apart as possible on the bus. Consider how to reduce occupancy and increase space on the bus through scheduling (e.g., through staggered arrivals/departures, A/B scheduling) or add buses where possible.
- Require assigned seating.
- If possible, seat students with household members or members of their school group/cohort.
- Maximize outside air and keep windows open as much as possible.
- Encourage walking or biking where safe or being driven by caregivers when feasible.
- Require riders and staff members to wear a cloth face covering or acceptable alternative.
- Encourage students to wash or sanitize hands when they leave their home or classroom immediately before boarding the bus.
- Clean and disinfect frequently touched surfaces, including the tops and backs of seats, using an EPA-registered product and following manufacturers' instructions.

Additional Resources

- [National Association of Pupil Transportation](#)
- [Transit Operators Guidance](#) (CDC)
- [List of Disinfectants for Use Against SARS-CoV-2](#) (Environmental Protection Agency)
- [Resources for School Bus Personnel](#) (American Federation of Teachers)

5. Food Service

In addition to other applicable food handling and safety requirements, school personnel preparing, serving, delivering, and cleaning up after service for students must be provided appropriate PPE to meet the conditions of their work. Several different approaches to food service in schools may be used.

Wherever possible, schools should have students bring their own meals or serve individually plated meals in classrooms instead of in a communal dining hall or cafeteria to reduce staff interaction, while ensuring the safety of children with food allergies.

In addition, schools should:

- 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.
- If food is offered, use pre-packaged boxes or bags for each student instead of a buffet or family-style meal. Avoid sharing food and utensils and ensure the [safety of children with food allergies](#).

In areas where food service workers are in a common, indoor kitchen, where at least 6 feet of distance **is mostly maintained**, but with job tasks that **require sustained** several minutes of 6-foot distance broken several times a day without sneeze guards or other mitigations would be considered medium transmission risk, requiring:

- Non-cloth disposables: dust mask, KN95 or other non-approved foreign-system NIOSH-style filtering facepiece respirators, or non-FDA approved procedure masks.

-OR-

- A face shield with a cloth face covering.
- Tools are shared and sanitized between different users.

In areas where food service workers are in a common, indoor kitchen, where number present allows for at least 6-foot distance to be **easily maintained full time** and only broken intermittently, in passing, up to several times a day would be considered low transmission risk, requiring:

- A reusable cloth face covering that fully covers the mouth and nose.
- Tools are not shared or are sanitized between different users.

Workers delivering meals are encouraged to place them outside the classroom or eating space, and pick up leftover food/packaging there, as well. Staff delivering pre-packaged meals or retrieving debris after meals, but remaining outside the eating area or classroom, where at least 6-foot distance is **easily maintained fulltime** and only broken intermittently, in passing, up to several times a day are considered low transmission risk, requiring:

- A reusable cloth face covering that fully covers the mouth and nose.
- Tools are not shared or are sanitized between different users.
- A face shield that includes a cloth extension attached to the entire edge of the shield is an acceptable accommodation.

Food service workers serving students or cleaning after a meal, gathered in a cafeteria, whether in a cohort group or not, where at least 6-foot distance **is mostly maintained**, but with job tasks that **require sustained** several minutes of 6-foot distance broken several times a day without sneeze guards or other mitigations would be considered medium transmission risk, requiring:

- Non-cloth disposables: dust mask, KN95 or other non-approved foreign-system NIOSH-style filtering facepiece respirators, or non-FDA approved procedure masks.

-OR-

- A face shield with a cloth face covering.

In addition, follow Department of Health guidelines for schools, including:

- Limit gatherings and potential mixing of classes or groups in the cafeteria or other communal spaces.
- If using the cafeteria, have students sit with their class or group and ensure physical distance between students in a group or cohort and between groups.
- Stagger mealtimes in lunchroom or dining hall. Arrange and direct the flow of students to reduce crowding such as at handwashing sinks, food vending areas, etc.
- Space students as far apart as you can at the table. Make sure tables are at least 6 feet apart. Individually plate food for each student.
- To reduce the spread of germs, staff (not students) should handle utensils and serve food.

- Clean and sanitize tables before and after each group eats. Use a washable plastic tablecloth for wooden tables.

Schools could also review the [CDC's guidance for bars and restaurants](#) for additional food service safety guidance.

6. Health/Isolation Room

Each school facility is required to plan for temporarily isolating any staff or student who appears symptomatic or indicates a fever, cough, shortness of breath, fatigue, muscle aches, or new loss of taste or smell. Refer to the [CDC guidance about protecting school staff](#) to ensure that personnel managing sick employees or students are appropriately protected from exposure. See also [What Healthcare Personnel Should Know About Caring for Patients with Confirmed or Possible COVID-19 Infection](#).

- Only designated, trained staff should interact with people showing symptoms of COVID-19. At least one designated, trained staff member should be available at all times in case there is a need to isolate a symptomatic employee or student.
- When providing care for anyone with suspected or confirmed SARS-CoV-2 infection, personnel who need to be within 6 feet of a sick colleague or student must be provided appropriate PPE (including gloves, a gown, a face shield or goggles, and an N95 or equivalent or higher-level respirator or a surgical facemask and face shield if a respirator is not available), and follow [Standard and Transmission-Based Precautions](#).

If respirators are needed, they must be used in the context of a comprehensive respiratory protection program that includes medical exams, fit testing, and training in accordance with Washington Administrative Code 296-842 – Respirators.

Staff serving in these roles would be considered an extremely high transmission risk, requiring:

- FDA-approved surgical mask or healthcare N95 filtering facepiece respirator**** or elastomeric respirator with particulate filters. Tight-fitting respirators must be fit-tested and the wearer must be clean-shaven. Powered-air purifying respirator (PAPR) with particulate filter may be used; no fit testing is required for loose-fitting models. When feasible, clients with COVID-19 should also wear an FDA-approved surgical N95 or surgical mask.
 - If an employer cannot reasonably obtain an approved filtering facepiece respirator, then a face shield **plus** an FDA-approved KN95 mask, dust mask, or procedural mask is an acceptable alternative.
- Add face shield to surgical masks or eye goggles to half-face disposable respirators and non-permeable disposable upper body coverings; use powered-air purifying respirator (PAPR) system, elastomeric full-face respirators with particulate filters or higher protection.

However, if the interaction with ill students involves students without masks, particularly for very close contact (3 feet), or if there is an additional reason for concern (aerosol-generating procedure or performing physical assistance would be the most likely), a surgical mask would not be sufficient. If staff are simply watching over the students and can generally maintain physical distancing, then surgical masks are sufficient.

In addition, staff are required to cordon off any areas where an employee or student with probable or confirmed COVID-19 illness was present until the area and equipment is cleaned and sanitized. Follow the [cleaning guidelines set by the CDC](#) to clean and sanitize.

School nurses circulating in multiple school settings must follow these guidelines for each school setting in which they work. In addition, follow guidelines required for cleaning vehicles prior to traveling between work locations.

This document does NOT substitute nursing judgment and acknowledges that courses of action may be modified on a case-by-case basis.

Additional Resources

- [Guidance for Healthcare Personnel on the Use of PPE in Schools During COVID-19](#) (National School Nurses Association)
- [Special Considerations – School nurses/health professionals](#) (CDC)

7. Band & Choir

Continuing the full range of academic activities is important to maintain student learning. However, singing or playing wind and brass instruments, when done by a person with COVID-19, can generate respiratory droplets and aerosols that contain the virus. As shown by recent events, such activities may contribute to virus spread, whether or not that person is symptomatic.

To reduce potential exposure from these activities:

- Band is limited to percussion and stringed instruments only, with physical distancing and at least a cloth face covering to be worn at all times; and
- Choir is permitted only in a remote setting, when no other people outside the immediate household are present. Otherwise, choir is not permitted at this time. See DOH's guidance to determine when small or large group choir may be resumed.

In addition, students and staff are encouraged to rehearse alone or remotely, whenever possible, and:

- Limit exchange (or sharing) of any instruments, parts, music sheets, or any other items.
- Sanitize between users.
- Maintain at least 6 feet of distance between participants.

Band practice should occur outdoors whenever possible. If indoors, increase the distance between staff and students and increase ventilation, including opening windows. Staff are required to wear at least a cloth face covering. No instrument should be played that requires removal of at least a cloth face covering.

Additional Resources

- [High SARS-CoV-2 Attack Rate Following Exposure at a Choir Practice](#) (Skagit County, Washington, March 2020)
- [Safer Singing During the SARS-COV-2 Pandemic: What We Know and What We Don't](#) (Naunheim et al., 2020)

8. Physical Education

Whenever possible, physical education should occur outdoors, within class cohorts. Outdoor locations for fitness training and team sports are preferred to indoor locations and should be utilized to the greatest extent possible to allow for maximum fresh air circulation and social distancing. Outdoor temporary structures may be used. Outdoor temporary structures should have no more than two walls to provide appropriate ventilation.

Limit exercise so that it is not strenuous to allow students and staff to continue to wear at least a cloth face covering and maintain at least 6 feet of distance. Clean and disinfect all exercise equipment and tools between users.

If indoors, increase the distance between staff and students during exercise and follow DOH guidelines, avoid strenuous activity so that a cloth face covering is worn by all participants at all times. Keep doors and windows open where possible and utilize fans to improve ventilation. Adjust mechanical ventilation systems to bring in as much outside air as possible. Increase filters to MERV 13 if the HVAC can accommodate.

Use class cohorts to reduce possible transmission outside the cohort. Clean and disinfect all exercise equipment and tools between users. In addition, schools should:

- Modify or adjust cardio equipment, free weight areas, weight training equipment, and classrooms to maintain at least 6 feet of distance between students, coaching staff, and athletic trainers.
- Where specialized equipment is used such as weights, balls, or rackets, they must be disinfected between each use.
- Consider limiting locker room access to the restroom area only, prohibiting the use of shower and changing areas.
- Consider closing water stations and water fountains if students have alternative water access.
- Encourage staff and students to bring their own water bottles to minimize use and touching of water fountains or consider installing no-touch activation methods for water fountains.
- Students and staff must wash their hands or use hand sanitizer before and after each exercise session.
- Mark group exercise areas with floor markings to show the physical distancing requirements for participants, when practical, and sanitize thoroughly before and after use. Adequate time must be provided between classes in order for the facility to properly sanitize after each class.

Staff, whether working with a cohort or not, where at least 6 feet of distance **is mostly maintained**, but with job tasks that **require sustained** several minutes of 6-foot distance broken several times a day without sneeze guards or other mitigations, are considered medium transmission risk, requiring:

- Non-cloth disposables: dust mask, KN95 or other non-approved foreign-system NIOSH-style filtering facepiece respirators, or non-FDA approved procedure masks.

-OR-

- A face shield with a cloth face covering.

Additional Resources

- [COVID-19 Reopening Guidance for Businesses and Workers](#) (Governor Inslee’s Office)
- [Phase 2 and 3 Indoor Fitness and Training COVID-19 Reopening Requirements – Update](#) (Governor Inslee’s Office)
- [Indoor Fitness and Training – Proclamations 20–25](#) (August 3, 2020 Memo by Governor Inslee)
- [Fitness Frequently Asked Questions](#) (Governor Inslee’s Office)

9. Distribution Centers (Food Service, Technology, etc.)

Distribution centers used to prepare and distribute items such as meals, student learning packets, or technology have generally been held outside with few or no students present. Interaction is limited between employees and the public, with the public remaining in their vehicles to access services and supplies.

The following guidance should be followed when school employees are outside and are working together to prepare and package meals and materials:

1. In a large area where at least 6 feet of distance is **easily maintained fulltime** and only broken intermittently, in passing, up to several times a day and tools are not shared or are sanitized between different users would be considered low transmission risk, requiring:
 - A reusable cloth face covering that fully covers the mouth and nose.
 - Writing utensils or other tools are not shared or are sanitized between users.
 - A face shield that includes a cloth extension attached to the entire edge of the shield is an acceptable accommodation.
2. In a large area where at least 6 feet of distance is **mostly maintained**, but with job tasks that require several minutes of 6-foot distance broken several times a day and tools are shared and sanitized between different users would be considered medium transmission risk, requiring:
 - Non-cloth disposables: dust mask, KN95 or other non-approved foreign-system NIOSH-style filtering facepiece respirators, or non-FDA approved procedure masks.

-OR-

 - A face shield with a cloth face covering.

For school employees working together to distribute meals and materials where they are outside and have limited interaction with members of the public only such as reaching through a car window and/or placing items into a car trunk, where at least 6 feet of distance is **easily maintained fulltime** and only broken intermittently, in passing, up to several times a day and tools are not shared or are sanitized between users would be considered low transmission risk, requiring:

- A reusable cloth face covering that fully covers the mouth and nose.
- Writing utensils or other tools are not shared or are sanitized between users.
- A face shield that includes a cloth extension attached to the entire edge of the shield is an acceptable accommodation.

Additional Resources

- [Preparing K–12 School Administrators for a Safe Return to School in Fall 2020](#) (CDC)

Sample K-1 Hybrid Learning Schedule

	Monday	Tuesday	Wednesday	Thursday	Friday
Group A	Onsite	Onsite	Online	Online	Online
Group B	Online	Online	Onsite	Onsite	Online

Kindergarten	First Grade
8:55-9:10 Arrival/SEL/Breakfast	8:55-9:10 Arrival/SEL/Breakfast
9:10-10:00 Learning Block	9:10-10:15 Learning Block
10:00-10:15 Recess	10:15-10:30 Recess
10:15-11:40 Learning Block	10:15-12:00 Learning Block
11:40-12:00- Lunch in Classroom (Teacher Supervised)	12:00-12:20- Lunch in Classroom (Teacher Supervised)
12:00-12:30 Recess/Teacher Lunch	12:20-12:50- Recess/Teacher Lunch
12:30-1:30- Learning Block	12:50-1:50- Learning Block
1:30-1:45- Recess	1:45-2:00- Recess
1:45-2:55- Learning Block	2:00-2:55- Learning Block
2:55-3:00- On Campus Dismissal	2:55-3:00- On Campus Dismissal
3:00-3:40- Student Independent Directed Learning	3:00-3:40- Student Independent Directed Learning