Miller Creek School District
Parent Handbook
2020-21
In-Person Hybrid Model

(Draft updated 10/23/2020)
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Introduction
In an effort to ensure the health and safety of staff and students as the highest priority, Miller Creek School District’s work and school environments, practices and standard operating procedures have been modified to address current conditions. A phased plan has been developed that is aligned with State and Public Health guidance for a sequential, measured and deliberate approach for a return to site based classroom instruction this fall. All phases are being implemented with an understanding that the situation is ever evolving and requires close and ongoing coordination with all stakeholders to design a flexible plan that works for our students, families, teachers and community.

Our Community Can Do This
As a community, we face this global pandemic together, and each day we adjust and sacrifice to minimize the spread of this virus. Although this is a stressful time for us all, we know our community is responsible, accountable and resilient.

The health guidelines we are living under don’t permit us to have the same freedom of movement, social interaction, travel and school experiences that we have enjoyed for years before this time. Social responsibility often conflicts with personal preference. Discussing the importance of community physical distancing measures while not at school, including discouraging students from gathering elsewhere, supports the guidelines adhered to at school. Maintaining your family social bubble and avoiding gathering keeps everyone safer. We are counting on our community to do what’s needed for students to be in school.

Background
The onset of the COVID-19 global pandemic triggered the unprecedented government mandated shelter at home orders. Effective March 16, 2020, the Marin County Public Health Officer (Public Health) recommended the suspension of classroom instruction for more than 40,000 students in an effort to mitigate the spread of the virus. Simultaneously Public Health issued a countywide stay at home order suspending all non-essential work. The uncertainty around when state and local health officials would lift shelter in place orders prompted a joint decision between Bay Area public health officials and county superintendents to extend distance learning through the remainder of the 2019-2020 academic school year.
Throughout the summer, several mandates, orders and measures were directed by the Governor’s Office, California Department of Public Health and Marin Public Health. The Miller Creek School District is committed to following all state and local guidance and will update procedures as necessary to remain consistent with any future guidance received.

The most recent announcements pertaining to schools are the following:

- July 17, 2020: Governor Newsom announces Pandemic Plan for Learning and Safe Schools
- August 7, 2020: Marin Public Health confirmed that programs that had been in operation during the summer are permitted to operate under that cohort model on September 8th.
- August 12, 2020: Marin Public Health issued revised Guidelines for the Return to Site-Based Classroom Instruction to facilitate the return of site-based classroom instruction for Fall.
- August 14, 2020: Gov. Gavin Newsom announced that districts will be able to bring back to school small groups of students (Source: California schools allowed to open for small groups with ‘acute’ needs under new guidance)
- August 28, 2020: Governor Newsome released the Blueprint for a Safer Economy and addressed school reopening.

Purpose of this Handbook
This document is designed to be used by parents and guardians in the Miller Creek School District. It is intended as a resource to provide guidance for parents/guardians on the procedures and protocols to follow and those being used in the classroom. The careful, methodical planning and preparation to create environments that keep staff, students and our community safe during COVID-19 is of the utmost importance. We hope the procedures and protocols provide the necessary reassurance to parents and guardians and our educators, that our highest priority is the health and safety of our staff and students. The Guidelines #1-30 from The Marin County Public Health Guided Return to Site-Based Instruction issued on June 18 and revised on August 12, (Appendix A) are referenced throughout this handbook.

Guiding Principles
The following guiding principles informed the development of the content within this document:

1. **Public Health Guided:** The Miller Creek School District is committed to ongoing collaboration and partnership with Marin County Office of Education and our Public Health Officers to meet the challenges we face in delivering high-quality education to our students in the age of COVID-19. The guidelines, protocols and procedures set forth are consistent with and have been reviewed by Public Health.
2. **Collaborative:** We remain grateful for the efforts put forth in the development of the instructional models, safety plan protocols and parent and staff surveys by members of our school community. Through partnerships with Public Health, community based organizations, educators, staff, labor partners, parents, and the community at large; the input received allowed for the development of the models, schedules, protocols and procedures that are being implemented.

3. **Adjustable:** The evolving nature of the COVID-19 pandemic requires the need to rethink common protocols and practices in the classroom setting. As scientific advancements unfold in the coming months, we have an understanding that the procedures and protocols will simultaneously change as well.

4. **Practicable:** COVID-19 is with us for the foreseeable future and we must begin reopening certain aspects of our society within the confines of this new reality. While there are proven strategies to accomplish lowering the probability of exposure and to allow for contact tracing if someone becomes symptomatic, we realize that schools face significant operational constraints. Parents and teachers have a range of perspectives on the reopening of school campuses and students themselves have a variety of educational and developmental needs. These multiple and diverse perspectives are particularly evident when considering the scope of differences across sites and programs. This document, therefore, is designed to provide clear guidance while allowing our sites and programs appropriate certain flexibility based on their own constraints and resources.

5. **Social, Emotional, Academic and Developmental Growth and Success for Our Students:** Classroom-based learning provides an effective learning environment for students to meet learning objectives and access instructional support from caring adults. Relationships and in-person connectivity are a critical component of social and emotional development for students.

**Safety Plans** *(Guideline 1)*
There are important Health and Safety Procedures and Protocols identified in state and local Public Health orders that the District and the school are prepared to follow. District leaders monitor communication for updated guidance that may be needed in order to address the changing conditions of the COVID-19 pandemic. Each school site is responsible for completing and adhering to the School Site-Specific Protection Plan (SSSPP) in preparation for the return of staff and students to site-based classroom instruction. The Miller Creek School District plans have been reviewed by Public Health and deemed complete.

Lucas Valley    Mary E Silveira    Vallecito    Miller Creek Middle School
# Contact information (Guideline 4)

<table>
<thead>
<tr>
<th>School Site</th>
<th>Designated COVID-19 Contacts</th>
<th>Phone:</th>
<th>Email:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Lucas Valley</strong></td>
<td><strong>Primary:</strong> Susie Urquart, Health Specialist</td>
<td>(415) 492-3730</td>
<td><a href="mailto:surquart@millercreeksd.org">surquart@millercreeksd.org</a></td>
</tr>
<tr>
<td></td>
<td><strong>Secondary:</strong> Will Anderson, Principal</td>
<td>(415) 492-3730</td>
<td><a href="mailto:wanderson@millercreeksd.org">wanderson@millercreeksd.org</a></td>
</tr>
<tr>
<td></td>
<td><strong>Tertiary:</strong> Teri Edell, School Secretary</td>
<td>(415) 492-3730</td>
<td><a href="mailto:tedell@millercreeksd.org">tedell@millercreeksd.org</a></td>
</tr>
<tr>
<td><strong>Mary E Silveira</strong></td>
<td><strong>Primary:</strong> Adelena Rodriguez, Health Specialist</td>
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<td><a href="mailto:arodriguez@millercreeksd.org">arodriguez@millercreeksd.org</a></td>
</tr>
<tr>
<td></td>
<td><strong>Secondary:</strong> Bjorn Remmers, Principal</td>
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<td><a href="mailto:bremmers@millercreeksd.org">bremmers@millercreeksd.org</a></td>
</tr>
<tr>
<td></td>
<td><strong>Tertiary:</strong> Tara Devine, School Secretary</td>
<td>(415) 492-3741</td>
<td><a href="mailto:tdevine@millercreeksd.org">tdevine@millercreeksd.org</a></td>
</tr>
<tr>
<td><strong>Vallecito</strong></td>
<td><strong>Primary:</strong> Kristen Geller, Health Specialist</td>
<td>(415) 492-3750</td>
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</tr>
<tr>
<td></td>
<td><strong>Secondary:</strong> Elizabeth Foehr, Principal</td>
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</tr>
<tr>
<td></td>
<td><strong>Tertiary:</strong> Denise Tosti, School Secretary</td>
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<td><a href="mailto:dtosti@millercreeksd.org">dtosti@millercreeksd.org</a></td>
</tr>
<tr>
<td><strong>Miller Creek Middle School</strong></td>
<td><strong>Primary:</strong> Jane Ganokar, School Nurse</td>
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</tr>
<tr>
<td></td>
<td><strong>Secondary:</strong> Tenisha Tate, Principal</td>
<td>(415) 492-3760</td>
<td><a href="mailto:ttate@millercreeksd.org">ttate@millercreeksd.org</a></td>
</tr>
<tr>
<td></td>
<td><strong>Tertiary:</strong> Diane McGuinness, School Secretary, Derek Lecy, Assistant Principal</td>
<td>(415) 492-3760</td>
<td><a href="mailto:dmcguinness@millercreeksd.org">dmcguinness@millercreeksd.org</a>          <a href="mailto:dtely@millercreeksd.org">dtely@millercreeksd.org</a></td>
</tr>
</tbody>
</table>

## Public Health and Coronavirus Resources

Local Public Health: (415) 473-7191
- Dr. Matthew Willis, Chief Health Officer
- Dr. Lisa Santora, Deputy Health Officer

EMAIL: COVID19schools@marincounty.org
[https://coronavirus.marinhhs.org/](https://coronavirus.marinhhs.org/)

For questions about COVID-19, please call the Marin Health and Human Services COVID-19 phone hotline at (415) 473-7191. The call center is open from 9:30 a.m. to noon and 1 to 5 p.m. weekdays. Interpreter services are available.

Additional COVID-19 resources can be found at:
- [Marin Health and Human Services Coronavirus Information](#)
- [Marin County Health and Human Services Coronavirus information - schools](#)
- [Kaiser Permanente Coronavirus Information](#)
- Marin Community Clinics' Covid-19 Resource page ([English](#)) ([Spanish](#))
Timeline
At the July Board of Education Meeting, district administrators presented recommendations for reopening for the 2020-21 school year, which were approved by the Board, (see July 17 District Communication). The recommendation was to adopt a hybrid approach for reopening schools when it is safe to do so, and, in the interim, to begin the school year with remote learning for students in all grade levels, kindergarten through 8th grade, for at least the first six weeks of the term, and perhaps longer.

Miller Creek School District schools will begin to slowly reopen to in person instruction starting Monday, October 5th. The first wave of reopenings will include three classrooms at each of the elementary schools and identified students at the middle school. The Phased Reopening Information is depicted below and can be found on the district website.

For information about the Instructional Models, see the links below:

- K-5 Schedule: [Hybrid Model](#)
- 6-8 Grade Middle School: [Pathway Model](#)
The graphic below illustrates the timeline for introducing new classrooms to in-person instruction. It represents a slow, measured reopening taking place in 14 day intervals. The first wave of students will return October 5th, with a maximum of 36 elementary students and 57 middle school students on campus at any given time. The second wave of students will return to the classroom on **October 26th** after engaging in a transition week starting October 19th. This transition period will be for the Wave 2 classrooms and will utilize a remote minimum day schedule allowing teachers, administrators, staff, and students to begin readying for the hybrid model. Subsequent waves will continue this pattern.

*To clarify, this plan has new cohorts of students returning to campus every three weeks, including the transition week beginning at the 14 day interval.*
**Emergency Contact Information**
Parents/guardians must complete the emergency information in the Aeries Parent Portal that includes emergency contact information for themselves and two local contacts who can pick up their student if they cannot be reached or are unable to come immediately. In the event a student exhibits symptoms of COVID-19, the parents/guardians/emergency contact is required to expeditiously pick up their student from school.

**Daily Health Screening and Monitoring** *(Guideline 6)*
It is **everyone’s responsibility** to help stop the spread of the COVID-19 virus and to keep our schools and communities safe. Students, staff, parents, and visitors must know what to look for when conducting a daily health screening.

People with COVID-19 have had a wide range of symptoms reported, ranging from mild symptoms to severe illness. Symptoms may appear 2-14 days after exposure to the virus. People with these symptoms may have COVID-19: fever or chills, cough, shortness of breath or difficult breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, diarrhea. This list does not include all possible symptoms. CDC will continue to update this list as we learn more about COVID-19.

If your child has been having symptoms, please do not premedicate them with medications to mask a cough, signs of illness of fever with medications like ibuprofen/Motrin/Advil, acetaminophen/Tylenol, pseudoephedrine/Sudafed, diphenhydramine/Benadryl to send them to school. Keep them home, let the school staff know and have them evaluated by a doctor.

**Daily Health Certification**
It is the parent/guardian's responsibility to screen their student daily for **symptoms** of COVID-19 prior to sending their student to school. This daily screening must include taking the student’s temperature and/or reviewing a list of COVID-19 symptoms with the student to determine whether the student has any symptoms of COVID-19.

If the student has exhibited symptoms of COVID-19 within the last 24 hours, lives or has had close contact with someone exhibiting such symptoms, or who has tested positive for COVID-19, they will not be able to attend school on campus. The student’s parent/guardian should contact the school office immediately and their medical provider as well as filling out the daily email.

Based on the answers provided on the screening survey, the student or staff member will be issued a corresponding color of Entry Badge which is instantly communicated to the school.
Sample student survey below:

- My child meets the entry criteria and will go to school today (no symptoms like sore throat, cough, chills, body aches for unknown reasons, shortness of breath for unknown reasons, loss of smell, loss of taste, fever at or greater than 100.4 degrees Fahrenheit).
- My child has a fever or other COVID-19 related symptoms.
- My child has had close contact with COVID-19 positive case.
- My child has tested positive for COVID-19.
- My child meets the entry criteria (no COVID-19 related symptoms, no close contact to any positive case), but will study remotely today.

Steps for Daily Health Certification of Students

Step 1: Parents/guardians will receive a daily email at 6:00am. The email will come from noreply@notice.crisisgo.com. Parents/guardians are to complete the daily health certification before your student(s) arrives at school.

Step 2: Open the email, click the REPORT button. Complete the verification by 7:30am. A GREEN entry badge is needed to enter the school campus.

Step 3: Students will enter the school campus and proceed to their classroom for verification. Students should be wearing a mask and maintain social distance.

Step 4: Classroom teachers and instructional assistants will receive a verification status report at 7:50. Once verified, the student will enter the classroom.

Step 5: If a student arrives at school and is unverified, the student will be escorted to the nurse/health aid for proper verification. Please note: students will not be allowed in their prospective classrooms until proper verification has been obtained.

ONLY a student or staff member possessing a GREEN badge will be allowed to enter the school building. Those who are issued a YELLOW, RED, or BLUE badge will NOT be allowed to enter the building. Each entry badge will be valid for only the day in which they were issued.

In the event a student arrives at school exhibiting any symptoms consistent with COVID-19 or any other communicable disease, they will not be permitted in class. Parents/guardians will be contacted to pick up their child. Parents/guardians must have a plan for picking up their child at all times. If the school is unable to reach the child’s parent/guardian within 5 minutes of attempted contact, the emergency contact(s) will be called to pick up the child. The student is to be picked up within 30 minutes and cannot wait in the isolation room for the rest of the school day.
All health information will remain confidential, except where required by Public Health.

**Steps for Daily Health Certification of Staff**
Staff will self-monitor for symptoms and are not required to have their temperature taken at school but are strongly encouraged to take it at home before leaving for work. Staff will receive a daily email at 6:00. The email will prompt a health questionnaire that must be completed before entering school buildings. The email will come from noreply@notice.crisisgo.com. A **GREEN** entry badge is needed to enter the school campus.

**When a Student Should Stay Home from School (Guideline 7)**
Protocols, actions and template communications are in place for the following COVID-19 related scenarios. (Links: CDPH In-Person Learning Framework for K-12; Marin County Public Health Protocols Communication Templates for each scenario)

A. A student or staff member either exhibits COVID-19 symptoms or has a temperature of 100.4 or above.
B. A family member in the household or someone in close contact with a student or staff member is being evaluated for or tests positive for COVID-19.
C. A student or staff member tests positive for COVID-19.
D. A student or staff member tests negative for COVID-19 still has symptoms, or is a confirmed close contact of someone with COVID-19.

More Common symptoms of COVID-19 require a COVID-19 test or 10 day isolation
- Fever of 100.4 or more or chills
- Cough
- Sore throat
- Shortness of breath or difficulty breathing
- Not being able to smell or taste
- Headache
- Diarrhea
- Nausea
- Vomiting

**Less Common Symptoms of COVID-19 MUST be evaluated by a Healthcare Provider to determine if a COVID test is needed. School needs a communication from the Healthcare Provider** (note, fax, email, phone call) to allow the student to return
- New onset of stuffy or runny nose: different from preexisting allergies
- Body aches
- Fatigue or lethargy

For questions about COVID-19, please call the Marin Health and Human Services’ call center at (415) 473-7191. The call center is open from 9:30am to noon and 1 to 5pm on weekdays. Interpreter services are available.
Health Protocols for a Positive COVID Case

**Test or Ten:** If a student has COVID symptoms, they either need to get a negative COVID test or must isolate at home for 10 days. Students should not be retested for COVID-19 within 3 months of an initial COVID-19 infection.

**Measures that should be taken** when a student, teacher or staff member has symptoms, has been in contact with someone infected, or is diagnosed with COVID-19.
<table>
<thead>
<tr>
<th>Scenario</th>
<th>Student or Staff with:</th>
<th>Action:</th>
<th>Communication:</th>
</tr>
</thead>
</table>
| 1.       | A Student or staff member either exhibits **COVID-19 Symptoms** (e.g., fever, cough, loss of taste or smell, sore throat, difficulty breathing, headache, diarrhea, nausea, vomiting) OR has a temperature of 100.4 or above. Symptom Screening: Per CA School Sector Specific Guidelines | ● Report information to administrator  
● Send home  
● Contact Healthcare provider/Public Health for testing (recommend testing)  
● If positive, see #3  
● If negative, see #4 | No Action needed |
|          |                        | => **School and classroom remain OPEN** | |
| 2.       | A family member or someone in **Close contact** (s <6 feet from a case for >15 minutes) with a confirmed test positive for COVID-19 | ● Report information to administrator  
● Send home  
● Quarantine for 14 days  
● Contact Healthcare provider/Public Health for testing (recommend testing) | Consider school community notification of a known contact. Sample Letter: **To Student Families and Staff: Household Member or contact with COVID-19** |
|          |                        | => **School and classroom remain OPEN** | |
| 3.       | A student of staff member tests positive for COVID-19 | ● Report information to administrator  
● Send home  
● Notify Public Health  
● Isolate as per Public Health  
● Identify contacts (staff, students and families,  
● Quarantine & exclude exposed contacts (likely entire cohort **stable group with fixed membership that stays together for all courses and activities**) for 14 days after the last date the case was present at school while infectious  
● Quarantine for 14 days  
● Contact Healthcare provider/Public Health for testing  
● Disinfection and cleaning of classroom and primary spaces where case spent significant time | School community notification of a known case  
● Phone call and  
● Letter  
Sample Letter: **Confirmed Covid-19 in the Cohort** |
|          |                        | => **Classroom CLOSED for 14 days from last exposure**  
=> **School remains OPEN** | |
| 4.       | A student or staff member tests negative for COVID-19 after symptoms or confirmed close contact | ● May return to school 24 hours after symptoms resolve  
● 14 day quarantine (after last contact with person required for close contact with COVID-19 positive case) | Consider notification to families and staff if prior awareness of testing  
Sample Letter: **Negative Test of Cohort Member** |
|          |                        | => **School and classroom remain OPEN** | |
Students should NOT come to school if:

1. S/he exhibits common COVID-19 symptoms or has a temperature of 100.4 or higher.
   a. Parents/guardians should check their child(ren) for symptoms of illness every morning before bringing them to school. If their temperature is 100.4°F or higher, or they have other common symptoms of COVID-19, in an abundance of caution, schedule a COVID-19 test for them and keep them home from school.
   i. If the test is positive, please inform the school as soon as possible. Your child will be required to isolate at home until 10 days after the symptoms started.
ii. If they test negative for the virus, the student should not return to school until the fever or symptoms have been gone for at least 24 hours without the use of fever-reducing medications (ibuprofen, acetaminophen).

b. If the student has less common symptoms of COVID-19 (stuffy or runny nose, body aches or fatigue/lethargy), please have the child seen by a healthcare provider. The healthcare provider will decide if the child needs to be tested or if s/he is sick with something else. A healthcare provider communication (note, email, fax) is needed for the student to return to school, after symptoms have resolved.

2. A family member or someone in close contact with the student tests positive for COVID-19 or has been exposed to someone who is positive.
   a. Exposure means that an individual has been in close contact with a positive case of COVID-19. This includes:
      i. You or someone in your household has traveled to a country identified as a CDC level 3 or higher risk rate (prior to, or occurring while you are in-country)
      ii. You or anyone in your family have been contacted by Public Health as a close contact to a case of COVID-19 and have been instructed to self-quarantine
   b. Parents/guardians should contact healthcare providers or Public Health for testing.
      i. Should the student test positive, parents/guardians should inform the school as soon as possible.
      ii. Testing should take place 5 - 7 days after last contact with the COVID positive person, to allow the virus a chance to build up and avoid a false negative
   c. If someone in the student’s household is being evaluated for COVID-19, all students must quarantine until
      i. The household member being evaluated tests negative
      ii. Fourteen days AFTER THE STUDENT’S LAST CONTACT with that household member, if the test is positive

   a. Parents/guardians should inform the school of their student’s COVID-19 positive case as soon as possible.
   b. Families of the student should quarantine and contact their health provider/Public Health for further action.
   c. See next section for when a student can return to school.

4. S/he is the sibling of a child with COVID-19 symptoms
   a. Until the child with symptoms tests negative OR
   b. Fourteen days AFTER THEIR LAST CONTACT with the COVID positive child, even if the student tests negative.
Information from parents/guardians is confidential. To adhere to confidentiality, parents or guardians may contact the principal or health specialist.

Students with known underlying health conditions may be at increased risk of severe illness. If your student has a chronic health condition, please consult with your child’s healthcare provider to determine if/when it is safe to attend school.

**MIS-C**
Some children infected with COVID-19 develop an extremely rare condition called Multisystem Inflammatory Syndrome in Children (MIS-C). Children with MIS-C may have a fever and various symptoms, including abdominal (gut) pain, vomiting, diarrhea, neck pain, rash, bloodshot eyes, or fatigue. Contact your healthcare provider immediately if your child has any of these symptoms.

**When a Student Can Return to School after having symptoms**
A student may return to school after testing negative for COVID-19 (but not still in quarantine after exposure to someone who is COVID-19 positive) AND/OR their doctor sends a communication (note, fax, email, phone call) to the school with an alternate diagnosis (allergies, asthma, migraine, strep throat) AND their symptoms are improving AND they are fever free for 24 hours without the used of fever reducing medications.

**When a Student Can Return to School If they Test Positive for COVID-19**
As of 08/25/2020, California Department of Public Health states the following: Students who test positive for SARS-CoV-2, the virus that causes COVID-19, and who have had symptoms, may return to school when:

- At least 10 days have passed since symptoms first appeared,
- AND
- At least 24 hours have passed with no fever (without use of fever-reducing medications),
- AND
- Other symptoms have improved.

Students who test positive for SARS-CoV-2 who never develop symptoms, may return to school 10 days after the date of their first positive test for SARS-CoV-2. Requiring a negative SARS-CoV-2 test prior to returning to school is not recommended. Instead, parents/guardians and schools should follow the time-and symptom-based approach described above in determining when students can return to school following COVID-19 diagnosis.

**Attendance Policy and Contact Tracing** (Guideline 2)
The need to test, trace, track and respond to students, staff and family members who may exhibit symptoms of and/or test positive for COVID-19 has been identified as a priority of Public Health. Swift responsiveness to potential exposures to cohort members is critical to our ability to support on-going classroom based instruction. Therefore student attendance will be taken daily within 30 minutes of student arrival.
If your student is sick, please notify the school of the reason for the absence. Specifically, parents/guardians should inform the school if their student or family member tests positive for COVID-19 or if the student has been in close contact with a confirmed positive COVID-19 case. In order to keep this information confidential, the parent/guardian may contact the principal or health specialist directly.

Students who test positive for SARS-CoV-2, the virus that causes COVID-19, will not be permitted for on-campus instruction until the above guidelines per the CDPH have been met. Student absences related to illness or quarantine are considered excused absences (Ed Code 48205).

**COVID-19 Testing** (Guideline 8)
Marin County Public Health is working with public school districts on plans to implement testing requirements. Miller Creek School District schools and sites will cooperate with Public Health to support testing strategies to mitigate transmission of COVID-19, including recommending the testing of staff who have regular daily contact with students before site-based classroom instruction is resumed, and then no less than once every two months.

Students are not required to be tested. However, in the event of a COVID-19 exposure or at the onset of symptoms, all protocols should be administered, including the parents/guardians contacting healthcare providers/Public Health for additional steps, including testing if advised.

**Community Clinics in Marin County**
You can find a list of community health centers and clinics in Marin County on the Redwood Community Health Coalition's website. These health centers and clinics are dedicated to providing high quality, affordable health services to families and children and will serve uninsured/underinsured families.

**Physician Clearance**
Students who have a health condition which may potentially place them at higher risk should consult with their medical professional/s prior to returning to the classroom. The school will be in communication with parents/guardians should this be necessary as a letter from the physician may be required. A physician’s verification of a student’s illness or quarantine may be required to be submitted in order to excuse absences.

**Immunizations**
On August 26, 2020, Public Health issued an updated School Readiness Letter to all Marin County families regarding immunizations for the 2020-2021 school year. Per Public Health, by following their guidance, schools can safely and successfully return to in-person learning. The goal is maintaining a case rate less than 100 cases per 100,000 persons for 14 consecutive days, which will allow schools to reopen for in-classroom instruction. Review the following “back to school” requirements and recommendations from Public Health:

- California law requires all students enrolled in state schools, both public and private, to have certain immunizations. Marin County schools are required to check immunization
records for all new student admissions at TK/Kindergarten through 12th grade and all students advancing to 7th grade before entry. These requirements remain in effect for students enrolled in distance learning. Visit https://www.shotsforschool.org/ to learn more.

- Marin County Public Health is strongly encouraging all students, families, and school staff to receive the influenzae vaccine. During the SARS-CoV-2 pandemic, where COVID-19, like influenza, causes respiratory symptoms, it is even more critical.

- Limit travel and social activity to limit COVID-transmission in your household. Remember students/children can only participate in up to two childcare and youth programs simultaneously.

- Instruct students in safely wearing and taking off face covers, proper hand hygiene, and respiratory etiquette.

- Parents/Guardians are not to send their student to school if they exhibit any symptoms of COVID-19. Learn more about daily home symptom screening at: https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/symptom-screening.html.

**In the Event of a Classroom/School Quarantine**

Should a classroom or school be required to quarantine, remote learning will take the place of site-based classroom instruction. The classroom will pivot to distance learning through the Google Classroom platform. Any necessary technology or equipment for students to access learning will be provided.

**School Actions and Communications in Case of Possible Exposure at School**

Families will be notified of school or cohort closures and any restrictions in place to prevent COVID-19 exposure (e.g., limited hours of operation) as soon as possible.

**Minimize Close Contact at Arrival, Departure & Throughout School Day**

As much as practicable, minimize close contact between students, staff, families, and any other community member during arrival, departure, and throughout the school day.

Arrival and drop-off times/locations may be staggered as consistently as possible to minimize mingling between students in different cohorts. There will be designated areas for entry to and exit from the school. Your school site will provide information on their specific protocols for the drop-off and pick-up process.

1. Parents/guardians will need to stay in the car or outside the school campus when they bring their child(ren) to and pick them up from school.
2. Students will need to go directly to their designated classroom or meeting location.
3. Direct contact at school between students, staff, families, and the community will be minimized at the beginning and end of the school day.
4. Students who arrive after school has started will need to check into the office before reporting to class.
Maximum capacity of all workspaces and classrooms allowing for maintenance of the 6 ft physical distance recommendations without restricting access to materials has been identified. Time spent in proximity of less than six (6) feet between individuals shall be minimized to the extent possible.

- Tape or other markings have been placed at least six feet apart on sidewalks or other walkways near public entrances with signs directing students to use the markings to maintain distance.
- All desks or individual workstations are separated by at least six feet or employees otherwise maintain six feet.

**In-Person Class Size** (Guideline 11, 12)

K-5: When students return to in-person instruction in the hybrid model, it will be in small groups (up to 12) for 3-hours of in-person instruction per day. If the class size has reached its maximum capacity of 24, in order for on-site groups to be no more than 12 students, no additional students will be added to the cohort roster.

6-8: When students return to in-person instruction in the hybrid model, it will be in small groups (up to 20) for in-person instruction. Student class sizes for in-person instruction will not exceed 20 students. If the class size has reached its maximum capacity of 20, in order for on-site groups to be no more than 20 students, no additional students will be added to the cohort roster.

While some middle school classrooms will primarily operate separately as fixed cohorts and school-wide mixing will not occur, some classes/activities may be conducted with students from more than one classroom, making a larger cohort.

For students in grades K-8 who enroll after the start of the in-person learning sessions, the School Nurse or Health Aide will conduct a health check interview with the student's parent/guardian, including assessing information about contacts outside the family and/or the social bubble in order to determine when it would be appropriate for the student to join an existing on-site hybrid group. If a brief quarantine period at home is advised before joining the on-site class, the student would participate in all learning activities of the hybrid class during the remote portion of the day and have independent assignments or additional small group lessons with an instructional support provider during the live instruction portion of the day.

School staff will maintain accurate attendance data for these groupings by taking daily attendance in Aeries, the Student Information System used in the District. Specific cohort tracking data for 6-8 students will be collected in Aeries through period by period attendance records.

**Other Guidance** (Guidelines 15, 16, 17)

- School sites will assign campus supervisors and administrators to direct traffic and manage compliance of physical distancing protocols.
- School sites place markings on the ground to facilitate physical distancing of six feet or more at all school entry and exit points, crosswalks nearby the school, and high traffic areas. Most passageways are outdoors. Student movement on the campus is supervised by staff. In order to help maintain physical distancing requirements in all common areas.
walkways and congregation areas (both outdoor and indoor), schools have created unidirectional paths of travel where applicable. (These pathways are marked with arrows to indicate the direction of travel.) Six (6) feet physical distance spacing requirements are marked around campuses.

**Classroom Guidelines (Guidelines 10, 13, 14)**
Staying 6 feet apart from students can prove to be challenging let alone keeping students physically distant. To alleviate this, teachers and staff are recommended to place tape in areas such as the student desks, hallways, and restrooms to represent physical distancing. When practicable, teachers and staff are also arranging desks to face forward.

**Other Considerations**
- Clutter and Unneeded/Porous Materials will be removed. For example, there will be a reduction in the amount of furniture, equipment and supplies in order to facilitate distancing.
- Non-classroom space for instruction (including outdoor space, multi-use, gyms, or cafeterias), especially if doing so will allow for greater distancing between students, will be considered and used where practicable.
- Related service providers (e.g., Speech Pathologists, Occupational Therapists, Teachers of the Visually Impaired, Orientation and Mobility Specialists, Deaf and Hard of Hearing Specialists, Physical Therapists), School Psychologists, School Nurse and administrators may visit and/or instruct in more than one classroom and will follow Public Health guidance.

**Outdoor Space and Ventilation**
Room ventilation is important to minimize the transmission and infection from COVID-19 by reducing the airborne concentration of the virus and thus the risk of transmission and infection of COVID-19 through the air. All locations with functioning windows shall be encouraged to keep them open depending on weather, temperature, or air quality conditions.

Site staff will be provided information on the use of their classroom and office HVAC systems in order to operate them in the mode which delivers the freshest air changes per hour. Industrial HVAC air filters are installed in commercial HVAC systems to remove airborne contaminants from the air stream. The minimum reporting value (MERV) rating of a filter measures how efficiently it removes contaminants from the air stream based on the size of the particles it can effectively capture. The higher the filter rating the more effectively the filter traps small particles. The District purchases and installs the highest rated MERV filters that are compatible with the HVAC systems on the school site and the current filter replacement schedule being implemented this year will change them every 60 days.

Classrooms and/or other classroom spaces or workspaces without adequate HVAC will be equipped with HEPA air filters with a large enough capacity and flow rate for the square footage of the room.
Weather and air quality permitting, teachers and staff are encouraged to utilize outdoor space and open windows and doors to maximize air flow. It is important to note that ventilation is one of a number of Public Health guidelines (i.e., facial coverings, increased hand washing and disinfection, physical distancing, etc.) we will be implementing to mitigate the risk of exposure for students and staff during the 2020-21 school year.

Use of outdoor spaces on the campus and in the community will be utilized to the maximum extent possible and use of covered outdoor areas will be utilized to the extent practicable for instruction. A schedule is being developed for use of these spaces.

Under the direction of Public Health, when the air quality remains poor, and it is not possible to open doors and windows, staff can safely use air conditioners and/or fans to circulate air in the classroom. Of course, this is with the understanding that all other protocols are in place. Please see the [Marin County Air Quality Outdoor Activity Overview and Communication Protocols for Schools during COVID-19](https://airnow.gov) for use of outdoor space when air quality is low. The table shows modifications for outdoor physical activity based on the Air Quality Index (AQI). Resources for Air Quality Data specific to our area can be found on: [airnow.gov](https://airnow.gov).

**Student Materials** (Guidelines 26, 27, 28)
As much as practicable items for student use are individually separated from other students in individually labeled containers, cubbies or other areas. Privacy boards or clear screens are extra barriers for student and teacher contact that can be considered. Discourage students from sharing items that are difficult to clean, sanitize or disinfect. Limit sharing of supplies between students and disinfect between uses if sharing is unavoidable.

**Visitors** (Guideline 29)
Parent/Guardian volunteers are not permitted to be in the classroom or on campus at this time, unless a scheduled appointment is made. Any arranged visitor must complete the Health Screening using a QR code that will be posted outside the office. Parents/guardians should contact the school office if there is a need to drop off medication, specialized equipment, or other necessary documentation that cannot be completed electronically so that arrangements can be made for drop off.

**Non-Classroom Protocols** (Guideline 20, 21, 22)
1. Restrooms
   - Limited number of students permitted in the restroom at one time;
   - Staggered schedule for each class/cohort to the extent practicable;
   - Assigned certain classrooms to specific restrooms;
   - Scheduled cleaning throughout the day;
   - Touchless soap and paper towel/air dryer dispensers;
   - Touchless or lidless trash cans;
   - Open windows if possible;
○ Visual cues for social distancing on the floors; and
○ Support staff and administrators monitoring bathroom use and capacity.

2. Library
○ Health & Safety Station with hand sanitizer and extra face coverings;
○ Removal of all common use items such as pens, supplies
○ Frequently wiping down high-touch surfaces in between uses;
○ Posted signage on hygiene etiquette;
○ Sanitizing wipes available at book check out stations;
○ Books distributed by library staff to minimize unnecessary contact;
○ Opening windows and doors;
○ Designated seating for students, facing one way;
○ Plexiglass shields for all staff desks and check-out areas;
○ Designated routes for entry and exit to the library limiting students entering and exiting at the same time if possible;
○ Physical distancing of six feet between adults and between adults and students; and student seating 6 feet apart from each other.

3. Lockers
○ Lockers will not be in use so as to limit the congregation and mixing of students in hallways

4. Playgrounds and Recess
○ Use of shared playground equipment will be limited in favor of physical activities that require less contact with surfaces, and shared equipment will be cleaned between uses; and
○ Recess activities in separated areas designated by class and/or staggered throughout the day. For example, one cohort could use the play structure on Mondays, another on Tuesday and so forth.
○ Minimizing the congregation of movement through hallways as much as practicable. For example, establish more than one way to enter and exit a campus.

5. Staff Break Rooms:
○ Health & Safety Station with hand sanitizer and extra face coverings;
○ Limiting the number of staff permitted in the break room at one time to allow for physical distancing;
○ Encouraging staff to eat meals in a different location (i.e. outside or well ventilated areas where 6 feet of physical distance can be maintained);
○ Removal all common use items such as pens, supplies, eating utensils, etc.

6. School Office
○ Have available Health & Safety Stations with soap, sanitizer, gloves, face coverings, sanitizing wipes;
○ Space staff 6 feet apart;
○ Visual cues on the floor to demonstrate physical distancing;
○ Plexiglass barriers between staff;
○ Limit traffic to accommodate physical distancing;
○ Directional one-way walking areas;
○ Designated routes for entry and exit to the school office limiting traffic;
○ Removal of all common use items such as pens and supplies; and
○ Sanitizing high touch areas and items such as counters and phones

Face Coverings (Including Face Shields and Clear Coverings) (Guideline 24, 25)

Face coverings are required to be worn properly at all times by all staff, all students in grades K-8, all administrators, and any visitors on campus over two years of age on the campus both indoors or outdoors. The principal will develop and share with staff a plan to address the situation of students and others who are not in compliance with the face-covering requirements. Noncompliant students will be sent to the office, isolated from others, and families will be called to bring noncompliant students home.

American Academy of Pediatrics President Sally Goza, MD, FAAP stated, “Children are incredibly adaptable and resilient. Just like children understand that they must wear bicycle helmets and buckle into their car seats, they will come to learn to wear masks routinely when necessary. This virus is going to be with us for some time, and face coverings are a proven, effective way to prevent the spread of COVID-19. As parents prepare to send their children to school and into childcare settings, cloth face coverings should be part of their new normal.”


NOTE: If a student refuses to wear a face covering, the student must be excluded from on-campus instruction, unless they are exempt, or until they are willing to wear a face covering. Students who are medically exempt from wearing a mask need a healthcare provider’s note before coming to school. Students excluded on this basis should be offered other educational opportunities through distance learning. Disposable paper face coverings are thinner and may be less effective, but may still be used as a face covering to meet the requirement.

Face Covering Guidance

Cloth face coverings are an important additional step to help slow the spread of COVID-19 when combined with everyday preventive actions and physical distancing in public settings. On April 17th Marin Public Health issued a public health order requiring the use of face coverings when people interact with others who are not members of their household in public and private spaces.

● Governor Gavin Newsom issued an additional order on June 18th, mandating face coverings for the entire state. Both orders are in effect until further notice.
● Staff are expected to provide regular and as needed instruction on face covering etiquette;
- Schools are to provide face coverings to students who inadvertently fail to bring a face covering to school to prevent unnecessary exclusions.
- Face coverings are required on buses. The guidance acknowledges that a full 6 feet of physical distancing may not be practicable on buses, therefore face coverings are essential. Physical distancing should be maximized to the extent practicable.

A face covering can be a covering made of cloth, fabric, or other soft or permeable material, without holes, that covers only the nose and mouth and surrounding areas of the lower face. Halloween or plastic masks, ski masks with holes for the nose or mouth, or masks that have a one-way valve designed for easier breathing (the valves are often a raised plastic disk about the size of a quarter, on the front or side of the mask) are NOT considered an acceptable face covering.

The face covering guidance recognizes that there are some people who cannot wear a face covering for a number of different reasons. The California Department of Public Health released Guidance for the Use of Face Coverings on June 18. The following exemptions are detailed:
- Persons younger than two years old.
- Persons with a medical condition, mental health condition, or disability that prevents wearing a face covering. This includes persons with a medical condition for whom wearing a face covering could obstruct breathing or who are unconscious, incapacitated, or otherwise unable to remove a face covering without assistance. A healthcare provider’s note is required in these circumstances.
- Persons who are hearing impaired, or for those communicating with an individual who is hearing impaired, where the ability to see the mouth is essential for communication.
- Persons who are obtaining a service involving the nose or face for which temporary removal of the face covering is necessary to perform the service.
- Persons who are engaged in outdoor work or recreation such as swimming, walking, hiking, bicycling, or running, when alone or with household members, and when they can maintain a distance of at least six feet from others.

Facial Coverings - Medical or Behavioral Contraindications
- The CDC recommends that cloth facial coverings should not be worn by anyone who has trouble breathing, is unconscious, incapacitated, or otherwise unable to remove the face covering without assistance (CDC, 2020, July 16). If a child is exempt from wearing a mask for medical reasons, the school needs a healthcare provider’s note.
- Some students with sensitivity to touch, smell, or pressure may not tolerate facial coverings.
- The CDC also recommends that adaptations and alternatives should be considered whenever possible to increase the feasibility of
wearing a mask or to reduce the risk of COVID-19 spreading if it is not possible to wear one.

- When wearing a mask is not feasible here are some considerations for individuals who must wear a face shield instead of a mask:
  - As per the CDC: Although evidence on face shields is limited, the available data suggest that the following face shields may provide better source control than others:
    - Face shields that wrap around the sides of the wearer’s face and extend below the chin.
    - Hooded face shields.
  - Face shield wearers should wash their hands before and after removing the face shield and avoid touching their eyes, nose and mouth when removing it.
  - Disposable face shields should only be worn for a single use and disposed of according to manufacturer instructions.
  - Reusable face shields should be cleaned and disinfected after each use according to manufacturer instructions.

The CDC does not recommend the use of face shields for normal everyday activities or as a substitute for cloth face coverings because of a lack of evidence of their effectiveness for source control.

**Proper Face Covering Etiquette**
Wear your cloth or disposable face covering properly to help model the behavior to your child. Face covering must be worn over the nose and mouth, while avoiding touching the face covering during wearing. A face covering can be removed for meals, snacks or when it needs to be replaced. When a face covering is temporarily removed, it is to be placed in a sealable plastic container or bag provided by parents, marked with the student’s name.

**Wearing Face Coverings Correctly**
- Wash your hands before putting on your face covering;
- Put it over your nose and mouth and secure it under your chin;
- Try to fit it snugly against the sides of your face;
- Make sure you can breathe easily; and
- Avoid touching the face-covering while it is on. If you do need to touch or adjust the face covering, wash your hands right away.

**Removing Face Coverings Correctly**
- Untie the strings behind your head or stretch the ear loops;
- Handle only by the ear loops or ties;
- Fold outside corners together;
- Be careful not to touch your eyes, nose, and mouth when removing. Wash hands immediately after removing; and
- Place covering in the washing machine.
Face Shields and Clear Masks
Face shields are available for teachers and staff to use with their students. Instructional staff will be provided a Humanity Shield and a Clear Mask which are appropriate for all-day use so students can see their teacher’s face. Per Cal/OSHA, considerations for face shields should include a cloth drape attached across the bottom.

Hand Hygiene Practices (Guideline 23)
Proper hand hygiene is one of the best ways to remove germs and avoid getting sick. The CDC has resources available to teach techniques and explain the reasons behind the increased frequency of time spent washing hands.

Five steps to proper handwashing
1. Wet your hands with clean, running water (warm or cold), turn off the tap, and apply soap.
2. Lather your hands by rubbing them together with the soap. Lather the backs of your hands, between your fingers, and under your nails.
3. Scrub your hands for at least 20 seconds. Need a timer? Hum the “Happy Birthday” song from beginning to end twice.
4. Rinse your hands well under clean, running water.
5. Dry your hands using a clean towel or air dry them.

Staff and students should wash their hands as soon as they arrive in the classroom. Most classrooms have a sink with soap available, but the restroom can be used as well. All classrooms have a touchless hand sanitizer station.

The CDC suggests hand washing at the following times:
- **Before, during, and after** preparing food
- **Before** and **after** eating food
- **Before** and **after** caring for someone at home who is sick with vomiting or diarrhea
- **Before** and **after** treating a cut or wound
- **After** using the toilet
- **After** changing diapers or cleaning up a student who has used the toilet
- **After** blowing your nose, coughing, or sneezing
- **After** touching an animal, animal feed, or animal waste
- **After** handling pet food or pet treats
- **After** touching garbage

How to Use Hand Sanitizer (when hand washing is not practicable)
- Apply the hand sanitizer to the palm of one hand (read the label to confirm the correct amount).
- Rub your hands together.
- Rub the sanitizer over all the surfaces of your hands and fingers until your hands are dry. This should take around 20 seconds.
**Cough & Sneeze Etiquette**

It is important to add these preventative measures to reduce the spread of COVID-19 and other illnesses to students’ daily routine.

- Cough and sneeze into a tissue or into the crook of the elbow, throw the tissue into the trash right away and wash hands.
- Avoid touching the eyes, nose, and mouth with unwashed hands.
- Avoid close contact with anyone who is sick.
- Maintain a distance of 6 feet from others outside your home. Keeping distance from others is especially important for individuals at higher risk for severe illness.
- Encourage your student to ask questions and express their feelings with you and their teachers. Remember that your student may have different reactions to stress; be patient and understanding.

**Student Access to Drinking Water**

All drinking fountains are closed at this time in order to reduce virus transmission. Students should bring their own filled water bottles to school each day. Water bottle fill stations have been installed at each campus.

**Isolation Protocols (Star Space, Lion’s Lounge, Eagle’s Nest, Panther’s Perch)**

Should a student develop or demonstrate symptoms of COVID-19 and/or have a temperature greater than or equal to 100.4 while at school, staff is to isolate the student from other students/staff members in a predetermined Isolation Area until they are sent home or to a healthcare facility if symptoms indicate a need for further evaluation.

Please instruct your student to visit the school health specialist/nurse’s room if they feel sick or are injured. This is a high risk area. If the student’s health concern is not urgent, teachers and staff will attempt to resolve the matter with first aid interventions in the classroom before sending the student to the isolation area.

If your student is feeling worried or anxious, they can sometimes present with physical symptoms (eg headache, abdominal pain). Help your child learn how to deal with anxiety in a healthy way.

While in isolation, a staff member is to monitor the student and adhere to the following protocols:

- Staff who interact with a student who becomes ill while at school should use **Standard and Transmission-Based Precautions** when caring for sick people;
- A student who is sick should go home or to a healthcare facility depending on how severe their symptoms are, and follow **CDC guidance for caring for oneself and others** who are sick;
- Educators who are working with a potentially COVID-19 positive or symptomatic student should wear recommended Essential Protective Equipment (EPE) which have been provided, especially if the student cannot wear a face covering;
- A student exhibiting symptoms is required to wear a face covering when practicable;
● Parent/Guardian/Emergency Contact to be contacted for student expeditious pick-up. All Parents/guardians should have by now predetermined a transportation plan in the event of this scenario. If this is not the case, please contact your principal.
● When the parent/guardian or emergency contact arrives to pick up the student, that person should remain in the vehicle, contact the office/classroom and wait for the student to be escorted outside;
● Student’s parent/guardian are to contact their healthcare provider or Public Health for further direction, doctor visit and/or a COVID-19 test;
● This information will be reported to the Public Health Liaisons for that site;
● If a school needs to call an ambulance, they should alert the dispatch that the student is experiencing COVID-19 symptoms or may have been exposed to someone with COVID-19; and
● In addition to ensuring sufficient time for enough air changes to remove potentially infectious particles, staff should clean and disinfect before the room is used for another.

Note: In developing plans for placing students with symptoms in an isolation area, staff is always mindful of appropriate safeguards to ensure that students are isolated in a non-threatening manner, within the line of sight of adults, and for very short periods of time. Appropriate location for isolation of a student may depend on the individual student (e.g., school isolation location such as nurse’s office, safe outdoor location, inside the classroom with other staff and students removed).

Food Services (Guideline 22)
Through Distance and Site-Based Learning, eligible MCOE students will be provided free and reduced lunch as well as paid “grab and go” meals. All meals are served using disposable food items, such as utensils and dishes, and is prepackaged for each individual. Ensuring the safety of all and abiding by physical distancing, all meals are served outdoors, and/or hallway breezeways when practicable.

Staff must follow physical distancing guidance in the lunchroom and staff break rooms. Staff are encouraged to eat outside instead of the classroom. However, if eating in the classroom, staff follow hygiene and sanitizing guidelines to wash hands before and after eating and to clean/sanitize the area.

Food Preparation & Distribution
For school nutrition professionals, educators and volunteers working in meal preparation and/or distribution at a school, school site settings, the following protocols are adhered to:
● Follow all requirements issued by the County’s Department of Environmental Health to prevent the transmission of COVID-19 in food facilities.
● Face coverings, gloves are required for all staff
● One way travel with 6 foot markers
● Outdoor pick-up when practicable
Availability of hand washing/sanitizing stations

Limit close contact with others and maintain a distance of at least 6 feet, when possible.

Meals should be pre-portioned or pre-packaged and distributed by a teacher.

Wash your hands regularly with soap and water for at least 20 seconds. An alcohol-based hand sanitizer containing at least 60% alcohol can be used, but not as a substitute for cleaning hands with soap and water.

Substitutes
Substitute teachers are required to complete a COVID-19 Substitute training, which was conducted on Monday, August 10, 2020. A taped version is available to review to meet this requirement and is posted on the Rethinking Schools Website.

Substitutes will be provided with Marin County Public Health Guidelines, and are expected to review and adhere to all school/district guidelines in the School Site-Specific Protection Plans of schools they are assigned to.

Substitutes are strongly recommended to be tested before their first contact with students, and then no less than once every two months.

Substitutes will conduct daily health screening required by each school and detailed in School Site-Specific Protection Plans, and are expected to conduct daily health screening self-assessment, which may be completed through an online survey. (Safety iPASS Visitor/Sub Daily Health Screening)

Gatherings (Guideline 18)
Large gatherings (i.e., school assemblies) are currently prohibited. Gatherings larger than a classroom or cohort are not allowed.

Meetings
During hybrid/in person instruction, meetings shall be held in person if appropriate physical distancing can be maintained. If there are too many participants to maintain physical distancing, the meeting shall be held remotely. Whenever possible, meetings shall be scheduled during non-instructional time (including but not limited to, staff meetings, 504s, IEPs, SSTs, professional development, committee meetings, district meetings, staff gatherings, parent meetings, and parent-teacher conferences).

Extracurricular Activities
Extracurricular activities where proper physical distancing and face covering use is unattainable are not permitted. Consider outdoor options for activities when practicable.

Physical Education
Physical education is permitted only when physical distancing of at least six feet can be maintained and when offered to a stable cohort, such as a class, that limits the risks of
transmission (see CDC Guidance on Schools and Cohorting). Activities should take place outside to the maximum extent practicable.

Field Trips
The California Department of Education recommends virtual activities in lieu of field trips and intergroup events.

Essential Protective Equipment (PPE), Cleaning and Maintenance (Guideline 5)
The Marin County of Education under the guidance of Public Health and in conjunction with industry experts, has developed systems and tools to assist in the use of Essential Protective Equipment (EPE) required in the school setting, for both classrooms and offices. Each classroom has received the recommended amount of EPE to support the classroom. All products are consistent with CDC and Cal/OSHA recommendations, and meet the EPA-approved standards for use against COVID-19.

- Oxivir Sanitizing Spray (32 oz bottle)
- Paper Towels
- Sanitizing Wipes
- Hand Sanitizer
- Disposable Gloves
- Adult Disposable face coverings
- Child Disposable face coverings (1 box of 50)
- Child Cloth face coverings
- Face Shields
- Plexiglass shields

PPE for Itinerant Staff
Since many staff members travel to various school sites, each itinerant staff will receive a “Go Pack” of EPE items in the event an item is needed and/or to bring to the classroom:

- Sanitizing Wipes
- 8 oz. Hand Sanitizer
- Disposable Gloves
- Face Shield
- Disposable face coverings
- Reusable face coverings

EPE Refill Process
Essential Protective Equipment is an important part of keeping teachers, staff and students safe in the classroom. The District has implemented a process for teachers/staff to fulfill any requests. To ensure that each classroom is well-equipped with EPE supplies, a District Office Staff member will visit each classroom once a month to fulfill any requests.
What to Expect from Custodial Services
In addition to the custodial services classrooms have received in the past, educators and parents can expect the school’s custodial staff will disinfect high touch areas in the hallways, bathrooms and classrooms on a nightly basis. Playground equipment, tops of desks, countertops and restrooms will all be disinfected. It is the expectation that cleaning and sanitizing will be done throughout the day by classroom staff and on an as needed basis. Whereas disinfecting will be completed by the custodial staff.

Cleaning, Sanitizing and Disinfecting
Staff follows label instructions on all cleaning, sanitizing and disinfectant products. Prior to the use of any cleaner, sanitizer, and disinfectant, office and school staff are properly trained and have access to EPE. The 2000 Healthy Schools Act (Assembly Bill 2260) further requires all school faculty to be trained in their school’s Integrated Pest Management Plan.

The definitions for cleaning, sanitizing, and disinfection:

- **Cleaning** means to remove dirt, dust, debris, and sticky substances by washing, wiping, scrubbing, or mopping hard surfaces with soap or detergent and water. Routine cleaning of toys, floors, manipulatives, play equipment, counters, and shelves is recommended for child care settings. Oxivir cleaner is used for this purpose.

- **Sanitizing** means to kill germs at a level that reduces the risk of becoming ill from contact with germs on the surface. Sanitizing is used on food contact surfaces (dishes, utensils, cutting boards, high chair trays, tables), toys that students may place in their mouths and mixed use tables. Sani-Q sanitizer is used for this purpose.

- **Disinfection** means to destroy almost all germs that could make a person sick. Disinfecting is for toileting areas and high-touch areas that collect lots of germs (bathroom faucets and counters, diaper changing tables, toilets, sinks used in toileting routines, drinking fountains, doorknobs). Terminator disinfectant is used for this purpose.

Other Health, Safety and Emergency Drill Protocols

Medication Administration
Whenever possible, medication should be administered at home. Prior to administering “as needed” medications, teachers/staff should communicate with parents/guardians to confirm when the student received the last dose. All medication should be in original packaging and labeled with student name and expiration date. The school nurse will continue to work with families to ensure that all health documents are current and will provide training to staff to implement these orders. When providing direct student supports, staff and educators refer to The Guide for Choosing Essential Protective Equipment.

School Safety and Emergency Drill Protocols
The California State Department of Education is still developing guidance to school leaders for lockdown, fire, earthquake, and other drills. We will continue to practice emergency preparation and conduct emergency drills. Fire drills, while maintaining physical distancing, will be different.
Emergency plans during the pandemic will consider the impact on how staff and students perceive hazards during a drill versus during a real emergency. Temporary measures taken to repurpose or adapt spaces that are normally unoccupied or used for a different purpose can impact how well the means of egress serve occupants in an emergency.

Protocols our sites will practice before, during and after emergency drills include:

- It is highly recommended that administrators and educators focus intently on social-emotional well-being of students and adults related to COVID-19. Many may feel anxiety and stress from their experience of COVID-19. Initiating school emergency drills at the forefront may only add to the anxiety.

- That said, delaying emergency drills is also not prudent. School leadership will collaborate with counselors, psychologists, and their faculty and staff to identify the first opportunity to reasonably address emergency drills.

- Classroom discussions about why emergency drills are important as a good starting point.

- Administrators will have faculty and staff verbally walk students through the actions and steps of various real potential emergencies, identifying appropriate techniques and safe space locations, as well as demonstrating how they would physically distance themselves from one another.

Frequently Asked Questions (Adapted From Parent Webinar)

How often will the air be turned over in each room roughly?
Our thermostats can be set to circulate air continually during the day. Information has been provided to classroom staff on what settings to use to maximize air filtration on their units.

What specific chemicals are being used to 'disinfect' classrooms daily?
What specific disinfectants are being used between classes for desks, chairs, high touch surfaces?
Our custodial staff primarily uses three products: For restrooms and deeper cleaning, the use Terminator and for sanitizing, it’s a product called Sani-Q. Classroom staff will be using Oxivir to clean any shared materials, the desktops and high tops surfaces between groups in the classroom.

What resources- transportation, early arrival/late departure, etc. are being made available for parents who work because switching in the middle of the work day and having to drop off and pick up is incredibly disruptive to work and not viable.
At this time, we have not developed a general transportation routing plan for our buses. We are using our drivers to transport students in Special Education programs to their locations for services. We hope to work on a transportation plan as we are able to hire and train drivers.

Why not have Mon/Tue/Thur/Fri AM start & end times mirror the Wed AM times that have been being used for remote up until this point, i.e. 8:30-11:10. May help with families who are taking other children to other schools etc.?
The Reopening Team designed these hours considering several factors, one being the collective bargaining agreement for certificated staff. Two full three hour blocks in addition to teacher prep time made it difficult to schedule the day any differently.
For students receiving services through their IEP, will those remain remote during hybrid?
Please work directly with the case manager or other service providers. These decisions are made on a case by case basis.

Are HVAC systems in classrooms closed off to servicing one room (one cohort)? Does the system pull in air from the outside or only re-circulate air in the room through a filter?
We have identified that nearly all of our classroom units and vents operate independently of other classrooms. These systems recirculate air through a filter. For those that do not, other measures will be in place.

If the health department doesn't shut down in-person learning, can we expect our kids in these groups to be coming the rest of the year, or will they be alternated out with other groups of kids and return to full-time remote learning?
As long as the health department doesn’t order cohorts or schools to be closed, you can expect to stay in hybrid classes until future notice. If at some time we are able to return to a more traditional model we would need to pivot.

What sort of expectation can we set for siblings who are not yet allowed to go back to school? Is there a long-form plan for other classes/grades to open up? My second grader is heading back...but my fifth grader isn’t.
We know that this is difficult for families. Principals are working now to lay out the remaining waves and will communicate these assignments as soon as they are able. They are prioritizing for siblings to be in the same AM/PM time slot.

Are there 12 kids in AM and 12 kids in PM?
Yes. That is correct. This is the maximum number for K-5 students.

Are specific types of masks recommended?
The health department uses the term face covering, so there are options. It needs to be something your child is comfortable wearing, and should cover both the mouth and nose and fit the face snugly.

If we feel it is too soon for our kids to go back, do we have the option to keep them home?
You can talk with your site principal. There may be an opportunity to switch to a different teacher or the Virtual Academy. Of course, any changes would be based on whether space was available.

How will recess work?
Individual cohorts will have assigned equipment and a designated spot to play in. Kids will need to wear masks and keep distance from one another. They will be supervised by an instructional assistant.

Are the health specialists the school nurses or someone specific from the Health dept?
We have a district nurse and three health specialists who are employees of the district.

So you have no solution for parents who work to deal with your plan that requires students to be transported in the middle of the work day instead of having each cohort at school a day at a time?
We understand that the AM/PM schedule is not ideal for working parents. We are not able to offer transportation at this time.
What if we are not comfortable with our child returning at this time?
Please contact your school principal to discuss your concerns and options available.

Do the teachers or the janitors disinfect classrooms between classes?
Our custodial staff will do the primary classroom cleaning. Classroom staff will assist with “spritzing” with Oxivir sanitizer as needed during classroom time and between groups.

Young children often have runny noses and can be a symptom of Covid. I have seen other SSSPP’s recommend those children stay home. Is our district doing the same?
Yes. The health survey in the morning would ask a question about symptoms and then the student would not get a green badge for entry to school for the day.

Will staff be wearing face shields for their own protection?
All staff members will be wearing face coverings. They have been provided with masks and face shields to use at their choice.

What happens if a child is not properly wearing their mask? How will the teachers address this?
We will approach this like any other situation where we are teaching children to meet expectations. We will help them understand why we are asking them to engage in a certain behavior. We would also partner with individual families if a concern arises.

How do we find out what cleaning products are being used?
Our custodians will be using Terminator for their deep cleaning-restrooms, and Sani-Q for classrooms at the end of the day, common areas, etc. Classroom staff will be using a product called Oxivir for cleaning the classroom materials, counters, table tops, Plexiglas barriers, etc. in the classroom between uses.

For Safety iPASS, how does this look for the student coming from school based daycare programs?
You can complete in the morning as you will receive the email at 6:00am.

What happens if you answer that digital survey incorrectly on accident?
You can click on the link and submit the correct answer.

If a teacher is sick or has symptoms, is class cancelled?
We are working to identify local substitutes who are interested in working directly with our schools.

Have these employees and the district nurse received COVID 19 training and have they taken any competencies to prove that they are equipped to handle each case appropriately?
We have a district nurse. She is an RN and a certificated school nurse. She provides training to our health specialists and staff. She participates in regular training through the Public Health nurses.
Can we delay our re-entry and pick an entry week we are comfortable with? You can contact your school principal to discuss options.

It looks like 2 of the schools are bringing back the younger kids first (kinder). Can you tell me how the classes returning for LVE were chosen. It was my understanding that the youngest children would be returning first.

Teachers at each school volunteered to come back into the classroom in the first wave. Each site is working with those volunteers first.

My child was diagnosed with another illness/communicable disease

Depending upon the illness, a clearance from the student’s healthcare provider may be required for return to school after illness. School Notices will be sent for other diseases (as indicated) according to the MCOE Student Health Manual.
Parent / Guardian Community Health Pledge

In order to foster the safety of our students, staff, and parents in our school community, I pledge to:

- Conduct daily home symptom screening of my child / children.
- Abstain from pre-medicating my child / children with symptomatic relief medications.
- Keep my children home when they are sick or if a household member exhibits any symptoms of COVID-19.
  - Schedule COVID-19 testing and/or visit with a healthcare provider if my child / children have any of the following more common symptoms of COVID-19:
    - Fever (100.4°F/38°C or higher) or chills • Cough • Sore throat • Shortness of breath or difficulty breathing • Not being able to taste or smell • Headache • Diarrhea • Nausea or vomiting
  - Contact my health care provider if my child / children have any of the following less common symptoms of COVID-19:
    - New onset of stuffy or runny nose (different from pre-existing allergies) • Body aches • Fatigue or lethargy
- Notify the school immediately if:
  - My child / children or a household member has any symptoms of COVID-19.
  - My child / children or a household member has a known COVID-19 exposure.
  - My child / children or a household member is being tested for COVID-19.
- Follow Marin County Public Health’s isolate / quarantine orders if indicated.
- Limit my family’s travel and social activity to reduce possible exposure to COVID-19.
- Limit my child’s / children’s participation to two (2) cohorts.
- Limit my family’s participation in group activities and gatherings with mixed households.
- Follow public health guidelines.
- Review and support my school(s)’ School Site Specific Protection Plan (SSSPP)

__________________________
Student Name

__________________________ ___________________________ _________________
Parent /Guardian Name                   Parent /Guardian Signature               Date

Please note that the protocols and procedures subject to change in accordance with updated Public Health guidelines.