Clarke Schools for Hearing and Speech

Integrated Preschool Program Northampton
Bell Hall, 45 Round Hill Road, Northampton

COMPREHENSIVE REOPENING PLANS

FOR FALL 2020

(With Sept 14, 2020 DESE Revisions to Responding to C19 Scenarios)

Statement from Clarke Schools for Hearing and Speech
Board of Directors

Due to the 2019-2020 outbreak of the novel Coronavirus (SARS-CoV-2), which is known to cause Coronavirus Infectious Disease of 2019 (COVID-19), Clarke is taking extra precautions in an effort to reduce the transmission of COVID-19 at its school(s). These precautions include, but are not limited to, enhanced sanitation/disinfecting procedures, the use of Personal Protective Equipment (“PPE”), student, family, patient and employee screening questionnaires, temperature checks, and other measures in compliance with and based on CDC guidance, the States in which we operate and other local and regulatory agencies. While Clarke has undertaken significant efforts to reduce transmission, no individual or entity can prevent the spread of COVID-19. Accordingly, Clarke expressly states that it cannot guarantee the prevention of transmission of COVID-19 at its facilities and, therefore, makes no warranty, express or implied, to prevent the transmission of COVID-19. Clarke will continue to follow the requirements and recommendations of the CDC, the States in which we operate, and other local and regulatory agencies aimed to reduce the potential transmission of COVID-19 at its facilities.

August 2020
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**Other/ Facilities Support**

- Transportation
  - Masks
  - Distance
  - Ventilation
  - Hand Sanitizer
  - Cleaning and Disinfecting
  - Communication
  - Pick up and Drop Off Protocols
  - Bus Driver and Monitor Responsibilities

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**Certification and Health Safety Requirements**

- Masks and Face Shields
- Physical Distancing
- Student Groups
- Screening Upon Entry
- Hand Washing and Sanitizing
- Covid-19 Isolation Space
- Vaccines
- Health and Safety/PPE
- Facility Cleaning

**Fall Reopening Facilities and Operations**

- Cleaning and disinfecting
- Ventilation
- Movement protocols within buildings
- Visitor protocols
- Arrival and dismissal
- Informing everyone to ensure adherence to protocols
- Preparing spaces
- Outdoor spaces
- Fire codes and safety
- Plexiglass barriers
- Classrooms
- Staff office spaces
- Spaces for mask breaks
- Medical waiting room
- Entry and exit points
- Dismissal
- Recess
- Storage and disposal
- Handwashing and sanitizing stations
- Bathrooms
Executive Summary

Clarke School for Hearing and Speech prioritizes the health and safety of students, families, staff and support teams, while preserving our ability to meet the critical mission of providing children who are deaf and hard of hearing the learning, the listening and spoken language skills they need to succeed. We are committed to creating a culture of joyful learning supported by best practice in auditory, academic and social-emotional development. We strive to create and nurture a culture that engages all students, staff and families in the mutual expectations and practices of caring for ourselves, each other, and our community.

Our re-opening plan has at its foundation, partnering with families in their native language to ensure they are informed of our goals, their role and how we can support each other. Our decisions are made in collaboration with families guided by current relevant information on Covid-19 with guidance from the Department of Elementary and Secondary Education (DESE), the CDC and our local Department of Health. Clarke is committed to making decisions that best serve the needs of our families and staff at this time of uncertainty during an ongoing health pandemic. Our decisions will be implemented to the best of our ability as we continuously gather feedback on what is or is not working and adjust as needed.

Our plan provides intentional focus on providing all staff with training and support in remote teaching and learning, data collection, systems for monitoring progress and taking attendance.

Clarke School for Hearing and Speech Integrated Preschool Program in Northampton is prioritizing in-person instruction for preschoolers with a modified hybrid schedule. The preschool will start the fall 2020 school year with a phase-in approach. Staff will return before the opening of school for essential training in new health and safety protocols, and the school environment will be prepared for the safe return of students and staff.

The phased reopening of the preschool will begin with remote orientations for families and children on September 2-4. Partnership with parents will be critical in order to put in place consistent health and safety procedures.

Following preparation for re-entry to in-person safety procedures preschool students will begin to return by appointment September 8-14 for on-site orientation and assessment of developmental needs and skills as they return to school after five months. Remote social lunches will begin to reunite children to their peers.

On Tuesday September 15th the hybrid in-person preschool begins with children for on-site instruction from 8:30-12:30 on Tuesdays, Wednesdays and Thursdays,
followed with pre-recorded remote instruction and services for at-home time. Mondays and Fridays, beginning on Friday September 18th will be remote preschool days with a combination of real-time and pre-recorded instruction, and targeted strategies for parent carryover during natural family routines.

This plan will be reevaluated on or by October 23 and a decision will be made regarding which model of instruction will be used going forward.

The Integrated Preschool programming will adjust in response to the trends of COVID-19 in the community and the health and safety needs of children, families and staff. Preparation will allow Clarke to swiftly shift to all remote instruction if needed, and also strive toward returning to full in-person instruction when it is safe to do so.

Clarke’s programming will be as conservative as allowed by MA state agencies, and in some areas more stringent safety precautions will be used. Clarke will be in consultation with local departments of health and follow health and safety directives.
Dear Families of the Clarke Integrated Preschool in Northampton,

Thank you for your input and patience as we have carefully planned for the reopening of the Clarke Preschool this fall. Critical to this planning is our partnership with parents and caregivers. The following document outlines the fall 2020 reopening plan for the Clarke Integrated Preschool Program in Northampton. It was developed in accordance with the Massachusetts Department of Elementary and Secondary Education (MADESE) guidelines for health and safety with the goal to safely return as many students as possible to school settings this fall. Contributors to the plan included all directors of Clarke’s Massachusetts programs, input from staff, families and guidance from Clarke’s leadership.

Clarke’s priority is the health and safety of all students, families, staff and support teams, while also preserving our ability to meet our critical mission: providing children who are deaf or hard of hearing with the listening, learning and spoken language skills they need to succeed. Clarke acknowledges that preschool children with and without hearing loss and other disabilities are particularly in need of in-person services so that they can develop the socialization, motor and communication skills that are vitally important at this age. We are committed to a culture of joyful learning supported by best practice in auditory, academic, and social-emotional development. We strive to create and nurture a culture that engages all students, staff and families in the mutual expectations and practices of caring for ourselves, each other, and our community.

We have carefully followed the state and local trends of COVID-19 as provided by the Departments of Public Health and state advisories and recommendations on best practices for health and safety to limit the risk for children, families, and staff. After careful consideration of all models of instruction, we have determined that adjusting our preschool schedule and operating procedures for a hybrid model of in-person instruction will support both safety and successful growth and learning of our students.

Our plan takes into consideration our unique population of learners who are deaf or hard of hearing and some who are English language learners, may have additional disabilities, may lack reliable internet or a suitable learning space at home and may be significantly behind academically.

The hybrid model of instruction will allow students to return to school for in-person instruction for part of the week, while also receiving the benefit of enhanced remote instruction through telepractice that incorporates partnership and a coaching model with families. Families also have the option of receiving full remote instruction.
Returning to in-person preschool will require essential health and safety practices including partnering with families on daily health screenings, keeping children home when sick, the use of face masks and/or shields, frequent hand-washing, social distancing, cleaning and sanitizing, and learning new routines for use of materials. Students and families will be prepared through education and training on new health and safety requirements, new routines and protocols prior to in-person and on-site attendance.

As we return to school this fall we will continue to work closely with the local and state departments of health, and make adjustments as necessary to respond to the needs of the Clarke community and surrounding public health trends. At times, these adjustments may need to be rapid responses to prioritize health and safety, and I want to assure families that our planning is broad and prepares us to make swift and smooth transitions to full remote instruction if needed. Again, our hope and vision is to return to full-time in-person preschool as soon as possible.

We thank you and look forward to our continued partnership in sharing the responsibility of caring for and nurturing your children’s present and future.

Sincerely,

Marian Hartblay, M.A.T., M.E.D., LSLS AVEd
Director of Early Childhood, Northampton Campus
Guidance from the Department of Elementary and Secondary Education (DESE) requires all schools to provide plans that address three possible learning models for this fall. All three of our plans are described below:

- An in-person learning model with new safety requirements and modified classrooms and schedules
- A hybrid learning model with students alternating learning between in-person and remotely instruction
- A full remote learning model with all students learning at home

**CLARKE INTEGRATED PRESCHOOL PROGRAM RE-OPENING MODEL**

**Begin with Hybrid Learning**

- **Move to In-person Learning** Modified Schedule (within 8 weeks, if possible)
- With the option to remain Hybrid or move towards Remote Learning, if necessary

In all of our plans, two things remain constant:

**Data Collection and Monitoring Progress**

All students will be assessed consistent with our policy and procedures in place prior to Covid-19 no matter what model we are following, in-person, hybrid, or remote. Flexibility will be considered in unavoidable situations such as family members experiencing significant health issues related to COVID-19. Our Outreach Team will work with these families to ensure they receive the appropriate support and wraparound services they need.

**Learning Standards**

All students – whether learning in-person or remotely – will have access to developmentally appropriate instruction in all content areas included in the Massachusetts curriculum frameworks/Preschool Learning Experiences. Individual student needs will be considered, and instruction differentiated as needed. All students will have opportunities to engage in enrichment opportunities and receive intervention supports as needed.
The Clarke Integrated Preschool Program in Northampton will begin the fall school reopening with a **phasing-in period for a HYBRID model of instruction which will include a combination of in-person and remote instruction for structured learning, therapies and related services.**

Clarke is following requirements set forth by the MA Department of Elementary and Secondary Education (MA_DESE) and reviewing recommendations provided by Early Education and Care (MA EEC). Clarke acknowledges that preschool children with and without disabilities are particularly in need of in-person services so that they can develop the socialization, motor and communication skills that are critically important at this age. Clarke preschool will strive to phase-in to full time in-person instruction but will also be prepared to adjust to full remote services if necessary. Clarke will partner with families to ensure close communication and planning, especially for families and children who are new to our preschool program.

**A phase-in period** will allow for Clarke to prioritize and prepare for the health and safety children, families, and staff, prepare the school environment for new requirements.

The **hybrid schedule** will provide 3 mornings per week (Tuesday, Wednesday, Thursday) in-person (8:30-12:30) for large and small group instruction and therapy services, and the remaining 2 days per week (Monday and Friday) will include at-home remote instruction and services. **This plan will be reevaluated by or on October 23 and a decision will be made on which mode instruction will continue.**

**Full remote option:** Students who are immune-compromised or whose parents decide to keep them home will be provided with remote learning instruction and services consistent with their IEP and remote learning plan. This will include at a minimum synchronous auditory/speech/language therapy and large or small focus group lessons.

**The Phasing-in Period**

The phase-in period is planned with the intention of keeping families, children and staff healthy, safe and emotionally secure. Training for new safety protocols with parents and children will begin with remote sessions, followed by individually scheduled in-person orientations. Children will then be scheduled for individual in-person assessments and orientations at school and participate in remote social lunches to reunite with peers. Finally, children will return as a cohort group or learning “pod” for 3 days of the week, while having full remote school on the remaining 2 days of the school-time week. Remote learning will include both synchronous (live with teachers) and asynchronous (prerecorded or experience-guided instruction) which may include carryover of in-person lessons through pre-recorded lessons available on-line, read-aloud time, a family learning game, etc.). Families will be provided with targeted strategies for parent carryover during natural family routines.
Training and support for students, families, and staff members
An orientation period for children is critical. Children will require explicit developmentally-appropriate and modified instruction in new social and hygiene routines such as: greeting from a distance, recognizing teachers and peers in PPE, health screenings; entering and exiting school; social distancing; hand hygiene; wearing a mask and appropriate use of protective equipment such as masks or shields (preschool children will be strongly encouraged but not required to wear masks or face shields while in school); routines for snacks/meals; remaining in the same classroom and outdoor spaces; assigned seating/work/play areas; individualized use of manipulatives; cleaning and disinfecting; passing in hallways; bus transportation; and use of bathroom or diapering routines. All Clarke students with hearing loss require auditory technology for access to curriculum; management of personal hearing technology; adult and peer use of PPE that provides visual information of the speaker's face.

New procedures for Parents/Guardians: Each morning before or upon arrival for in-person preschool, families will sign a written “Family Attestation” form (declare evidence) that they have screened their child’s health for symptoms of COVID-19 or any household contacts or exposures with COVID-19.

Preschool children who ride a bus to school will have assigned seating and will be encouraged to wear a mask. Students will have temperature checks upon entrance and wellness monitoring 2x per day, (For more information see the full Health and Safety Policy and Procedures and COVID-19 addendum).

Preschool children will remain with their primary learning group or “pod” throughout the school day with minimal movement throughout the building, and follow additional routines for hygiene, cleaning and sanitation of materials and high touch surfaces. The preschool pod will include 1 lead teacher of the Deaf/Hard of Hearing, 1 assistant teacher, a Speech Specialist, an SLP, an educational audiologist, the director, and 6-9 children. Contracted related services personnel will provide remote consultation to teaching staff and remote services to students in school and/or at home, with the possibility of in-person outdoor services, weather permitting.

Technology for access to remote instruction will be provided if needed to the students including direct audio input for hearing technology, quality internet access and computers. Clarke will work with all sending districts to ensure students have what they need to successfully learn remotely.

Unique access needs children with hearing loss
Preschool-aged children are all in a critical developmental period of acquiring language. Children who are deaf or hard of hearing require optimal auditory access to learn to use listening and spoken language. Therefore, to support this critical learning period, the following needs will be addressed:
  o Readiness for hearing technology for direct audio input to computers
  o Access to technology such as an iPad or computer and the effectiveness of microphone
  o Educational audiological support will be provided via Zoom sessions for troubleshooting and to ensure optimal access

Communication with families and caregivers  The REMINDER app, email, text messaging, phone calls, weekly emails or whatever works for individual families will be used to exchange communication with families. We will work closely with families to guide and coach them on how they can support their child’s learning. If language translation is necessary, it will be provided.
Attendance for both in-person and remote preschool will be taken and tracked in an Excel spreadsheet monitored by the Office Manager. Attendance will closely be tracked by each time block.

IEP Goals and Objectives: All services on a student’s IEP will be provided and data will be collected to assess progress and track student development. Each student will be assessed at the start of the school year to identify the appropriate Massachusetts State Standards that need to be addressed for each child

Training and support for students, families, and staff members. Clarke has established a COVID-19 Workgroup for organization-wide policies and procedures. The Clarke Integrated Preschool has also established an on-site response team which includes: The Director of Early Childhood Services, The Director of the K-8 Program, the school psychologist, the consulting nurse, and the Human Resources officer. Clarke will ensure all families and staff are familiar with using the on-line platform of instruction, and training will be provided with ongoing support available to ensure:

- Students have caregiver support during online instruction
- Students/families can log on to their device and access platforms and families can assist as needed
- Students can access curriculum and content
- Teachers can facilitate and engage each preschooler’s engaged participation, assign work, and give feedback
- Students can complete observable or documentable activities
- Teachers and families can monitor student performance (such as attention, task completion, comprehension, use of modeling, independent skills
- Students can engage with their teacher(s) for instruction and interact with other students
- All IEP services and accommodations can be met
- All families have access to information in their preferred language

There will be a plan in place to ensure all families and students have the schedules and materials (i.e. books, technology) they need to make remote learning successful (e.g. via email, text, the REMINGD app or postal mail).

Remote Instructional Plans

- Individual learning plans will be developed for all students for remote learning. Plans will outline a student’s schedule of classes, speech and language therapy sessions, and all other services required by the student’s IEP
- Instruction will be delivered through structured learning time, teletherapy, recorded lessons and video conferencing. All structured learning will be designed so that the student can access state standards/preschool learning experiences
- Teachers and staff will have frequent contact with families and caregivers.
- Packets of work will only be used to supplement structured instruction.

Access and connectivity for every student and educator. Clarke School will work with our sending districts to ensure every individual student has access to an appropriate device (such as a laptop, tablet or computer) and adequate internet (such as through household broadband or a wireless hotspot) to use for remote learning. Districts are encouraged to use multiple funding sources to ensure full access to technology.
Digital learning platforms. Remote instruction will occur using Zoom and/or Google Classroom, Google Hangout or other appropriate platforms. Supplemental learning materials such as on-line programs will also be used.

School technology systems. Clarke has an IT team to monitor and provide support with technology systems throughout the year including assigning devices, maintaining them and ensuring compliance with ERPA and COPPA.

The Clarke Integrated Preschool classroom (room 204) is located in Bell Hall and access is available via exterior doors and stairs or via an elevator. The facility is maintained for health and safety by the building management staff throughout the day and new filtration and maintenance updates and inspections were completed this summer. The preschool classroom is a bright and inviting space with windows for natural ventilation, furniture, and equipment to support movement, sufficient space (686 square feet) for social distancing of students and staff, and individual exploration through experiential language instruction and learning activities. Outdoor learning and activities will be used as much as possible.

Individual work and therapies will guide students out of the classroom to an adjacent room with ventilation (windows), or outdoors when appropriate. The preschool pod will be assigned to use one bathroom and sanitation procedures will be in place.

Snacks and Lunches: Children will be served snacks prepared for in individual servings. Children should bring pre-packed lunches home, ready to eat, and in disposable containers such as a paper bag. Children will eat lunch either in the classroom or outdoors during mild and pleasant weather. Uneaten food and containers will not be sent home. Children whose families who qualify for free or reduced lunches will be provided with prepacked lunches through cooperative arrangement of Clarke with the public school district.
This plan will be reevaluated on or before October 23 to determine with which learning model we will proceed.

The HYBRID LEARNING MODEL begins with a phase-in period and moves to 3 mornings per week of in-person assessment, instruction, and therapies, and 2 mornings of remote instruction and learning.

**PHASE-IN DATES:** Please see the calendar below for details about Orientation, Assessments and Remote Learning.

**August 28th, August 31, September 1:** Staff return for training in new health and safety protocols and preparation of the classroom and school environment, and instructional planning.

**Wednesday Sept 2:** 8:30-9:00 Remote Orientation with all families. An individual remote family appointment.

**Thursday Sept 3:** 8:30-9:00 Remote orientation with all families. An individual remote family appointment.

**Friday Sept. 4:** 8:30-9:00 Remote orientation with all families. An individual remote family appointment.

**Tuesday Sept. 8 through Monday Sept 14:** 8:30 –12:00  **On-site Individual appointments** for Assessment of students ** 12:00-12:30 Remote Social Lunch**

**Tuesday Sept 15:** In-Person Preschool begins (Tuesdays, Wednesdays, Thursdays) for whole group in the preschool Classroom following new health and safety protocols

**Friday Sept 18:** Remote Preschool begins (Mondays and Fridays)

**Friday October 23:** Reevaluate to determine with which learning model we will proceed.

**Remote re-entry orientation for parents and students Sept 2, 3, 4**

There are 3 morning orientation sessions planned for parents to offer as much flexibility as possible to participate. The goal of these sessions is to review our re-opening and respond to questions. Parents will be encouraged to join their children for our Covid-19 discussions with them later in the morning.

The goal of the 9am – noon session with students is to re-acquaint them with their peers and teachers. Sessions will include a morning meeting time incorporating Social- Emotional and Pyramid Model Supports; a social story read-aloud with their teacher; an opportunity to be social with their friends through a planned activity and snack; and, age-appropriate Covid-19 discussions about how school will look and feel different, and to begin to learn new routines and program-wide expectations.

**On-site Individual Assessments of students**

Students have not been physically in school learning for five months. Individual appointments will be made with families for their child to come to Clarke so we can evaluate their developmental needs and performance levels and plan accordingly. Health and safety protocols will be followed. There will be one student present at a time.
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<th>WEDNESDAY</th>
<th>THURSDAY</th>
<th>FRIDAY</th>
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<td>8/28</td>
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<td>8/31</td>
<td>8:00am – 3:30pm Staff Required Training and Instructional Planning</td>
<td>9/1 8:00am – 3:30pm Required Training and Instructional Planning</td>
<td>9/2 8:30 – 9:00 am Remote Parent Orientation.</td>
<td>9/3 8:30 – 9:00 am Remote Parent Orientation.</td>
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<td>9:00 - noon Student Remote re-entry Orientation* 1 – 3:30 pm Staff Planning</td>
<td>9:00 - noon Student Remote re-entry Orientation* 1 – 3:30 pm Staff Planning</td>
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<td>9/7</td>
<td>Labor Day No School</td>
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<td>9/8</td>
<td>8:30 – noon On-site Individual appointments for Assessment of students ** 12:00-12:30 Remote Student Social Lunch 1:00- 4:00 Staff Planning</td>
<td>9/9 8:30 – noon On-site-Individual appointments for Assessment of students ** 12:00-12:30 Remote Student Social Lunch 1:00- 4:00 Staff Planning</td>
<td>9/10 8:30 – noon On-site Individual appointments for Assessment of students ** 12:00-12:30 Remote Student Social Lunch 1:00- 4:00 Staff Planning</td>
<td>9/11 8:30 – noon On-site Individual appointments for Assessment of students ** 12:00-12:30 Remote Student Social Lunch 1:00- 4:00 Staff Planning</td>
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**Notes:**
- *Staff Training, Meeting and Planning/Parent Conferences/Team meetings*
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<th>Location</th>
<th>Services</th>
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<tr>
<td>9/28</td>
<td>8:30 – 2:30 pm</td>
<td>Remote Preschool Instruction and IEP services.</td>
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<tr>
<td>9/29</td>
<td>8:30 – 12:30 pm</td>
<td>On-site in-person Preschool Instruction and IEP Services. Afternoon Remote Learning Instruction</td>
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<td>9/30</td>
<td>8:30 – 12:30 pm</td>
<td>On-site in-person Preschool Instruction and IEP Services. Afternoon Remote Learning Instruction</td>
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<tr>
<td>10/1</td>
<td>8:30 – 12:30 pm</td>
<td>On-site in-person Preschool Instruction and IEP Services. Afternoon Remote Learning Instruction</td>
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<td>10/2</td>
<td>8:30 – 12:30</td>
<td>REMOTE PRESCHOOL 1:00-4:00 Staff Training, Meeting and Planning/Parent Conferences/Team meetings</td>
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<td>9/28</td>
<td>8:30 – 12:30 pm</td>
<td>On-site in-person Preschool Instruction and IEP Services. Afternoon Remote Learning Instruction</td>
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<td>10/13</td>
<td>8:30 – 12:30 pm</td>
<td>Staff Training, Meeting and Planning/Parent Conferences/Team meetings</td>
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<td>10/14</td>
<td>8:30 – 12:30 pm</td>
<td>Staff Training, Meeting and Planning/Parent Conferences/Team meetings</td>
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<td>10/15</td>
<td>8:30 – 12:30 pm</td>
<td>Staff Training, Meeting and Planning/Parent Conferences/Team meetings</td>
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<td>10/16</td>
<td>8:30 – 12:30 pm</td>
<td>Staff Training, Meeting and Planning/Parent Conferences/Team meetings</td>
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<td>10/19</td>
<td>8:30 – 2:30 pm</td>
<td>Remote Preschool Instruction and IEP services.</td>
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<td>10/20</td>
<td>8:30 – 12:30 pm</td>
<td>Remote Preschool Instruction and IEP services. Afternoon Remote Learning Instruction</td>
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<td>10/21</td>
<td>8:30 – 12:30 pm</td>
<td>Remote Preschool Instruction and IEP services. Afternoon Remote Learning Instruction</td>
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<td>10/22</td>
<td>8:30 – 12:30 pm</td>
<td>Remote Preschool Instruction and IEP services. Afternoon Remote Learning Instruction</td>
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<tr>
<td>10/23</td>
<td>8:30 – 12:30 pm</td>
<td>Remote Preschool Instruction and IEP services. Afternoon Remote Learning Instruction</td>
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</tr>
</tbody>
</table>

RE-EVALUATE WITH THE POSSIBILITY OF MOVING TO Full IN-PERSON OR Full Remote, or CONTINUING WITH HYBRID
### Clarke Integrated Preschool HYBRID MODEL

#### Weekly Instructional Schedule

*(note: mask breaks will be more frequent than noted and as needed)*

<table>
<thead>
<tr>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Full Day REMOTE PRESCHOOL:</strong> 8:30-2:30</td>
<td><strong>In-Person Preschool 8:30-12:30 Begins 9/15/20</strong></td>
<td><strong>In-Person Preschool 8:30-12:30</strong></td>
<td><strong>In-Person Preschool 8:30-12:30 Begins 9/18</strong></td>
<td><strong>Full Day REMOTE PRESCHOOL:</strong> 8:30-12:30 Begins 9/18</td>
</tr>
<tr>
<td>8:30-9:00</td>
<td>8:30 Arrival, greetings, health screening, handwashing, toilet, listening checks, Classroom Station choice time</td>
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<td>8:30-9:00 Listening Checks (Pre-recorded)</td>
</tr>
<tr>
<td>Listening Checks (Pre-recorded)</td>
<td>9:00 Community Group: Greetings, attendance, calendar, SEL. schedule for the day. 9:20 Weather Check-Mask break and stretch 9:30 Focus Lesson # 1 in small groups: (ELA) 10:00 Snack and mask break (outdoors if possible)</td>
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<td>9:00- Pre-recorded lesson-ELA Activity Box 9:30-10:00 Community Group/SEL 10:00-10:15 Snack break</td>
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<tr>
<td>9:00-9:30 Music and Sound Lessons</td>
<td>Community Group/SEL/Plan for the Day 10:00-10:15 Snack break</td>
<td>10:00 Snack and mask break (outdoors if possible)</td>
<td>10:00 Snack and mask break (outdoors if possible)</td>
<td>10:15-10:45 Focus Group ELA</td>
</tr>
<tr>
<td>9:30-10:00 Community Group/SEL/Plan for the Day</td>
<td>11:00 Choice time at individual centers/school station 11:15 Gross Motor activities-outdoors 11:45 Books and story time 12:00 Lunch (outdoors or indoors at school station) 12:30 Dismissal</td>
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<td>10:15-10:45 Focus Group ELA</td>
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<tr>
<td>10:00-10:15 Snack break</td>
<td>10:20 Handwashing and bathroom 10:30 Focus Lesson # 2 in small groups: STEM</td>
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<td>10:45-11:00 Choice time</td>
</tr>
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<td>10:15-10:45 Focus Group/ELA</td>
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<td>11:15-11:45 Movement and Exercise</td>
<td>11:45-12:00 Quiet Book time</td>
<td>11:45-12:00 Quiet Book time</td>
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<td>1:00-4:00 Staff Meetings/Parent Conferences/</td>
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<tr>
<td>12:00-12:30 Remote Social Lunch</td>
<td>12:30-1:00 ELA Vocabulary Game (pre-recorded or</td>
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</tr>
<tr>
<td>live and/or recorded for delayed family access)</td>
<td>Remote afterschool: 30 minutes: Vocabulary Game (pre-recorded or live and recorded for delayed family access)</td>
<td>1:00-1:45 Read Aloud (prerecorded)</td>
<td>1:45-2:00 Snack</td>
<td>2:00-2:30</td>
</tr>
<tr>
<td>Remote afterschool: 30 minutes: Vocabulary Game (pre-recorded or live and recorded for delayed family access)</td>
<td>15 minutes Read Aloud (prerecorded)</td>
<td>15 minutes Art Activity (Materials sent home with child)</td>
<td>30 minutes</td>
<td>Today I ___, Tomorrow I will ___. (recorded for delayed family access)</td>
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</tbody>
</table>

**Team Meetings**

**Family Enrichment Ideas for Listening and Spoken Language:**

Families will be provided with targeted strategies for parent carryover during natural family routines. For example:

- **Dinner Dynamics:** LSL Conversational Strategies Targets for Individual Children
- **Read Aloud Time:** Topics and individualized LSL targets
- **Parent Groups and Workshops:** Dates and Topics to be announced
In-Person Learning Model: To be Determined. We are hopeful that this model will be appropriate soon based upon the status of COVID-19 in our communities.

While the fall school year 2020 will open the Integrated Preschool with a hybrid instructional model (see above), we will strive to begin full five day in-person instruction when it is safe and feasible for our children, staff and families. Clarke acknowledges that preschool children with and without disabilities are particularly in need of in-person services so that they can develop the socialization, motor and communication skills that are vitally important at this age. We continue to work with families to ensure family engagement strategies are in place, especially for families and children who are new to our preschool program.

When preschoolers are able to safely increase to five-day in-person instruction, a modified phase-in schedule (e.g., earlier dismissal) may be used to reduce health risks associated with napping and daily sanitation of cots and blankets. The typical in-person schedule 8:25-2:30 pm Monday-Thursday and 8:25-12:30 on Fridays).

During the in-person learning model students receive in-person instruction full time in school with appropriately modified health and safety requirements issued by MA DESE (see Health and Safety on page X.). Some families may choose to have their child continue with a remote learning model which would provide a combination of remote instruction linked into the live classroom as well as individually scheduled remote services and instruction.

A sample schedule, subject to change, when a full-in person learning model is available is represented here:

In-Person/at school schedule: Monday through Friday (Date to be determined)
8:30 Arrival, greetings, health screening, handwashing, toilet, listening checks, Stretching/yoga.
9:00 Community Group: Greetings, attendance, calendar, SEL. schedule for the day.
9:20 Mask break and stretch
9:30 Focus Lesson # 1 in small groups: (ELA)
10:00 Snack (handwashing before and after) and mask break (outdoors if possible)
10:20 Handwashing and bathroom
10:30 Focus Lesson # 2 in small groups: Math or STEM
11:00 Choice time at individual centers/school station
11:15 Gross Motor activities
11:45 Books and story time
12:00 Lunch (outdoors or indoors at school station)
12:30 Dismissal (all Fridays)
12:30-2:30 Monday-through Thursday: 12:30 dismissal phasing in to in- person instruction
Full Remote Learning Model: Start date of this model will be based upon the status of COVID-19 in our community.

In the full-remote learning model, remote instruction and services are provided to all students, although some high-needs students may still receive services in-person services or through a hybrid model. Clarke’s priority is the health and safety of all students, families, staff and support teams, and the decision to transition to fully remote instruction and services will be guided by advisories from local and state health departments, the DESE and local school districts. Planning ahead and preparing our staff and families will allow Clarke to preserve our ability to meet our critical mission: providing children who are deaf or hard of hearing with the listening, learning and spoken language skills they need to succeed. These priorities will be prominent in each learning model of instruction.

During remote learning attendance will be required and tracked. Students and caregivers will be provided with:

- Technology to access remote learning if needed, including educational audiological supports
- Links to learning platforms and instructions for linking to remote instructional and service sessions.
- Instruction (to parents and students) on using the technology platforms
- Instruction will align with state academic learning standards and experiences
- Students and families will be provided with instructional packets and curriculum materials to be used at home during remote learning
- Both synchronous instruction (linking to real-time interaction with teachers) and asynchronous instruction (linking to pre-recorded instruction or lessons) will be used
- Student work and progress will be tracked and reported in quarterly progress reports (see Assessment and progress tracking page ??)
- Weekly communication with parents/guardians through the REMIND app (or similar), email, regular mail, phone calls, and live video conferencing, and parent groups and workshops. Written materials will be translated to the parent/guardian’s preferred language, and interpreters will be used as needed.

Sample schedule for Full-Remote Clarke Integrated Preschool: (subject to change)

Full Day REMOTE PRESCHOOL Monday -Thursday 8:30 a.m.- 2:30 p.m., Friday 8:30 a.m.-12:30 p.m.
8:30-9:00 Listening Checks (Pre-recorded) Individual IEP services begin
9:00-9:30 Specials (e.g., Music and Sound Lessons or Art)
9:30-10:00 Community Group/SEL/Plan for the Day
10:00-10:15 Snack break
10:15-10:45 Focus Group/ELA
11:00-11:15 Choice Time-Prerecorded option
11:15-11:45 Movement and Exercise
11:45-12:00 Quiet Book time
12:00-12:30 Remote Social Lunch (Dismissal at 12:30 on Friday)
12:30-1:00 ELA Vocabulary Game (pre-recorded or live and recorded for delayed family access)
1:00-1:45 Read Aloud (prerecorded)
1:45-2:00 Snack
2:00-2:30 Today I ____, Tomorrow I will ____ (live with teacher recorded for delayed family access)
Student Supports and Professional Learning

The Clarke Integrated Preschool program uses a variety of materials to support our students’ social emotional learning (SEL) and well-being including Second Step and resources available through CASEL and NASP and the Pyramid Model Consortium. Children with an educationally significant hearing loss are at greater risk for not fully developing their social and emotional skills as well as strong problem-solving abilities.

In all proposed programming we will include opportunities for further developing children’s SEL skills. The use of morning meeting, direct instruction of the language and skills of SEL as well as developing a positive growth mindset will be the focus of instruction. We will continue to integrate positive behavior supports into daily instruction in all scenarios. The Outreach Team (program director, teacher/s, school psychologist and office manager) will communicate regularly with parents/guardians to ensure student’s emotional and academic needs are met. When necessary Clarke will collaborate with sending school districts to support the needs of families.

Clarke will address how anxiety and or trauma may impact reintegration into school life by providing ongoing professional development and training for all staff in trauma-informed care and instruction. Staff will continue implementing a universal use of positive behavior supports as well as de-escalation strategies and continue supporting families and children through a prevent-teach-reinforce model.

The school year will begin with individual family meetings to provide information, check-in about concerns and to answer questions. On-going communication with parents/caregivers in their preferred language will ensure opportunities to partner with families and to provide support and available community resources when needed. The following links provide resources for families to use when talking to children about Covid-19: mental health resources for families and children https://www.mass.gov/info-details/covid-19-resources-for-early-childhood-educators

Supporting Staff
Students often take their lead from the adults around them, including the coping skills we use. For example, students show lower levels of social adjustment and academic performance when teachers are stressed. Clarke will pay special attention to the social and emotional needs of school staff to have a positive impact on student education and well-being. Staff support will be provided in the following ways:

Clarke will continue to build staff connections and foster a supportive professional culture during these times of uncertainty. This will happen through weekly check-in meetings, collaborative planning, frequent and transparent communication through email and individual meetings. Administrators will emphasize universal strategies to promote collective care (space and time for staff to support each other) as well as educator self-care (in school and at home). For staff with more intensive needs, supplemental supports are offered through Clarke’s Human Resources.
Administrators will prioritize clear communication with staff about how health, safety and other key situations related to Covid-19 will be managed and staff will have opportunities to walk through protocols and ask questions.

Reopening and transitioning to any instructional model will be complicated logistically, socially, emotionally, and instructionally. Staff and administrators will dedicate time together to process and respond to student, staff, and family feedback about what is working, what is not, and for whom.

Planning and Instruction
For all instructional learning models and services, the Massachusetts Frameworks including the Guidelines for Preschool Learning Experiences and students’ Individual Educational Programs (IEPs) will continue to guide and inform instructional content. Our goal is to prepare students both academically and socially for the challenges they may face.

Given the challenges we currently face, educators are called upon to work to ensure the communication, learning and equity needs of our deaf and hard of hearing community are met. Consideration and accommodations will be made in selecting appropriate masks and face shields to ensure optimal visual and auditory access. When planning for in-person instruction, social distancing logistics and classroom set-up will be addressed.

The Clarke team will work cooperatively to meet the needs of the students. We will continue to support all staff and students through this time. We will meet regularly to allow for staff to plan instruction, assessments and discuss needs of students, families and staff. Ongoing assessment of student needs academically and socially will allow for the Clarke team to address and maximize student learning. Opportunities for staff to collaborate is essential.

Due to concerns about increased risk of exposure, contracted related services (OT, PT, ABA, VI services) will be provided remotely in consultation with teaching staff and via direct remote services to students in school and/or at home. As feasible and with parent consent, in-person services may be provided outdoors at school, weather permitting, or via in-home services.

It will be important for the Clarke’s deaf and hard of hearing specialists to develop new and continued materials and diverse strategies to engage all students in active learning. Staff will work collaboratively to ensure deaf and hard of hearing students unique learning and access needs are considered when planning all modes of instruction. The learning team will review students’ IEPs to inform necessary modifications to instruction and service delivery. New Instructional Remote Learning plans will be developed. The Clarke team will continue to identify, collect and analyze student data in order to determine mastery and the optimal methods to support student progress. Staff will continue to track student learning using standardized assessment and criterion referenced scales, and data collection data from student language samples and videos, parent interviews and formative work sampling and portfolios.

Progress reports and or grades, where appropriate, will continue to be issued quarterly and translated to the language needed. During remote learning, parents will play an important role in data collection through guidance from staff.
The Clarke team will use technology to support instruction in and out of the classroom. The team will work to determine which technology that will meet the needs of our learners, including recommendations from educational audiologists to optimizing auditory access. We will provide training and ongoing support for students, parents and staff in the use of these tools and learning platforms.

Parent communication and all written documents will continue to be translated into the families preferred language. Clarke collaborates with sending school districts to address the needs for interpreting services for English language learners.

**Assessment: Monitoring Student Progress**

In-person or remote assessment will occur during our initial phase-in fall reopening plan to evaluate for student progress or regression and assess developmental needs that will inform programming and/or intervention. Informal assessment and data collection will be ongoing by teachers and therapists through observation, language sampling, criterion-referenced tracking tools, work sampling and parent reports

As noted above, progress reports on mastery of IEP goals will issued quarterly and translated to the family’s preferred language through collaboration with districts.

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### Other

**Facilities support**

Clarke has maintenance staff who are responsible for school cleaning and disinfecting. In some situations, staff will be responsible for cleaning various items if shared in the classroom or on the playground. Supplies have been purchased for cleaning and disinfecting. Cleaning and disinfecting will occur at least daily for shared spaces and furniture. For high-touch surfaces (e.g., door handles, light switches, handrails), cleaning and disinfecting will occur multiple times per day between uses.

An electrostatic sprayer has been purchased and will be used as needed.

**Transportation Safety**

Some preschool students are bussed to and from school each day by their sending districts in mini-vans or small school buses, while parents choose to provide transportation for some. We will work with each district in making a plan that adheres to all safety protocols. We will support bus drivers by teaching and reviewing new safety protocols for riding the bus and help to enforce the following core practices to the best of our ability given we will not have staff on the buses.

**Masks on busses**

- All staff and students on the bus, regardless of age, are required to wear masks at all times. Adults, including drivers and other transportation staff (e.g., bus monitors), are required to wear masks.
Exceptions to masks for students: Face shields may be an option for students with medical, behavioral, or other challenges who are unable to wear masks.
- Masks should be provided by the student/family, but extra disposable masks will be made available on all buses for any student who needs them.

Distance on busses
- With masks, a distance 3 feet should be adhered to.
- Distancing requirements apply both while waiting at bus stops and while in transit.
- Children from the same household should be seated together and may be seated two or more students per bench (closer than 3 feet).
- Students should be assigned to a single bus and a particular seat.
- As may be appropriate, students will have visual guidelines to remain socially distanced while waiting for bus pick up.
- Students should face forward at all times and refrain from eating, shouting, singing, or sharing items while in transit.
- Students who are not able to wear a mask while riding the bus should maintain 6 feet of distance between themselves and other students. If possible, the student should wear a face shield while on the bus.

Ventilation on busses
- Mitigate airborne transmission by increasing outdoor air ventilation and bus windows open at all times during operation, unless not possible due to extreme weather conditions.
- Consider keeping roof hatches open on buses during operation for further ventilation.

Hand sanitizing on busses
- There should be hand sanitizer dispensers on buses for students and drivers to clean hands as they board and exit. They should be placed only at the entrance of school buses within view of the bus driver or monitor to ensure appropriate use. Students and staff are required to exercise hand hygiene (handwashing or sanitizing) upon arrival to school.
- During winter months, students wearing gloves upon entry should be encouraged to keep gloves on at all times during transit to the extent possible. If the student wishes to remove the gloves, they should follow the hand sanitizing protocols outlined above upon entry and exit.

Cleaning and disinfecting busses
- We will coordinate with the district transportation department and contracted transportation providers to ensure vehicles are properly cleaned and disinfected.
  - At a minimum, high-touch surfaces must be cleaned and disinfected thoroughly after each morning route and after each afternoon route using EPA-approved disinfectants.
  - High-touch surfaces include buttons, handholds, pull cords, window latches, rails, steering wheels, door handles, shift knobs, dashboard controls, and stanchions
- The interior of each vehicle must be cleaned and disinfected thoroughly at least once each day.
  - Thorough routine cleaning of vehicles, including dusting and wet-mopping vehicle floors, removing trash, wiping heat and air conditioner vents, spot cleaning walls and seats, dusting horizontal surfaces, cleaning spills, etc.
o Routine cleaning outlined above should be completed prior to disinfection to remove all surface matter.

o Doors and windows should remain open when cleaning the vehicle.

o Transportation staff should be trained to use disinfectants in a safe and effective manner and to clean up potentially infectious materials and body fluid spills. All sanitizing and disinfecting solutions must be labeled properly to identify the contents and kept out of the reach of students.

o Drivers and monitors should have adequate supplies of soap, paper towels, tissues, hand sanitizer, garbage bags, and other critical cleaning supplies.

**Communication**

Our Office Manager has established relationships with all of our bus companies and will be key in our communication plan with bus companies and families. When a child does not arrive as expected, the Office Manager calls the family. If a van or bus does not arrive as planned, the Office Manager calls the dispatcher and follows up. If there are reported issues on the buses, she brings them to the Director’s attention and helps to form a plan for follow-up.

**Pick-up and drop-off protocols**

We have several drop-off and pick-up areas around the school. Students will enter the building through assigned doors to avoid any congestion and allow for social distancing. There will be a staff at each drop-off and pick-up location to greet and assist preschoolers. Once in the building, there will be established routes students will travel again to adhere to social distancing.

If a child is being transported by a parent, that parent will have specific guidelines for drop-off and pick-up. Parents will wait in cars for children. If they need to exit their car, they should maintain physical distancing standards and wear a mask.

**Bus driver or bus monitor (if applicable) responsibilities**

We will trust the districts that contracted drivers and monitors have been appropriately trained to observe students for health upon entry to the bus. If students appear symptomatic, and a parent/caregiver is present to take them home, they should not be permitted to enter the school bus. If a parent/caregiver is not present to take them home, bus monitors should refer students who may be symptomatic to the school healthcare point of contact immediately upon arrival.

- If a student who may be symptomatic must board the vehicle, they should be spaced at least six feet from other students as feasible. Areas where the student has been should be closed off and not used until after cleaning and disinfecting.
- Signage at bus areas will indicate that no one may enter if they have symptoms of respiratory illness or fever.
- If children become sick during the day, they will not be permitted to travel home via school bus.
Health and Safety Requirements

The top priority of our reopening plan is the safety and well-being of our students, families, and staff. In addition to their academic needs, we are taking into consideration the social-emotional needs of our children, their physical health and nutritional needs. Clarke’s health and safety practices will enable the safe reopening of schools this fall but will be modified and updated as needed.

Our health and safety policies follow all of the Department of Education’s guidelines which were developed in collaboration with infectious disease physicians, pediatricians and public health experts from the Massachusetts General Brigham Health System and the Massachusetts chapter of American Academy of Pediatrics. They follow the guidelines from the Centers for Disease Control (CDC) and World Health Organization (WHO), as well as available medical literature on COVID-19 related to children and school settings.

The following policies will be followed throughout our preschool program:

**Masks and Face Shields**

All students will be encouraged to wear masks or face shields. Students in grade 2 and above are required to wear a mask or face covering that covers their nose and mouth. Students will arrive at school with a face mask provided by the family. When needed, Clarke will provide a variety of clear masks and face shields to be used by staff and students to ensure visual access to all speakers. Younger students will be encouraged to wear a mask or face shield.

**Addendum September 2020:** Students younger than 2nd grade are also expected to wear a mask or face shield. Preschool, Kindergarten and First Grade students who are resistant or noncompliant with wearing a mask will have the expectation as a learning goal unless wearing a mask is contraindicated for health reasons.

All adults, teachers and staff will wear masks or face shields that allow for visual and optimal acoustic access at all times.

If for a medical condition, disability impact, or other health or safety factors make it impossible for an individual to wear a mask/face covering, social distancing of at least 6 feet will be enforced. Mask breaks will occur throughout the day. When these breaks occur social distancing of six feet will be enforced. Mask breaks will occur outdoors as much as possible. If indoors, windows will be opened. Protocols will be put in place for the safe retention and storage of masks when they are removed. All students will be trained in the appropriate use of wearing a mask including the proper use of putting on and removing of them.

All students are required to wear face masks at all times while on the bus.
The research and technology regarding appropriate mask and shields for students who are deaf and hard of hearing who use assistive hearing technology is evolving. Specific recommendations and protocols will be sent to families and choice of face coverings will be updated as more information becomes available. (The Moog Center for Deaf Education, 2020) [White paper].

**Physical distancing**
Physical distancing helps mitigate the transmission of the virus. We will require six feet of distance between individuals whether masks are worn or not. With masks, a minimum physical distance of three feet has been established. Desks in classrooms will adhere to at least a 3-foot distance from edge to edge although we will strive for a distance of 6 feet.

Because our class sizes are small (3 to 5 students), we can meet these standards within classrooms. If there is ever a situation where it is not possible to social distance, additional safety precautions will be used including eye protection (e.g., face shield or goggles), a mask/face covering, wearing gloves and washable gowns/cover-ups or disposable gowns especially if the individual may come into close contact with bodily fluids.

**Student groups**
To minimize the number of students who would potentially be exposed in the event of a COVID-19 event, students will remain with same group of peers and staff throughout the day. There will be no inter-group contact. Each group will remain together for the duration of their time at school including for lunch and recess.

**Screening upon entry**
Checking for symptoms each morning by families and caregivers is critical and will serve as the primary screening mechanism for COVID-19 symptoms. Families and caregivers will be provided information in their primary language on how to conduct symptom checks each morning. They will be advised that children should not come to school if they exhibit COVID-19 symptoms. We will be providing a checklist of symptoms to families to help in this process. A system will be put in place for families to certify daily that their child does not exhibit any Covid-19 symptoms and that there have not been any Covid-19 exposures from family members or others. They will also certify that they are following all Massachusetts and local public health guidance regarding travel, self-quarantine and gatherings.

There will be a screening procedure at the point of entry to the school. Students and staff will have their temperatures taken each morning upon arrival. Any person exhibiting symptoms will be sent to our nurse’s room until they are able to leave the premise.

**Hand washing and sanitizing**
Students and staff will be encouraged to use soap and water or hand sanitizer (60% ethanol or at least 70% isopropanol) to clean hands throughout the day to maintain good hygiene. Parents must give permission for students to use such hand sanitizer when hand washing is not available. Hand washing
with soap and water will be encouraged whenever possible but required after bathroom use. Staff and students will be required to handwash or sanitize upon arrival to school, before eating, before putting on and taking off masks, sneezing, coughing or blowing their noses and before dismissal. Alcohol-based hand sanitizer will be readily available throughout the school and outdoor spaces.

- **Handwashing:** When handwashing, individuals will use soap and water and wash all surfaces of their hands for at least 20 seconds, wait for visible lather, rinse thoroughly, and dry with an individual disposable towel.

- **Hand sanitizing:** If handwashing is not feasible, hand sanitizer will be applied to all surfaces of the hands and in sufficient quantity that it takes 20 seconds of rubbing hands together for the sanitizer to dry. Hand sanitizer will be placed at key locations, for example, at all entrances and in classrooms and offices. Students will only use hand sanitizer with adult supervision.

**COVID-19 related Isolation Space/Medical Waiting Room**

In order to minimize transmission of COVID-19, an isolated space has been designated for students displaying COVID-19 symptoms. This space is separate from where routine medical care is provided. Any student who shows COVID-19 symptoms during the school day will be moved to this space for medical-related isolation until they can be picked up by a family member. Any student in an isolation room must wear a mask. If a family member can’t be reached, an emergency contact person will be notified. The isolation space is located so that students can be dismissed from an exit not used by other students. The student will be supervised at all times by an adult who is wearing appropriate PPE. These precautions include gloves, masks, goggles or face shields and disposable gowns or washable outer layer of clothing depending on duration of contact and especially if the individual may come into contact with bodily fluids.

**Vaccines**

We will work with parents to ensure that students are current on all of their standard vaccinations before they return to in-person school. We will also encourage all students and staff get their regular seasonal flu vaccine.

**Health and safety/PPE supplies**

We will have an inventory of standard healthcare supplies such as masks, shields, gowns and gloves. Use of additional supplies will be based on the specific situations and needs. All staff and students will be trained in the proper use of PPE.

**Handling a student who displays symptoms**

As noted above the student will be isolated until a parent or emergency contact can pick him or her up. Determination about informing families and staff will be made in consultation with the local Public Health Agency.
Fall Reopening Facilities and Operations

School cleaning and disinfecting
Cleaning and disinfecting will occur by professional cleaners at least daily for shared spaces and furniture. For high-touch surfaces (e.g., door handles, light switches, handrails), cleaning and disinfecting will occur multiple times per day between uses. Clarke has maintenance staff who are responsible for school cleaning and disinfecting. In some situations, staff will be responsible for cleaning various items if shared in the classroom or on the playground. Supplies have been purchased for cleaning and disinfecting. Cleaning and disinfecting will occur at least daily for shared spaces and furniture. For high-touch surfaces (e.g., door handles, light switches, handrails), cleaning and disinfecting will occur multiple times per day between uses. An electrostatic sprayer will be available for use as needed.

Ventilation
Clarke will strive to increase outdoor air ventilation as much as possible through maintenance and modifications to HVAC systems (if needed), opening doors and windows when feasible instead of using recirculated air, and increasing air filtration as much as possible for the ventilation and filtration system.

Movement protocols within facilities
Clarke will establish clear movement protocols to avoid crowding, maintain cohorts, and minimize unnecessary person-to-person interactions. These protocols include staggered arrival and dismissal times, bathroom and mask breaks, as well as marking one-way pathways for hallways and community spaces.

Visitor protocols
At this time visitors will not be permitted in our building. Parent/guardians may request to accompany their young child during appointments for orientation, assessment, or other special circumstances. Only one adult can accompany a child with pre-approval. If approved to enter the building, the parent/guardian must wear a mask and follow all health and safety protocols.

Arrival and dismissal protocols
These will be reviewed during remote and in-person orientation to establish daily health screenings, ensure social distancing, and other health and safety protocols.

Informing students, families, and staff to ensure alignment and adherence to guidance
Clarke will offer a series of remote and/or in-person informational sessions for staff, students, and families to share information on new school protocols and roles and responsibilities and to answer questions. Topics will include:
- All health and safety protocols (e.g., wearing masks, hand hygiene, shared items, transitions, medical waiting room)
- Proper use of masks and other PPE
- Facility operations changes, including hallway movement, locker use
- Proper cleaning and disinfecting procedures
- Food services and distribution procedures
- Arrival and dismissal procedures
Preparing spaces
Learning spaces have been inventoried, measured to prepare for new layouts that will accommodate social distancing of students and staff. Certain spaces have been re-purposed, and classrooms will be cleared of any non-essential items or furniture to maximize available space and minimize surfaces that are not easily cleaned or disinfected. Students will have limit shared items or supplies between individuals. In elementary and preschool classrooms, the classroom and “stations” can be set up to create natural physical distancing. See Appendix A for possible space configurations of preschool instructional areas.

Outdoor spaces
The use of adjacent outdoor spaces and/or approved tents will be available for **classes, breaks, meals, and other learning activities weather-permitting.**

Fire code and safety
Fire and building inspectors are providing advice regarding special safety and ventilation accommodations

Plexiglass barriers
These may be used for 1:1 therapy and instructional services and cleaned and sanitized between uses. Plexiglass barriers may also be used to help young children understand and remain socially distanced.

Early childhood and younger elementary classrooms
- All soft and cloth-based materials, such as rugs, pillows, stuffed animals, and dress-up clothing will be removed. Children can bring their own stuffed animal, but it cannot be shared.
- In lieu of forcing young children to sit continuously at desks, children will have washable vinyl covered mats with children’s pictures. Washable mats, plastic trays, and other items such as hula hoops which can be easily cleaned be used to define space for each student.
- Learning centers: Instead of having different small groups of children (three to four, depending on space available) rotate among different learning spaces as they engage in different activities, children will have individual learning bins, and other individual-use materials brought to them.
- Marking spaces: Movement and flow will be marked with footprints facing the correct direction the children’s feet pointing to indicate one way in and one way out.

Staff office spaces
Furniture will be rearranged to support physical distancing, with staff desks facing in the same direction when possible. In staff break rooms, furniture will be rearranged to support physical distancing and staff schedules will limit the number of individuals in the room at one time. Our office manager/reception areas will use Plexiglas barriers to ensure physical distancing between staff and cleaned and disinfected by custodial staff.

Spaces for mask breaks
Students and staff will have short mask breaks throughout the day, preferably outside, but at a minimum of twice per day. When it is not possible to go outdoors, mask break areas will be marked with signage and tape on floors to ensure social distancing of a minimum of 6 feet. Handwashing before
and after taking off and putting on masks will be required. Visual steps for proper donning and doffing of masks/shields will be posted in each area. As mask wearing is recommended for children younger than second grade, it is important to note that these students may need additional mask breaks during the day.

**Medical waiting room/Isolation space**
This is a space with a dedicated bathroom separate from the first aid station for providing medical care and will be used when a student/staff presents with COVID-19 symptoms and needs to be separated. Symptomatic students/staff will use separate exit/entrance when leaving the building. When occupied, the medical waiting room will always be monitored by appropriate staff.

Masks are always strictly required in this space, even for students in kindergarten and grade 1 and expected of preschoolers. The individual supervising this space must always maintain 6 feet of physical distance, remain masked, and wear a face shield or goggles which will be available and provided by Clarke, including disposable gowns and N-95 masks. If a student is unable to wear a mask, there should be no other students in this room.

Hand washing facilities or hand sanitizer will be used when entering and leaving the space, as well as before and after eating. Any food or drink must be consumed before the student is picked up. The individual will be walked outside to consume food or drink if possible (because mask will have to be taken off for eating). If it not possible to go outside, one student can consume food or drink at a time in the medical waiting room, but, again, only if all others remain at least 6 feet away.

When possible, this space will have windows that open and exhaust directly into the outdoors. All people in the COVID-19 waiting room must be as far apart as possible and no less than 6 feet apart, even when masked.

**Entry and exit points**
When children arrive at school, Clarke will
- Prioritize overall safety considerations, (e.g. child welfare, preventing intruders and weapons) in planning school arrival/exit.
- As practical, consider assigning multiple entry points or staggering arrival times to avoid crowding in entry areas.
- Post appropriate signage and reminders about the health and safety requirements that everyone needs to follow.
- Ensure hand washing or sanitization is available upon entry, as well as appropriate disposal containers.
- Ensure that all students, staff, and visitors, with noted exceptions for medical needs, are wearing masks covering their nose and mouth.
- Ensure that additional masks are available at the entry as may be necessary.
- Consider having staff monitor entry to ensure everyone properly disinfects their hands and is wearing masks.
- School staff will observe students throughout the day and refer students who may be symptomatic to the school healthcare point of contact.

Doors will be propped open during entry/exit times and constantly monitored.
Dismissal from school

When possible multiple exit points and staggering dismissal times will be used, and students will be guided to handwashing or hand sanitization upon exit. Students will gather all personal belongings before leaving, especially those that require cleaning at home. Additional details on pick-up and drop-off protocols can be found in the Transportation Guidance.

Recess

- Hand washing facilities or hand sanitizer will be used upon entering and leaving recess space.
- Outdoor play and recess space will be used in staggered scheduling by cohort groups/pods. Physical distancing will be required and games that facilitate natural distance will be modeled.
- As possible, high-touch surfaces made of plastic or metal will be cleaned and disinfected between cohort use.
- When students are outdoors masks may be removed if the situation supports maintaining a distance of at least 6 feet.

Storage and disposal

Storage for cleaning supplies: Adequate storage space will be allocated for cleaning supplies and disinfectants and accessible only to staff.

Handwashing and hand sanitizing stations

While handwashing with soap and water is the best option, alcohol-based hand sanitizer (at least 60 percent ethanol or at least 70 percent isopropanol) may be utilized when handwashing is not available.

Handwashing or hand sanitizing stations will be in the following common areas with enough supplies (soap and sanitizer) at all times to accommodate frequent hand washing and sanitizing:
- All entries and exits
- In bathrooms
- In classrooms
- In libraries and shared activity spaces
- Next to mask break areas

Bathrooms

A trash can and paper towels by the bathroom door to allow students and staff to avoid touching door handles directly. When feasible, windows in bathrooms that do not pose a safety or privacy risk and if not against HVAC system standards will be opened.

Signage

Clear and age-appropriate signage is posted in highly visible locations throughout school property, reminding students and staff to follow proper health and safety protocols, and includes: how to wear masks and reminders to wash hands are provided by both the DPH and CDC. Signage will be translated if needed. Signage will be posted in the following key areas (non-exhaustive):
- By handwashing and hand sanitizing stations: To remind individuals of the proper way to clean and sanitize hands
• In bathrooms: To remind individuals to properly clean and sanitize hands, utilize no-touch solutions as much as possible
• By entry/exits: To remind students to wear masks and maintain physical distance
• By eating areas: Use markers to map out entry/exit flow for students, to space out lines for students picking up their meals, and to identify distancing between students as they eat, and to avoid sharing food, utensils, and drinks. Reminders for adults to wipe down shared areas.
• By mask break areas: To remind individuals to maintain 6 feet of physical distance and to follow correct mask removal procedure
• In classrooms: To remind individuals of physical distancing, reduce sharing of items, and keep masks on
• Around playgrounds: To encourage physical distancing while outside and maintain cleaning and disinfecting of high-touch areas
• In hallways: Use well-marked lines on the floor to encourage physical distancing and indicate direction of travel, especially in small hallways. Include signage to encourage healthy behaviors (e.g., wearing of masks)
• Next to frequently shared equipment: Post signs to remind staff to wipe down frequently shared equipment (e.g., computers and keyboard, copiers, etc.) before and after use
• Areas where queueing may occur: Use well-marked lines on the floor to encourage physical distancing
• Mark off closed areas
UPDATE: DESE Revised Responses to Scenarios

Protocols for responding to COVID-19 scenarios in school, on the bus, or in community settings

Initially released July 17, 2020
Revised September 14, 2020

Introduction

As a supplement to DESE’s Initial Fall School Reopening Guidance, we are providing districts and schools with additional information on protocols for responding to specific COVID-19 scenarios this fall. As a reminder, we have also provided additional clarifying information through our FAQ document available here (download).

This guidance provides more information and protocols to answer the following questions:

- What should a district do if there is a symptomatic individual – at home, on the bus, or at school?
- What should a district do if someone in the school community tests positive for COVID-19 – be it a student, teacher, staff, or bus driver, or one of their household members or close contacts?
- Who should get tested for COVID-19 and when?
- In what circumstances would someone need to quarantine (when they have been exposed but are not sick) or isolate (when they are sick)?
- What should school districts do to monitor COVID-19 spread in their communities?

For questions about these protocols, please contact:

Russell Johnston, Senior Associate Commissioner, Russell.Johnston@mass.gov, 781-605-4958.
Anne Marie Stronach, Senior Advisor to the Commissioner – Rapid Response, Anne.marie.stronach@mass.gov, 781-873-9514.

For specific instances of cases and/or symptoms, please contact:

DESE Rapid Response Help Center at 781.338.3500
Overview

In our Initial Fall School Reopening Guidance, we put forth the goal of the safe return of as many students as possible to in-person learning. At the same time, we asked districts to plan for all contingencies by asking for three reopening models.

A safe return to in-person school environments will require a culture of health and safety every step of the way. Specifically:

- **It is not one mitigation strategy but a combination of all these strategies taken together that will substantially reduce the risk of transmission.** No single strategy can ever be perfect, but all strategies together will reduce risk. In addition, Governor Baker has announced that the Commonwealth will remain in Phase 3 of Reopening Massachusetts in significant part to help support an overall environment for the safe return to our schools for as many students, staff and teachers as possible. Further with the announcement of the municipal specific COVID-19 metrics produced weekly since August 5, there is additional information on the collective continued vigilance towards health and safety measures to continue to contain COVID-19.

- **Staff must monitor themselves for symptoms daily and students, with the assistance of families, must also be monitored daily for symptoms. Staff and students must stay home if feeling unwell.** Everyone must do their part to protect others and not come to school if they are exhibiting any COVID-19 symptoms or are feeling sick.

- **Masks are among the most important single measures to contain the spread of COVID-19.** We require students second grade and above and all staff to wear masks that adequately cover both their nose and mouth. Whenever possible, students in pre-kindergarten through grade 1 who can safely and appropriately wear, remove, and handle masks should do so. Exceptions must be made for students with medical, behavioral, or other challenges who are unable to wear masks/face coverings.

- **Hand hygiene is critical.** Students and staff are required to exercise hand hygiene (handwashing or sanitizing) upon arrival to school, before eating, before putting on and taking off masks, and before dismissal. Handwashing with soap and water for at least 20 seconds is the best practice. However, hand sanitizer containing at least 60% alcohol should be substituted when handwashing is not available. Hand sanitizer stations should be set up where school staff are typically present, such as common areas, hallways, and classrooms. While the application of hand sanitizer may be necessary throughout the school day (especially if hand washing is less accessible) and does not require specialized instructions for use, districts and schools should avoid placing sanitizer stations in areas that are not typically supervised through the regular presence of staff.

- **Physical distance greatly reduces the risk of transmission.** Physical distancing is a critical tool in preventing the spread of COVID-19. The CDC¹ and DPH² recommend 6

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feet of distance between individuals. The World Health Organization\(^3\) and the American Academy of Pediatrics\(^4\) recommend a minimum of 3 feet of distance. DESE recommends that districts aim for 6 feet of distance where feasible. When 6 feet is not feasible, 3 feet is an acceptable minimum as long as staff and students wear masks covering the nose and mouth at all times. If the 3 feet minimum is applied on the bus, all staff and students regardless of age must wear masks at all times. Please note that decisions to apply a 3-feet minimum will likely increase the number of close contacts associated with the occurrence of a case.

- **Cohorts/assigned seating.** Students organized in groups/classrooms and other cohorts help mitigate transmission of the virus. Assigned seating is important because it effectively creates even smaller groups within cohorts which minimize transmission. Assigned seats can also assist with contact tracing. Wherever possible, seats should be assigned (including classroom, bus, meals).

To support a culture of health and safety, **schools must have robust and reliable ways to communicate with all families, students, teachers, and staff** in order to send and receive key messages related to COVID-19.

**Preparing to respond to COVID-19 scenarios**

Even as we remain vigilant, and public health metrics in Massachusetts remain positive, the risk of exposure to COVID-19 in school will not be zero. As we prepare to reopen schools, we must also prepare to respond to potential COVID-19 scenarios, whether in school, on the bus, or in our communities. Depending on the circumstances, a positive COVID-19 test, a potentially symptomatic student, or exposure to someone in the outside community who has COVID-19 can each have health, safety, and operational implications.

**Be prepared to provide remote learning**

When students must stay home for quarantine or isolation, teaching and learning should not stop. It is the school’s duty to provide remote learning for students who cannot be in school for any extended period of time.

**Testing, tracing, and isolation**

It is important to note that testing, combined with contact tracing and isolation, helps control the spread of COVID-19 in Massachusetts. All test results, both positive and negative, are reported

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to the Massachusetts Department of Public Health (DPH). When a person has a positive COVID-19 test, it is the local board of health or the Massachusetts Community Tracing Collaborative that will reach out to provide support so that these individuals can remain safely in medical isolation. They will also ask for help to identify close contacts. These organizations will then reach out to the individual’s close contacts to provide important information that is aimed to stop the spread of the virus, including how to safely isolate/quarantine. While these organizations will provide support, to further assist with contact tracing the student/family and staff are asked to reach out to their personal contacts and notify the school.

Self-isolation for COVID-19 positive cases is a minimum of 10 days

Most people who test positive and have a relatively mild illness will need to stay in self-isolation for at least 10 days. People who test positive can resume public activities after 10 days and once they have:

a. gone for 24 hours without a fever (and without taking fever-reducing medications like Tylenol); and
b. experienced improvement in other symptoms (for example, their cough has gotten much better); and
c. received clearance from public health authority contact tracers (the local board of health or Community Tracing Collaborative).

Repeat testing prior to return is not recommended. Return to school should be based on time and symptom resolution.

Close contacts of a positive COVID-19 case should be tested. For general guidance, DPH defines close contact as:5

- Being within 6 feet of COVID-19 case (someone who has tested positive) for at least 10-15 minutes. Close contact can occur while caring for, living with, visiting, or sharing a healthcare waiting area or room with a COVID-19 case while the case was symptomatic or within 2 days before symptom onset, OR
- Having direct contact with infectious secretions of a COVID-19 case (e.g., being coughed on) while not wearing recommended personal protective equipment.

If someone in the school setting tests positive

- If a student or staff member tests positive for COVID-19, their close contacts will be defined as only those who have been within 6 feet of distance of the individual for at least fifteen minutes, while the person was infectious. The infectious period begins 2 days prior to symptom onset. If someone is asymptomatic, the infectious period is considered

to begin 2 days prior to the collection of their positive test. While previous guidance stated that all students in an elementary classroom would be defined as close contacts, this new guidance provides a narrower definition of a close contact which mirrors DPH guidance.

Policy of when a close contact may return to school

- All close contacts should be tested but must self-quarantine for 14 days after the last exposure to the person who tested positive, regardless of test result. After further consultation with the medical community, we are updating this guidance as the virus can cause illness from 2-14 days after exposure and even asymptomatic individuals can transmit the virus. Going forward, even if an individual identified as a close contact receives a negative test result, they must continue to self-quarantine for the full 14 days as the virus may take up to 14 days to cause illness.

Policy of when a student/staff person may return to school after COVID-19 symptoms

- If a student or staff member has COVID-19-like symptoms, they may return to school after they have tested negative for COVID-19, have improvement in symptoms, and have been without fever for at least 24 hours without the use of fever reducing medications. If a provider makes an alternative diagnosis for the COVID-19-like symptoms, the individual may return to school based on the recommendations for that alternative diagnosis (e.g., influenza or strep pharyngitis).
- If a student or staff member presents COVID-19-like symptoms and chooses not to be tested, they may return to school 10 days from start of symptoms, as long as their symptoms have improved and they have been without fever for at least 24 hours prior to their return to school without the use of fever reducing medication.

Most common symptoms of COVID-19 and testing requirements

The single most important thing to do if any of the following symptoms are present is to STAY HOME. Our collective health relies, in part, on individual attention and responsibility. Note that some symptoms of COVID-19 are the same as the flu or a bad cold; please do not assume it is another condition. When in doubt, stay home.

Please STAY HOME if you have any of the symptoms listed.
Below is the full list of symptoms for which caregivers should monitor their children, and staff should monitor themselves.\(^6\) \(^7\)

- Fever (100.0\(^°\) Fahrenheit or higher), chills, or shaking chills (CDC has lowered the temperature from 100.4 to 100.0)
- Cough (not due to other known cause, such as chronic cough)
- Difficulty breathing or shortness of breath
- New loss of taste or smell
- Sore throat
- Headache \textit{when in combination with other symptoms}
- Muscle aches or body aches
- Nausea, vomiting, or diarrhea
- Fatigue, when in combination with other symptoms
- Nasal congestion or runny nose (not due to other known causes, such as allergies) \textit{when in combination with other symptoms}

If staff or students have any of these symptoms, they should be tested and must follow the protocols outlined in the following pages.

Every school should have a list of available test sites.\(^8\) A list of test sites is available here, and Massachusetts also has an interactive testing map. Staff and students who have symptoms should also contact their primary care physician for further instructions. More information related to the availability of testing will be provided later this summer.

\(^7\) https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html
\(^8\) A list of test sites is available here; this is Massachusetts’s interactive testing map
Protocols for possible COVID-19 scenarios

While specific protocols vary, there are some common elements for each possible COVID-19 scenario:

- Evaluate symptoms
- Separate from others
- Clean and disinfect spaces visited by the person
- Test for COVID-19 and stay at home while awaiting results
- If test is positive:
  - Remain at home at least 10 days and until at least 24 hours have passed with no fever and improvement in other symptoms
  - Monitor symptoms
  - Notify the school and personal close contacts
  - Answer the call from local board of health or Massachusetts Community Tracing Collaborative to help identify close contacts to help them prevent transmission
  - Secure release from contact tracers (local board of health or Community Tracing Collaborative) for return to school

The following pages outline protocols for the scenarios below.

Section 1: Protocols for individual exposure or individual positive test

- Protocol: Student or staff tests positive for COVID-19
- Protocol: Close contact of student or staff tests positive for COVID-19
- Protocol: Student is symptomatic on the bus
- Protocol: Student is symptomatic at school
- Protocol: Staff is symptomatic at home
- Protocol: Staff is symptomatic at school

Section 2: Protocols for potential school closure (partial or full) or district closure

- Protocol: Presence of multiple cases in the school or district
- Protocol: Presence of significant number of new cases in a municipality
- Protocol: Statewide regression to a previous reopening phase
Quick reference sheet: Key actions for individual COVID-19 events

<table>
<thead>
<tr>
<th>Event</th>
<th>Location of Event</th>
<th>Testing Result</th>
<th>Quarantine</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual is symptomatic</td>
<td>If an individual is symptomatic at home, they should stay home and get tested.</td>
<td>Individual tests negative</td>
<td>Return to school once 24 hours have passed with no fever and improvement in symptoms, without the use of fever reducing medications.</td>
</tr>
</tbody>
</table>

| | If an individual student is symptomatic on the bus or at school, they should remain masked and adhere to strict physical distancing. Students will then be met by the nurse and stay in the medical waiting room until they can go home. They should not be sent home on the bus. | Individual tests positive | Remain home (except to get medical care), monitor symptoms, notify the school, notify personal close contacts, assist the school in contact tracing efforts, and answer the call from local board of health or MA Community Tracing Collaborative. Most people who have relatively mild illness will need to stay in self-isolation for at least 10 days and until at least 24 hours have passed with no fever and improvement in other symptoms. |

| | If an individual staff member is symptomatic at school, they should find coverage for their duties and then go home and get tested. | Individual is not tested | Remain home in self-isolation for 10 days from symptom onset, then return once 24 hours have passed with no fever and improvement in symptoms, without the use of fever reducing medications. |

| Individual is exposed to COVID-19 positive individual | If an individual is at home when they learn they were in close contact with an individual who tested positive for COVID-19, they should stay at home and be tested 4 or 5 days after their last exposure. | Individual tests negative | Remain home in self-quarantine for 14 days from exposure |

| | If an individual is at school when they learn they were in close contact with an individual who tested positive for COVID-19, | Individual tests positive | Remain home (except to get medical care), monitor symptoms, notify the school, notify personal close contacts, assist the school in contact tracing efforts, and answer the call from local board of health or MA Community Tracing Collaborative. Most people who have relatively mild illness will need to stay in self- |
they should be masked for the remainder of the day (including K-1 students) and adhere to strict physical distancing. At the end of the day, they should go home and should not take the bus home. They should stay at home and be tested 4 or 5 days after their last exposure.

<table>
<thead>
<tr>
<th>Isolation for at least 10 days and until at least 24 hours have passed with no fever and improvement in symptoms, without the use of fever reducing medications.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual is not tested</td>
</tr>
<tr>
<td>Remain home in self-quarantine for 14 days from exposure</td>
</tr>
</tbody>
</table>

**Section 1: Protocols for individual exposure or individual positive test**

**Protocol: Student or staff tests positive for COVID-19**

1. The student or staff member must remain at home (except to get medical care), monitor their symptoms, notify the school, notify personal close contacts, assist the school in contact tracing efforts, and answer the call from local board of health or Massachusetts Community Tracing Collaborative. For most people who have relatively mild illness, they will need to stay in self-isolation for at least 10 days and until at least 24 hours have passed with no fever and improvement in other symptoms.

2. The student’s parent/caregiver or the staff member informs the proper school official (e.g. a designated person that is the COVID-19 school lead) that the individual has tested positive for COVID-19. The designated COVID-19 school lead in turn notifies others as pre-determined by the school (e.g., school leadership, school nurse or school medical point of contact, building management, maintenance).

3. Determine whether the student or staff member was on the premises during the time frame that started two days prior to symptom onset (or testing positive if not symptomatic) until the time of isolation.
   a. If so, promptly close off areas visited by the COVID-19 positive individual until such areas can be cleaned and disinfected, if they have not been cleaned and disinfected already.
   b. Promptly clean and disinfect the student’s or staff member’s classroom and any other facilities (e.g., extracurricular facilities) visited by the individual, if that has not been done already.
   c. Promptly clean and disinfect the bus(es) the student or staff member was on, if any, and if not already done.

4. Communicate with families and staff of close contacts:
   a. The school should identify the student’s or staff member’s possible “close contacts” based on the assigned seating charts and proximity related to class
activities. Close contacts will be defined as only those who have been within 6 feet of distance of the individual for at least fifteen minutes, while the person was infectious. This definition is for students, teachers and other staff. The infectious period begins two days before symptom onset (or two days prior to the date of the positive test if asymptomatic) and includes up until the time the student/staff/teacher was isolated. Consider students and staff members who were close contacts in class, other school spaces, on the school bus, or at extracurricular activities.

b. Send a communication to the staff/teachers and families of students of close contacts that there has been a positive test without naming the individual student or staff member who tested positive.

c. Communications sent to families/staff should:
   i. Inform them there was a positive test (not the specific individual) in the student’s class/bus or other activity.
   ii. Explain that since the student/staff were within 6 feet of the person with a positive test for 15 minutes or more, they are considered a “close contact” and therefore should be tested. Having assigned seating and keeping up-to-date seating charts will help identify who should be instructed to be tested: specifically, those who were sitting next to the student, plus any others who also had close contact with the student.)
   iii. Instruct close contacts to isolate prior to their test and while waiting for the results. In general, as the highest yield test will be a few days after the exposure, ideally, the test should occur no sooner than day 4 or 5 after the last exposure. (In other words, if an exposure lasted several days, the best time to test is 4 or 5 days after the end of the exposure period.)
   iv. Close contacts should be tested for COVID-19 at one of Massachusetts’s test sites. Sites may require pre-screening, a referral, and/or an appointment.
   v. Close contacts are asked to communicate their test results to the school. They should not return to school until they have quarantined for 14 days. This includes close contacts who receive a negative test result or who choose not to be tested.
   vi. Remind families and/or staff of the importance of not having contact with higher-risk individuals (e.g., grandparents and those with underlying medical conditions).
   vii. Remind families and/or staff of the list of COVID-19 symptoms for which to monitor.

d. If the school finds out about the original COVID-19 positive test in the middle of a school day:
   i. The school should quickly identify the individuals who may be “close contacts” of the student and notify students and their families.
   ii. Make sure the students who could be considered close contacts are wearing masks, including students in pre-kindergarten through first grade.

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9 https://www.mass.gov/info-details/about-covid-19-testing#where-can-get-a-test?
Extra masks as may be needed should be provided by the school. Enforce strict physical distancing. Require students to wash their hands.

iii. Caregivers of close contacts may pick students up prior to the end of the day. Caregivers must wear a mask/face covering when picking up their student. Students who are close contacts and students with any symptoms should not ride the school bus to get home. Caregivers and students, as well as staff, should wash their hands upon arriving at home and change their clothes as a precaution.

iv. Close contacts should not come back to school until they have quarantined for 14 days\textsuperscript{11} and are asked to communicate their test results to the school.

   e. As feasible, to assist with contact tracing, make a list including phone number and email of any other close contacts the student or staff member had, beginning two days before the onset of symptoms (or positive test if asymptomatic) until individual was isolated.

6. **IF OTHERS IN THE SCHOOL TEST POSITIVE:** Perform all steps under this protocol for that person. **ALSO FOLLOW:** “Protocol: Presence of multiple cases in the school.”

7. **IF NO OTHERS IN THE SCHOOL TEST POSITIVE:** Close contacts are asked to communicate their test results to the school. They should not return to school until they have quarantined for 14 days. This includes close contacts who receive a negative test result or who choose not to be tested.

   Any area of the school visited by the COVID-19 positive individual must be closed off and/or cleaned and disinfected. The area can be used 12 hours after cleaning/disinfecting has occurred.

\textsuperscript{11} https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/quarantine.html
**Protocol: Close contact of student or staff tests positive for COVID-19**

1. Current Massachusetts DPH guidance is that all close contacts of someone who has tested positive for COVID-19 should be tested.¹²

2. The student or staff member who was in close contact with someone who tested positive for COVID-19 should be tested at one of Massachusetts’s test sites.¹³ Sites may require pre-screening, a referral, and/or an appointment.

3. Close contacts should isolate at home prior to testing and while awaiting test results.

4. Close contacts are asked to communicate their test results to the school. They should not return to school until they have quarantined for 14 days. This includes close contacts who receive a negative test result or who choose not to be tested.¹⁴ Because tests performed too early can be falsely negative, ideally the test should be performed no sooner than 4 or 5 days after the last contact with the person who tested positive.

5. **IF POSITIVE TEST:** The student or staff member should remain at home (except to get medical care), monitor their symptoms, notify the school, notify personal close contacts, assist the school in contact tracing efforts, and answer the call from local board of health or Massachusetts Community Tracing Collaborative. Most people who have relatively mild illness will need to stay in self-isolation for at least 10 days and until at least 24 hours have passed with no fever and improvement in other symptoms. **FOLLOW STEPS UNDER:** “Protocol: Student / staff tests positive for COVID-19.”

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Protocol: Student is symptomatic at home

1. Family should monitor students at home each morning for the most common symptoms of COVID-19 (see list above).
   a. **IF NO SYMPTOMS:**
      i. Send student to school.
   b. **IF ANY SYMPTOM:**
      i. Do not send the student to school.
      ii. Call the school’s COVID-19 point of contact and inform them student is staying home due to symptoms.
      iii. Current Massachusetts DPH guidance is that all symptomatic individuals in Massachusetts, even those with mild symptoms, should be tested.\(^{15}\) An individual who does not wish to be tested may return to school 10 days\(^{16}\) from start of symptoms, as long as their symptoms have improved and they have been without fever for at least 24 hours prior to their return to school without the use of fever reducing medication.
      iv. The student should get tested at one of Massachusetts’s test sites.\(^{17}\) Sites may require pre-screening, a referral, and/or an appointment.
      v. Isolate at home until test results are returned.
      vi. Proceed as follows according to test results:
         1. **IF NEGATIVE:** Students may return to school after they have tested negative for COVID-19, have improvement in symptoms, and have been without fever for at least 24 hours without the use of fever reducing medications. If a provider makes an alternative diagnosis for the COVID-19-like symptoms, the individual may return to school based on the recommendations for that alternative diagnosis (e.g., influenza or strep pharyngitis).
         2. **IF POSITIVE:** Student should remain at home (except to get medical care), monitor their symptoms, notify the school, notify personal close contacts, assist the school in contact tracing efforts, and answer the call from local board of health or Massachusetts Community Tracing Collaborative. Most people who have relatively mild illness will need to stay in self-isolation for at least 10 days **and** until at least 24 hours have passed with no fever and improvement in other symptoms.\(^{18}\) **FOLLOW STEPS UNDER:** “Protocol: Student / staff tests positive for COVID-19.”

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\(^{15}\) [https://www.mass.gov/doc/covid-19-testing-guidance/download](https://www.mass.gov/doc/covid-19-testing-guidance/download)
**Protocol: Student is symptomatic on the bus**

1. Although families are the most important first line of defense for monitoring symptoms, bus drivers and bus monitors also play an important role in flagging possible symptomatic students. Note: This will require training for bus drivers (and bus monitors, if applicable).

2. If symptoms are noticed as the student is getting on the bus and if there is a caregiver present, do not allow student to board the bus. Caregiver should then **FOLLOW:** “Protocol: Student is symptomatic at home.”

3. If student is already on the bus, ensure student is masked and the student keeps mask on covering nose and mouth at all times. If the student does not have a mask, the bus driver should be equipped to provide one. Ensure other students keep their masks on covering their nose and mouth at all times. Ensure student keeps required physical distance from other students.

4. If not already open, windows should be opened as fully as possible, weather permitting.

5. Bus driver/monitor should call ahead to the bus service dispatch. The bus service dispatch should be equipped with appropriate cell phone numbers for school and district personnel (nurse or other medical personnel). The dispatch should contact the school to inform the school nurse (or school medical point of contact) of a possible symptomatic child.

6. School nurse (or school medical point of contact) should meet the bus as it arrives, wearing a mask. As practical, student with possible symptoms should exit the bus first.

7. Bus should be cleaned / disinfected.

8. Nurse (or school medical point of contact) should evaluate the student for symptoms (see list above: “Most common symptoms of COVID-19”).
   a. **IF ANY SYMPTOM:**
      i. Place the student in the designated medical waiting room. This space must be supervised. If feasible given space and staffing constraints, schools are encouraged to provide individual students with their own waiting room. If more than one student is in the same waiting room at a time, each student must be at least 6 feet apart (and should be spaced as far apart as possible) and wearing a surgical mask (non-N95 and non-cloth) while in the
medical waiting room.\textsuperscript{19} If a student does not already have a surgical mask, the school should provide one. Schools must also be equipped with the PPE for the staff involved with supervision of the waiting room. Strict mask wearing covering the nose and mouth at all times for every person in the room must be enforced. Students can work on individual schoolwork or other activities while in the medical waiting room.

ii. Contact caregiver for pick-up.
   1. **IF CAREGIVER CAN PICK UP DURING THE DAY:** Student waits to be picked up in the medical waiting room. Caregivers must wear a mask/face covering when picking up their student. Students should not ride the school bus to get home. Caregivers and students should wash their hands upon arriving at home and change their clothes, as a precaution.
   2. **IF CAREGIVER CANNOT PICK UP DURING THE DAY:** The student should wait in the medical waiting room until the end of the day to be picked up by caregiver. The student should not go home on a school bus with other students.

iii. Current Massachusetts DPH guidance is that all symptomatic individuals in Massachusetts, even those with mild symptoms, should be tested.\textsuperscript{20} An individual who does not wish to be tested may return to school 10 days\textsuperscript{21} from start of symptoms, as long as their symptoms have improved and they have been without fever for at least 24 hours prior to their return to school without the use of fever reducing medication.

iv. Student should get tested at one of Massachusetts’s test sites.\textsuperscript{22} Sites may require pre-screening, a referral, and/or an appointment.

v. Isolate at home until test results are returned.

vi. Proceed as follows according to test results:
   1. **IF NEGATIVE:** Students may return to school after they have tested negative for COVID-19, have improvement in symptoms, and have been without fever for at least 24 hours without the use of fever reducing medications. If a provider makes an alternative diagnosis for the COVID-19-like symptoms, the individual may return to school based on the recommendations for that alternative diagnosis (e.g., influenza or strep pharyngitis).
   2. **IF POSITIVE:** Student should remain at home (except to get medical care), monitor their symptoms, notify the school, notify personal close contacts, assist the school in contact tracing efforts, and answer the call from local board of health or Massachusetts Community Tracing Collaborative. Most people who have relatively mild illness will need to stay in self-isolation for at least 10 days \textbf{and} until at least \textbf{24 hours} have passed with no fever and

\textsuperscript{19} https://www.fda.gov/medical-devices/personal-protective-equipment-infection-control/n95-respirators-surgical-masks-and-face-masks\#s2
\textsuperscript{20} https://www.mass.gov/doc/covid-19-testing-guidance/download
\textsuperscript{21} https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/isolation.html
\textsuperscript{22} https://www.mass.gov/info-details/about-covid-19-testing\#where-can-get-a-test?
improvement in other symptoms.  

**FOLLOW STEPS UNDER:**
“Protocol: Student/staff tests positive for COVID-19.”

b. IF NO SYMPTOMS:
   i. If the evaluation shows the student does not have symptoms, send the student to class.

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**Protocol: Student is symptomatic at school**

1. Although families are the most important first line of defense for monitoring symptoms, teachers will play an important role in referring possible symptomatic students to the school nurse or other medical point of contact. (Note: This will require training for teachers.)

2. Teacher ensures the student is wearing a mask that fully covers nose and mouth at all times.

3. Teacher calls the nurse or school medical point of contact to inform them that they have a possible case. Nurse or school medical point of contact comes to get the student from class.

4. Nurse (or school medical point of contact) should evaluate the student for symptoms (see list above: “Most common symptoms of COVID-19”).
   a. **IF ANY SYMPTOM:**
      i. Place the student in the designated medical waiting room. This space must be supervised. If feasible given space and staffing constraints, schools are encouraged to provide individual students with their own waiting room. If more than one student is in the same waiting room at a time, each student must be at least 6 feet apart (and should be spaced as far apart as possible) and wearing a surgical mask (non-N95 and non-cloth) while in the medical waiting room. If a student does not already have a surgical mask, the school should provide one. Schools must also be equipped with the PPE for the staff involved with supervision of the waiting room. Strict mask wearing covering the nose and mouth at all times for every person in the room must be enforced. Students can work on individual schoolwork or other activities while in the medical waiting room.
      ii. Contact caregiver for pick-up.
         1. **IF CAREGIVER CAN PICK UP DURING THE DAY:** Student waits to be picked up in the medical waiting room. Caregivers must wear a mask/face covering when picking up their student. Students should not ride the school bus to get home. Caregivers

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and students should wash their hands upon arriving at home and change their clothes as a precaution.

2. **IF CAREGIVER CANNOT PICK UP DURING THE DAY:**
   The student should wait in the medical waiting room until the end of the day to be picked up by caregiver. The student should not go home on a school bus with other students.

   iii. Current Massachusetts DPH guidance is that all symptomatic individuals in Massachusetts, even those with mild symptoms, should be tested. An individual who does not wish to be tested may return to school 10 days from start of symptoms, as long as their symptoms have improved and they have been without fever for at least 24 hours prior to their return to school without the use of fever reducing medication.

   iv. Student should get tested at one of Massachusetts’s test sites. Sites may require pre-screening, a referral, and/or appointment.

   v. Isolate at home until test results are returned.

   vi. Proceed as follows according to test results:

      1. **IF NEGATIVE:** Students may return to school after they have tested negative for COVID-19, have improvement in symptoms, and have been without fever for at least 24 hours without the use of fever reducing medications. If a provider makes an alternative diagnosis for the COVID-19-like symptoms, the individual may return to school based on the recommendations for that alternative diagnosis (e.g., influenza or strep pharyngitis).

      2. **IF POSITIVE:** Student remain at home (except to get medical care), monitor their symptoms, notify the school, notify personal close contacts, assist the school in contact tracing efforts, and answer the call from local board of health or Massachusetts Community Tracing Collaborative. Most people who have relatively mild illness will need to stay in self-isolation for at least 10 days and until at least 24 hours have passed with no fever and improvement in other symptoms. **FOLLOW STEPS UNDER: “Protocol: Student or staff tests positive for COVID-19.”**

   b. **IF NO SYMPTOMS:**

      i. If the evaluation shows the student does not have symptoms, send the student back to class.

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Protocol: Staff is symptomatic at home

1. Staff should monitor themselves at home each morning for the most common symptoms of COVID-19 (see list above: “Most common symptoms of COVID-19”).
   a. **IF NO SYMPTOMS:**
      i. Come to work.
   b. **IF ANY SYMPTOM:**
      i. Do not come to work.
      ii. Contact the COVID-19 point of contact and/or other absence reporting mechanism established by the school.
      iii. Current Massachusetts DPH guidance is that all symptomatic individuals in Massachusetts, even those with mild symptoms, should be tested.\(^{29}\) An individual who does not wish to be tested may return to school 10 days\(^ {30} \) from start of symptoms, as long as their symptoms have improved and they have been without fever for at least 24 hours prior to their return to school without the use of fever reducing medication. The staff member should get tested at one of Massachusetts’ test sites.\(^ {31}\) Sites may require pre-screening, a referral, and/or an appointment.
      iv. Isolate at home until test results are returned.
      v. Proceed as follows according to test results:
         1. **IF NEGATIVE:** Staff member may return to school after they have tested negative for COVID-19, have improvement in symptoms, and have been without fever for at least 24 hours without the use of fever reducing medications. If a provider makes an alternative diagnosis for the COVID-19-like symptoms, the individual may return to school based on the recommendations for that alternative diagnosis (e.g., influenza or strep pharyngitis).
         2. **IF POSITIVE:** Staff member should remain at home (except to get medical care), monitor their symptoms, notify the school, notify personal close contacts, assist the school in contact tracing efforts, and answer the call from local board of health or Massachusetts Community Tracing Collaborative. Most people who have relatively mild illness will need to stay in self-isolation for at least 10 days and until at least 24 hours have passed with no fever and improvement in other symptoms.\(^ {32}\) **FOLLOW STEPS UNDER:** “Protocol: Student/staff tests positive for COVID-19”.

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\(^{29}\) [https://www.mass.gov/doc/covid-19-testing-guidance/download](https://www.mass.gov/doc/covid-19-testing-guidance/download)
Protocol: Staff is symptomatic at school

1. As noted above, staff should be encouraged not to come to school if they are experiencing any symptoms of COVID-19.

2. If a staff member suspects any symptoms during the day, they should follow the school’s protocols for getting another adult to cover their class mid-day, if needed, and see the school nurse (or school medical point of contact) to be evaluated for symptoms.
   a. IF NO SYMPTOMS: The staff member should follow the school’s standard protocols for being excused due to illness.
   b. IF ANY SYMPTOM:
      i. Current Massachusetts DPH guidance is that all symptomatic individuals in Massachusetts, even those with mild symptoms, should be tested. An individual who does not wish to be tested may return to school 10 days from start of symptoms, as long as their symptoms have improved and they have been without fever for at least 24 hours prior to their return to school without the use of fever reducing medication.
      ii. The staff member should get tested at one of Massachusetts’s test sites. Sites may require pre-screening, a referral, and/or appointment.
      iii. Isolate at home until test results are returned.
      iv. Proceed as follows according to test results:
         1. IF NEGATIVE: Staff member may return to school after they have tested negative for COVID-19, have improvement in symptoms, and have been without fever for at least 24 hours without the use of fever reducing medications. If a provider makes an alternative diagnosis for the COVID-19-like symptoms, the individual may return to school based on the recommendations for that alternative diagnosis (e.g., influenza or strep pharyngitis).
         2. IF POSITIVE: Staff member should remain at home (except to get medical care), monitor their symptoms, notify the school, notify personal close contacts, assist the school in contact tracing efforts, and answer the call from local board of health or Massachusetts Community Tracing Collaborative. Most people who have relatively mild illness will need to stay in self-isolation for at least 10 days and until at least 24 hours have passed with no fever and improvement in other symptoms. FOLLOW STEPS UNDER: “Protocol: Student/staff tests positive for COVID-19”.

33 https://www.mass.gov/doc/covid-19-testing-guidance/download
35 https://www.mass.gov/info-details/about-covid-19-testing/#where-can-get-a-test?
Section 2: Protocols for potential school closure (partial or full) or district closure

Protocol: Presence of multiple cases in the school or district

1. If there is more than one confirmed COVID-19 case (students or staff) in the school at one time, or if there is a series of single cases in a short time span, school leaders and the superintendent should work with the local board of health to determine if it is likely that there is transmission happening in school.

2. For each individual case, FOLLOW STEPS UNDER: “Protocol: Student or staff tests positive for COVID-19.” Note that when there is one isolated case, the student’s close contacts will need to stay home and be tested, not the whole school.

3. When there is suspected in-school transmission beyond one cohort or a small number of cohorts, school and district leaders must consult with the local board of health as to proposed next steps. These steps should include a review of the specific COVID-19 public health metrics for the municipality and could lead to, for example, making a decision to a) close part of the school or the entire school for a short time (e.g. 1-3 days) for an extensive cleaning or other facility mitigation, or b) close the school partially or fully for the longer duration of a 14-day quarantine period.

4. Should there be circumstances where there are multiple cases in multiple schools, school and district leaders must consult with the local board of health as to proposed next steps. These steps should include a review of the specific COVID-19 public health metrics for the municipality and could lead to, for example, making a decision to a) shut down the district for a short time (e.g. 1-3 days) for an extensive cleaning or other facility mitigation, or b) shut down the district for the longer duration of a 14-day quarantine period.

5. Before a final decision is made on a school or district closure, the superintendent must consult with DESE for further guidance.

6. If the decision is made to close for some number of days, the school and/or district should send clear information and instructions to families and staff:
   a. Informing them that it is possible COVID-19 is being transmitted in the school and/or district
   b. Noting that there may be more potential cases that are not yet symptomatic
   c. Recommending students quarantine and not have contact with others

Contact the DESE Rapid Response Help Center at 781.338.3500
d. Reminding families of the importance of not having contact with higher-risk individuals (e.g., grandparents)

e. Reminding families of the list of COVID-19 symptoms for which to monitor

f. Ensuring that remote learning is immediately provided to all students

7. Before bringing students back to school:
   a. Check inventory levels of needed supplies (e.g., disposable masks, soap, hand sanitizer, cleaning products); re-order replacement inventory
   b. Consider a school-wide refresher training on the importance of correct hygiene procedures (masks, physical distance, handwashing)
   c. Reiterate the critical nature of masks, physical distancing, and hand hygiene when students return to school

**Protocol: Presence of significant number of new cases in a municipality**

1. In the case of significant municipal outbreak, as determined by the local board of health or DPH, the superintendent and school leaders must consult with the local board of health to determine whether it is appropriate to close a specific school, schools, or an entire district.

2. **Before a final decision is made on a school or district closure, the superintendent must consult with DESE for further guidance.**

   **Contact the DESE Rapid Response Help Center at 781.338.3500**

**Protocol: State-wide changes to reopening phases**

1. Early in August, Governor Baker has announced that the Commonwealth will remain in Phase 3 of Reopening Massachusetts in significant part to help support an overall environment for the safe return to our schools for as many students, staff and teachers as possible.

2. If Massachusetts moves back into a prior phase, or further changes are made in Phase 3, DESE (in consultation with the Massachusetts COVID-19 Command Center) will communicate with school districts and schools to determine whether in-person school should continue. As the transmission of the virus can vary due to local circumstances and actions, these potential recommendations may be by locality, region or statewide.
Appendix A: Space Configurations of Learning and Instructional Areas in the Clarke Integrated Preschool Program

Room 206 Integrated Preschool Classroom

Possible configuration of stations in Preschool classroom

Possible Instructional Configuration for Independent Desk or table work