



# Clarke Schools for Hearing and Speech

## Clarke School East

1 Whitman Road  
Canton, MA

August 2020

### **Disclaimer**

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.



**Other**

**Facilities Support**

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**Transportation**

- Masks
- Distance
- Ventilation
- Hand Sanitizer
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- Pick up and Drop Off Protocols
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**Certification and Health Safety Requirements**

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- Masks and Face Shields
- Physical Distancing
- Student Groups
- Screening Upon Entry
- Hand Washing and Sanitizing
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- Vaccines
- Health and Safety/PPE
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**Fall Reopening Facilities and Operations**

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- 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
- Signage



## Executive Summary

Clarke School East 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 have created 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 all our families in their native language to ensure they are informed of our goals, their role and how we can support each other. Re-opening decisions were made in collaboration with Clarke's COVID-19 Workgroup, Clarke families and staff, guided by current information on Covid-19 with guidance from the MA Department of Elementary and Secondary Education (DESE), MA Early Education and Care (EEC), the CDC and our local Department of Health. We will continue to make decisions that best serve the needs of our families and staff during this time of uncertainty amid the Covid-19 health pandemic. We are prepared to adjust our instructional plans as needed.

**The Clarke School East re-opening plan prioritizes a safe, phased return to in-person instruction.** We will begin the school year with remote instruction while important adjustments are made to our facility in preparation for a safe return of students and staff. Our goal is to **begin in-person group instruction in a hybrid model during the first week of October**, or as soon as facility modifications are completed. We will begin with a 2 -3 Hybrid Model in which students attend school in person two days per week and remotely on the other three days. We will prioritize new students and those with more complex needs for additional in-person instruction and services under this model. Families who wish to continue all-remote services may do so.

Our plan includes a focus on providing staff with training and support in new health and safety protocols, adaptations to in-person instruction during the COVID-19 pandemic, effective approaches to remote teaching and learning, data collection, systems for tracking progress and taking attendance. We will also tend to the social-emotional health and well-being of staff and strive to meet their personal and professional needs.

Clarke School East will begin the school year with sixteen students with various degrees of hearing loss from ages 3 to 8, and we will continue to admit students throughout the school year on a rolling admission basis. In preparation for a return to in-person school, we will divide our students and staff into small "learning pods" so that children interact with a consistent small group of peers and staff.

We will begin remote family and student orientation on September 3 with initial days spent reconnecting with students and providing opportunities for students to reconnect with their peers. Essential time is dedicated to training students, families and caregivers on remote learning, schedules and expectations; talking about how school will look and feel different because of Covid-19; ensuring all families have the technology and internet access they need to ensure optimal remote learning; and providing teachers with planning time and professional development in remote teaching and learning and all Covid-19 policies and procedures. During our initial weeks of remote learning it is our goal to have students come to school by appointment to be assessed by staff to identify present levels of learning that will inform our instruction.

We will reevaluate our plans every four to six weeks to ensure continual program improvement. Clarke will also 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.

## Letter from the Director

This document outlines the fall 2020 reopening plan for the Clarke East early childhood program for Deaf and Hard of Hearing (DHH) students from 3 to 8 years of age. 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. Critical to this planning is our partnership with parents and caregivers. Contributors to the plan included all directors of Clarke's Massachusetts programs, input from staff, families and guidance from Clarke's leadership.

Clarke's highest priority has been 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. These priorities will be prominent in each learning model of instruction described below.

The Massachusetts Department of Elementary and Secondary Education (MADESE) has the clear mandate to safely return as many students as possible to school settings this fall. Clarke School East in-person instruction will be carefully phased in, beginning with **remote instruction**, with the goal of moving to a tiered **Hybrid Model** in October or upon completion of recommended facilities modifications. Decisions about when to begin in-person group instruction will also consider the health status of Clarke families and staff and the status of COVID-19 infection in our surrounding communities. When Clarke begins in-person group instruction, families will have the option to continue with remote learning.

Our choice of a hybrid model takes into consideration our unique population of learners, all of whom are deaf or hard of hearing and use hearing aids and cochlear implants to learn and access spoken language. While in-person learning provides many advantages to students, it is important to note that health and safety measures appropriate for in-person schooling during the COVID-19 pandemic create significant challenges for deaf and hard of hearing students who are learning and using listening and spoken language. Masks and/or shields make speech-reading (lip-reading) particularly difficult, even when teachers and some children wear masks that have clear windows, due to fogging and light reflections on clear plastic. Clear window masks also tend to retain heat and moisture and are uncomfortable when worn for any period of time. In addition, masks and/or shields significantly distort and reduce the acoustic signal, making speech perception even more difficult for children with hearing loss, a problem that is exacerbated by physical distancing. Sound localization is always challenging for people who use hearing aids and cochlear implants, but masks make it particularly difficult for people with hearing loss to identify who is speaking in a classroom or group. Plexiglass barriers and the need to remove soft items like pillows, rugs, curtains and fabric toys from classrooms further disadvantage students with hearing loss by increasing sound reverberation, a major barrier to speech perception. Finally, doors or windows that open to the outdoors and HVAC systems with increased air flow can increase background noise, further interfering with speech perception. For these reasons, small group and individual remote learning and parent coaching (with appropriate assistive technology and direct connection to hearing aids and cochlear implants) can provide advantageous structured learning opportunities without masks and with good visual and auditory access to teachers, peers and participating caregivers.

The hybrid approach to instruction that we have chosen will allow children to gradually and safely return to school for in-person instruction and therapy, while also having opportunities to benefit from intensive teleservices that include caregiver coaching and engage parents as active partners in their children's education.

A return to in-person schooling will require strong partnerships with parents as we implement important health and safety practices, including daily home health screenings, keeping children home from school when they are sick, reporting any potential COVID-19 exposures, following state and local gathering and quarantine rules, encouraging children to use face masks and shields, and learning and following new procedures and routines.

As we return to school this Fall, we will continue to work closely with state and local health and regulatory agencies. We recognize that we may need to modify and adjust our programs as the public health situation evolves in our communities. We are prepared to quickly communicate with families and school districts about any adjustments that might be necessary to prioritize the health and safety of our children, families and staff.

This has been a time of uncertainty for everyone. Students have not been in school for almost six months, school will look and feel different when they do return, and it will take some time for all of us to adjust. We value the partnership we have with our families and school districts as we open school this fall.

Sincerely,

Barbara F. Hecht, Ph.D.  
Director

## RE-OPENING PLANS

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 EAST EARLY CHILDHOOD PROGRAM RE-OPENING MODEL

**Begin with Remote Learning**

**Move to 2 day in-person, 3 day remote “2-3 Hybrid” Learning within 4 weeks, or as conditions warrant**

**Evaluate options to A. Continue 2-3 Hybrid, B. Resume remote learning OR C. Move towards 4-1 Hybrid Learning (4 days per week in-person, 1 day remote)**

**In all of our plans, two things remain constant:**

#### **Record keeping and assessment**

Student progress will be tracked and 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 case coordinators and Early Childhood coordinator will work with these families to ensure they receive the appropriate services, supports and referrals they need.

#### **Learning Standards**

All students – whether learning in-person or remotely – will have access to age -level instruction in all content areas included in the Massachusetts Curriculum Frameworks. Individual student needs will

be considered, and instruction differentiated where needed. All students will have opportunities to engage in enrichment opportunities and receive intervention supports as needed, based on their IEPs.

## OVERVIEW OF CLARKE SCHOOL EAST FALL REOPENING PLAN

The Clarke East Program in Canton will begin fall school reopening with a **Remote Learning Phase-in Period leading to a Hybrid model of instruction, which will include a combination of in-person and remote instruction for structured learning, therapies and related services.**

A Remote Learning **phase-in period** will allow Clarke to complete health and safety modifications to the facility, prioritize and prepare for the health and safety of children, families, and staff, and prepare the school and classroom environment for new requirements.

Clarke East Preschool Remote Learning will be provided for Fall phase-in, but will also be provided if health and safety conditions, spread of infection, family requests, staff health and availability, or public health advisories warrant a move to all-remote services. In preparation, we will conduct an updated family and staff needs assessment for technology such as computers or ipads, access to printers, internet connectivity, and audiological/hearing assistive technology and equipment. Family engagement will include parent training and coaching on the use of technology and hearing assistive devices, expectations for structured learning times, support for children's behavioral and social emotional needs, and will use translation for printed materials and interpreting services when needed to communicate through the primary language of parents/caregivers.

Full remote instruction for preschoolers will include both synchronous and asynchronous lessons in an effort to offer a balance of screen and non-screen time with individual virtual sessions and parent coaching, hands-on projects, small and large group lessons, and off-screen carryover activities. Each student's schedule will be outlined on individual learning plans for instruction and services, and families will be provided with online and resources and supports. Weekly lesson plans will be emailed to parents. Special learning materials needed for remote lessons will be emailed or mailed to families.

Synchronous structured learning time (live sessions) will engage partnership with and coaching of parents or caregivers due to the young age of the children. Structured learning time will include a regular and consistent schedule of class/large group instruction, small focused learning pairs, individual 1:1 sessions with teachers and therapists, listening and spoken language services and other interventions and therapies as indicated by the student's IEP. Structured learning time will be designed to engage preschoolers in the range of MA state learning standards and will include frequent social interactions with teachers and peers, as well as carryover to developmentally and culturally appropriate activities of daily living. We will continue our successful use of Zoom for daily individual and small group tele-lessons, therapy and caregiver coaching. Google Classroom, Remind, Classroom Dojo and EPIC will provide electronic access to additional curriculum materials, pre-recorded lessons and other asynchronous learning activities.

Asynchronous lessons will include pre-recorded lessons and activities for hands-on at learning at home with supported parent/caregiver engagement. Learning kits with materials to support synchronous and asynchronous lessons and teletherapy will be mailed and/or delivered to families regularly.

Assessment, recording attendance and data collection will be formative and on-going and will include planning and engagement with parents while children are in the home environment (tracking sheets, interviews, direct participation in lessons) and observational session notes and daily records. Progress reports will be completed quarterly.

### **The highlights of our remote phase-in plan**

- Remote instruction until facility modifications are complete
- Information and training for students, families and caregivers on COVID-19 policies

- A structured approach to re-acquaint students with their peers with a focus on social and emotional needs
- A plan to assess hearing technology needs for all students ensuring they have the use of their HAT (Hearing Assistive Technology)
- Lessons introducing students to how school will look and feel different
- A structured plan to assess individual academic, communication and emotional needs
- Based on comfort level of the family, the ability for students to come on-site for one-to-one instruction and speech therapy
- A systematic plan to provide professional development to staff that includes:
  - COVID-19 health and safety protocols
  - Planning for the logistical needs of re-opening, i.e., traffic flow throughout the building, how to manage recess and lunch, responding to health needs of students
  - Best practices in remote instructions
  - Data collection
  - A plan for tracking student attendance and progress during remote learning

### Sample Remote Schedule

Final schedules will be developed in collaboration between parents and staff, but the following sample offers some possibilities. In any schedule, students are engaged in learning for four hours per day and 192 days per school year. Schedules reflect the need for a balance between screen time, independent projects and authentic learning in everyday home activities.

9:00 am	Log onto Zoom for listening checks and Morning Meeting
9:30 – 9:45 am	Teacher led movement break
9:45 – 10:15 am	1:1 Literacy instruction
10:15 – 10:30 am	Snack break with family
10:30 – 11:00 am	Group mini-lesson followed by an independent project
11:00 – 11:30 am	One of the following possibilities: <ul style="list-style-type: none"> <li>- Individual literacy lesson</li> <li>- Individual speech lesson</li> <li>- Individual</li> <li>- Learning via a recorded lesson</li> <li>- Project work</li> <li>- Small group lessons</li> </ul>
11:30 – 12:30 pm	Lunch – Break – Physical Education
12:30 – 1:00 pm	Possibilities: <ul style="list-style-type: none"> <li>- Individual or small group lesson</li> <li>- Individual speech lesson</li> <li>- Learning via a recorded lesson</li> <li>- Project work</li> <li>- Group PE lesson</li> </ul>
<b>Individual related services will be scheduled in consultation with parent</b>	

## **Communication with families and caregivers**

Google Classroom, Class Dojo, Remind, email, text messaging, phone calls 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**

Attendance 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 in a student's IEP will be provided and data will be collected to assess progress and determine grades where appropriate. 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

## **Technology**

Technology will be provided 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 of our population**

Since all our students are deaf or hard of hearing using listening and spoken language, the following needs will be addressed:

- hearing technology will be provided with the ability for direct audio input to computers
- the choice of Chromebook, iPad or computer will be made based on the effectiveness of microphones
- audiological support will be provided via Zoom sessions for troubleshooting and to ensure optimal access

## **Training and support for students, families, and staff members**

We will ensure all families and staff are familiar with using on-line platforms, training will be provided, and ongoing support will be available to ensure:

- Families can log on to their device and access platforms and families can assist if needed
- Families can access curriculum and content
- Teachers can assign work, give feedback and offer an assessment
- Teachers and families can monitor student performance
- 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.

## **Remote Instructional Plans**

- Individual learning plans will be developed for all students if and when they learn remotely. 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
- 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, Chromebook, or tablet) 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 in the beginning

## **Digital learning platforms**

Remote instruction will occur using Google Classroom, Google Hangouts, Google Slides and Zoom. 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 FERPA and COPPA.

## Clarke School East September Calendar

The following calendar will be followed until October 1, at which time a determination will be made to initiate HYBRID instruction or continue with remote learning.

Please see below the calendar for details about Orientation, Assessments and Remote Learning.

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
8/24 Staff return for Professional Development	8/25 Professional Development and Planning	8/26 Professional Development Arranging classrooms	8/27 EEC COVID-19 training	<b>8/28</b> 8:00am – 3:30pm First Aid, CPR Medical training
<b>8/31</b> 8:00am – 3:30pm Staff Professional Development De-escalation and Restraint Training	<b>9/1</b> 8:00am – 3:30pm Staff Professional Development De-escalation and Restraint Training	<b>9/2</b> 8:30 – 9:00 am Remote Parent Orientation  9:00 - noon Remote re-entry Orientation for students *  1 – 3:30 pm Staff Planning	<b>9/3</b> 8:30 – 9:00 am Remote Parent Orientation  9:00 - noon Remote re-entry Orientation for students *  1 – 3:30 pm Staff Planning	<b>9/4</b> 8:30 – 9:00 am Remote Parent Orientation  9:00 - noon Remote re-entry Orientation for students *  1 – 3:30 pm Staff Planning
<b>9/7</b>  Labor Day  No School	<b>9/8</b> 8:30 – noon <i>First Day of School</i> Remote Learning Begins  1pm – 3:30pm Staff Planning time	<b>9/9</b> 8:30 – noon Remote Learning  1pm – 3:30pm On-site Individual Assessments of students ** Staff Planning time	<b>9/10</b>	<b>9/11</b>
<b>9/14</b> 8:30 – noon Remote Learning  1pm – 3:30pm On-site Individual Assessments of students ** Staff Planning time	<b>9/15</b>	<b>9/16</b>	<b>9/17</b>	<b>9/18</b>

<p><b>9/21</b> 8:30 – 3:30 pm Remote Learning with the option for individual on-site sessions with teachers of the deaf, special educator and speech &amp; language therapist ***</p>	<p><b>9/22</b></p>	<p><b>9/23</b></p>	<p><b>9/24</b></p>	<p><b>9/25</b></p>
<p><b>9/28</b> 8:30 – 3:30 pm Remote Learning with individual on-site sessions with teachers of the deaf, special educator and speech &amp; language therapist</p>	<p><b>9/29</b></p>	<p>9/30</p>	<p><b>10/1</b></p>	
<p><b>RE-EVALUATE WITH THE POSSIBILITY OF MOVING TO HYBRID OR CONTINUING WITH REMOTE</b></p>				

**\*Remote re-entry orientation for parents and students \***

There are 3 morning sessions planned for parents to offer as much flexibility as possible to participate in one of the sessions. The goal of these sessions is to review our re-opening plan 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 to meet their teachers. Sessions will include a morning meeting time incorporating Responsive Classroom activities; a read aloud by their teacher; an opportunity to social with their friends through a planned activity and snack; and, age-appropriate Covid-19 discussions about how school will look and feel different.

**\*\*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 the Clarke campus so we can evaluate their performance levels and plan accordingly. Health and safety protocols will be followed. There will be one student present at a time.

**\*\*\*Individual on-site sessions with teachers of the deaf, special educator and speech & language therapist \*\*\***

Based on the comfort level of families, we plan to bring in students individually for one-to-one sessions with staff for a fixed number of times per week. All families will be contacted and given this option.

## **In Person MODEL**

In-person services can be accommodated for up to 16 students divided into pods of 8. Because we anticipate more student enrollment this fall, we do not recommend this model.

Each pod will occupy two small adjoining classrooms with 4 students in each room. In each pod there will be 1 lead teacher of the deaf and hard of hearing (TOD), 1 assistant teacher, 1 part-time TOD intern, 1:1 assistant teachers (no more than one 1:1 per room) and 8 children. Teachers, but not students, will move from room to room within the pod. Snack and lunch will be consumed in outdoor spaces as much as possible, and otherwise in classrooms. Individually portioned snack/water will be provided and parents will be asked to provide completely disposable bag lunches. Each child will have an assigned play/worktable space, outfitted with individual bins containing school supplies, toys, books and other curriculum materials. Individual sensory bins will also be provided. Each pod will be assigned to one bathroom, with careful attention to distancing of students and staff in hallways as they access bathrooms.

Each SLP will be assigned to one pod and will pull students out of the classroom to our repurposed kitchen, library and/ or (to be created) outdoor learning spaces. Due to limited safe, well-ventilated therapy spaces and the need to sanitize therapy spaces between students, the in-person audition, speech, language services will require modification and will need to be provided to physically distanced pairs of students using plexiglass sneeze guards, or provided 1:1 on a reduced schedule, supplemented by remote speech services, consistent with IEPs.

Contracted related services personnel (OT,PT, ABA) 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.

We will require daily parent and staff attestations and daily health screenings of all children and staff (2 times per day). 1:1 staff as well as any staff who conduct health checks, accompany students to restrooms, change diapers, or who must be in close contact with students will wear full PPE, including wearer-protective masks, face shields, gowns, and gloves that will be changed or washed and sanitized between students.

Students will attend school M-F from 9:00-1:00, to allow additional time for daily cleaning and disinfecting of classrooms, seating/work/play areas, bathrooms, toys and books as well as providing time for teachers and therapists to deliver some individual remote sessions to all-remote students. Pre-recorded lessons, asynchronous ELA and math remote supports, read-alouds and some synchronous parent-child learning activities will be provided to students of kindergarten age and above for afternoon learning time, as students demonstrate developmental readiness. Students who are immune-compromised or whose parents decide to keep them home will be provided with synchronous and asynchronous remote learning support consistent with their IEPs. For those all-remote students, all synchronous individualized remote learning and therapy will be provided after 1:30 pm.

## **HYBRID MODEL:** we plan to move to this model in October, or when appropriate

Prior to October 1, a decision will be made if it is safe and appropriate to begin Hybrid in-person instruction. When we do return to in-person instruction families will still have the option to continue with remote instruction. We anticipate this being the case for approximately 20% of our students.

When families choose remote learning, assigned classroom teachers will be responsible for remote instructional learning plans. Teachers of the deaf, audiologists, speech and language pathologists and paraprofessionals will all participate in continued remote learning. Each day remote learners will have opportunities to join live classes via videoconference to promote inclusion and social interaction among peers. *Please refer to our remote learning plan above for full details on remote learning.*

### **Hybrid Model Structure**

In the Hybrid Model preschool students will be divided into learning pods of 8 students each, with all students receiving 2 days of in-person school and 3 days of remote learning. One pod will attend school for in-person learning 9 am- to 1 pm on Monday-Tuesday and one pod will attend school for in-person learning 9 am to 1 pm on Thursday-Friday. Deep cleaning and sanitizing between pods will occur on Wednesdays and weekends.

Each pod will occupy two small adjoining classrooms with 4 students in each room. In each pod there will be 1 lead teacher of the deaf and hard of hearing (TOD), 1 assistant teacher, 1 part-time TOD intern, 1:1 assistant teachers (no more than one 1:1 per room) and 8 children. Teachers, but not students, will move from room to room within the pod. Snack and lunch will be consumed in outdoor spaces as much as possible, and otherwise in classrooms. Individually portioned snack/water will be provided and parents will be asked to provide completely disposable bag lunches. Each child will have an assigned play/worktable space, outfitted with individual bins containing school supplies, toys, books and other curriculum materials. Individual sensory bins will also be provided. Each pod will be assigned to one bathroom, with careful attention to distancing of students and staff in hallways as they access bathrooms.

Each SLP will be assigned to one pod and will pull students out of the classroom to our repurposed kitchen, library and/ or (to be created) outdoor learning spaces. Due to limited safe, well-ventilated therapy spaces and the need to sanitize therapy spaces between students, the in-person audition, speech, language services will require modification and will need to be provided to physically distanced pairs of students using plexiglass sneeze guards, or provided 1:1 on a reduced schedule, supplemented by remote speech services, consistent with IEPs.

Contracted related services personnel (OT,PT, ABA) 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.

We will require daily parent and staff attestations and daily health screenings of all children and staff (2 times per day). 1:1 staff as well as any staff who conduct health checks, accompany students to restrooms, change diapers, or who must be in close contact with students will wear full PPE, including wearer-

protective masks, face shields, gowns, and gloves that will be changed or washed and sanitized between students.

Students will attend school on in-person days from 9:00-1:00, to allow additional time for daily cleaning and disinfecting of classrooms, seating/work/play areas, bathrooms, toys and books as well as providing time for teachers and therapists to deliver some individual remote sessions to all-remote students. Pre-recorded lessons, asynchronous ELA and math remote supports, read-alouds and some synchronous parent-child learning activities will be provided to students of kindergarten age and above for afternoon learning time, as students demonstrate developmental readiness. Students who are immune-compromised or whose parents decide to keep them home will be provided with synchronous and asynchronous remote learning support consistent with their IEPs. For those all-remote students, all synchronous individualized remote learning and therapy will be provided after 1:30 pm.

On remote learning days for a particular pod, students will participate in individual and group synchronous and asynchronous remote learning and audition/speech/language therapy on the days that they do not attend school in-person, prioritizing assignment of the same teaching and therapy staff for each child's remote and in-person learning. We will take advantage of Wednesdays, when all students are engaged in remote learning with their caregivers, to provide opportunities for cross-pod small and large group lessons, as well as remote/reverse field trips, all-school learning activities and caregiver education workshops. The curriculum and all thematic units will be designed for both in-person and remote learning, providing direct carryover from school to home.

The Hybrid model will allow us to use some classroom space for individual audition/speech/language therapy, as well as allowing space for on-site OT, PT and ABA support for those students who receive these services as part of their IEPs. Students with complex needs or who have demonstrated regression may receive in-person services on a day that their pod is receiving remote support, on a case by case basis.

We will use Zoom for daily remote individual and small group lessons, therapy and caregiver coaching. Google Classroom, Remind and Classroom Dojo will provide electronic access to pre-recorded lessons and other asynchronous learning activities. Students will bring home books and packets of materials to be used during remote lessons, as needed.

An Alternative Hybrid model may be required if key teaching staff or students are ill or in quarantine, or if health and safety concerns prompt a need or caregiver request for reduced in-person group learning. In this circumstance, students will all receive daily remote synchronous and asynchronous learning, but high need students may receive weekly in-person 1:1 therapy, assessment and/or individual math and ELA instruction.

### **Training and support for students, families, and staff members for in-person instruction (Hybrid or Fully In-person model)**

Prior to returning to school in person, 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 within each 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.

New students and those with complex multiple needs will be provided some in-person related services and additional remediation and supports on Remote Learning Days.

PPE will be available throughout the program to best meet state standards and individual IEP goals and objectives. All students from grades 2 and up will be required to wear masks with masks breaks throughout the day. Students younger than 2<sup>nd</sup> grade will be greatly encouraged to wear masks.

#### Other plans:

- Outdoor learning and activities will be used as much as possible.
- Cohorts will be assigned to specific bathrooms.
- Lunch will be eaten in classrooms or outdoors if possible. Lunch will be brought from home in a brown paper bag or provided by sending districts and prepared by a designated staff member.
- Recess times will be staggered, and PE classes will be held outdoors whenever possible.
- Visuals will be used to indicate the flow of traffic throughout the building
- Bus drop off and pick-up is arranged to minimize traffic flow throughout the building by using multiple entrances and exits.
- Staff will supervise check-in stations at doors where students will sanitize their hands and have their temperature checked. Whenever possible, doors will be propped open to avoid contact with handles.
- Protocols will be put in place for parents to communicate with us each morning about the health status of their child.
- A system will be in place to ensure staff are healthy each morning and able to work.
- If a child or staff member arrives at school sick, he or she will be held in an isolation room until they can safely leave the premises.

Sample Hybrid Schedule  
(6 year old)

Time	Remote Day	Time	In-Person Day
9-9:30	Listening Checks & Morning Activity (asynchronous)	9-9:30	Listening Checks, Bathroom, Morning Work
9:30-10	Morning Meeting (Whole Group Zoom)	9:30-10	Morning Meeting
10-10:30	Daily Routine Lesson (asynchronous- video and practice at home)	10-10:20	Mask Break/Outdoor Activity
10:30-11:00	Snack Activity tied to weekly theme (asynchronous- suggested snack activity)	10:20-10:40	Snack Activity tied to theme
11:00-11:30	Listening & Literacy (Parent Coaching/child not on screen)	10:40-10:50	Bathroom Break
11:30-12:00	Asynchronous outdoor exploration activity	10:50-11:20	Listening & Literacy
12:00-12:30	Lunch w memory game (asynchronous)	11:20-11:35	Mask Break/Outdoor Activity
12:30-1:00	Math (Small Group Zoom)	11:35-12:05	Math
Afternoon	Audition, Speech and Language (Individual/Small Group-Daily)	12:00-12:30	Lunch in Classrooms
Additional learning opportunities	OT, PT, TVI, O&M, ABA, Literacy supports can be scheduled directly with families	12:30-1:00	Bathroom, Mask Break, Pack Up & Dismissal
TOD time	1 individual TOD visit per week	Additional learning opportunities	OT, PT, Daily Speech, Literacy Supports will be provided on site or remotely depending on individual students' needs.

Sample Schedule- 3-5 year olds

Time	Remote Day	Time	In-Person Day
9-9:30	Listening Checks & Morning Activity (asynchronous)	9-9:30	Listening Checks, Bathroom, Morning Work
9:30-10	Morning Meeting (Small Group Zoom)	9:30-10	Morning Meeting
10-10:30	Daily Routine Lesson (asynchronous- video and practice at home)	10-10:20	Mask Break/Outdoor Activity
10:30-11:00	Snack (asynchronous- suggested snack, cooking activity)	10:20-10:40	Snack
11:00-11:30	Listening & Literacy (Individual Zoom + Asynchronous Assignment)	10:40-10:50	Bathroom Break
11:30-12:00	PE activity	10:50-11:20	Listening & Literacy
12:00-12:30	Lunch Bunch (Small Group Lunch Zoom 1 x per week)	11:20-11:35	Mask Break/Outdoor Activity
12:30-1:00	Math/Science/Social Studies (Mini Lesson Small Group Zoom + Asynchronous Assignment)	11:35-12:05	Math
Afternoon	Audition, Speech and Language (Individual/Small Group-Daily)	12:00-12:30	Lunch in Classrooms
Additional learning opportunities	OT, PT, TVI, O&M, ABA, Literacy supports can be scheduled directly with families	12:30-1:00	Bathroom, Mask Break, Pack Up & Dismissal
		Additional learning opportunities	OT, PT, Daily Speech, Literacy Supports will be provided on site or remotely depending on individual students' needs.

## Out of school time

Not applicable to our program.

## Student supports and professional learning

### Supporting Students

The Clarke School East Program uses a variety of materials to support our students' social emotional well-being including Second Step and The Responsive Classroom as well as 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 their 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 child's team (program director, teacher/s, SLPs) 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 School East is using the Pyramid Model Consortium to develop social emotional curriculum for all students. We recognize that with a compromised auditory system, and delayed language students with hearing loss are a greater risk for not developing healthy social emotional skills. We are going to focus on helping students through this challenging time, recognizing that student's perceptions and experiences around COVID-19 can cause trauma. We are focusing on the book *I am Human: A Book of Empathy*; by Susan Verde as a whole group focus on developing social emotional awareness. A copy of this book has been purchased for all student to keep at home and for each classroom. With a in-person, hybrid or remote schooling option the students will have this book at home and families will have access to teacher's lessons around the book. Positive behavior supports will be put in place such as bucket filling, and token boards for students who need more intensive behavioral plans for both in-person and hybrid models. Positive behavior supports will be sent home for parents to use at home as well. Parents will also have access to parent workshops that focus on social emotional development monthly throughout the year. Parents will also be able to connect with other parents during our Coffee and Conversations groups that will be offered 4 times a year. Weekly communication with parents will be on-going regardless of learning model.

Considerations regarding how anxiety and or trauma may impact reintegration into school life ongoing professional development and training for all staff in trauma-informed care and instruction through training webinars and professional development. Staff will be trained in the universal use of positive behavior supports as well as de-escalation strategies.

The school year will begin with individual family meetings to check-in about their concerns and to answer their questions. Then there will be on-going communication with parents/caregivers that will provide opportunities to partner with families to provide support and available community resources when needed.

The following link is a resource for families to use when talking to children about COVID-19: [mental health resources for families and children](#)

### **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 in order 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, social-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 both 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 exposure risk, 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 in classroom spaces that are available with a Hybrid model.

It will be important for the Clarke's deaf and hard of hearing specialists to develop 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 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 the data in order to determine mastery and the optimal ways for students to progress. Staff will continue to track student learning using standardized assessment and tracking methods

such as collecting data from student language samples and videos, interviewing parents and all other standard ways currently used.

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. 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**

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. 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.

As noted above, progress reports on mastery of IEP goals will issued quarterly.

## Other

### Facilities support

Clarke contracts with professional cleaners 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 by our professional cleaning company and will be used as needed.

### Transportation

Our students are bused to and from school each day by their sending districts in mini-vans or small school buses. 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

- 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

- 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, consider marking off ground at bus stops where students can wait at 6 feet of physical distance from one another (if not wearing masks).
- 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

- Mitigate airborne transmission by increasing outdoor air ventilation. Keep 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**

- 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**

- 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.
- Routine cleaning outlined above should be completed prior to disinfection to remove all surface matter.
- Doors and windows should remain open when cleaning the vehicle.
- 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.
- 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 on why. 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 person at each drop-off and pick-up location. There will be well-marked areas outside where students will wait for their bus. 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 they have been appropriately trained to observe students upon entry. 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. Close off areas used by the student, and do not use those areas again until after cleaning and disinfecting.<sup>1</sup>
- Consider posting signs at bus entrances clearly indicating 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.

## **Certification of 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 adhered to throughout our school programs:

### **Masks and face shields**

All students ages 3 to 8 will be encouraged to wear masks or face shields that cover 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.

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 regularly 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 school district provided transportation in vans and buses.

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. (reference 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. Student desks, work tables and floor mat seating will adhere to a 6 foot distance

Because our class sizes are small (4 to 9 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**

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.

### **Additional health and safety protocols**

#### **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. Portable room air purifiers may supplement these measures. Clarke School East will re-open to groups of children and staff when HVAC system upgrades are in place.

### **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.

### **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. Due to limited indoor space for an isolation room, an outdoor Medical Tent has been ordered. The tent is designed for use with supplemental heating and filtering units in cold weather.

Masks are always strongly encouraged in this space. 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

## Safety Protocols and Policies for COVID-19

General Guidelines for all:

**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:<sup>2 3</sup>

- Fever (100.4° Fahrenheit or higher), chills, or shaking chills
- 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 *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) *when in combination with other symptoms*

**If staff or students have any of these symptoms, they must get a test for active COVID-19 infection prior to returning to school.**

## Protocols for possible COVID-19 scenarios

### 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 3 days 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

Event	Location of Event	Testing Result	Quarantine
<b>Individual is symptomatic</b>	<p>If an individual is symptomatic <u>at home</u>, they should stay home and get tested.</p> <p>If an individual student is symptomatic <u>on the bus or at school</u>, 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.</p> <p>If an individual staff member is symptomatic at school, they should find coverage for their duties and then go home and get tested.</p>	Individual tests <b><u>negative</u></b>	Return to school once asymptomatic for 24 hours
		Individual tests <b><u>positive</u></b>	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 <b>and</b> until at least 3 days have passed with no fever and improvement in other symptoms.
		Individual <b><u>is not tested</u></b>	Remain home in self-isolation for 14 days from symptom onset
<b>Individual is exposed to COVID-19 positive individual</b>	<p>If an individual is <u>at home</u> 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.</p> <p>If an individual is <u>at school</u> when they learn they were in close contact with an individual who tested positive for COVID-19, 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.</p>	Individual tests <b><u>negative</u></b>	Return to school, if asymptomatic or once asymptomatic for 24 hours
		Individual tests <b><u>positive</u></b>	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 <b>and</b> until at least 3 days have passed with no fever and improvement in other symptoms.
		Individual <b><u>is not tested</u></b>	Remain home in self-quarantine for 14 days from exposure

### 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 3 days 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. **ELEMENTARY SCHOOL (e.g., student has self-contained classroom throughout the day):**
  - a. Send a communication to the other families in the student's class (e.g., cohort) that there has been a positive test without naming the individual student or staff member who tested positive.
  - b. Communications sent to families/staff should:
    - i. Inform them there was a positive test (not the specific individual) in the self-contained classroom.
    - ii. Explain that since they were within this cohort and may have been within 6 feet of the person with a positive test, they are considered a "close contact" and therefore should be tested. (In cases where the student may have been in close contact with others outside their cohort, 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 those designated as 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. Explain that if close contacts choose not to be tested, the student or staff member should remain home in self-quarantine for 14 days.<sup>5</sup>
  - v. 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).
  - vi. Remind families and/or staff of the list of COVID-19 symptoms for which to monitor.
- c. If the school finds out about the original COVID-19 positive test in the middle of a school day when the rest of the cohort is in class:
- i. Make sure these students are wearing masks, including in kindergarten and first grade. Extra masks as may be needed should be provided by the school. Enforce strict physical distancing. Require students to wash their hands.
  - ii. The school should quickly identify the individuals who may be “close contacts” of the student and notify students and their families.
  - iii. Caregivers of students in the class or other 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 received the results of testing (or elected to instead quarantine for 14 days<sup>6</sup>) and are asked to communicate their test results to the school.
- d. 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. Instruct those students and/or staff members to get tested according to the same protocol as the student’s cohort above.

**5. MIDDLE AND HIGH SCHOOL (e.g., no single self-contained classroom):**

- a. The school should identify the student’s or staff member’s possible “close contacts” based on the assigned seating charts. The lookback period should begin two days before symptoms appeared (or two days prior to the date of the positive test if there were no symptoms) and include up until the time the student was isolated. Consider students and staff members who were within 6 feet of the individual for 10-15 minutes in class, on the school bus, or at extracurricular activities.
- b. Follow the communication and other relevant Elementary School protocols above.
- c. Close contacts should be tested for COVID-19 at one of Massachusetts’s test sites.<sup>7</sup> Sites may require pre-screening, a referral, and/or an appointment.
- d. Instruct the student or staff member to isolate while waiting for the results of their test.
- e. An individual who does not wish to be tested should instead quarantine for 14 days<sup>8</sup> and until asymptomatic.

**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 can return to school immediately if they test negative and do not have symptoms; however, strict mask wearing covering the nose and mouth must be maintained at all times. The wearing of masks includes K-1 students for this 14-day period. If they have symptoms but test negative regardless, they should wait until they are asymptomatic for 24 hours before returning to school.

**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.

## 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.<sup>9</sup>
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.<sup>10</sup> Sites may require pre-screening, a referral, and/or an appointment. An individual who does not wish to be tested should instead quarantine for 14 days<sup>11</sup> and until asymptomatic.
3. Close contacts should isolate at home prior to testing and while awaiting test results. Ability to mask is critical, so if the close contact cannot mask or is in K-1 and not masking they should not return for 14 days.
4. In order to return to school, close contacts need to have one negative test result and not be showing any COVID-19 symptoms, or if they do not wish to be tested, quarantine at home for 14 days. 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 3 days have passed with no fever and improvement in other symptoms. **FOLLOW STEPS UNDER:** "Protocol: Student / staff tests positive for COVID-19."

## **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.<sup>12</sup> An individual who does not wish to be tested should instead isolate for 14 days<sup>13</sup> and until asymptomatic.
    - iv. The student should get tested at one of Massachusetts's test sites.<sup>14</sup> 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:** Student stays home until asymptomatic for 24 hours.
      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 3 days have passed with no fever and improvement in other symptoms.<sup>15</sup> **FOLLOW STEPS UNDER:** "Protocol: Student / staff tests positive for COVID-19."

## 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 keeps mask on. Ensure other students keep their masks on. Ensure student keeps required physical distance from other students.
4. 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.
5. 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.
6. Bus should be cleaned / disinfected.
7. 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. There is no specific capacity limit for the medical waiting room, but all students in the medical waiting room must be as far apart as possible, and no less than 6 feet. 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.<sup>16</sup> An individual who does not wish to be tested should instead isolate for 14 days<sup>17</sup> and until asymptomatic.

- iv. Student should get tested at one of Massachusetts's test sites.<sup>18</sup> 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:** If the student does not have COVID-19, the student may return to school based upon guidance from their clinician and necessary management of another diagnosis. Student stays home until asymptomatic for 24 hours.
    - 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 3 days have passed with no fever and improvement in other symptoms.<sup>19</sup> **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.

## 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. There is no specific capacity limit for the medical waiting room, but all students in the COVID-19 waiting room must be as far apart as possible, and no less than 6 feet. 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.<sup>20</sup> An individual who does not wish to be tested should instead isolate for 14 days<sup>21</sup> and until asymptomatic.
    - iv. Student should get tested at one of Massachusetts’s test sites.<sup>22</sup> 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:** If the student does not have COVID-19, the student may return to school based upon guidance from their clinician and necessary management of another diagnosis. Student stays home until asymptomatic for 24 hours.
      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 3 days have passed with no fever and improvement in other symptoms.<sup>23</sup> **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.

## **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.<sup>24</sup> An individual who does not wish to be tested should instead isolate for 14 days<sup>25</sup> and until asymptomatic.
    - iv. The staff member should get tested at one of Massachusetts’ test sites.<sup>26</sup> 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:** If the staff member does not have COVID-19, they may return to school based upon guidance from their clinician and necessary management of another diagnosis. Staff member stays home until asymptomatic for 24 hours.
      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 3 days have passed with no fever and improvement in other symptoms.<sup>27</sup> **FOLLOW STEPS UNDER:** “Protocol: Student/staff tests positive for COVID-19”.

## **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.<sup>28</sup> An individual who does not wish to be tested should instead isolate for 14 days<sup>29</sup> and until asymptomatic.
    - ii. The staff member should get tested at one of Massachusetts's test sites.<sup>30</sup> 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 stays home until asymptomatic for 24 hours.
      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 3 days have passed with no fever and improvement in other symptoms.<sup>31</sup> **FOLLOW STEPS UNDER:** "Protocol: Student/staff tests positive for COVID-19".

## *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 could include, *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 could include, *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.**

#### **Contacts:**

**Russell Johnston**, Senior Associate Commissioner, [Russell.Johnston@mass.gov](mailto:Russell.Johnston@mass.gov), 781-605-4958.

**Erin McMahan**, Senior Advisor to the Commissioner - Fall Reopening Implementation Lead, [Erin.K.Mcmahan@mass.gov](mailto:Erin.K.Mcmahan@mass.gov), 781-873-9023.

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
  - 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.**

### **Contacts:**

**Russell Johnston**, Senior Associate Commissioner, [Russell.Johnston@mass.gov](mailto:Russell.Johnston@mass.gov), 781-605-4958.

**Erin McMahon**, Senior Advisor to the Commissioner - Fall Reopening Implementation Lead, [Erin.K.Mcmahon@mass.gov](mailto:Erin.K.Mcmahon@mass.gov), 781-873-9023.

## Protocol: State-wide regression to a previous reopening phase

1. Massachusetts is tracking its overall statewide reopening in phases according to the [Reopening Massachusetts](#) plan. Currently, Massachusetts is in Phase 3 of reopening, where even more businesses can resume operations with specific guidance.
  2. If Massachusetts moves back into a prior phase, 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.
-