ARCHDIOCESAN PROTOCOLS FOR SAFELY REOPENING CATHOLIC SCHOOL BUILDINGS

ARCHDIOCESE OF SAINT PAUL AND MINNEAPOLIS

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ARCHDIOCESAN PROTOCOLS FOR SAFELY REOPENING CATHOLIC SCHOOL BUILDINGS

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Introduction to the Archdiocesan Protocols

Educating young people in the light of Christ is foundational to the mission of the Catholic Church. While the Church has carried out this work of education in the midst of social, health, and political crises, the current global COVID-19 pandemic has prompted unprecedented reflection on education and the central role of the physical school community in promoting the academic, spiritual, and emotional growth of the child. In preparing for the start of the 2020-21 school year, our local Church and the wider educational community throughout the state and the country will be required to make morally responsible decisions for how we educate the future citizens and leaders of our society during a pandemic, with special consideration for those children who are the most vulnerable among us. With the information that is currently available, we affirm that the most prudent decision for Catholic schools is to plan for the safe reopening of its school buildings at the start of the 2020-21 school year. We invite you to continue reading to learn more about the considerations that went into making this decision and the plans we have to prioritize health and safety in the upcoming academic year.

What We Have Learned: Since the Archdiocese made the recommendation to close its Catholic school buildings in March 2020 in response to the early stages of the COVID-19 pandemic, new scientific research with implications for reopening of schools has started to emerge. While we recognize that science is advancing daily, a current summary of scientific research with implications for the reopening of schools is summarized in the next section. In addition to the emerging research on COVID-19, we have learned that there are significantly adverse physical, academic, social and emotional consequences for many children when school buildings close. We have learned that some COVID-19 educational policies can disproportionately affect students of color and vulnerable families and children.

Morally Responsible Educational Leadership: While the research on COVID-19 and the research on the effects of school building closure on students and families is still emerging, it has become clear that there are risks in opening school buildings and risks in not opening school building. When it comes to partnering with families to provide for the educational needs of their children during a pandemic, the question before educational leaders is determining the responsible way to proceed in educating children when there are no risk-free options. Science can help inform our considerations. It is an essential data point. Ultimately, though, we are faced with a decision about moral value. Educational leaders must exercise prudential wisdom through morally responsible leadership to weigh the many risks and benefits and prudently choose the course of action that is best suited to provide for the good of all.

Responsible Planning and Transparent Communication: In order to welcome students back into the school building, we have responsibly planned and will take a number of action steps to lower the risk of COVID-19 transmission and intend to transparently communicate with all stakeholders throughout the implementation of these processes and procedures. These action steps required for all our Catholic schools are contained in this document, *Archdiocesan Protocols for Safely Reopening Catholic School Buildings*. When taken as a whole, these protocols create a framework that provide multiple safeguards that reduce the spread of COVID-19. As the CDC has recently noted, these steps are similar to the layers of protections that exist

when driving our cars. They include strategies that each individual can take, such as using your seat belt, as well as environmental strategies, such as speed limits, and social expectations like requiring a test to get a driver's license. Like we reduce the risk of driving, stacking these best practices with several layers of safeguards in a school help reduce the spread of COVID-19 and therefore lower the risks when we re-open our Catholic school buildings in the fall.

Culture of Health and Safety: The protocols are intended to mitigate, not eliminate, risk. No single action or set of actions will completely eliminate the risk of COVID-19 transmission, but implementation of several coordinated interventions can greatly reduce that risk. Our schools are not depending on one mitigation strategy, but a <u>combination</u> of all these strategies that when taken together substantially reduce the risk of transmission. In other words, establishing a culture of health and safety in our schools that focuses on regularly enforcing these important practices is more important than any one measure.

Educating Together: Each Catholic school is preparing to implement these special sets of policies and procedures for pandemic preparedness and response in order to help keep our Catholic school children, employees, and community safe and healthy. We recognize that the decision to return to school this fall is a deeply personal decision for each family. We pray for all our families, as they too have to make prudential decisions based on a multitude of considerations of their own particular situation. We ask for the prayers of the entire Catholic school community as we all seek the wisdom and courage to continue our sacrificial work for the sake of one of our noblest endeavors—the education of our children.

Emerging implications from the medical literature on childhood susceptibility to and transmission of COVID-19

A. Excerpt from the American Academy of Pediatrics (June 25, 2020):

Policy makers must also consider the mounting evidence regarding COVID-19 in children and adolescents, including the role they may play in transmission of the infection. SARS-CoV-2 appears to behave differently in children and adolescents than other common respiratory viruses, such as influenza, on which much of the current guidance regarding school closures is based. Although children and adolescents play a major role in amplifying influenza outbreaks, to date, this does not appear to be the case with SARS-CoV-2. Although many questions remain, the preponderance of evidence indicates that children and adolescents are less likely to be symptomatic and less likely to have severe disease resulting from SARS-CoV-2 infection. In addition, children may be less likely to become infected and to spread infection. Policies to mitigate the spread of COVID-19 within schools must be balanced with the known harms to children, adolescents, families, and the community by keeping children at home.

B. The State of Massachusetts has published one of the most accessible and up-to-date summaries of the emerging themes and implications from the medical literature as it relates to children, COVID-19, and schools. In an open letter, Massachusetts' Commissioner of Education Jeffery C. Riley writes: "In discussions with infectious disease physicians, other medical advisers, and the COVID-19 Command Center's Medical Advisory Board, we were heartened to learn that – based on current data and research – the medical community supports the return of our students to in-person learning, with appropriate health and safety guardrails in place." The following section "Emerging implications from the medical literature" is reprinted from *Initial Fall School Reopening Guidance* published by the Massachusetts Department of Elementary and Secondary Education, June 25, 2020:

This section summarizes some of the emerging themes and implications from the medical literature on childhood susceptibility to and transmission of COVID-19 as of mid-June 2020. Because COVID-19 is a novel disease, this literature is growing rapidly, and new information is emerging almost every day. Our guidance will continue to evolve as the science develops.

At this time, the evidence suggests schools have not played a significant role in COVID-19 transmission and that children, particularly younger children, are less likely than adults to be infected with COVID-19. Furthermore, if they become infected, it appears children may be less likely to transmit COVID-19 to others. Based on these initial findings, the health and safety requirements throughout this guidance, as well as considering the key features of school programming at different grade spans, the current evidence supports a safe in-person return to school with implementation details varying for elementary schools (including pre-kindergarten programs), middle schools, and high schools.

• Schools do not appear to have played a major role in COVID-19 transmission. In a review of COVID clusters, only 4% (8 of 210) involved school transmission. In a case study from New South Wales Australia, after 18 cases were found in schools (12 in high schools and 6 in primary schools), only 0.3% of student contacts were infected (1 in 695 individuals in

¹ Leclerc, Q. J., Fuller, N. M., Knight, L. E., Funk, S., Knight, G. M., & CMMID COVID-19 Working Group. (2020). What settings have been linked to SARS-CoV-2 transmission clusters?. *Wellcome Open Research*, *5*(83), 83. Available at https://wellcomeopenresearch.org/articles/5-83/v2

10 high schools and 1 in 168 individuals in primary schools). No teachers or staff were infected. Additional studies are included in Appendix A.

- In general, rates of COVID-19 infection are lower for children than for adults. Based on an analysis of data from six countries, children under 20 are half as susceptible to COVID-19 infection than adults. Furthermore, although children under the age of 18 make up 22% of the U.S. population, they account for less than 2% of all cases of COVID-19. In Massachusetts, children under the age of 19 were about four times less likely than the population at large to be diagnosed with COVID-19. Children are more likely to be asymptomatic, however, which underscores the importance of health behaviors for everyone (masks/face coverings, distancing, handwashing, surface cleaning). Additional studies are included in Appendix A.
- If exposed, children may be less likely to become infected with COVID-19. A meta-analysis of studies from several countries found that children were only 44% as likely as adults to become infected after exposure (note: pre-print study). In China, in households with COVID-19 exposure, children under the age of 18 were infected at a rate of 4% compared with 17% for adults. Additional studies are included in Appendix A.
- If infected, it appears children may be less likely to infect others with COVID-19. Most transmissions are from adults to children, rather than vice versa; this is different from some other respiratory viruses (note: pre-print study). In a U.S. study of 15 households, 73% of transmissions were from adult to child (the remaining were child-to-child or child-to adult). Additional studies are included in Appendix A.
- * Appendix A can be found in the full document: https://www.mass.gov/doc/dese-fall-reopening-guidance/download.

² National Centre for Immunisation Research and Surveillance (NCIRS) (2020). COVID-19 in schools – the experience in NSW. Available at http://ncirs.org.au/sites/default/files/2020-04/NCIRS%20NSW%20Schools%20COVID_Summary_FINAL%20public_26%20April%202020.pdf

³ Davies, N.G., Klepac, P., Liu, Y. et al. Age-dependent effects in the transmission and control of COVID-19 epidemics. Nat Med (2020). https://doi.org/10.1038/s41591-020-0962-9

⁴ Coronavirus Disease 2019 in Children — United States, February 12–April 2, 2020. MMWR Morb Mortal Wkly Rep 2020;69:422–426. DOI: http://dx.doi.org/10.15585/mmwr.mm6914e4

⁵ https://www.mass.gov/info-details/covid-19-response-reporting

⁶ Davies, N.G., Klepac, P., Liu, Y. et al. Age-dependent effects in the transmission and control of COVID-19 epidemics. Nat Med (2020). https://doi.org/10.1038/s41591-020-0962-9

⁷ Viner, R. M., Mytton, O. T., Bonell, C., Melendez-Torres, G. J., Ward, J. L., Hudson, L., ... & Panovska-Griffiths, J. (2020). Susceptibility to and transmission of COVID-19 amongst children and adolescents compared with adults: a systematic review and meta-analysis. *medRxiv*. Available at https://www.medrxiv.org/content/10.1101/2020.05.20.20108126v1

⁸ Wei Li, Bo Zhang, Jianhua Lu, Shihua Liu, Zhiqiang Chang, Cao Peng, Xinghua Liu, Peng Zhang, Yan Ling, Kaixiong Tao, Jianying Chen, Characteristics of Household Transmission of COVID-19, Clinical Infectious Diseases, , ciaa450, https://doi.org/10.1093/cid/ciaa450

⁹ Zhu, Y., Bloxham, C. J., Hulme, K. D., Sinclair, J. E., Tong, Z. W. M., Steele, L. E., ... & Gilks, C. (2020). Children are unlikely to have been the primary source of household SARS-CoV-2 infections. Available at https://www.medrxiv.org/content/10.1101/2020.03.26.20044826v1

¹⁰ Mannheim, J., Gretsch, S., Layden, J. E., & Fricchione, M. J. (2020). Characteristics of Hospitalized Pediatric COVID-19 Cases—Chicago, Illinois, March—April 2020. *Journal of the Pediatric Infectious Diseases Society*. Available at https://academic.oup.com/jpids/advance-article/doi/10.1093/jpids/piaa070/5849922

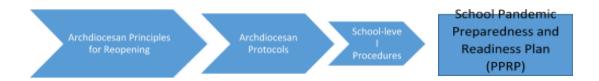
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Principles for Safely Reopening Catholic School Buildings

The principles articulated below form the backbone for all deliberations as they relate to reopening Catholic school buildings in the Archdiocese of Saint Paul and Minneapolis for the beginning of the 2020-21 academic year. These principles guide the creation of the *Archdiocesan Protocols for Safely Reopening Catholic School Buildings*. The goal of the *Archdiocesan Protocols* is a responsible and prudent approach to reopening our school buildings. School leaders are encouraged to utilize these principles as they consider the practical details and establish appropriate school-level processes and procedures.

- Mission-aligned: Protocols are aligned with the mission of Catholic education.
- Tailored to Catholic schools: Protocols meet the unique capabilities and needs of Catholic schools which may be distinct from other public educational institutions.
- **Safeguarding high quality education:** Protocols help ensure that Catholic schools provide a high quality education that advances excellence for every student in all areas of their lives.
- Research-based: Protocols are grounded in the most current research and infectious disease mitigation strategies.
- Broad: Protocols are overarching, high-level that allow for school-specific modification and implementation.
- Feasible: Protocols can be implemented at a systems-level with minimal time for training.
- **Flexible:** Protocols are flexible enough to be able to respond to changes in community spread or public health guidance and the publication of new research.
- Accessible: K-8 Catholic schools will have access to the resources needed to implement protocols.
- **Fiscally responsible:** Protocol implementation is financially viable and reflects responsible stewardship.

The following graphic illustrates how the Archdiocesan Principles for Reopening relate to the creation of the school-level Pandemic Preparedness and Readiness Plan (PPRP). The Archdiocesan Principles for Reopening drive the development of the *Archdiocesan Protocols* which set the requirements for school-level procedures found in the PPRP.



Explanation of Format

ARCHDIOCESAN PROTOCOLS

FOR SAFELY REOPENING CATHOLIC SCHOOL BUILDINGS

DOMAIN: The health and safety practices are divided into four overarching domains that describe the key areas for pandemic preparedness and response. The four domains are highlighted in blue.

Benchmark: Each of the four domains has a series of benchmarks to assist schools in recognizing health and safety practices in the four domains for reopening Catholic school buildings. The benchmarks are highlighted in yellow.

Protocols

This column articulates the high-level requirement that must be implemented in order to meet the **Benchmark.** These high-level requirements are called **Protocols.** Schools must have procedures or processes in place to implement each **Protocol.**

Resources

This column is reserved for links to resources to guide school's implementation of the **Protocols**. These resources include public health guidance, like recommendations from MDH and CDC.

School Level Procedures

This column is reserved for school-level processes and procedures. Each Catholic school completes this column for its own school. This column is the substance of the school's Pandemic Preparedness and Response Plan. Following the requirements stated in the **Protocol** and with consideration to the references and guidance documents provided in **Resources**, schools develop their school-level processes and procedures to meet the **Benchmark**. Schools keep track of the most recent review or revision date of the procedures in the column to the left.

It is expected that some school-level processes and procedures will be considered interim and may change as more information becomes available.

Date

Most recent review or revision date for procedure s and processes developed at the school-lev el.

ARCHDIOCESAN PROTOCOLS

FOR SAFELY REOPENING CATHOLIC SCHOOL BUILDINGS

A NOTE ON THE PROTOCOLS:

When taken as a whole, these Protocols outlined below create a framework that provides multiple safeguards that reduce the spread of COVID-19. As the CDC has recently noted, these steps are similar to the layers of protections that exist when driving our cars. They include strategies that each individual can take, such as using your seat belt, as well as environmental strategies, such as speed limits, and policies like requiring a test to get a driver's license. Stacking these best practices with several layers of safeguards help reduce the spread of COVID-19 and lower the risks when we re-open our Catholic school buildings in the fall.

In order to welcome students back into the school building, Catholic schools will use these Protocols to responsibly plan, transparently communicate, and implement a number of action steps to lower the risk of COVID-19 transmission. As school leaders prepare the PPRP for their schools, it is important to remember that it is not one mitigation strategy, but a <u>combination</u> of all these strategies taken together that will substantially reduce the risk of transmission. The Protocols are intended to mitigate, not eliminate, risk. No single action or set of actions will completely eliminate the risk of COVID-19 transmission, but implementation of several coordinated interventions can greatly reduce that risk. In other words, establishing a culture of health and safety in our schools that focuses on regularly enforcing these important practices is more important than any one measure.

Some school-level processes and procedures that are developed in the month of July may need to be considered "interim." As more information is made available throughout the summer and into the start of the 2020-21 school year, it is expected that interim school-level processes and procedures will be reviewed and revised as needed. The Archdiocese will continue to provide guidance as more information becomes available.

KEY HEALTH AND SAFETY COVID-19 RESOURCES FOR SCHOOLS FOR SCHOOL PROCEDURES DEVELOPMENT

MDH School Planning Guide (MDH)

CONSIDERATIONS FOR K-12 SCHOOLS: READINESS AND PLANNING TOOL (CDC)

<u>COVID-19 Planning Considerations: Guidance for School Re-entry</u> (AAP)

ARCHDIOCESAN HEALTH & SAFETY PROTOCOLS

FOR SAFELY REOPENING CATHOLIC SCHOOL BUILDINGS

DOMAIN I: Promoting Behaviors that Reduce Spread

Benchmark A: Staying home when appropriate

Only students, employees, and visitors who show no signs of illness are present in the school building. Students who were sick and are no longer symptomatic are returning to school at the advice of the student's health care provider.

Protocol 1: Students and employees are required to stay home when they are sick. Schools must promptly send children and employees home when they display symptoms of COVID-19 illness.

(Resources)

MDH: If You Are Sick: COVID-19

CDC: Coronavirus Disease 2019: Symptoms

(EXAMPLES of School Level Procedures)

Students, staff and siblings will stay home if they have tested positive for COVID-19, have had recent contact with someone with COVID-19 or display any of the symptoms related to COVID-19. Following the MDH Decision Tree, staying home is required for those who have EITHER of the following symptoms: new onset cough OR shortness of breath OR at least TWO of the following: fever, chills, muscle pain, cough, shortness of breath, sore throat, lack of taste/smell, and gastrointestinal symptoms of diarrhea, vomiting, or nausea. With a fever over 100.4 degrees, any individual should also stay home until fever free for 48 hours or more without the use of medications that lower fevers.

In addition, if a student or staff member develops COVID-19 symptoms during the day, he/she will need to leave the school as soon as possible and get tested for COVID-19 or have alternate diagnosis from their primary care provider prior to returning to the school.

Student Illness Reporting Process

At Home:

 If a student (or member of their household) is sick or experiencing cold-like symptoms, the student should remain home, and a parent or (Date)

8.3.20

		guardian should contact school health para, Vicky Lincoln, and ELC co-director, Jo Ellen Begalke.	
		At School :	
		 If a student is sick or experiencing cold-like symptoms, they should immediately notify their teacher. The teacher will bring them to the office to isolate in the dedicated isolation space. The teacher will report the student and their symptoms to Vicky Lincoln and Jo Ellen Begalke. 	
		Employee Illness Reporting Process	
		At Home:	
		 If an employee (or member of their household) is sick or experiencing cold-like symptoms, the employee should remain home, not report to work, and call their supervisor. 	
		 Manager to report employee name and symptoms to Lighthouse to be recorded. Employee to follow Isolation and Return to Work Guidelines as 	
		outlined in Appendix A	
		At Work:	
		 If an employee is sick or experiencing cold-like symptoms, the employee should immediately notify their supervisor and self-isolate in the dedicated isolation space. 	
		 The employee will be excused from work immediately and the supervisor will report employee name and symptoms to Lighthouse to be recorded. 	
		 Employee to follow Isolation and Return to Work Guidelines as outlined in Appendix A 	
Protocol 2: When determining when students or employees may return to school, schools will follow the directives of an individual's health care provider. In the event that no advice	MDH: If You Are Sick: COVID-19: How long to stay home if sick	When determining when students or employees may return to school, St. Therese Catholic School will follow the directives of an individual's health care provider. For non-COVID illnesses, this will include improving symptoms for 24 hours and fever free	8.3.20

has been sought or given, schools will use guidelines provided by public health officials.	MDH: Decision Tree MDH: COVID-19 and When to Return to Work	for 48 hours without medicine that lowers fevers. In the event that no advice has been sought or given, schools will use guidelines provided by public health officials. • If you have symptoms of COVID-19, stay home until all three of these things are true: • You feel better. Your cough, shortness of breath, or other symptoms are better. and • It has been 10 days since you first felt sick. and • You have had no fever for 24 hours, without using medicine that lowers fevers. • Talk to your health care provider if you have questions. • If a lab test shows you have COVID-19, someone from the health department will give you more information and answer your questions.	
Protocol 3: Eliminate or prudently modify employment and student attendance policy incentives that could cause a student or employee to come to school when ill (e.g., "perfect attendance awards").		St. Therese Catholic School does not have attendance policy incentives for students.	8.3.20
Protocol 4: Schools will designate an employee to be the primary COVID-19 Designated Point of Contact and a different employee to serve as a back-up COVID-19 Designated Point of Contact if the primary COVID-19 Designated Point of Contact is unavailable. This Point of Contact is responsible for responding to COVID-19 concerns (e.g. school nurse, head of school). All school employees and families should know who these individuals are and how to contact them.	MDH Planning Guide for Schools, p. 4	The St. Therese Catholic School and Early Learning Center Co-Points of Contact are Vicky Lincoln (health para) and Jo Ellen Begalke (ELC Co-Director).	8.3.20

8.3.20

Protocol 5: Schools will inform families and employees of the public-health recommendations for quarantining after exposure to COVID-19.	MDH School Planning Guide, pp. 12-13 MDH: What to do if you have had close contact with a person with COVID-19	St. Therese Catholic School will inform all families and employees of the public-health recommendations for quarantining after exposure to COVID-19 through electronic communication as well as information posted on the school website.	
Benchmark B: Practicing person			
Basic infection prevention measures, including pro		l at the school. All members of the school community are practicing persona ratory etiquette.	1
Protocol 1: Schools will teach and reinforce proper handwashing hygiene.	MDH: Hand Hygiene MDH: Teaching Hand Hygiene MDH: Hand Hygiene for Schools and Child Care	Practicing Proper Handwashing Hygiene at St. Therese Catholic School means that students and employees are washing their hands for at least 20 seconds with soap and water frequently throughout the day, but especially at the beginning and end of the school day, prior to any mealtimes, after meals/snacks and after using the restroom. Our school will teach employees proper handwashing techniques and provide resources for teachers to teach their students proper handwashing techniques. Proper handwashing techniques include washing hands with soap and water for at least 20 seconds. If soap and water are not readily available, hand sanitizer that contains at least 60% alcohol can be used (only for employees and older students who can safely use hand sanitizer). St. Therese will provide soaps and sanitizer (touchless if possible), paper towels and disinfectant wipes. We will set up hand hygiene stations at entrances for arrival procedures. We will limit shared items in favor of individual/personal frequently used supplies. Additionally, we will use media and posters to promote hygiene in highly visible locations. Teachers will review handwashing hygiene and respiratory etiquette weekly as well as monitor students as possible.	8.3.20
Protocol 2: Schools will monitor compliance in a practicable manner to help ensure adherence among students.		Teachers and administrators will monitor compliance in classrooms and bathrooms during the school day in a reasonable and practicable manner.	8.3.20

Practicing Proper Respiratory Etiquette at St. Therese means that members of the

school community are 1) covering coughs and sneezes with a tissue 2) throwing used

MDH: Cover Your Cough

Protocol 3: Schools will teach and

reinforce respiratory etiquette.

CDC: Cloth Face Covering Guidance

MDH School Planning Guide, pp. 7-8

tissues in the trash and 3) washing hands using hand washing protocols after coughing or sneezing. If tissues are not immediately available, students and employees are coughing or sneezing into their elbow.

Our school will

- 1) Educate all employees on proper respiratory etiquette.
- 2) Require teachers to instruct and remind students weekly of proper respiratory etiquette
- 3) Ask that teachers discreetly encourage individual students to practice proper respiratory etiquette on an as-needed basis.

Additionally, St. Therese will teach students and faculty how to use cloth face coverings (see CDC guidelines on How to Safely Wear and Take Off a Cloth Face Covering). In accordance with the statewide mask mandate, Kindergarten through 8th grade students, staff, and other people present in school buildings or riding on school transportation vehicles are required to wear a face covering.

Types of allowable face coverings include:

- Paper or disposable mask
- Cloth face mask
- Scarf
- Bandanna
- Religious face covering

The covering should cover the nose and mouth completely, should not be overly tight or restrictive, and should feel comfortable to wear. A face covering is not meant to substitute for social distancing, but is especially important in situations when maintaining a 6-foot distance is not possible.

St. Therese will have a supply of cloth face coverings available for those who forget to bring their own or theirs gets soiled.

A face shield (a clear plastic barrier that covers the face) allows visibility of facial expressions and lip movements for speech perception and may be used as an alternative to a face covering in the following situations:

 Among students in Kindergarten through grade 8, when wearing a face covering is problematic.

- By teachers (all grades), when wearing a face covering may impede the educational process.
- For staff, students, or visitors who cannot tolerate a face covering due to a developmental, medical, or behavioral health condition.
- For staff providing direct support student services, when a face covering impedes the service being provided.

For optimal protection, the face shield should extend below the chin anteriorly, to the ears laterally, and there should be no exposed gap between the forehead and the shield's headpiece.

- Staff, students, and other people present in the school building or in district offices may temporarily remove their face covering or face shield in the following situations:
- Face coverings may be temporarily removed when engaging in indoor physical activity (e.g., during recess, after school sports, or when exercising in a gym) where the level of exertion makes wearing a face covering difficult, and during classes or activities held outdoors. People participating in these activities should maintain 6 feet of distance while doing so to the extent feasible.
- Face coverings may be temporarily removed to eat or drink, but care should be taken to maintain as much space as possible between people, recognizing it is not always feasible to maintain 6 feet of distance from others.
- During indoor practices or performances involving singing, acting, public speaking, or playing musical instruments where a face covering cannot be used while playing the instrument. Performers should maintain 6 feet or greater of physical distance from others while participating in the activity to the extent possible, and should replace their face covering as soon as the activity is completed.
- People who are entering the school building during the day may be required by school staff to briefly remove their face covering for the purposes of checking identification.
- Staff working alone in their offices, classrooms, vehicles, or other job locations who do not have any person-to-person interaction.

		 Staff working in communal spaces (e.g., at desks or in cubicles) that have barriers such as plexiglass or cubicle walls between employees that are above face level. 	
Protocol 5: Schools will encourage students to avoid touching their faces.		As a part of educating our students in the proper procedures for personal hand hygiene and respiratory etiquette, teachers and staff will educate students in the importance of not touching their faces.	8.3.20
Benchmark C: Social distancing Schools implement appropriate so	cial distancing practices t	to reduce the spread of disease.	
Protocol 1: Schools will consider all public health recommendations for social distancing and implement those that are reflective of students' ages and abilities; without negative impact on the learning and social-emotional environment; and responsive to the level of community spread in the wider local community.	MDH: COVID-19 Prevention Guidance	 St. Therese will divide entry/exit points with a specific entry and exit point for K-5 and a specific entry and exit point for middle school. As often as possible, student drop off/pick up will occur outside and students will begin their school day outside. St. Therese will encourage parent driving over bussing when possible St. Therese will utilize social distancing markers throughout the building and for facilitating student drop off and pick up. St. Therese will use outdoor learning spaces as much as possible. In order to organize classrooms in a way that student desks are spaced out 3-6 feet apart and all facing the same direction, we will remove unnecessary items from classrooms to allow for more space between desks. St. Therese will limit cohorts/classes to one classroom and have teachers rotate when feasible. St. Therese will assign bathrooms to certain classes and groups. St. Therese will teach and remind students and staff to remain 6 feet apart in lines and restrooms. St. Therese will eliminate lockers or assign them by cohort. St. Therese will provide a lunchroom setting where students can maintain a social distance as well as provide alternate dining options such as a classroom or outdoors. 	8.3.20

DOMAIN II: MAINTAINING HEALTHY FACILITIES

Benchmark A: Cleaning and disinfecting efforts

Regular housekeeping practices are being implemented, including routine cleaning and disinfecting of classroom surfaces, restrooms, lunch rooms, meeting rooms, and drop-off and pickup locations. More frequent cleaning and disinfecting is conducted in high-touch areas, such as door handles, elevator panels, and hand railings.

Protocol 1: Schools will develop a schedule for increased, routine cleaning and disinfecting.	Appendix E: Cleaning Chart	Cleaning and disinfecting will occur via the times and person assigned in Cleaning Chart - Appendix E. Classroom doors will be left open so as to avoid repeated touching of door handles. Students will have their own crayons, markers, pencils, etc and will not be sharing such items with each other.	8.3.20
Protocol 2: Schools will identify frequently touched surfaces (e.g., playground equipment, door handles, sink handles, drinking fountains) within the school and clean all frequently touched surfaces daily or between use as much as practicable.	MDH Playground Guidance MDH COVID-19 Cleaning and Disinfecting Guidance	Frequently touched surfaces will be cleaned according to Appendix E. The playground will have the frequently touched surfaces wiped down at 7:30am (DJ), 12:00pm (TC) and 2:15pm (TC) by maintenance staff (DJ Joarnt and Tami Call). Children will wash hands immediately before and after using the playground. Drinking fountains will be turned off, except for bottle fillers, and all students will bring their own water bottles to school each day and fill them via the bottle fillers. In addition, students will be required to drink only out of their own water bottles.	8.3.20
Protocol 3: Schools will ensure safe and correct use and storage of cleaning and disinfecting products, including always storing products securely away from children, and using products that meet EPA disinfecting criteria.	MDH School Planning Guide, pp. 9-10	St. Therese School will follow all "Right to Know" for chemicals and will provide the Safety Data Sheet and training for each chemical.	8.3.20

Benchmark B: Adequate supplies

Appropriate and effective cleaning and disinfecting supplies have been purchased and are available for use in accordance with product labels, safety data sheets and manufacturer specifications and are being used with required personal protective equipment for the product.

Protocol 1: Schools will provide	School Cleaning Supplies	DJ and maintenance staff will secure adequate supplies for cleaning and disinfecting.	8.3.20
adequate supplies for implementing cleaning and disinfecting.	IEA Creating your Restart Blueprint for COVID-19	Donations will be requested of families for common use.	

Benchmark C: Separate physical space for students with symptoms of COVID-19

Schools have a space for students with symptoms of COVID-19. This space is supervised, safe, and regularly cleaned.

Protocol 1: Schools will identify a supervised space or area to temporarily separate anyone who has COVID-19 symptoms until they can leave the building. This space will be regularly cleaned and sanitized.	MDH Cleaning and Disinfecting Guidance, pp. 3-5 Catholic Mutual recommends that schools consider having this room close to an exit door, if possible.	The conference room in the school office will be designated as an "isolation" space for those with COVID-19 symptoms. Child-sized masks will be available for use when needed in this space. It will be cleaned daily as part of the office/classroom cleaning schedule. If used during the day, additional cleaning/sanitizing will be done.	8.3.20
Protocol 2: Schools will establish procedures to decrease the risk of spread among (or to) employees who are responsible for supervising students who have COVID-19 symptoms.	Catholic Mutual recommends that those responsible for supervising students who have COVID-19 symptoms be provided personal protective equipment, including mask, shield, gloves, and gown when possible.	The employee(s) will be provided appropriate PPE to safely care for students with symptoms of COVID-19. Gloves, masks and a shield will be provided. A change of clothing would be recommended in case a gown is not available.	
	e operating in a way that	promotes a healthy environment. As much fresh air as possible is being broutilation systems are being properly used and maintained.	ught
Protocol 1: Schools will monitor ventilation systems such that they operate properly and increase circulation of outdoor air as much as possible (e.g., by opening windows and doors).	CDC Building Reopening	HVAC has been updated and has routine maintenance. Classes will be held outdoors whenever possible. When inside, windows and doors will be open to provide more ventilation.	8.3.20
Protocol 2: Schools will take steps to ensure that all water systems and features (e.g., sink faucets, drinking fountains) are safe to use.	MDH Planning Guide, p. 13 CDC Building Reopening	Drinking fountains will be turned off, except for bottle fillers, and all students will bring their own water bottles to school each day and fill them via the bottle fillers. In addition, students will be required to drink only out of their own water bottles.	8.3.20

DOMAIN III: MAINTAINING HEALTHY OPERATIONS

Benchmark A: Symptom monitoring and screening

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Protocol 1: Schools will articulate expectations for regular health checks at home and at school (e.g., temperature screening and/or symptom checking) of employees and students.	MDH School Planning Guide, pp. 10-12 Catholic Mutual recommends posting videos on website and sending reminders about home health checks via email, letters and calls every day of the first week of school as parents and families are building back-to-school routines.	St. Therese Catholic School will inform all families and employees of the public-health recommendations for regular health checks via electronic communication as well as information posted on the school website. Frequent reminders will be sent as school staff and families are establishing routines at the beginning of the school year.	8.3.20
Protocol 2: Health checks that occur at school will be conducted safely and protect student's privacy.	CDC Supplemental Guidance for Childcare CDC General Business FAQ Catholic Mutual requires a separate health file and form for each person. Health information must be kept in a confidential and secure location.	-Vicky Lincoln, school health para, and Jo Ellen Begalke, ELC Co-Director have been assigned as co-points of contact and will be notified of a symptomatic individual -Students and staff will have their temperature taken upon arrival. (Fever is considered above 100.4 degrees Fahrenheit). -If a student does not pass the temperature or health screen they will not get out of their vehicle (car rider) or will be brought immediately to the quarantine room (bus rider). Parents will be contacted and they will be sent home to await further direction from their health care provider. -If a staff member does not pass the temperature or health screen they will be sent home to await further direction from their health care provider. -During school day, teachers and staff should monitor themselves and students for signs of illness, such as flushed cheeks, changes in breathing, new onset cough, lethargy. If there are new onset symptoms, they will either be sent home immediately (staff) or be quarantined (students) until a parent can retrieve them.	8.3.20

Any student who displays symptoms of COVID-19 is separated from other classmates and is picked up by a parent or guardian as soon as possible. Families are provided information by the COVID-19 points of contact.

Protocol 1: Schools will separate	MDH School Planning Guide,	-All symptomatic individuals will be taken by the health care point of contact (in	8.3.20
employees and students who develop	pp. 12-13	appropriate PPE) to the STS "Isolation Room" and isolated.	

COVID-19 symptoms (such as fever, cough, or shortness of breath) while at school.		-Symptomatic individuals will have temperature taken and screened for Covid-19 symptoms. -All health checks will be conducted safely while also protecting the individual's privacy. -EMS will be called if the symptomatic individual has trouble breathing, chest pain, inability to stay awake, new confusion, bluish lips/face -Parent will be called if no immediate signs of distress -Healthcare point of contact will stay in communication with family regarding progress and follow guidelines for returning to school (per the individual's health care provider and MDH) -Families of students who had exposure to the symptomatic individual will be notified and updated and the exposed students will need to follow MDH guidelines depending on the progress/diagnosis of the symptomatic individual -Once the symptomatic individual has vacated the room, the room should be cleaned after 24 hours, per CDC/OSHA guidelines	
Protocol 2: Students who develop COVID-19 symptoms while at school will be taken to a separate, supervised physical space until a parent/guardian is able to pick up the student.	MDH School Planning Guide, pp. 12-13	All symptomatic individuals will be taken by the health care point of contact (in appropriate PPE) to the STS "Isolation Room" and isolated: -Symptomatic individuals will have temperature taken and screened for Covid-19 symptoms -All health checks will be conducted safely while also protecting individual's privacy. -EMS will be called if the symptomatic individual has trouble breathing, chest pain, inability to stay awake, new confusion, bluish lips/face -Parent will be called if no immediate signs of distress -Healthcare point of contact will stay in communication with family regarding progress and follow guidelines for returning to school (per the individual's health care provider and MDH) -Families of students who had exposure to the symptomatic individual will be notified and updated and the exposed students will need to follow MDH guidelines depending on the progress/diagnosis of the symptomatic individual -Once the symptomatic individual has vacated the room, the room should be cleaned after 24 hours, per CDC/OSHA guidelines	8.3.20
Protocol 3: The school's COVID-19 point of contact person will communicate with the student's family regarding current public health guidance for caring for others who are sick, the school's procedures for the student to return to school and	MDH School Planning Guide, pp. 12-13	All symptomatic individuals will be taken by the health care point of contact (in appropriate PPE) to the STS "Isolation Room" and isolated: -Symptomatic individuals will have temperature taken and screened for Covid-19 symptoms -All health checks will be conducted safely while also protecting individual's privacy. -EMS will be called if the symptomatic individual has trouble breathing, chest pain, inability to stay awake, new confusion, bluish lips/face	8.3.20

reporting of any diagnosed case of COVID-19.		-Parent will be called if no immediate signs of distress -Healthcare point of contact will stay in communication with family regarding progress and follow guidelines for returning to school (per the individual's health care provider and MDH) -Families of students who had exposure to the symptomatic individual will be notified and updated and the exposed students will need to follow MDH guidelines depending on the progress/diagnosis of the symptomatic individual -Once the symptomatic individual has vacated the room, the room should be cleaned after 24 hours, per CDC/OSHA guidelines	
Benchmark C: Classroom environ With consideration to the Principl physical building to reduce the spi	es of Reopening, schools w	vill implement appropriate procedures in light of its educational plan and its	
Protocol 1: In the development of their schedules and classroom procedures, schools have implemented public health recommended strategies at the classroom-level to mitigate the spread of disease.	MDH School Planning Guide	St. Therese will keep students/ staff in cohort groups that stay together as much as possible throughout the day and from day to day. - Students will stay in their classroom whenever possible for specialist classes (art and spanish). PE and Music call will be held outside whenever possible. - We will create scheduling between specialists classes to allow for cleaning. - Middle school cohort will be grade level. If not possible to have teachers switch rooms, spaces will be wiped down between classes. 6th grade will be viewed as one cohort and 7th and 8th grade as a combined cohort. Whenever possible students and staff will maintain 6 ft social distancing. This includes: - Desks spread 3-6 ft apart, facing the same direction - Students in a single file, facing the same direction, spread out 6 ft apart (music class in particular.) - Markings on floor whenever possible to help remind students to stay 6 feet apart. - Assign spots for long term, rather than mixing up students frequently. When weather and learning experience permits, classes will be held outside.	8.3.20
Protocol 2: To the degree possible, schools will limit the use of shared objects (e.g., gym or physical education equipment, art supplies,	CDC Considerations for Schools (Shared Objects) Catholic Mutual recommends that all rugs and moveable carpets in	All rugs and moveable carpets will be removed and replaced by exercise mats. Limit use of shared materials, such as electronic devices, books, toys and manipulatives whenever possible.	8.3.20

toys, games) or clean them between use.	classroom be replaced with individual mats.	 Materials that must be shared (PE equipment, music instruments, etc.) will be thoroughly cleaned between uses. No sharing of crayons, pencils, markers, scissors, etc. Have students keep personal items in individually labeled containers. 	
Benchmark D: Large-group gathe With consideration to the Principle all large-group gatherings (e.g. as	es of Reopening, schools h	d field trips) ave implemented appropriate procedures to mitigate the spread of disease	during
Protocol 1: Schools will limit large, in-school group events, gatherings, or meetings during the school day.	CDC Considerations for Schools (Modified Layouts; Communal Spaces)	St. Therese Catholic School will pursue virtual group events and only hold indoor large group gatherings, events or meetings where social distancing of at least 6 feet between people is possible. Additionally, we will limit any nonessential visitors, volunteers, and activities involving external groups or organizations as possible.	8.3.20
Protocol 2: Schools will pursue virtual activities and events where practicable in lieu of large group gatherings such as field trips, student assemblies, special performances, school-wide parent meetings, and spirit nights, as practical.	MDH School Planning Guide	St. Therese Catholic School will pursue virtual activities and events in lieu of field trips, student assemblies, special performances, school-wide parent meetings, and spirit nights, as possible. If such gatherings occur, they will be limited to outdoor settings or settings where individuals can socially distance of at least 6 feet.	8.3.20
Protocol 3: Schools will pursue options to convene sporting events and participation in sports activities in ways that minimizes the risk of transmission of COVID-19 to players, families, coaches, and communities.	MDH Sports Guide Minnesota State High School League COVID-19 Updates	The South Side Youth Organization, the athletic league through which St. Therese participates, has postponed all Fall 2020 athletics to the Spring 2021 season at this time. As further guidance or updates are made, we will designate how we will work to keep athletes, coaches and spectators safe when athletic programs resume. Below are some additional considerations: Pursue options to convene sporting events and participation in sports activities in ways that minimizes the risk of transmission of COVID-19 to players, families, coaches, and communities.	8.3.20
		(MDH)For organized sports of all ages, pod sizes for non-game settings are required to not exceed 25 people per pod, both inside and outside. Intermixing between pods should still be kept to a minimum. Having pods reduces the	

		number of people potentially exposed if you have a case of COVID-19 and also makes it easier to quickly identify close contacts.	
		Consider the kind of contact each sport involves: Reduce contact between players as much as possible, even during games.Before starting games for any sport, consider the risk associated with that sport.It is important to remember that the more physical contact that occurs between people, the greater risk there is in spreading illness.	
		https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/youth -sports.html	
Benchmark E: Visitors Schools admit only those people w	vho are essential for conti	nuing school operations or maintaining the academic environment.	
Protocol 1: All visitors to the school will follow all school-defined safety and personal hygiene procedures for entering the school.	MDH: Visitor and Employee Health Screening Checklist	During the 2020-21 school year, visitors inside of St. Therese Catholic School will be limited and may only enter the building upon appointment. Each visitor entering the building will be required to pass a temperature screening and verbally affirm that they have no symptoms of COVID-19 that cannot be attributed to another health condition according to the <i>Visitor and Employee Health Screening Checklist</i> . Visitors will be informed of and required to follow St. Therese expectations for practicing hand hygiene and respiratory etiquette.	8.3.20
Protocol 2: Parents and Volunteers Schools will have a plan for entrance and movement within the school building for parents and volunteers to minimize exposure.		During the 2020-21 school year, parents and volunteers inside of St. Therese Catholic School will be limited and may only enter the building upon appointment. Each individual entering the building will be required to pass a temperature screening and verbally affirm that they have no symptoms of COVID-19 that cannot be attributed to another health condition according to the <i>Visitor and Employee Health Screening Checklist</i> . Visitors will be informed of and required to follow St. Therese expectations for practicing hand hygiene and respiratory etiquette.	8.3.20

Protocol 3: Prospective Families Schools will have a plan for entrance and movement within the school	During the 2020-21 school year, prospective families inside of St. Therese Catholic School will be limited and may only enter the building upon appointment.	
building for prospective students and families to minimize exposure.	Each individual entering the building will be required to pass a temperature screening and verbally affirm that they have no symptoms of COVID-19 that cannot be attributed to another health condition according to the <i>Visitor and Employee Health Screening Checklist</i> . Visitors will be informed of and required to follow St. Therese expectations for practicing hand hygiene and respiratory etiquette.	
Protocol 4: Vendors Schools will have a plan for entrance and movement within the school building for vendors to minimize exposure.	When possible, delivery professionals and vendors will be limited to the main office or exterior of the building. Each individual entering the building will be required to pass a temperature screening and verbally affirm that they have no symptoms of COVID-19 that cannot be attributed to another health condition according to the <i>Visitor and Employee Health Screening Checklist</i> . Visitors will be informed of and required to follow St. Therese expectations for practicing hand hygiene and respiratory etiquette.	8.3.20
Protocol 5: Guests As much as possible, schools will limit guests, activities, and facilities use involving external groups or organizations – especially with individuals who are not from the local geographic area.	Outside groups will be limited and will be encouraged to use the cafeteria or other well-ventilated spaces. They will be asked to follow the same social-distancing and hygiene measures as the school. Cleaning protocols following groups will be the same as the school cleaning protocols.	8.3.20
	nt: entrance, movement within the building, and dismissal ing, schools have implemented appropriate procedures to mitigate the spread of disease	while

With consideration to the Principles of Reopening, schools have implemented appropriate procedures to mitigate the spread of disease while students and employees are moving into, out of, and throughout the school building.

Protocol 1: Schools will review their student arrival and dismissal	MDH School Planning Guide, pp. 12-13	Students should exit cars only when asked upon arrival. Whenever possible, student pick-up and drop-off should occur outside.	8.3.20
procedures with consideration of public health recommendations strategies to reduce the spread of disease.		- St. Therese will utilize visual cues, signage, and barriers to direct traffic flow and demonstrate social distancing.	

		 Entry points will be divided between elementary and middle school students. rather than funneling all students through the same entry space. 	
Protocol 2: Schools will develop procedures for student movement throughout the building during the school day.	MDH School Planning Guide, pp. 12-13 CDC Considerations for Schools	Whenever possible, we will create "one way streets" in hallways and stairwells. Hallways will have floor markings indicating social distancing as well as the direction of where to walk.	8.3.20
Protocol 3: Schools will develop procedures for employee use of all shared common work spaces (e.g. lounges, restrooms, common offices, meeting spaces, work rooms).	CDC Considerations for Schools	Specific bathrooms will be assigned to each student cohort as well as staff members. Staff will be encouraged to eat lunch in their classroom, or outside as weather permits. When dining together, staff will maintain 6 feet of social distance. Staff will maintain 6 feet social distancing during meetings. Staff will wear face masks and maintain social distancing while using the work room and other common spaces	8.3.20
Protocol 4: Schools will review their procedures for bathroom use.	CDC Considerations for Schools	All rugs and moveable carpets will be removed and replaced by exercise mats. Limit use of shared materials, such as electronic devices, books, toys and manipulatives whenever possible. - Materials that must be shared (PE equipment, music instruments, etc.) will be thoroughly cleaned between uses. - No sharing of crayons, pencils, markers, scissors, etc. - Have students keep personal items in individually labeled containers.	8.3.20
Protocol 5: Schools will review their procedures for the use of communal spaces (e.g. gym, playground, library, narthex).	CDC Considerations for Schools	Students will be instructed on how and when to socially distance in common spaces. Rotations for the playground and other common spaces will be created in order to limit to one cohort at a time. Playground- Refer to cleaning of the playground in Domain II. Cohorts will be assigned a rotating schedule of recess location. (ex, day one- playground, day two- blacktop, day three- field, etc.). This will allow cohorts to stay together. Specialists- Extra time built into the specialist schedule to ensure proper cleaning.	8.3.20
Benchmark G: Food service nlans			

Benchmark G: Food service plans

Schools have implemented appropriate procedures to mitigate the spread of disease during meal time at school.

Protocol 1: Schools will review their procedures and schedules for food service (e.g. breakfast, snack, lunch).

MDH School Planning Guide, p. 5

MDH: Hand Hygiene for Food Handlers

MDH COVID-19 Prevention Guidance, p. 4

<u>CDC Considerations for Schools</u> (Food Service)

Staff - all staff have been informed and trained on the St. Therese COVID-19 Preparedness Plan and will go through the process of entering the building and taking precautions for preventing the spread of disease (taking their temperature upon arrival and reporting any new symptoms).

Food Preparation - Safety precautions will be used such as wearing masks and gloves when preparing and working with the food. We are looking at ways to possibly continue a salad/yogurt option with individually served salad/yogurt and toppings. No salad bar will be offered.

Food Service - We will follow any guidance from the MN Department of Education regarding school lunch programs for the 2020-21 school year. This guidance is still pending. Disposable service items will be used when meals are not served in the cafeteria. Reusable items may be used in the cafeteria then cleaned and sanitized per CDC guidelines. Food prepared in the kitchen will be individually wrapped on trays and served to children. Staff will wear masks and gloves during service.

Students will sit outside for snack and meals when weather permits.

Students in the primary lunchroom will be seated 6 feet apart in all directions at lunch tables, allowing for 48 total students/staff in the cafeteria. Markings will remind students where they are allowed to sit at the lunch table. Students will be seated in a pod of 4 facing each other, but 6 feet apart in all directions. Traffic will never cross between the pod, but rather traffic will flow around the perimeter of the cafeteria with markings assisting with direction. Classes sit together and are monitored to maintain social distancing. Staggered lunch periods or rotating schedule so one group is sitting before the next group enters, minimizing high traffic times and maximizing social distancing. Tables will be cleaned between groups per CDC guidelines.

Students in secondary lunchroom, middle school commons, will be seated 6 feet apart in all directions, allowing for 24 total students/staff. Markings will remind students where they are allowed to sit as well as direct traffic flow. Students will be sitting in pods of 4, facing each other, but remain 6 feet apart. Traffic will never cross between the pod, but rather flow around the perimeter of the middle school commons. Classes sit together and are monitored to maintain social distancing.

Students will wash hands prior to lunch/snack time using soap and water for at least 20 seconds and/or hand sanitizer that contains at least 60% alcohol by staff and older students.

Students will not self serve beverages or food. Food and beverages will be served directly to students.

8.3.20

		Meals, snacks and beverages served at school must be individually packaged whenever possible. Where individual packaging is not possible, food and beverages must be served directly to students.	
		Employees only wash hands in sinks designated for handwashing. Employees will not wash hands in utensils, food preparation, or service sinks.	
		Hands will be washed before starting to work with food, utensils or equipment, before putting on gloves, when switching between raw foods and ready-to-eat foods, after handling soiled utensils and equipment, after coughing, sneezing or using a tissue, after eating/drinking, after touching skiing, face or hair, after using the bathroom, as often as needed during food preparation and when changing tasks.	
		Handwashing sinks must have: warm running water, soap, disposable towels or a heated air hand drying device and a sign/poster reminding employees to wash their hands.	
Benchmark H: School and health	office operations		
Schools have implemented approp	oriate procedures to mitigo	ate the spread of disease in school and health office operations.	
Protocol 1: Schools will analyze and adjust their physical space and front office procedures with consideration of public health recommended strategies to reduce the spread of disease.	MDH School Planning Guide, p. 4-6 CDC Considerations for Schools	St. Therese Catholic School's front office will have plexiglass shields across the front desk to protect these front-line employees from exposure to COVID-19. In addition, nonessential visitors, parents, prospective families, vendors, and any other guests will be subject to a strict procedure to enter the school. See III.E.1-5 for details regarding those procedures. In addition, the main office conference room will serve as our isolation room for individuals experiencing COVID symptoms. The main office employees will have access to masks, face shields, and rubber gloves for working with students who have symptoms and	8.3.20
		must be sent home. Our office, health office and isolation room will be cleaned frequently as recommended to combat the spread of COVID-19.	
Protocol 2: Schools will review all procedures related to access and use of the health office.	MDH School Planning Guide	The health office personnel at St. Therese School will prioritize students who exhibit symptoms of COVID-19 and will ask individual classroom teachers to manage as many of the minor injuries that happen to students on playgrounds and in gymnasiums themselves. We will err on the side of caution when sending students home due to COVID-19 symptoms.	8.3.20
Benchmark I: Transportation	L		

Schools have implemented proced	lures to mitigate the sprea	d of disease while transporting students.	
Protocol 1: Schools that manage their own transportation will analyze and adjust their transportation procedures and ensure availability of back-up drivers.	MDH School Planning Guide, p. 14 CDC Considerations for Schools (Transportation)	N/A	8.3.20
Protocol 2: Schools who rely on their district for transportation will review district protocols and develop a contingency plan if the district is unable to provide transportation.		Awaiting information and protocols from Minnetonka Public Schools Transportation team.	8.3.20
Benchmark J: Communal prayer,	the Mass, and other Sacro	aments	
Schools have procedures for comm	nunal prayer and the celeb	ration of the sacraments consistent with parish protocols.	
Protocol 1: Schools will analyze and adjust their Mass schedule, liturgical practices and traditions to ensure that all public celebrations of the Mass and other sacraments comply with Archdiocesan and parish requirements.	The pastor or canonical administrator will provide direction on parish protocols.	St. Therese Catholic School will split weekly school Mass celebrations into two school Masses per week. This will ensure more than adequate space for social distancing within the sanctuary. All individuals attending Mass will be required to wear a face covering. Social distancing, maximum sanctuary capacity and increased sanitary and hygiene measures will followed per the St. Therese Parish COVID-19 Preparedness - Liturgy Plan.	8.3.20
Benchmark K: Thresholds for buil	ding closures		
Heads of School are actively monitoring long-term closure of the school but		nmunity spread of COVID-19 as it relates to decisions about short-term or	
Protocol 1: School Level: Schools will develop transparent criteria for implementing a short-term closure of their school building. The Head of School and Pastor will consult with the Archdiocesan Director for Catholic Education before announcing short-term closures.	Awaiting Final Guidance	Under Review.	8.3.20

Protocol 2: Systems Level: If the governor of Minnesota declares that all public school systems across the state will close, Catholic schools will follow the Archbishop's determination on how Catholic schools will respond.	Under Review.	8.3.20
Protocol 3: If the local public school district declares that its local public school or district will close, the Head of School and Pastor will be responsible for making a decision for its own school and will consult the Archdiocese as needed.	Under Review.	8.3.20
DOMAIN IV: COMMUNICATING, TRAIL	NING & EDUCATING	
have been educated on the health and safety proceed Protocol 1: Schools will post signs in	St. Therese will post signs at the two main entrances to the school and near	8.3.20
highly visible locations (e.g., school entrances, restrooms) that promote every day protective measures and describe how to stop the spread of germs (such as by properly washing hands).	every restroom (as well as in classrooms, as is practicable) that articulate important measures to be taken while at school. Such measures will include respiratory etiquette, hand hygiene, cleaning of frequently touched surfaces, etc.	
Protocol 2: Schools will make regular, routine communications on reducing the spread of COVID-19.	Starting the first week in August, St. Therese will communicate a minimum of every two weeks to our families and weekly to all employees about ongoing information on reducing the spread of COVID-19.	8.3.20
Protocol 3: Schools will educate employees, students and families about when they/their child(ren) should stay home and when they may return to school if they have been sick, even prior to school opening.	St. Therese's communications to families and employees of its PPRP will take place in early August and will continue at minimum every other week. As we approach the start of the school year, these communications will include how to react to symptomatic children and attendance at school, as well as how we are managing employees.	8.3.20

Protocol 4: Schools will train all employees, students, families, and community members (including volunteers) in school-level procedures ound in the Pandemic Preparedness and Response Plan (PPRP).		PPRP procedure training of employees for St. Therese will take place during workshop week and again at faculty meetings as needed during the school year. Parents will begin receiving training and information prior to the start of the school year via email. Students will undergo repeated training first at home and then beginning the first week of school.	
Protocol 5: The school will develop a plan for communicating a verified eport of a student or employee who has tested positive for COVID-19.	MDH Planning Guide, p. 12-13	Under Review.	8.3.20
Protocol 6: Schools will communicate of families and staff their process for determining school-building closure.		Under Review.	8.3.20

Benchmark B: Supporting faith and resilience

Schools will encourage prayer for prudent courage in the face of the virus and draw upon the riches of the Catholic tradition to help students and employees to trust in God's providential care in the midst of turmoil and disruption.

Protocol 1: Schools will be mindful of the appropriate amount of COVID-19 information that is shared based on the development level of children.	St. Therese School will partner with our school counselors and psychologist to discuss ways to teach students and employees how to manage information related to COVID-19. We will do so in a way that helps students, employees and families understand how to manage information in developmentally appropriate ways. In all things we do, we will lead with prayer and our Catholic faith.	8.3.20
Protocol 2: Schools will be attentive and responsive to the social, spiritual, physical, and emotional needs of students and families.	St. Therese School will teach students, employees, and families how to address issues of COVID-19 in a manner consistent with the Catholic beliefs that supports their social-emotional and overall health and wellbeing. Such needs will be addressed by teaching how to believe, hope, and trust in God, to pray for courage, to love all who are sick or may become sick, and treat all others with respect accorded to all human beings given to us by God in the form of human dignity.	8.3.20

Benchmark C: Instructional continuity and contingency planning

Consistent with their academic programs, schools will have plans to provide an approach to hybrid learning and to efficiently transition to distance learning if needed.

Protocol 1: According to their ability, schools will have a plan to provide educational continuity for children who may not be able to be present in the school building for in-person learning (e.g. due to underlying health conditions, mental health concerns or a need to quarantine due to exposure to COVID-19).	See Appendix B & C	Some families may opt to begin the year via distance learning. Additionally, there may be times where a student or a cohort is at home for a period of up to two weeks. For these situations, we are continuing to prepare our distance learning 2.0 plans. Two main digital platforms will support those in distance learning as we start the year: Seesaw for K-2 and Google Classroom for grades 3-8. We are also exploring options for live-streaming select classes or lessons.	8.3.20
Protocol 2: According to their ability, schools will be prepared to implement short-term and long-term distance learning plans if in-person learning should be suspended for all students in the school.	See Appendix B & C	Some families may opt to begin the year via distance learning. Additionally, there may be times where a student or a cohort is at home for a period of up to two weeks. For these situations, we are continuing to prepare our distance learning 2.0 plans. Two main digital platforms will support those in distance learning as we start the year: Seesaw for K-2 and Google Classroom for grades 3-8. We are also exploring options for live-streaming select classes or lessons.	8.3.20

APPENDIX

APPENDIX A: Additional Resources

Resources listed here do not indicate Archdiocesan approval or endorsement

Additional Health and Safety COVID-19 Resources for Schools

2020-21 MDE MINNESOTA PUBLIC SCHOOLS PLANNING GUIDE (MDE)

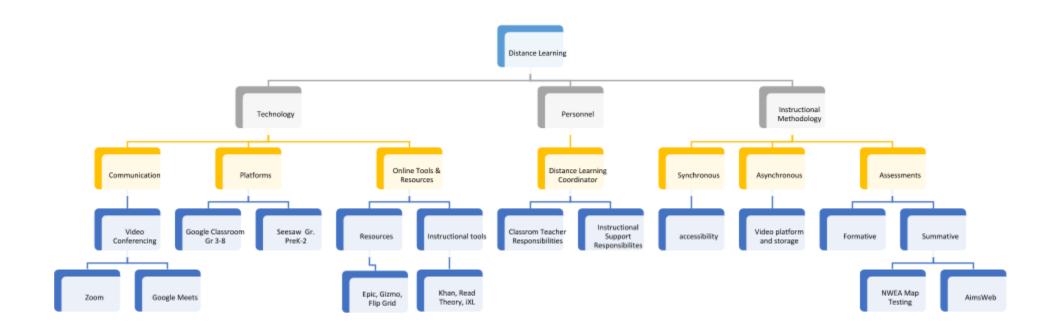
IEA Resources (provided by Catholic Mutual)

<u>Initial Fall Reopening Guide</u> (State of Massachusetts)

Recommendations for Reopening (Sick Kids Children's Hospital, Canada)

APPENDIX B: Sample of Distance Learning Planning Framework

Named resources are examples of possible options. They are not endorsements or recommendations.



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APPENDIX C: Educational Planning Models

One of the most critical decisions each school needs to consider is how to meet the academic needs of all students – those who will learn in person and those who are unable to receive instruction in school and desire virtual instruction.

Three Models for Learning:

All students learn at school in a newly modified traditional model.
All students learn from home – distance learning.
A hybrid model that provides some students learning at school and some at home.

It is important to make plans that are flexible and can adapt to the ever-changing needs of your community. Every plan should consider the possibility that at some point in the 2020-2021 academic year, if there is a significantly elevated health risk, schools will need to shift to distance learning. Choices surrounding technology, responsibilities for personnel, and instructional methodology should be flexible enough to adjust to the change in educational modeling.

Questions to consider after reflecting on distance learning during the spring 2020

Technology

What platforms will best support/organize learning experience for students, teachers, and parents?

What online educational resources will help students in school and at home meet their learning goals?

What communication tools will provide access to learning for students utilizing distance learning?

<u>Personnel</u>

What are the expectations of your teachers for managing the learning of students at school and home?

Who will be responsible for overseeing learning from home?

How will all students with learning plans have their needs met if they are learning from home?

Instructional Methodology

If some or all students are learning from home at any point in the school year how will the instruction be delivered – synchronous or asynchronous lessons?

How will all students be assessed – formative and summative – if some students are learning from home? How do you ensure academic integrity?

APPENDIX D: Cleaning Log from Catholic Mutual

Cleaning Log	
Date:	

Time	Area Cleaned	Initials	

Space	How Often to Clean & Disinfect	When to Clean & Disinfect	Who is Responsible	
COMMON AREAS				
Main Entrance/Vestibule Door Handles and Electronic Door Assist Buttons		6:00am	DJ Joarnt	
Main Office Door Handles	4 times/day		Tamai Call	
Bottle Fillers		11:00am	Tami Call	
Check-In Counters/Front Office Counters			Tami Call	
Handrails		2:10pm	rami Cali	
Elevator Buttons			l a la sa	
Vending Machine Buttons, Cash Input/Output surfaces, pickup slot door		after 6:00pm	John Begalke	
Tables/Chairs in Common Areas				
MAIN OFFICE & TEACHERS LOUNGE				
Door Handles/Inside & Outside				
Tables				
Desks	1 time/day	6. 6.00	John	
Chairs - Armrests, Grip Areas		after 6:00pm	Begalke	
Phones and Computers			-	
Break Room - Tables, Chairs, Appliance Handles, Cabinet Pulls. Remove all shared condiments				
CLASSROOMS				
Door Handles Identify all touch points during open/closing				
Door Frames			John	
Light Switches	1 time/day	after 6:00pm	Begalke	
Table Tops		2.12. 2.00	= -850	
Desks		As needed	Teachers/	
Chairs (include hand grips)			Students	
Cabinet handles/Pulls and Front of Doors				
Sink Faucets and Front Edge of Sink				