SAMPLE RE-OPENING PLAN FOR SCHOOLS

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<INSERT SCHOOL NAME HERE>
RE-OPENING PLAN FOR 2020-2021 SCHOOL YEAR

PREAMBLE, MISSION AND PURPOSE

Let us hold unswervingly to the hope we profess, for He who promised is faithful. And let us consider how we may spur one another on toward love and good deeds. Let us not give up meeting together, as some are in the habit of doing, but let us encourage one another – and all the more as you see the Day approaching." Heb. 10:23-25.

PREAMBLE

Martin Luther, the igniter of the Great Reformation in 1517, was as much an education reformer as he was a church reformer. And like the early church fathers who placed the Bible at the center of their school's curriculum, Luther said:

> *"Above all, in schools of all kinds the chief and most common lesson should be in the Scriptures....*
> *But where the Holy Scriptures are not the rule, I advise no one to send his child. Everything must perish where God's word is not studied unceasingly. When schools prosper, the Church remains righteous and her doctrine pure. Young pupils and students are the seed and source of the*
> *Church. If we were dead, whence would come our successors, if not from the schools? For the sake of the Church we must have and maintain Christian schools". Martin Luther, quoted in F.V.N. Painter, Luther on Education (St. Louis: Concordia Publishing House, 1889), p. 168; as reproduced in CSE Magazine, "1,900 Years of Christian Schools and Their Impact on Society", available at ACSI.org*

Faith. Hope. Love. An unbroken and unbreakable 1,900 year legacy of Christian Education. God, His word, our prayers and the gathering together of the saints. These are the timeless and unchanging spiritual principles, from God, through His word, and passed from generation to generation by a great cloud of faithful teachers that compel the reopening of our school for the 2020-2021 in the midst of the coronavirus pandemic.

MISSION

To reopen <insert school name here> for the 2020-2021 school year on time and for on campus learning as safely and fully as possible.

PURPOSE

To advance the gospel of Jesus Christ through private Christian Education, as an in-person gathered community of teachers, administrators, staff, parents and students to God's glory, our joy and for the benefit of all connected with <insert school name here>.

INTRODUCTION

The goal of <insert school name here>'s reopening plan is to provide re-entry that fosters the overall health of children, adolescents, staff, and community that we serve. The plan is based on evidence that is currently available and will be monitored as new information or situations arise. We hold as true and not opening our school would be counter to scripture, and would have a negative impact on the spiritual, mental, behavioral, and developmental health of our students. We trust that this plan will provide a framework for safety when <insert school name here> reopens on_____.

There are many federal, state and local guidelines available when it comes to making decisions on how to best mitigate the risk and protect our school and community. <insert school name here> has carefully considered a many of the available guidelines and will lean most heavily on the medical advice from the American Academy of Pediatrics and has adopted the actionable 12 steps to reopening schools from The Hospital for Sick Children in Ontario, Canada.

> From the American Academy of Pediatrics:
> *'Schools are fundamental to child and adolescent development and well-being and provide our children and adolescents with academic instruction, social and emotional skills, safety, reliable nutrition, physical/speech and mental health therapy, and opportunities for physical activity, among other benefits. Beyond supporting the educational development of children and adolescents, schools play a critical role in addressing racial and social inequity. As such, it is critical to reflect on the differential impact SARS-CoV-2 and the associated school closures have had on different races, ethnic and vulnerable populations. These recommendations are provided*
> *acknowledging that our understanding of the SARS-CoV-2 pandemic is changing rapidly.'*

> From the Hospital for Sick Children:
> *"Not opening schools in September would continue to have a negative impact on the mental, behavioral and developmental health of children. We hope these recommendations help provide a framework to keep everyone safe when school doors reopen."*
>
> *Developed by experts from SickKids and Unity Health Toronto, with input from scientists at the University of Toronto and SickKids' Family Advisory Network, the recommendations include important topics such as screening, hand hygiene, physical distancing, use of non-medical masks, and more.*

SCIENTIFIC, STATISTICAL AND PSYCHOLOGICAL BASIS FOR

<INSERT SCHOOL NAME HERE> REOPENING

Multiple reports from around the world indicate that children account for less than 5-10% of infections. In California, according to the California Dept. of Public Health, of 200,461 COVID-19 cases reported as of June 25th, 11,985 (6.00%) were in children aged 5-17 years. There have been 0 reported deaths due to COVID-19 in California for ages 0-17. Children are less susceptible to SARS-CoV-2 infection and may be less likely to transmit the virus to others. There is also strong evidence that the majority of children who become infected are either asymptomatic or have only mild symptoms, such as cough, fever, and sore throat. While serious disease requiring hospitalization is known in children, including multisystem inflammatory syndrome in children (MIS-C), this is relatively rare and is generally treatable. Severe disease requiring intensive care admission occurs in a small minority of pediatric cases, particularly among those with certain underlying medical conditions, but the clinical course is much less severe than in adults and deaths are non-existent in California. Again, there have been no pediatric or minor children deaths ages 0-17 reported in California as of June 25, 2020.

The community based public health measures (national lockdown, school closures, stay at home orders, self-isolation etc.) implemented to mitigate COVID-19 and "flatten the curve" have significant adverse health and welfare consequences for children. Some of these unintended consequences include decreased vaccination coverage, delayed diagnosis and care for non-COVID-19 related medical conditions, and adverse impact on children's behavior and mental health. Increased rates of depression, trauma, drug abuse and addiction and even suicide can be anticipated. Several organizations including the American Psychological Association (APA) and World Health

Organization have highlighted concerns about the potential impact of lockdown on family discord, exposure to domestic violence, child abuse and neglect. Thus, the impetus to reopening schools is to optimize the health and welfare of children, not for the purposes of allowing parents to get back into the workforce or to facilitate re-opening of the economy. As mentioned, it is critical that we balance the risks of COVID-19 in children, which appear to be minimal, with the harms of school closure which is impacting their physical, spiritual, emotional, and mental health. It should be recognized that it will not be possible to remove all risk of infection and disease now that SARS-CoV-2 is well established in many communities. Mitigation of risk, while easing restrictions, will be needed for the foreseeable future.

Return to school has always been associated with increases in cases of community-associated seasonal respiratory viral infections. As a result, it is anticipated that there will likely be an increase in cases of COVID-19 upon the resumption of school and as such, the appropriate measures should be proactively put in place to mitigate the effects of such an increase. This includes the need for readily available testing and contact tracing support, which is critical to avoid outbreaks. Consistency is essential for our students and it will be important to ensure that once children return to school, our schools stay open to the extent possible. Furthermore, children rely on structure and schedule for stability, which supports the need for a daily school model.

ONGOING MONITORING OF OUR PLAN

<insert school name here> recognizes that COVID-19 is constantly changing and has assembled a team that will meet on a regular basis to monitor outbreaks within the school, the familes we serve, and our community as a whole. This team is made up of the school administrator, a board member, 3 teachers, 3 parent representatives, and 3 students. They make recommendations to the administration and the board of directors for any alterations that may be needed.

This team will follow the key principles as outlined by the American Academy of Pediatrics:

- *School policies must be flexible and nimble in responding to new information, and administrators must be willing to refine approaches when specific policies are not working.*
- *It is critically important to develop strategies that can be revised and adapted depending on the level of viral transmission in the school and throughout the community and done with close communication with state and/or local public health authorities and recognizing the differences between school districts, including urban, suburban, and rural districts.*
- *Policies should be practical, feasible, and appropriate for child and adolescent's developmental stage.*
- *Special considerations and accommodations to account for the diversity of youth should be made, especially for our vulnerable populations, including those who are medically fragile, live in poverty, have developmental challenges, or have special health care needsor disabilities, with the goal of safe return to school.*
- *No child or adolescent should be excluded from school unless required in order to adhere to local public health mandates or because of unique medical needs. Pediatricians, families, and schools should partner together to collaboratively identify and develop accommodations, when needed.*
- *School policies should be guided by supporting the overall health and well-being of all children, adolescents, their families, and their communities. These policies should be consistently communicated in languages other than English, if needed, based on the languages spoken in the community, to avoid marginalization of parents/guardians who are of limited English proficiency or do not speak English at all.*

Any questions or comments that you have can be directed to team@<insertdomainhere.org>.

THE FAMILY'S RESPONSIBILITY

While medical experts agree that the risk to the individual child is very low and reasonable precautions are being taken, there is risk that a child could become infected while attending <insert school name here> and infect others.

No one knows the interactions of their child better than the parents. We are asking that the parents make the ultimate decision and accept the responsibility that enrolling their child at <insert school name here> is appropriate. Please prayerfully consider whether or not you would like to have your child attend our school and that the steps that we are taking as a community are in the best interest of your family.

<INSERT SCHOOL NAME HERE>'S 12 STEP PLAN FOR REOPENING

The following summarizes our current plan for school reopening based on the available evidence as well as expert opinion, organized into the categories below:

1. Screening to prevent symptomatic individuals from entering the school
2. Hand hygiene
3. Non-Medical and Medical Face Masks for Children
4. Physical Distancing
5. Cohorting
6. Environmental Cleaning
7. Ventilation
8. Mitigation of Risk for Students at Higher Risk for Severe Disease
9. Special Considerations for Children and Youth with Medical and/or Behavioral Complexities
10. Mental Health Awareness and Support for Children
11. Protection of Staff and at-risk Persons or Families
12. Communicating about COVID-19 to Children, Youth and Parents/Caregivers

Adopted from the university of toronto, hospital for sick kids

1.SCREENING TO PREVENT SYMPTOMATIC INDIVIDUALS FROM ENTERING THE SCHOOL

In order to prevent the spread of infection, students, teachers and other employees who have signs/ symptoms of COVID-19 (according to CDC, California DPH and local Public Health guidance) should stay home and decisions about testing and return to school should be guided by CDC and California DPH in consultation with local Public Health protocols. In addition, return to school decisions for those who have had an exposure to SARS-CoV-2 should be in accordance with local Public Health recommendations.

<Insert School Name Here> hereby states and implements a strict exclusion policy for symptomatic students and employees.

Teachers and administrators will be provided with information on signs and symptoms of COVID-19 in children so that appropriate action can be taken if children develop symptoms during the day. While student screening by school staff at the school may be appealing, it could result in increased lines and is not practical without significant staggering of start times.

<Insert School Name Here> intends to keep to a traditional, non-staggered school schedule as it had prior to COVID-19.

Parents and caregivers are ultimately responsible for the screening of their children, daily, at home, prior to entering campus. A checklist will be provided, as requested, for them to do daily screening before arriving at school to clear for entry.

Virtual learning or other forms of structured learning may be implemented on an as-needed basis for children who are required to stay home because they are sick or in isolation due to SARS-CoV-2 infection or exposure. <Insert School Name Here> will identify and implement available options for students who have limited internet availability or other barriers to online learning.

2. HAND HYGIENE

SARS-CoV-2 and other respiratory viruses are almost exclusively spread by respiratory droplet transmission. As a result, and because virus shedding may occur prior to symptom onset or in the absence of symptoms, routine, frequent and proper hand hygiene (soap and water or hand sanitizer) is critical to limit transmission. In fact, proper hand hygiene is one of the most effective strategies to prevent the spread of most respiratory viruses including SARS-CoV-2, particularly during the pre- symptomatic phase of illness.

Students should be taught how to clean their hands properly (with age appropriate material) and to try and avoid touching their face, eyes, nose and mouth as much as possible. This should be done in a non-judgmental and positive manner. Students who have symptoms of a respiratory tract infection should stay home and students should be reminded to sneeze or cough into their elbow/sleeve.

Age-appropriate signage is placed at <Insert School Name Here> to remind students to perform hand hygiene. A regular schedule for routine hand hygiene, above and beyond what is usually recommended (before eating food, after using the washroom etc.) will be encouraged. Possible options would be to have regularly scheduled hand hygiene breaks based on a pre-specified schedule (for example, scheduling a minimum of 5 times during the day). For practical reasons and to avoid excess traffic in the hallways, the preferred strategy for these extra hand hygiene moments would be hand sanitizer unless sinks are readily available in the classroom.

Access to hand hygiene facilities (hand sanitizer dispensers and sinks/soap) is critical with consideration for ensuring accessibility for those with disabilities or other accommodation needs. Hand sanitizer (60-90% USP grade alcohol, not technical grade alcohol) will be available at the entry point for each classroom. Adequate resources and a replenishment process will be implemented to ensure supplies are available to perform hand hygiene frequently. Liquid soap and hand sanitizer will be replenished and tissues available for drying. No-touch waste receptacles will be available for disposal of materials. Disposable disinfectant wipes will be readily available so that commonly used surfaces can be wiped down by individuals before each use (teachers, older students).

3. NON-MEDICAL AND MEDICAL FACE MASKS FOR CHILDREN

Non-medical masks may reduce transmission from individuals who are shedding the virus. However, the extent of this benefit is unknown (especially in children) and would only be potentially beneficial if done properly. In fact, if worn incorrectly, it could lead to increased risk of infection and it is not practical for a child to wear a mask properly for the duration of a school day. It is noteworthy that several European countries have had children successfully return to school without face masks.

Non-medical and medical face masks are not required or recommended for children returning to school.

The following points were considered in the formulation of this policy:

- *There is a lack of evidence that wearing a face mask prevents SARS-CoV-2 transmission in children.*
- *Children are not typically trained in their use and there is potential for increased risk of infection with improper mask use.*
- *In young children in particular, masks can be irritating and may lead to increasedtouching of the face and eyes which could increase the risk of infection.*
- *It is impractical for a child to wear a mask properly for the duration of the school day. Children would need assistance to follow appropriate procedures for putting on and taking off the mask (i.e. during mealtimes, snack times). In addition, during these times when the mask is removed, they would need to be stored appropriately to prevent infection spread.*
- *It is likely that masks will be disposed of improperly throughout the school and potentially lead to increased risk by children playing with them.*
- *The mask may not be tolerated by certain populations (i.e. children with underlying lung conditions, asthma, allergies) and especially during warm/humid time periods.*
- *It is recognized that some parents and children may choose to wear masks. This is a personal choice and should not be discouraged. It is ultimately the responsibility of the parent to instruct their child to wear masks to their satisfaction*.

While at <Insert School Name Here>, staff, parents, students of a certain age, and at certain times, may be required to wear a mask. This is a different situation from the general guidelines described above and will be implemented where masking wearing is deemed appropriate by school leadership.

4. PHYSICAL DISTANCING

The objective of physical distancing is to reduce the likelihood of contact that may lead to transmission and has been a widely used strategy during the pandemic. However, strict physical distancing will not be emphasized as it is not practical and could cause significant psychological harm. Close interaction, such as playing and socializing is central to child and student development and will not be discouraged.

When students are in the classroom, to the extent possible, <Insert School Name Here> will arrange the classroom furniture to leave as much space as possible between students. Smaller class sizes, if feasible, will aid in physical distancing. However, the daily school schedule routine will not be disrupted to accommodate smaller classes for physical distancing.

When weather permits, consideration will be given to having classes outside.

Large gatherings/assemblies will not take place for the immediate future. Choir practices/ performances and band practices/performances involving wind instruments may pose a higher level of risk and special consideration will be given to how they are held, the room ventilation and the distance between performers. To the extent possible, instruments should not be shared between students and if sharing is required, the instruments should be disinfected between use.

Lunch breaks and times may be staggered during the first few weeks of school. Hand hygiene will be performed prior to and after lunch breaks, and as weather permits, lunch breaks will take place outside.

During outdoor activities, such as recess, physical distancing should not be required. Students will be required to perform hand hygiene prior to sports activities/outdoor play/playground use. Sports and physical education classes will take place as per past <Insert School Name Here> practice. Sports equipment (e.g. balls, hockey sticks etc.) will be cleaned at the conclusion of the activity. <Insert School Name Here> will endeavor to offer as many of their usual sports, clubs and activities as possible.

5. COHORTING

The purpose of cohorting is to limit the mixing of students and staff so that if a child or employee develops infection, the number of exposures would be reduced. However, cohorting should not be done in a manner that compromises daily school attendance or alters the curriculum options available to children.

To the extent possible, cohorting classes will be considered for the younger age groups and for children with medical and/or behavior complexities, so that students stay with the same class group and there is less mixing between classes and years. This applies to both indoor as well as selected outdoor activities.

6. ENVIRONMENTAL CLEANING

Detailed policies are beyond the scope of this document. In brief, SARS-CoV-2 has been detected on a variety or surfaces, and it is possible that infection can be transmitted by touching contaminated surfaces and then touching mucous membranes (i.e. mouth, nose, eyes). As a matter of utmost importance, <Insert School Name Here> has engaged high quality, reputable cleaning and sanitization experts to provide deep, thorough, comprehensive, detailed, state-of-the-art cleaning of the school immediately prior to the first day of school, and to thereafter regularly sanitize the school to mitigate the possibility of transmission infection on school surfaces.

A regular cleaning schedule will be used throughout the school year with emphasis on high touch surfaces. Maximum efforts will be made to reduce the need to touch objects/doors (no-touch waste containers, prop doors open), and teachers and staff will regularly reinforce “no sharing” of food, water bottles or cutlery policies. To the greatest extent possible, classroom materials and equipment will be made of materials that can be cleaned and disinfected.

7. VENTILATION

Detailed recommendations are beyond the scope of this document. In brief, it is expected that environmental conditions and airflow influence the transmissibility of SARS-CoV-2. Adequately ventilated classroom environments (e.g. open windows with air flow, and improved airflow through ventilation systems) are expected to be associated with less likelihood of transmission compared with poorly ventilated settings. <Insert School Name Here> will, prior to the first day of school, engage professionals to provide a comprehensive inspection of ventilation systems, and make recommendations for improvement to maximum safety guidelines, and to improve and optimize classroom ventilation. <Insert School Name Here> is committed to increasing the proportion of outside air brought in through these systems, where possible, and to the use of outdoors or environments with improved ventilation (e.g. keeping windows open, weather permitting).

8. MITIGATION OF RISK FOR STUDENTS AT HIGHER RISK FOR SEVERE DISEASE

Some children may be at higher risk of adverse outcome from COVID-19 due to underlying medical conditions such as immunocompromised states or chronic medical conditions such as cardiac and lung disorders. Children and youth who are medically complex, particularly those with medical technological supports associated with developmental disabilities and/or genetic anomalies, are also in a potentially higher risk category. However, at the present time, there is no convincing evidence to suggest the level of medical risk to these children from SARS-CoV-2 is different from that posed by other respiratory viruses, such as influenza. As a result, given the unintended consequences associated with not attending school, attending school is recommended for the majority of these children. (For more details pertaining specifically to medically and behaviorally complex children and youth, see section 9 below)

Students with underlying conditions may attend school as they would per usual. However, it is important for parents to work with their child's health-care providers so that an informed decision can be made. This is particularly relevant for children with newly diagnosed illnesses requiring the first-time use of new or augmented immunosuppression. In the event that such children have a documented exposure to the virus, in addition to involvement of the local public health unit, it is recommended that the child's parent/caregiver(s) contact the child's health-care provider for further management.

9. SPECIAL CONSIDERATIONS FOR CHILDREN & YOUTH WITH MEDICAL AND/OR BEHAVIORAL COMPLEXITIES

Return to school will present unique challenges to children and youth with medical and/or behavioral complexities (e.g. a child with cerebral palsy that requires feeding and respiratory supports in the classroom) and their families. Many of these families have had a prolonged period of time in home isolation compounded by a lack of respite and/or homecare supports. Transitioning medically and behaviorally complex children back to school requires specific focus and will be extremely important as many families are already in crisis mode.

<Insert School Name Here> will liaise with parents to accommodate a more individualized return to school to ensure smoother transitions to ensure that those families who choose to not send their children to school receive remote learning opportunities and do not lose access to home care and respite supports. <Insert School Name Here> will make accommodation where reasonable and appropriate to ensure that students continue to receive access to therapy and nursing services while in the school. In appropriate circumstances, and where reasonable and necessary, <Insert School Name Here> may provide environmental (e.g. smaller class size) and classroom supports (e.g. teacher aides) for those children who may need assistance with hygiene measures, such as some children with behavioral/developmental disorders.

10. MENTAL HEA LTH AWARENESS AND SUPPORT FOR CHILDREN

<Insert School Name Here> will make efforts to address known sources of distress and extend flexibility within existing administrative processes. For example, many children enrolled in transition years (grades 5/6, 8, 12) during the 2019-2020 school year were required to make decisions regarding special education programs, school registration, or other specific educational programming in the absence of usual sources of information, including school visits or meetings. Efforts will be made to allow program flexibility in this regard during the first months of the school year, in the event

that children and parents realize they have made an incorrect program or school choice. It can be anticipated that rigidity would likely lead to increased stress, anxiety, depression and school refusal that could be otherwise avoided. Similarly, children can be anticipated to return to school at diverse academic levels even within a classroom. It will be critical to provide opportunities for early identification of learning needs and academic support to ensure that children neither become overwhelmed nor bored in the school setting, as these are frequent antecedents to school refusal and mental health problems. For children who may find the new school environment particularly challenging, such as some children with developmental disabilities, extra supports will be needed. Consultation with their parents and families to better understand their individual circumstances and needs is recommended. It can be anticipated that children and youth may experience increased stress and anxiety related to the COVID-19 pandemic. In addition, children and youth may have mental health conditions, such as anxiety, depression, and substance abuse, which may have been exacerbated by social distancing, including school closures, and may experience symptom escalation on return to school.

<Insert School Name Here> will make an effort to be flexible throughout the 2020-2021 school year in program and/or school enrollment to provide for children and youth who have transitioned to a new program or school for the 2020/2021 school year. Increased in-school educational support may be provided to students and classroom teachers to enable early identification and remediation of learning gaps that some students will have incurred during the school closures.

11. PROTECTION OF STAFF AND AT-RISK PERSONS OR FAMILIES

While detailed recommendations are beyond the scope of this document, the safety of the school staff is an important consideration. Risk mitigation for teachers and other staff will be similar to those recommended for other public settings. With regards to children's home environment, it would be appropriate to consider that the risk posed by potentially infected children to other household members likely varies in relation to socioeconomic status, household overcrowding and the presence of children and adults at increased risk of severe COVID-19 at home.

Physical distancing of school staff from children and other staff will be emphasized and practiced as much as reasonably possible. In general, masks should not be required for school staff if physical distancing is possible and is practiced appropriately. This is important as facial expression is an important part of communication which children should not be deprived of. If close prolonged contact with others cannot be avoided, wearing a mask is a reasonable option. However, if used in the classroom, the teacher should explain the rationale to the children. It is acknowledged that some teachers and other school staff may choose to regularly wear masks. This is a personal choice and should not be discouraged. Further guidance should be developed to mitigate risk in home situations where an affected child resides (in the same home) with siblings or adults with underlying conditions that put them at increased risk for more severe disease.

12. COMMUNICATING ABOUT COVID-19 TO CHILDREN, YOUTH AND PARENTS/CAREGIVERS

A detailed communication strategy is beyond the scope of this document. However, it is acknowledged that clear, age-appropriate communication about COVID-19 and what to expect when children and youth return to school should occur in advance of school reopening. In addition, it will be important that regular updates be provided to children and their parents/caregivers throughout the school year.

Parents, children, youth and the community at large should be educated that SARS-CoV-2 is likely to persist and circulate like other respiratory viruses. They should be made aware that in general, SARS- CoV-2 causes mild disease in the majority of children and young adults and that the best overall strategy for these cohorts and the population at large, taking into account the massive secondary adverse health and well-being implication of the lockdown, is to ease restrictions and return to school.

SUMMARY

This document provides guidance surrounding the reopening <Insert School Name Here> as it relates to the measures to mitigate risks. As discussed, the risks of infection and transmission in children, which appear to be minimal, need to be balanced with the harms of school closure which is impacting their spiritual, emotional, physical, and mental health.

On balance, it is recommended that children return to school and that the messaging around this clearly articulate the rationale for the recommendations outlined in this document in order to help reduce the fear and anxiety in parents, children and school staff. In our view, a daily school model is best as it allows for consistency, stability, and equity regardless of the region in which children live. An important factor to consider in this respect is emerging evidence indicating inequalities in the social and economic burden of COVID-19,30 which may further disadvantage children living in higher burden areas where educational inequality and barriers to online learning may be more pronounced. In addition, we appreciate that the living conditions for children vary across socioeconomic groups and therefore recommend that further work be done to develop guidance and identify supports needed for situations where children reside within the same home as individuals with underlying conditions that put them at increased risk of more severe disease.

Finally, it is important to note that these recommendations reflect the evidence available at the present time and may evolve as new evidence emerges and as information is gathered from other jurisdictions that have opened schools already.

REFERENCES (partial):

- *Association of Christian Schools International*
- *American Academy of Pediatrics*
- *University of Toronto, Hospital for Sick Kids*
- *ChurchWest Insurance Services*
- *Brotherhood Mutual Insurance Company*
- *Church & Tax Law*
- *National Association of Independent Schools*
- *Western Association of School and Colleges*
- *California State Department of Education*
- *California State Department of Public Health*
- *Center for Disease Control*