

Lakewood School District's
"2021-2022"

Safe Return Plan



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This is a "LIVE" document, in which changes are made frequently.

TABLE OF CONTENTS

2021-2022 Arrival & Dismissal Times	Page 8
COVID-19 & Children	Pages 9-16
Minimizing the Risk of Spreading COVID-19	Page 17
PPE for Staff Members	Page 18
PPE for Students.....	Page 19
Plexiglas for Student Desks	Page 20
COVID-19 PPE & Health/Safety items purchased	Page 21
COVID-19 Transportation	Pages 22-25
Walkers	Pages 26-27
Prior to the beginning of the school day.....	Page 28
COVID-19 Daily Screener for Staff Members	Pages 29-30
Mandatory COVID-19 Vaccine or weekly testing	Page 31
If you tested positive for COVID-19 in the past 3 months.....	Page 32
Do Vaccinated Staff have to Quarantine?	Pages 32-34

Unvaccinated Staff Who Travel	Page 35
Vaccinated Staff Who Travel	Page 36
Substitute Teachers and Paraprofessionals	Page 37
COVID-19 Notifications	Pages 38-39
Athletic Competition	Page 40
Daily COVID-19 Announcement (Twice a day-every day)	Page 41
Morning Arrival Procedures	Page 42
Afternoon Dismissal Procedures	Page 43
Breakfast and Lunch Procedures (Elementary)	Page 44-45
Recess Procedures (Elementary)	Page 46
Staff Members Lunch	Page 47
Lakewood Middle School Breakfast and Lunch	Page 48-49
Lakewood High School Breakfast and Lunch.....	Page 50-51
COVID-19 Designated Points of Contact	Pages 52-53
Plans for When a Student or Staff Member Becomes Sick	Page 54
COVID -19 TEST (PCR)	Page 54

Self-Quarantine/Self-Isolation Logs	Pages 55-57
Student Close Contacts.....	Page 58-63
Caring for Someone Sick at Home	Pages 64-65
When to Seek Emergency Medical Attention	Page 66-73
Can you be re-infected with COVID-19?	Page 74-76
What happens when a staff member gets exposed to COVID-19 and they were not vaccinated?	Pages 77
What will classrooms look like?	Pages 78-80
Diapering	Page 81
Washing, Feeding, or Holding a Child	Page 82
Signage	Page 82
Healthy Hygiene Behavior	Page 84
Preparation and Meal Service	Page 85
Addressing Unfinished Learning After COVID-19 School Closures...	Pages 86-97
English Language Learners (ELL)	Page 97
Counseling Services	Page 98

COVID Testing	Page 99
Financial Assistance	Page 100
Mental Health Support Services	Page 100
Home Language Survey	Page 103
Students with Disabilities	Page 103
Facilities and Maintenance	Page 104
American Environmental Systems	Page 105-106
Child Study Team Meetings	Page 106
I&RS Team Meetings	Page 107
Morning Medication	Page 108
Nurse's Office	Page 108
Special Education Strategies.....	Pages 109-114
In-Person Music Classes	Page 115
In-Person Band/Instruments	Pages 116-118
Library Books.....	Page 119

Dance Class	Pages 120-122
Culinary Class	Pages 123-125
Fashion Design	Pages 126
Disinfecting Library Books	Pages 127-131
Benefits of a COVID-19 Vaccine	Pages 132-134
Face Masks	Pages 135-152
COVID-19 Vaccine Opportunities for Students and Families	Page 153-154
COVID-19 Vaccines/Weekly Testing Procedures	Page 155-161

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September 2021-2022 Schedule

5 DAYS A WEEK, 6.5 HOURS A DAY.

<u>Tier</u>	<u>School</u>	<u>Arrival Time for Teachers Contractually</u>	<u>Start Time For Students</u>	<u>End Time for Students</u>
1	Lakewood High School	6:55 a.m.	7:00 a.m.	1:30 p.m.
1	Lakewood Middle School	6:55 a.m.	7:00 a.m.	1:30 p.m.
2	Ella G. Clarke School	7:40 a.m.	7:45 a.m.	2:15 p.m.
2	Oak Street School	7:40 a.m.	7:45 a.m.	2:15 p.m.
2	Clifton Avenue Grade School	7:40 a.m.	7:45 a.m.	2:15 p.m.
3	Spruce Street School	8:25 a.m.	8:30 a.m.	3:00 p.m.
3	Piner Elementary School	8:25 a.m.	8:30 a.m.	3:00 p.m.
3	LECC	8:25 a.m.	8:30 a.m.	3:00 p.m.

COVID-19 and Children

The best available evidence indicates that COVID-19 poses relatively low risks to school-aged children. Children appear to be at lower risk for contracting COVID-19 compared to adults. To put this in perspective, according to the Centers for Disease Control and Prevention (CDC), as of July 17, 2020, the United States reported that children and adolescents under 18 years old account for under 7 percent of COVID-19 cases and less than 0.1 percent of COVID-19-related deaths.^[5] Although relatively rare, flu-related deaths in children occur every year. From 2004-2005 to 2018-2019, flu-related deaths in children reported to CDC during regular flu seasons ranged from 37 to 187 deaths. During the H1N1 pandemic (April 15, 2009 to October 2, 2010), 358 pediatric deaths were reported to CDC. So far in this pandemic, deaths of children are less than in each of the last five flu seasons, with only 64.[†] Additionally, some children with certain underlying medical conditions, however, are at increased risk of severe illness from COVID-19.*

Scientific studies suggest that COVID-19 transmission among children in schools may be low. International studies that have assessed how readily COVID-19 spreads in schools also reveal low rates of transmission when community transmission is low. Based on current data, the rate of infection among younger school children, and from students to teachers, has been low, especially if proper precautions are followed. There have also been few reports of children being the primary source of COVID-19 transmission among family members. This is consistent with data from both virus and antibody testing, suggesting that children are not the primary drivers of COVID-19 spread in schools or in the community. No studies are conclusive, but the available evidence provides reason to believe that in-person schooling is in the best interest of students, particularly in the context of appropriate mitigation measures similar to those implemented at essential workplaces.

Educational Instruction

Extended school closure is harmful to children. It can lead to severe learning loss, and the need for in-person instruction is particularly important for students with heightened behavioral needs. Following the wave of school closures in March 2020 due to COVID-19, academic learning slowed for most children and stopped for some. A survey of 477 school districts by the University of Washington’s Center on Reinventing Public Education found that, “far too many schools are leaving learning to chance.”^[13] Just one in three school districts expected teachers to provide instruction, track student engagement, or monitor academic progress for all students, and wealthy school districts were twice as likely to have such expectations compared to low-income districts.^[13]

We also know that, for many students, long breaks from in-person education are harmful to student learning. For example, the effects of summer breaks from in-person schooling on academic progress, known as “summer slide,” are also well-documented in the literature. According to the Northwest Evaluation Association, in the summer following third grade, students lose nearly 20 percent of their school-year gains in reading and 27 percent of their school-year gains in math.^[14] By the summer after seventh grade, students lose on average 39 percent of their school-year gains in reading and 50 percent of their school-year gains in math.^[14] This indicates that learning losses are large and become even more severe as a student progresses through school. The prospect of losing several months of schooling, compared to the few weeks of summer vacation, due to school closure likely only makes the learning loss even more severe.

Disparities in educational outcomes caused by school closures are a particular concern for low-income and minority students and students with disabilities. Many low-income families do not have the capacity to facilitate distance learning (e.g. limited or no computer access, limited or no internet access), and may have to rely on school-based services that support their child's academic success. A study by researchers at Brown and Harvard Universities assessed how 800,000 students used Zearn, an online math program, both before and after schools closed in March 2020.^[15] Data showed that through late April, student progress in math decreased by about half, with the negative impact more pronounced in low-income zip codes.^[15] Persistent achievement gaps that already existed before COVID-19, such as disparities across income levels and races, can worsen and cause serious, hard-to-repair damage to children's education outcomes. Finally, remote learning makes absorbing information more difficult for students with disabilities, developmental delays, or other cognitive disabilities. In particular, students who are deaf, hard of hearing, have low vision, are blind, or have other learning disorders (e.g., attention deficit hyperactivity disorder (ADHD)) and other physical and mental disabilities have had significant difficulties with remote learning.

Social and Emotional Skill Development

Schools play a critical role in supporting the whole child, not just their academic achievement. In addition to a structure for learning, schools provide a stable and secure environment for developing social skills and peer relationships. Social interaction at school among children in grades PK-12 is particularly important for the development of language, communication, social, emotional, and interpersonal skills.^[18]

Extended school closures are harmful to children's development of social and emotional skills. Important social interactions that facilitate the development of critical social and emotional skills are greatly curtailed or limited when students are not physically in school. In an in-person school environment, children more easily learn how to develop and maintain friendships, how to behave in groups, and how to interact and form relationships with people outside of their family. In school, students are also able to access support systems needed to recognize and manage emotions, set and achieve positive goals, appreciate others' perspectives, and make responsible decisions. This helps reinforce children's feelings of school connectedness, or their belief that teachers and other adults at school care about them and their well-being. Such routine in-person contacts provide opportunities to facilitate social-emotional development that are difficult, if not impossible, to replicate through distance learning.

Additionally, extended closures can be harmful to children's mental health and can increase the likelihood that children engage in unhealthy behaviors. An environment where students feel safe and connected, such as a school, is associated with lower levels of depression, thoughts about suicide, social anxiety, and sexual activity, as

well as higher levels of self-esteem and more adaptive use of free time. A longitudinal study of 476 adolescents over 3 years starting in the 6th grade found school connectedness to be especially protective for those who had lower connectedness in other areas of their lives, such as home, and to reduce their likelihood of substance use.

Further, a review of studies conducted on pandemics found a strong association between length of quarantine and Post Traumatic Stress Disorder symptoms, avoidance behavior, and anger. Another review published this year found that post-traumatic stress scores of children and parents in quarantine were four times higher than those not quarantined.

In-person schooling provides children with access to a variety of mental health and social services, including speech language therapy, and physical or occupational therapy to help the physical, psychological, and academic well-being of the child. Further, school counselors are trained in the mental health needs of children and youth and can recognize signs of trauma that primary caregivers are less able to see because they themselves are experiencing the same family stresses. School counselors can then coordinate with teachers to implement interventions to offer children a reassuring environment for regaining the sense of order, security, and normalcy.

Without in-person schooling, many children can lose access to these important services. For example, we know that, even outside the context of school closures, children often do not receive the mental health treatment they need. Among children ages 9-17, it is estimated that 21 percent, or more than 14 million children, experience some type of mental health condition.^[27] Yet only 16 percent of those with a condition receive any treatment.^[23] Of those, 70-80 percent received such care in a school setting.^[23] School closures can be particularly damaging for the 7.4 million American children suffering from a serious emotional disturbance. For those individuals who have a diagnosable mental, behavioral or emotional condition that

substantially interferes with or limits their social functioning, schools play an integral role in linking them to care and necessary support services.

For children with intellectual or physical disabilities, nearly all therapies and services are received through schools. These vital services are difficult to provide through distance learning models. As a result, more children with disabilities have received few to no services while schools have been closed.

Safety

Extended school closures deprive children who live in unsafe homes and neighborhoods of an important layer of protection from neglect as well as physical, sexual, and emotional maltreatment and abuse. A 2018 Department of Health and Human Services report found that teachers and other educational staff were responsible for more than one-fifth of all reported child abuse cases—more than any other category of reporter.^[28] During the COVID-19 school closures, however, there has been a sharp decline in reports of suspected maltreatment, but tragically a notable increase in evidence of abuse when children are seen for services. For example, the Washington, D.C. Child and Family Services Agency recorded a 62 percent decrease in child abuse reporting calls between mid-March and April 2020 compared to the same time period in 2019, but saw more severe presentation of child abuse cases in emergency rooms.^[29] Children who live in a home or neighborhood where neglect, violence, or abuse occur, but who are not physically in school, are deprived of access to trained school professionals who can readily identify the signs of trauma and provide needed support and guidance.

Nutrition

Extended school closures can be harmful to the nutritional health of children. Schools are essential to meeting the nutritional needs of children with many consuming up to half their daily calories at school. Nationwide more than 30 million children participate in the National School Lunch Program and nearly 15 million participate in the School Breakfast Program. For children from low-income families, school meals are an especially critical source of affordable, healthy foods. While schools have implemented strategies to continue meal services throughout periods of school closures, it is difficult to maintain this type of school nutrition program over the long-term. This is a particularly severe problem for the estimated 11 million food-insecure children, living in the United States.

Physical Activity

When schools are closed, children lose access to important opportunities for physical activity. Many children may not be sufficiently physically active outside of the context of in-school physical education (PE) and other school-based activities. Beyond PE, with schools closed, children may not have sufficient opportunities to participate in organized and safe physical activity. They also lose access to other school-based physical activities, including recess, classroom engagements, and after school programs.

The loss of opportunities for physical activity from school closures, especially when coupled with potentially diminished nutrition, can be particularly harmful to children. Physical inactivity and poor nutrition among children are major risk factors for childhood obesity and other chronic health conditions. Over 75 percent of children and adolescents in the United States do not meet the daily physical activity level recommendations (60 minutes or more), and nearly half exceed 2 hours per day

in sedentary behavior. Current models estimate that childhood obesity rate may increase by 2.4 percent if school closures continue to December 2020.

Conclusion

Schools are an important part of the infrastructure of our communities, as they provide safe, supportive learning environments for students, employ teachers and other staff, and enable parents, guardians, and caregivers to work. Schools also provide critical services that help meet the needs of children and families, especially those who are disadvantaged, through supporting the development of social and emotional skills, creating a safe environment for learning, identifying and addressing neglect and abuse, fulfilling nutritional needs, and facilitating physical activity. School closure disrupts the delivery of in-person instruction and critical services to children and families, which has negative individual and societal ramifications. The best available evidence from countries that have opened schools indicates that COVID-19 poses low risks to school-aged children, at least in areas with low community transmission, and suggests that children are unlikely to be major drivers of the spread of the virus. Reopening schools creates opportunity to invest in the education, well-being, and future of one of America's greatest assets—our children—while taking every precaution to protect students, teachers, staff and all their families.

Source: Centers for Disease Control (CDC)

Since it is critical to minimize the risk of spreading COVID-19, the

Lakewood School District will:

- Require parents/guardians to pick-up and drop-off their children OUTSIDE the building, unless the weather is inclement.
- Access to School buildings will remain limited at this time.
- Individuals who are permitted into a building must go through a Security checkpoint, complete a COVID-19 questionnaire, and have their temperature taken.
- Individuals with a temperature of 100.3 or higher will be denied access.
- **Individuals who are permitted into a building must have a face covering.**
- **Individuals, who are SICK, should stay home!**

Staff Members will be provided with the following on September 1, 2021, when they report to work for the 2021-2022 school year:

One (1) Face Shield



Washable Cloth Face Covering



(Staff Members are responsible for the laundering of their face coverings.)

Gloves are available upon request.



Disposable Masks were purchased for emergencies.



Students will be provided with the following:

One (1) Face Shield



Washable Cloth Face Covering



(Parents/guardians are responsible for the laundering of face coverings.)

The Face Shield will remain in School Each Day.

Students will wear the “washable face covering in school, on the bus home and back on the bus in the morning every day.

Face Covering will need to be washed often.



Disposable Masks were purchased and available for emergencies.

Plexiglas has been installed on every student's desk/table.



***This is an example.**

The Lakewood School District purchased:

- Plexiglas for all student desks/tables.
 - Plexiglas for tables at LECC, Piner and Spruce.
 - Cloth face coverings for all students
 - Cloth face coverings for all staff
 - Hand washing signage in all bathrooms.
 - Face shields for all students.
 - Face shields for all staff members.
 - Disinfectant spray bottles which have been placed in every classroom.
 - COVID-19 signage in every hallway.
 - Signage in every Hallway.
 - Temperature scanning Kiosks for staff members.
 - Temperature thermometers for students (on bus).
 - All staff members complete a COVID-19 questionnaire.
 - Disposable masks for students and staff members (available for emergencies).
 - Hand sanitizer bottles for every classroom.
 - Hand sanitizer stations have been installed throughout the buildings.
 - Air purifiers for all classrooms, offices, gymnasiums, and cafeterias.
-

COVID-19 Transportation

- All bus drivers will wear a face covering, **unless restrictions are lifted by the CDC and/or the Governor of New Jersey.**
- Students are required to wear a face covering as they are part of the dress code policy which was Board approved on July 15, 2020, unless, the child has a medical reason, or disability, and documentation supporting such. (See Student code-of-conduct).

The dress code policy will be revised should the CDC and/or the Governor of NJ lift the face covering restrictions for schools.

- A bus aide will be assigned to each bus during the **2021-2022** school year, to the best extent possible, in order to take the temperatures of students prior to entering the bus.
- Windows will be kept open, unless there is inclement weather.
- No more than 41 students' will be assigned to a bus, as opposed to 54.
- **Siblings/family members will sit together to the best extent possible.**
- Assigned seats will be issued, and seating charts will be given to school Administrators for the purpose of contact tracing.
- The bus aide will have a ROSTER of students each day. The Bus aide will keep track of those students who have a temperature of 100.3 or higher.

- **Should any student have a temperature of 100.3 or HIGHER, he/she will NOT be permitted on the SCHOOL BUS, as to avoid the possible transmission of infection to other students.**
 - All transportation buses/vans/vehicles will be cleaned and disinfected between each run, and will receive a deep cleaning when it returns to the bus depot.
 - If a Child is sent home from the bus stop with a Temperature, the bus driver will **immediately** notify the Bus Company, who will notify the **PRINCIPAL** and **DISTRICT TRANSPORTATION DEPARTMENT** via **EMAIL** to ensure that the student got home safely.

School Personnel

- Upon arrival at the School, school personnel will ask the bus driver if all students had their temperatures taken as an added safety measure, in case the bus monitor was absent that day.
- If the bus monitor was absent, or the thermometer on the bus was not working, students will have their temperatures taken by **School Personnel** prior to entering the school.

Lakewood School District Seating Chart

School _____

Teacher _____

Room # _____

Date _____

FRONT OF THE ROOM

Assigned Seats on ALL Buses – For Contact Tracing

All Bus Drivers across the District assigned students to a bus seat for Contact Tracing Purposes. Example:

SCHOOL BUS SEATING CHART			
Drivers Name		Bus Number	School
DRIVER SIDE		PASSENGER SIDE	
1		1	
2		2	
3		3	
4		4	
5		5	
6		6	

Walkers

Students **may not enter** any school building until his/her temperature is taken.

Any student with a temperature of 100.3 or higher will not be permitted to enter any school/district building.

The student will be isolated, until a parent/guardian is called to pick the child up.

What should be done when “Walkers” arrive in the morning during Inclement Weather?

What is Inclement Weather?

Inclement weather means the existence of rain or abnormal climatic conditions (whether they be those of hail, snow, cold, high wind, severe dust storm, extreme high temperature for the locality concerned, or the like, or any combination thereof) by virtue of which it is either not **reasonable or not safe** for employees or students.

During Inclement weather, students must be brought into the building, wearing a cloth face covering.

Social distancing must be maintained between all students.

All students will have their temperatures taken.

Any student with a temperature of 100.3 or higher will be isolated immediately. While isolated, the student must wear his/her face covering and remain 6 or more feet apart from all students and staff members until his/her parent/guardian picks him/her up. **Students that do not have a temperature will be sent to class.**

PRIOR to beginning the school day, ALL staff members must:

- Have their temperature read by a temperature scanning Kiosk, which will let the staff member know his/her temperature, and whether or not he/she can stay in the building.
- The Temperature scanning Kiosk will be located in all buildings.
- Social Distancing markers will be clearly visible on the floor indicating where staff members should stand while waiting for their turn to utilize the Temperature scanner.
- Complete a COVID-19 Screening via the **District link**.
- Should you have a temperature of 100.3, complete the Google link, and **immediately exit the building.**
- Once you get in your car, notify building Administration.
- School Office Staff and District Office Personnel (HR) will review their building's questionnaire results each day and then email reminders. **Any staff member who did not complete a questionnaire or take their temperature will be reported to Administration immediately.**

The Staff member will be called down to the Office by Administration to complete a questionnaire, and take their temperature, which will be followed by an Administrative write-up (endangering the health and safety of staff).



STAFF MEMBERS – COVID-19 Exposure Screening

Date: _____ Time: _____

Staff Member's Name: _____

Section 1:

1. Have you had any of the following symptoms in the past fourteen (14) days?

- _____ Temperature of 100.3 or higher.
- _____ Persistent Cough
- _____ **New** Shortness of breath
- _____ Persistent Sore Throat

Section 2:

2. Have you been within 6 feet, for fifteen minutes or more, with anyone who tested positive for COVID-19, in the past 14 days?

_____ Yes

_____ No

3. Have you traveled internationally in the past 7 days?

_____ Yes _____ No

If yes, please list the Country _____

4. Do you have a pending COVID-19 test? (If yes, you must self-quarantine until you receive the results of your test.)

_____ Yes

_____ No

5. Are you fully vaccinated?
(You received two shots of either the Moderna/Pfizer COVID-19 Vaccine two or more weeks ago or one shot of the J&J two or more weeks ago.)

_____ Yes

_____ NO

If a staff member answers **YES** to any question in **Section 1** but **NO** to any questions in **Section 2**, the staff member would be excused from work in accordance with the **District's sick day policy.**

If a staff member answer **YES** to any question in **Section 1** and **YES** to any question in **Section 2**, the staff member must be referred for evaluation by his/her healthcare provider and possible testing.

The staff member will be permitted to return to work once he/she receives a negative COVID-19 test result via a PCR, NOT A RAPID.

Mandatory COVID-19 Vaccine & Weekly Testing

On August 23, 2021, Governor Murphy announced that every employee that works at any school in New Jersey — public and private — **will need to be fully vaccinated for the coronavirus or undergo weekly testing.**

People who opt out of getting vaccinated will be tested once to twice weekly “at minimum,” the governor said. The vaccine mandate — for preschool through grade 12 schools — is required by Oct. 18.

“This order applies to all public, private, and parochial preschool programs and elementary and secondary schools, including charter and renaissance schools,” Murphy said Monday during his regular COVID-19 briefing.

“And to be clear, it also applies to all individuals employed by a school, regardless of whether they work full time or part-time,” he said. “This includes administrators, educators and educational support professionals, individuals providing food, custodial, or administrative support services, substitute teachers, whether employed directly by a school or otherwise contracted and other school employees.”

Staff Members must complete a form by the end of the day, September 1, 2021.

Staff members who refuse to complete the form will be treated as unvaccinated and be subject to weekly testing protocols.

IF YOU TESTED POSITIVE FOR COVID-19 IN THE PAST THREE MONTHS

People who have been in close contact with someone who has COVID-19—excluding people who have had COVID-19 within the past 3 months.

People who have tested positive for COVID-19 within the past 3 months and recovered do not have to quarantine or get tested again as long as they do not develop new symptoms.

People who develop symptoms again within 3 months of their first bout of COVID-19 may need to be tested again if there is no other cause identified for their symptoms.

www.CDC.gov

Do Vaccinated Staff Members Have to Quarantine?

CDC.GOV

- If you've had close contact with someone who has COVID-19, you should get tested 3-5 days after your exposure, even if you don't have symptoms.
- You should also wear a mask indoors in public for 14 days following exposure or until your test result is negative.
- You should isolate for 14 days if your test result is positive.

Staff Members do not have to quarantine unless they develop symptoms, or their COVID-19 test is positive.

What You Should Keep Doing

For now, if you've been fully vaccinated:

- You should still [protect yourself and others](#) in many situations by wearing a mask that fits snugly against the sides of your face and doesn't have gaps. Take this precaution whenever you are:
 - In indoor public settings
 - **Gathering indoors with unvaccinated people (including children) from more than one other household**
 - Visiting indoors with an unvaccinated person who is at [increased risk of severe illness or death from COVID-19](#) or who lives with a person at increased risk
- You should still avoid [indoor large gatherings](#).
- If you [travel](#), you should still take steps to [protect yourself and others](#). You will still be [required to wear a mask](#) on planes, buses, trains, and other forms of public transportation traveling into, within, or out of the United States, and in U.S. transportation hubs such as airports and stations. Fully vaccinated [international travelers](#) arriving in the United States are still [required to get tested](#) within 3 days of their flight (or show documentation of recovery from COVID-19 in the past 3 months) and should still get tested 3-5 days after their trip.
- You should still watch out for [symptoms of COVID-19](#), especially if you've been around someone who is sick. If you have symptoms of COVID-19, you should get [tested](#) and [stay home](#) and away from others.
- **You will still need to follow guidance at your workplace.**
- People who have a condition or are taking medications that weaken the immune system, should talk to their healthcare provider to discuss their activities. They may need to keep taking all [precautions](#) to prevent COVID-19.

What We Know

- COVID-19 vaccines are effective at preventing COVID-19 disease, especially severe illness and death.
- Other [prevention steps](#) help stop the spread of COVID-19, and that these steps are still important, even as vaccines are being distributed.

What We're Still Learning

- How effective the vaccines are against variants of the virus that causes COVID-19. Early data show the vaccines may work against some variants but could be less effective against others.
- How well the vaccines protect people with weakened immune systems, including people who take immunosuppressive medications.
- How well COVID-19 vaccines keep people from spreading the disease.
 - Early data show that the vaccines may help keep people from spreading COVID-19, but we are learning more as more people get vaccinated.
- How long COVID-19 vaccines can protect people.

As we know more, CDC will continue to update our recommendations for both vaccinated and unvaccinated people. Until we know more about those questions, everyone—even people who've had their vaccines—should continue taking [steps to protect themselves and others](#) when recommended.

Unvaccinated Staff Members Who Travel:

Staff members who are unvaccinated and travel within the U.S. (outside of New York, New Jersey & Pennsylvania) or International, will need to quarantine for 7 days from their date of return if they test and receive a NEGATIVE result.

District staff members who are unvaccinated and do NOT test, must self-isolate for 14 days.

District staff members who test positive, must self –isolate for 14 days.

Vaccinated Staff Members Who Travel:

If you travel in the United States, you do not need to get tested before or after travel or self-quarantine after travel.

- If you travel internationally, you need to pay close attention to [the situation at your international destination](#) before traveling outside the United States.
 - **You do NOT need to get tested before leaving the United States unless your destination requires it.**
 - **You need to [show a negative test result](#) or documentation of recovery from COVID-19 before boarding an international flight to the United States.**

The District is requiring that you get tested 3-5 days from the day of your return after international travel, using a PCR test.

You may not work from home. You must use your own days.

You may return to work after 7 days with a negative PCR result, and no COVID-19 symptoms.

Substitute Teachers and Paraprofessionals

All long-term and daily substitutes must complete a COVID-19 Screener/questionnaire every morning prior to starting the school day.

All long-term and daily substitutes must have their temperature taken upon arrival to the school building. Should a substitute teacher/paraprofessional have a temperature of 100.3 or higher, he/she must leave the premises immediately.

Main Office staff of each building must maintain all COVID-19 Screeners/Questionnaires.

COVID-19 Positive Notifications

Affected Staff Members:

The contact tracer in your assigned building (Assistant Principal/Principal/Nurse) will interview you.

If you are considered, a **close contact** you may be contacted by the **Department of Health**.

Close Contact Definition:

Someone who was within 6 feet of an infected person for a cumulative total of 15 minutes or more over a 24-hour period starting from 2 days before illness onset (or, for asymptomatic patients, 2 days prior to test specimen collection) until the time the patient is isolated.

Staff Members:

Staff Members will receive notification, via email, when there is a COVID-19 positive case in your school building.

Parent/Guardian Notification

Parent/Guardians will receive updates when there is a COVID-19 positive case in your school building. Parents/guardians will be notified via BOE Text, in both English and Spanish.

Assigned Seats in ALL Classrooms – For Contact Tracing

All students across the District were given assigned seats for Contact Tracing Purposes.

Athletic Competition

The Lakewood School District follows all Return-to-Play Guidelines as set forth by the NJSIAA.

All student-athletes and coaches complete COVID-19 questionnaires and have their temperatures taken prior to each workout session/game.

MANDATORY COVID-19 Announcement over the PA

(2 Times a day, every day)

Good Morning/Good Afternoon,

Remember to take the following steps to help avoid the spread of all viruses:

- Wash your hands often with soap and water for at least 20 seconds.
- Cover your cough or sneeze with a tissue, throw the tissue away, and then wash your hands.
- Wear your face covering at school.
- Avoid touching your eyes, nose, and mouth.
- Clean and disinfect frequently touched objects or surfaces such as remote controls and doorknobs.
- Avoid close contact with people who are sick.
 - Stay home if you are sick.
 - Call your doctor if you develop fever, cough, or difficulty breathing.

MORNING ARRIVAL

- Classrooms teachers will wait in their classrooms for students to arrive each morning.
- Classroom paraprofessionals will wait in their classrooms for students to arrive each morning.
- 1:1 Paraprofessionals can wait outside for their students while **practicing Social Distancing**. This means stand 3-6 feet apart. All paraprofessional must wear a face covering.
- Students will walk straight to their classrooms (the buses will have a modified number of students on each bus), where they will eat breakfast.
- Hallway monitors will be utilized to monitor students. Hallway monitors will wear a face covering.
- Parents/Guardians will **NOT** be allowed into the building.

(Students, Teacher and Paraprofessionals, must stay together as a COHORT)

Students and/or staff will **NOT** be permitted to move around the building, as to maintain cohorts. Staff members may go to lunch, and specials.

AFTERNOON DISMISSAL

- Classroom teachers will wait in their classrooms during dismissal.
- Classroom paraprofessionals will wait in their classrooms during dismissal
- 1:1 Paraprofessionals will wait in the classroom during dismissal.
- **As buses are called, students will walk to their buses.**
- **Those students who have a paraprofessional will be walked to their bus with their paraprofessional.**

(Students, Teacher and Paraprofessionals, must stay together as a COHORT)

Students and/or staff will **NOT** be permitted to move around the building, as to maintain cohorts. Staff members may go to lunch, and specials.

BREAKFAST (Elementary)

- Students will eat breakfast in their classrooms, as they did prior to COVID-19.

LUNCH (ELEMENTARY)

- Students will eat lunch utilizing the cafeteria. Plexiglas will be placed on the cafeteria tables during the summer.
- All students are to sit with their assigned class, and students are to have assigned seats. For Social Distancing Purposes, you may ask Cory Goldfarb of Sodexo for an **additional lunch period (if possible)**, in order to limit the number of students.
- Each seat and table must be numbered for contact tracing purposes.
- **Students in the cafeteria will NOT go out to recess together (mixing classroom cohorts).**
- **Each class must be assigned a different ZONE for recess (which was done in 2020-2021).**

- When students are done eating, they must put their face covering back on.
- Staff members who have lunch duty must wear their face coverings at all times.
- Building Principals will create Building Plans for their building to submit to the Superintendent of Schools by **July 31, 2021.**

Staff members will be given the opportunity to eat indoors or outdoors.

Picnic tables have been purchased for all schools.

RECESS (ELEMENTARY)

All students (PK-5) **must** have recess; all classes will be scheduled a time for recess with their “own” class/cohort.

There will not be **any** mixing of classes/cohorts during recess or **any** other time, with the exception of being in a large cafeteria (Students must sit with their own class/cohort).

The playground equipment will be **cleaned** and **disinfected** after each class utilizes the playground **equipment**.

- **Building Principals will create Building Plans for their building to submit to the Superintendent of Schools by July 31, 2021.**
- The Lakewood School District Facilities Managers will work with Aramark Staff to ensure all cleaning is done daily, according to a checklist that is created in coordination with the District.

Staff Members - Lunch

Each building will reserve a place for Staff members to eat indoors, as well as outdoors.

Picnic Tables for staff members will ready to use in July of 2021!

Staff members must wear face coverings at all times, except when eating or drinking.

When eating indoors, staff members must eat with only those staff members in their cohort, and **they must eat 3-6 feet apart, unless ALL staff members in the Cohort that are eating together have been vaccinated.**

When eating outdoors, staff members may eat with other staff members, as long as they are **3-6 feet apart**, and wear their face covering, except when eating or drinking, unless **ALL of the staff members that are eating together have been vaccinated.**

Unvaccinated staff members must continue to wear their masks and sit 3-6 feet from vaccinated staff members outdoors.

Lakewood Middle School

- Grab and Go Breakfast.
- Grab a breakfast, and go to first period.
- Lunch will be served in the cafeteria utilizing Plexiglas table dividers.
- Tables and seats will be numbered for contact tracing purposes (Successful at the HS during the 2020-2021 SY).
- Most students will stay in the same classroom, in Cohorts, all 6 periods of the school day.
- Those students, who must change a class, will do so on a staggered bell schedule.
- Teachers will travel to different Classrooms.
- Staff members will be given the opportunity to eat indoors or outdoors, as picnic tables have been ordered.

Unvaccinated staff members must continue to wear their masks and sit 3-6 feet from vaccinated staff members outdoors.

- The Custodial Staff will be given a list of classrooms and times of scheduled changes – for rooms that must be cleaned – at any point in the day there is a scheduled change of students.
- The Lakewood School District Facilities Managers will work with Aramark Staff to ensure all cleaning is done daily, according to a checklist that is created in coordination with the District.
- Building Principals will create Building Plans for their building to submit to the Superintendent of Schools by July 31, 2021.

Lakewood High School

- Grab and Go Breakfast.
- Grab a breakfast, and go to first period.
- **For the 2021-2022 School Year, Block Scheduling will be utilized to keep student movement to a minimum. Students will move four (4) times throughout the day, as opposed to eight (8) times a day.**
- Students will change classes on a staggered schedule, to the best extent possible.
- Lunch will be served in the cafeteria utilizing Plexiglas table dividers. **Students will have assigned seats and tables for contact tracing purposes (The same as the 2020-2021 SY). You can add a lunch period if needed.)**
- Students will stay in Cohorts, **to the best extent possible.**
- Staff members will be given the opportunity to eat indoors or outdoors, as picnic tables have been ordered.

- The Custodial Staff will be given a list of classrooms and times of scheduled changes – for rooms that must be cleaned – at any point in the day there is a scheduled change of students.
- The Lakewood School District Facilities Managers will work with Aramark Staff to ensure all cleaning is done daily, according to a checklist that is created in coordination with the District.
- Building Principals will create Building Plans for their building to submit to the Superintendent of Schools by **July 31, 2021.**

COVID-19 - DESIGNATED POINTS OF CONTACT

Each Lakewood School District building has a designated point of contact, which is the **School Nurse**.

Should the School Nurse be absent, an **Assistant Principal** will be the **Designated Point of Contact**.

Staff members, students, parents/guardians **MUST** report symptoms and possible exposures to the Designated Point of Contact (School Nurse/Assistant Principal) **immediately**, in order to effectively control the spread of COVID-19.

The School Nurse and/or the Assistant Principal in each building will be the person in charge of **Contact Tracing**.

Contact tracing is an effective disease control strategy that involves investigating cases and their contacts and then interrupting disease transmission—typically by asking cases to isolate and contacts to quarantine at home voluntarily.

Contact tracing is a key strategy to prevent the further spread of COVID-19.

All School Nurses and Assistant Principals have completed the COVID-19, Contact Tracing Course given by John Hopkins University.

COVID-19 Designated Points of Contact

1. **LECC – Corrinne Schacht** - cschacht@lakewoodpiners.org
2. **LMS – Myra Pomponio**- mpomponio@lakewoodpiners.org
3. **Spruce – Eileen Maley**-emaley@lakewoodpiners.org
4. **OAK –Vacancy**
5. **LHS - Barbara Puglisi** – Bpuglisi@lakewoodpiners.org
6. **Piner – Christine Gayda** – Cgayda@Lakewoodpiners.org
7. **EGC –Marian Salameh** –Msalmeh@Lakewoodpiners.org
8. **CAGS – Arlene Neppel** – Aneppel@lakewoodpiners.org

Plans for when a Student or Staff Member Becomes Sick

- Each school must establish a designated **isolation area** for sick students and staff.
- Close off areas used by a sick person and do not use these areas until after cleaning and disinfecting them. To reduce the risk of exposure, wait at least 24 hours before cleaning and disinfecting. If 24 hours is not feasible, **wait as long as possible.**
- Students may **not** be left alone at any time. Staff must take the proper precautions (Face Shields, face covering, etc.), and be socially distanced (6 or more feet apart).

If a student or staff member tests **COVID-19 positive via a PCR**, the School Nurse and/or AP will begin a Contact Tracing Investigation.

- **Each School must have a Contact Tracing Spreadsheet (A new spreadsheet will be started for the new SY.).**

If you tested positive - The 14-day self-Quarantine Log must be completed prior to coming back to work.

If you are quarantined because you were identified as a close contact, and you were NOT vaccinated, or due to a travel advisory, you need to complete the 14-day log.



Self-Quarantine/Self-Isolation Log (14 Days)
Staff Members and/or students who **must** Self-Quarantine/Isolate

Must complete the below 14-Day Log.

Two times a day (morning and night), write down your temperature and any COVID-19 symptoms you may have **fever, cough, trouble breathing, chills, muscle pain, sore throat, or new loss of taste or smell**. Do this every day for 14 days.

1. Fill in the dates on the log, starting with Day 0 and ending with Day 14.
Day 0 is the day you were last exposed to COVID-19.
2. Start recording your temperature and symptoms, beginning with today's date.
3. Your health monitoring is complete 14 days after you were last exposed to COVID-19.

4. The COVID-19 Log must be returned to the School Nurse for re-admittance, when you come back to work.



Name: _____

Self-Quarantine/Self-Isolation Log (14 Days)

<u>Day</u>	<u>Date</u>	<u>Symptoms</u>	<u>Temperature</u>
Day 0 A.M.			
Day 0 P.M.			
Day 2 A.M.			
Day 2 P.M.			
Day 3 A.M.			
Day 3 P.M.			
Day 4 A.M.			
Day 4 P.M.			
Day 5 A.M.			
Day 5 P.M.			
Day 6 A.M.			
Day 6 P.M.			
Day 7 A.M.			
Day 7 P.M.			

Day	<u>Date</u>	<u>Symptoms</u>	<u>Temperature</u>
Day 8 A.M.			
Day 8 P.M.			
Day 9 A.M.			
Day 9 P.M.			
Day 10 A.M.			
Day 10 P.M.			
Day 11 A.M.			
Day 11 P.M.			
Day 12 A.M.			
Day 12 P.M.			
Day 13 A.M.			
Day 13 P.M.			
Day 14 A.M.			
Day 14 P.M.			

If you get sick:

Stay home. Avoid contact with others. You might have COVID-19; most people are able to recover at home without medical care. If you have trouble breathing or are worried about your symptoms, call or text a health care provider. Tell them about your recent exposure and your symptoms. Call ahead before you go to a doctor's office or emergency room.

Student Close Contacts

Students in the K-12 Classroom setting: The close contact definition **EXCLUDES** students who were within 3 to 6 feet of an infected student, where both the infected student and the exposed student (s) correctly and consistently wore well-fitting masks the entire time.

This exception does not apply to teachers, staff or other adults in the indoor classroom.

(Source: NJDOE, The Road Forward, August 23, 2021)

If you:

- Have been diagnosed with COVID-19, or
- Are waiting for test results (**MUST BE A PCR**) or
- Have cough, fever, or shortness of breath, or **other symptoms of COVID-19**

Isolate Yourself from Others

(Isolation)

- **Stay home until it is safe to be around others.**
- **If you live with others, stay in a specific “sick room” or area** and away from other people or animals, including pets. Use a separate bathroom, if available.
- Read important information about caring for yourself or someone else who is sick, including when it is safe to end home isolation.

What to Do If You Are Sick

If you have a fever, cough or other symptoms, you might have COVID-19. Most people have mild illness and are able to recover at home. If you think you may have been exposed to COVID-19, contact your healthcare provider.

- Keep track of your symptoms.
- **If you have an emergency warning sign (including trouble breathing),** get emergency medical care immediately.

Steps to help prevent the spread of COVID-19 if you are sick

If you are sick with COVID-19 or think you might have COVID-19, follow the steps below to care for yourself and to help protect other people in your home and community.

- **Stay home.** Most people with COVID-19 have mild illness and can recover at home without medical care. Do not leave your home, except to get medical care. Do not visit public areas.
- **Take care of yourself.** Get rest and stay hydrated. Take over-the-counter medicines, such as acetaminophen, to help you feel better.
- **Stay in touch with your doctor.** Call before you get medical care. Be sure to get care if you have trouble breathing, or have any other emergency warning signs, or if you think, it is an emergency.
- **Avoid public transportation,** ride sharing, or taxis.

Separate yourself from other people

As much as possible, stay in a specific room and away from other people and pets in your home. If possible, you should use a separate bathroom. If you need to be around other people or animals in or outside of the home, wear a cloth face covering.

- Additional guidance is available for those living in close quarters and shared housing.

Monitor your symptoms

- **Symptoms of COVID-19 fever, cough, or other symptoms.**
- **Follow care instructions from your healthcare provider and local health department.** Your local health authorities may give instructions on checking your symptoms and reporting information.

When to Seek Emergency Medical Attention

Look for **emergency warning signs*** for COVID-19. If someone is showing any of these signs, **seek emergency medical care immediately**

- Trouble breathing
- Persistent pain or pressure in the chest
- New confusion
- Inability to wake or stay awake
- Bluish lips or face

*This list is not all possible symptoms. Please call your medical provider for any other symptoms that are severe or concerning to you.

Call 911 or call ahead to your local emergency facility: Notify the operator that you are seeking care for someone who has or may have COVID-19.

Call ahead before visiting your doctor

- **Call ahead.** Many medical visits for routine care are being postponed or done by phone or telemedicine.
- **If you have a medical appointment that cannot be postponed, call your doctor's office,** and tell them you have or may have COVID-19. This will help the office protect themselves and other patients.

If you are sick wear a cloth covering over your nose and mouth

- **You should wear a cloth face covering, over your nose and mouth** if you must be around other people or animals, including pets (even at home).
- You do not need to wear the cloth face covering if you are alone. If you can't put on a cloth face covering (because of trouble breathing, for example), cover your coughs and sneezes in some other way. Try to stay at least 6 feet away from other people. This will help protect the people around you.
- Cloth face coverings should not be placed on young children under age 2 years, anyone who has trouble breathing, or anyone who is not able to remove the covering without help.

Note: During the COVID-19 pandemic, medical grade facemasks are reserved for healthcare workers and some first responders. You may need to make a cloth face covering using a scarf or bandana.

Cover your coughs and sneezes

- **Cover your mouth and nose** with a tissue when you cough or sneeze.
- **Throw away used tissues** in a lined trash can.
- **Immediately wash your hands** with soap and water for at least 20 seconds. If soap and water are not available, clean your hands with an alcohol-based hand sanitizer that contains at least 60% alcohol.

Clean your hands often

- **Wash your hands** often with soap and water for at least 20 seconds. This is especially important after blowing your nose, coughing, or sneezing; going to the bathroom; and before eating or preparing food.
- **Use hand sanitizer** if soap and water are not available. Use an alcohol-based hand sanitizer with at least 60% alcohol, covering all surfaces of your hands and rubbing them together until they feel dry.
- **Soap and water** are the best option, especially if hands are visibly dirty.
- **Avoid touching** your eyes, nose, and mouth with unwashed hands.
- Handwashing Tips

Avoid sharing personal household items

- **Do not share** dishes, drinking glasses, cups, eating utensils, towels, or bedding with other people in your home.
- **Wash these items thoroughly after using them** with soap and water or put in the dishwasher.

Clean all “high-touch” surfaces everyday

- **Clean and disinfect** high-touch surfaces in your “sick room” and bathroom; wear disposable gloves. Let someone else clean and disinfect surfaces in common areas, but you should clean your bedroom and bathroom, if possible.

- **If a caregiver or other person needs to clean and disinfect** a sick person's bedroom or bathroom, they should do so on an as-needed basis. The caregiver/other person should wear a mask and disposable gloves prior to cleaning. They should wait as long as possible after the person who is sick has used the bathroom before coming in to clean and use the bathroom.

High-touch surfaces include phones, remote controls, counters, tabletops, doorknobs, bathroom fixtures, toilets, keyboards, tablets, and bedside tables.

- **Clean and disinfect areas that may have blood, stool, or body fluids on them.**
- **Use household cleaners and disinfectants.** Clean the area or item with soap and water or another detergent if it is dirty. Then, use a household disinfectant.

Be sure to follow the instructions on the label to ensure safe and effective use of the product. Many products recommend keeping the surface wet for several minutes to ensure germs are killed. Many also recommend precautions such as wearing gloves and making sure you have good ventilation during use of the product.

When You Can be Around Others After You Had or Likely Had COVID-19

If you have or think you might have COVID-19, it is important to stay home and away from other people.

Staying away from others, helps stop the spread of COVID-19.

If you have an emergency warning sign (including trouble breathing), get emergency medical care immediately.

When you can be around others (end home isolation) depends on different factors for different situations.

Find CDC's recommendations for your situation below.

I think or know I had COVID-19, and I had symptoms

You can be with others after

3 days with no fever **and** Symptoms improved **and**

10 days since symptoms first appeared

Depending on your healthcare provider's advice and availability of testing, you might get tested to see if you still have COVID-19.

If you will be tested, you can be around others when you have no fever, symptoms have improved, for at least 24 hours.

I tested positive for COVID-19 but had no symptoms

If you continue to have no symptoms, you can be with others after:

- 10 days have passed since test

Depending on your healthcare provider's advice and availability of testing, you might get tested to see if you still have COVID-19.

Caring for Someone Sick at Home

Advice for caregivers

If you are caring for someone with COVID-19 at home or in a non-healthcare setting, follow this advice to protect yourself and others. Learn what to do when someone has symptoms of COVID-19, or when someone has been diagnosed with the virus. This information also should be followed when caring for people who have tested positive but are not showing symptoms.

****Note:** Older adults and people of any age with serious underlying medical conditions are at higher risk for developing more severe illness from COVID-19. People at higher risk of severe illness should call their doctor as soon as symptoms start.*

Provide support and help cover basic needs

- Help the person who is sick follow their doctor's instructions for care and medicine.
 - For *most* people, symptoms last a few days, and people usually feel better after a week.
- See if over-the-counter medicines for fever help the person feel better.
- Make sure the person who is sick drinks a lot of fluids and rests.
- Help them with grocery shopping, filling prescriptions, and getting other items they may need. Consider having the items delivered through a delivery service, if possible.
- Take care of their pet(s), and limit contact between the person who is sick and their pet(s) when possible.

Watch for warning signs

- Have their doctor's phone number on hand.
- Use CDC's self-checker tool to help you make decisions about seeking appropriate medical care.
- Call their doctor if the person keeps getting sicker. For medical emergencies, call 911 and tell the dispatcher that the person has or might have COVID-19.

When to Seek Emergency Medical Attention

Look for **emergency warning signs*** for COVID-19. If someone is showing any of these signs, **seek emergency medical care immediately**

- Trouble breathing
- Persistent pain or pressure in the chest
- New confusion
- Inability to wake or stay awake
- Bluish lips or face

*This list is not all possible symptoms. Please call your medical provider for any other symptoms that are severe or concerning to you.

Call 911 or call ahead to your local emergency facility: Notify the operator that you are seeking care for someone who has or may have COVID-19.

Protect yourself when caring for someone who is sick

Limit contact

COVID-19 spreads between people who are in close contact (within about 6 feet) through respiratory droplets, created when someone talks, coughs or sneezes.

- The **caregiver**, when possible, **should not be someone who is at higher risk for severe illness from COVID-19**.
- **If possible, have the person who is sick use a separate bedroom and bathroom.** If possible, have the person who is sick stay in their own “sick room” or area and away from others. Try to stay at least 6 feet away from the sick person.
- **Shared space:** If you have to share space, make sure the room has good air flow.
 - Open the window and turn on a fan (if possible) to increase air circulation.
 - Improving ventilation helps remove respiratory droplets from the air.
- **Avoid having visitors.** Avoid having any unnecessary visitors, especially visits by people who are at higher risk for severe illness.

Eat in separate rooms or areas

- **Stay separated:** The person who is sick should eat (or be fed) in their room, if possible.
- **Wash dishes and utensils using gloves and hot water:** Handle any dishes, cups/glasses, or silverware used by the person who is sick with gloves. Wash them with soap and hot water or in a dishwasher.
- Clean hands after taking off gloves or handling used items.

Avoid sharing personal items

- **Do not share:** Do not share dishes, cups/glasses, silverware, towels, bedding, or electronics (like a cell phone) with the person who is sick.

When to wear a cloth face cover or gloves

Sick person:

- The person who is sick should wear a cloth face covering when they are around other people at home and out (including before they enter a doctor's office).
- The cloth face covering helps prevent a person who is sick from spreading the virus to others. It keeps respiratory droplets contained and from reaching other people.
- Cloth face coverings should not be placed on young children under age 2, anyone who has trouble breathing, or is not able to remove the covering without help.

Caregiver:

- Wear gloves when you touch or have contact with the sick person's blood, stool, or body fluids, such as saliva, mucus, vomit, and urine. Throw out gloves into a lined trash can and wash hands right away.
- The caregiver should ask the sick person to put on a cloth face covering before entering the room.
- The caregiver may also wear a cloth face covering when caring for a person who is sick.
 - To prevent getting sick, make sure you practice everyday preventive actions: clean hands often; avoid touching your eyes, nose, and mouth with unwashed hands; and frequently clean and disinfect surfaces.

Note: During the COVID-19 pandemic, medical grade facemasks are reserved for healthcare workers and some first responders. You may need to make a cloth face covering using a scarf or bandana. [Learn more here.](#)

Clean your hands often

- **Wash hands:** Wash your hands often with soap and water for at least 20 seconds. Tell everyone in the home to do the same, especially after being near the person who is sick.
- **Hand sanitizer:** If soap and water are not readily available, use a hand sanitizer that contains at least 60% alcohol. Cover all surfaces of your hands and rub them together until they feel dry.
- **Hands off:** Avoid touching your eyes, nose, and mouth with unwashed hands.

Clean and then disinfect

Around the house

- **Clean and disinfect “high-touch” surfaces and items every day:** This includes tables, doorknobs, light switches, handles, desks, toilets, faucets, sinks, and electronics.
- Clean the area or item with **soap and water** if it is dirty. **Then, use a household disinfectant.**
 - Be sure to **follow the instructions on the label** to ensure safe and effective use of the product. Many products recommend keeping the surface wet for several minutes to kill germs. Many also recommend wearing gloves, making sure you have good air flow, and wiping or rinsing off the product after use.
 - Most household disinfectants should be effective.
 - **To clean electronics,** follow the manufacturer’s instructions for all cleaning and disinfection products. If those directions are not

available, use alcohol-based wipes or spray containing at least 70% alcohol.

Bedroom and Bathroom

- **If you are using a separate bedroom and bathroom:** Only clean the area around the person who is sick when needed, such as when the area is soiled. This will help limit your contact with the sick person.
 - If they feel up to it, the person who is sick can clean their own space. Give the person who is sick **personal cleaning supplies** such as tissues, paper towels, cleaners, and EPA-registered disinfectants.
- **If sharing a bathroom:** The person who is sick should clean and then disinfect after each use. If this is not possible, wear a cloth face covering and wait as long as possible after the sick person has used the bathroom before coming in to clean and use the bathroom.

Wash and dry laundry

- Do not shake dirty laundry.
- Wear disposable gloves while handling dirty laundry.
- Dirty laundry from a person who is sick can be washed with other people's items.
- Wash items according to the label instructions. Use the warmest water setting you can.
- Remove gloves, and wash hands right away.
- Dry laundry, on hot if possible, completely.
- Wash hands after putting clothes in the dryer.
- Clean and disinfect clothes hampers. Wash hands afterwards.

Use lined trashcan

- Place used disposable gloves and other contaminated items in a lined trash can.
- Use gloves when removing garbage bags, and handling and disposing of trash. Wash hands afterwards.
- Place all used disposable gloves, facemasks, and other contaminated items in a lined trash can.
- If possible, dedicate a lined trash can for the person who is sick.

Track your own health

- Caregivers should stay home and monitor their health for COVID-19 symptoms while caring for the person who is sick. They should also continue to stay home after care is complete. Caregivers can leave their home 14 days after their last close contact with the person who is sick (based on the time it takes to develop illness), or 14 days after the person who is sick meets the criteria to end home isolation.
 - Symptoms include fever, cough, and shortness of breath but other symptoms may be present as well. Trouble breathing is a more serious warning sign that you need medical attention.
- Use CDC's self-checker tool to help you make decisions about seeking appropriate medical care.
- **If you are having trouble breathing, call 911.**
 - Call your doctor or emergency room and tell them your symptoms before going in. They will tell you what to do.

I think or know I had COVID-19, and I had symptoms

You can be around others after:

- 10 days since symptoms first appeared **and**
- 24 hours with no fever without the use of fever-reducing medications **and**
- Other symptoms of COVID-19 are improving*

**Loss of taste and smell may persist for weeks or months after recovery and need not delay the end of isolation*

Most people do not require testing to decide when they can be around others; however, if your healthcare provider recommends testing, they will let you know when you can resume being around others based on your test results.

Note that these recommendations **do not** apply to persons with severe COVID-19 or with severely weakened immune systems (immunocompromised). These persons should follow the guidance below for “I was severely ill with COVID-19 or have a severely weakened immune system (immunocompromised) due to a health condition or medication. When can I be around others?”

I tested positive for COVID-19 but had no symptoms

If you continue to have no symptoms, you can be with others after 10 days have passed since you had a positive viral test for COVID-19. Most people do not require testing to decide when they can be around others; however, if your healthcare provider recommends testing, they will let you know when you can resume being around others based on your test results.

If you develop symptoms after testing positive, follow the guidance above for “I think or know I had COVID-19, and I had symptoms.”

I was severely ill with COVID-19 or have a severely weakened immune system (immunocompromised) due to a health condition or medication. When can I be around others?

People who are severely ill with COVID-19 might need to stay home longer than 10 days and up to 20 days after symptoms first appeared. [Persons who are severely immunocompromised](#) may require testing to determine when they can be around others. Talk to your healthcare provider for more information. If testing is available in your community, it may be recommended by your healthcare provider. Your healthcare provider will let you know if you can resume being around other people based on the results of your testing.

Your doctor may work with [an infectious disease expert or your local health department](#) to determine whether testing will be necessary before you can be around others.

For Anyone Who Has Been Around a Person with COVID-19

Anyone who has had close contact with someone with COVID-19 should stay home for 14 days **after their last exposure** to that person.

However, anyone who has had close contact with someone with COVID-19 and who:

- developed COVID-19 illness within the previous 3 months **and**
- has recovered **and**
- remains without COVID-19 symptoms (for example, cough, shortness of breath)

does not need to stay home.

www.cdc.gov

Can you be Re-Infected with COVID-19?

At this time, the CDC does not know if someone can be re-infected with COVID-19. Data to date show that a person who has had and recovered from COVID-19 may have low levels of virus in their bodies for up to 3 months after diagnosis. This means that if the person who has recovered from COVID-19 is retested within 3 months of initial infection, they may continue to have a positive test result, even though they are not spreading COVID-19.

There are no confirmed reports to date of a person being reinfected with COVID-19 within 3 months of initial infection. However, additional research is ongoing. Therefore, if a person who has recovered from COVID-19 has new symptoms of COVID-19, the person may need an evaluation for reinfection, especially if the person has had close contact with someone infected with COVID-19. The person should isolate and contact a healthcare provider to be evaluated for other causes of their symptoms, and possibly retested.

CDC recommends that all people, whether or not they have had COVID-19, take steps to prevent getting and spreading COVID-19. Wash hands regularly, stay at least 6 feet away from others whenever possible, and wear masks.

www.cdc.gov

- **Symptom screenings will identify only that a person may have an illness, not that the illness is COVID-19.** Many of the symptoms of COVID-19 are also common in other childhood illnesses like the common cold, the flu, or seasonal allergies. The table below illustrates some of the overlap between the symptoms of COVID-19 and other common illnesses.

Table. Many symptoms of COVID-19 are also present in common illnesses

Symptoms of COVID-19	Strep Throat	Common Cold	Flu	Asthma	Seasonal Allergies
Fever or chills	X		X		
Cough		X	X	X	X
Sore throat	X	X	X		X
Shortness of breath or difficulty breathing				X	
Fatigue		X	X	X	X
Nausea or Vomiting	X		X		
Diarrhea	X		X		
Congestion or Runny Nose		X	X		X
Muscle or body aches	X	X	X		

Note: The table above does not include all COVID-19 symptoms

- The overlap between COVID-19 symptoms with other common illnesses means that many people with symptoms of COVID-19 may actually be ill with something else. This is even more likely in young children, who typically have multiple viral illnesses each year. For example, it is common for young children to have up to eight respiratory illnesses or “colds” every year. ^[4] Although COVID-19 and illnesses like colds or the flu have similar symptoms, they are different disease processes.
- Some studies have tried to identify which symptoms may best predict whether an individual has COVID-19, although these studies have primarily focused on those over 18-years-old. In children, fever has been the most frequently reported symptom. However, fever is common in many other illnesses, and temperatures can be taken improperly and falsely interpreted as fever. Additionally, there is no symptom or set of symptoms that only occurs in children diagnosed with COVID-19.

- Additionally, students with chronic conditions like asthma or allergies may have symptoms like cough or nasal congestion without having any infection at all.
- **Students who are sick with contagious illnesses should not attend school, but most illnesses do not require the same level or length of isolation that COVID-19 does. Excluding students from school for longer than what is called for in existing school policies (e.g., fever free without medication for 24-hours) based on COVID-19 symptoms alone risks repeated, long-term unnecessary student absence.**

www.cdc.gov

WHAT HAPPENS IF STUDENTS/TEACHERS ARE EXPOSED TO COVID-19 AND THEY WERE NOT VACCINATED?

- Students will be given a Chromebook if they do not have one at home.
- Students will join their classroom remotely using Google Classroom.
- All classrooms **will have a webcam** for student/teacher engagement during the 2021-2022 SY.
- **Students & Staff will need to self-quarantine for 14 days.**

What will classrooms and schools look like?

- Encourage students to bring in their “own” **water bottles** from **home**, as not to use water fountains.
- **Thanks to Sodexo, water bottle filling stations are being installed in all schools!**
- Students will be assigned rotating “recess” times, as not to mix with other classes.
- **Professional Development, Faculty Meetings, Grade Level Meetings MUST be “Virtual,” unless they can be held in small groups, where individuals are socially distanced, wearing face masks.**
- **Child Study Team Meeting will be held Virtually.**
- **Small Group Instruction WILL Take Place during the 2021-2022 SY!**
- Students will travel in cohorts, and not move from class to class, when possible.
- Preschool and Elementary School teachers will provide "hand washing breaks" after recess.
- **Students should utilize hand sanitizer throughout the school day.**
- Custodial staff will disinfect touch points throughout the day.

- Hand sanitizing stations are mounted in hallways throughout the building for student and staff use.
- All students **MUST** sit in rows, facing the front of the class.
- If students are sitting at tables, they will only sit on one side of the table, facing **one** direction, unless the table has Plexiglas table dividers.
- Special area teachers may utilize their classrooms, if they have one. For instance, library, computer labs, science labs, etc...
- **Teachers MUST create individual student bins**, so that students have their **“own”** items and avoid sharing as much as possible.
- Avoid using items that are not easily cleaned, sanitized, or disinfected (such as stuffed animals).
- Teachers and/or paraprofessionals will not engage students in **sand** or **water** activities until further notice.
- Limit sharing.
- Keep each child’s belongings separated from others and in individually labeled containers, cubbies, or areas, taken home each day, and cleaned, if possible.
- Limit use of supplies and equipment by one group of children at a time, and clean, and disinfect between each use.

- Avoid sharing electronic devices, toys, books and other games or learning aids.
- Teachers, Coaches and/or paraprofessionals will not engage in high-fives or handshakes, etc.
- Teachers will avoid activities that involve students getting in close physical contact.
- Teachers and paraprofessionals (in the classroom) must wipe down commonly handled toys and items.
- A custodian will wipe down playground equipment after each class.
- Off-site activities and field trips are prohibited until further notice.
- Contact sports are prohibited at this time.
- Athletics will follow the NJSIAA Return-to-Play Schedule.

Diapering (CDC)

When diapering a child, wash your hands and wash the child's hands before you begin, and wear gloves. Follow safe diaper changing procedures. Procedures should be posted in all diaper changing areas. Steps include:

- Prepare (includes putting on gloves)
- Clean the child
- Remove trash (soiled diaper and wipes)
- Replace diaper
- Wash child's hands
- Clean up diapering station
- Wash hands

After diapering, wash your hands (even if you were wearing gloves) and disinfect the diapering area with a fragrance-free bleach that is EPA-registered as a sanitizing or disinfecting solution. If other products are used for sanitizing or disinfecting, they should also be fragrance-free and EPA-registered. If the surface is dirty, it should be cleaned with detergent or soap and water prior to disinfection.

If reusable cloth diapers are used, they should not be rinsed or cleaned in the facility. The soiled cloth diaper and its contents (without emptying or rinsing) should be placed in a plastic bag or into a plastic-lined, hands-free covered diaper pail to give to parents/guardians or laundry service.

Washing, Feeding, or Holding a Child

It is important to comfort crying, sad, and/or anxious infants and toddlers, and they often need to be held. To the extent possible, when washing, feeding, or holding very young children: Child care providers can protect themselves by wearing an over-large button-down, long sleeved shirt and by wearing long hair up off the collar in a ponytail or other updo.

Signage

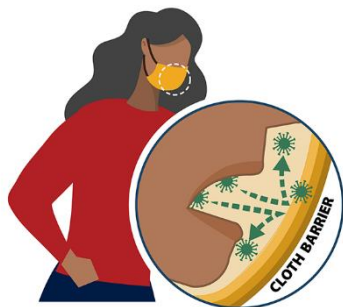
- Posters will be displayed throughout the buildings in English and Spanish to show:
 - Social Distancing
 - Handwashing (hallways & restrooms)
 - Face Coverings

About Cloth Face Coverings

Wear Cloth Face Coverings

Wear cloth face coverings in public settings where other social distancing measures are difficult to maintain, such as grocery stores, pharmacies, and gas stations.

- Cloth face coverings may slow the spread of the virus and help people who may have the virus and do not know it from transmitting it to others.
- Cloth face coverings can be made from household items.



Prevent Spread by Those without Symptoms

While people who are sick or know that they have COVID-19 should isolate at home, COVID-19 can be spread by people who do not have symptoms and do not know that they are infected. That's why it's important for everyone to practice social distancing (staying at least 6 feet away from other people) and wear cloth face coverings in public settings. Cloth face coverings provide an extra layer to help prevent the respiratory droplets from traveling in the air and onto other people.

Who should wear a face covering?

People older than 2 years of age in public settings where other social distancing measures are difficult to maintain

Who should not wear a face covering?

Children under age 2

Anyone who has trouble breathing, or is unconscious, incapacitated or otherwise unable to remove the mask without assistance

Healthy Hand Hygiene Behavior

- All students and staff should engage in hand hygiene at the following times:
 - Arrival to the facility and after breaks
 - Before and after preparing food or drinks
 - Before and after eating or handling food, or feeding children
 - Before and after administering medication or medical ointment
 - Before and after diapering
 - After using the toilet or helping a child use the bathroom
 - After coming in contact with bodily fluid
 - After playing outdoors
 - After handling garbage
- Wash hands with soap and water for at least 20 seconds. If hands are not visibly dirty, alcohol-based hand sanitizers with at least 60% alcohol can be used if soap and water are not readily available.
- Supervise children when they use hand sanitizer to prevent ingestion.
- Assist children with handwashing, including infants who cannot wash hands alone.
 - After assisting children with handwashing, staff should also wash their hands.

Food Preparation and Meal Service

- If a cafeteria or group dining room is typically used, serve meals in classrooms instead. If meals are typically served family-style, plate each child's meal to serve it so that multiple children are not using the same serving utensils.
- Food preparation should not be done by the same staff who diaper children.
- Sinks used for food preparation should not be used for any other purposes.
- Caregivers should ensure children wash hands prior to and immediately after eating.
- Caregivers should wash their hands before preparing food and after helping children to eat.

Source:

COVID-19 Information was obtained from:

- **CDC.gov/Coronavirus**
- **New Jersey Department of Health**

Addressing Unfinished Learning After COVID-19 School Closures

(Source: Council of the Great City Schools)

Addressing unfinished learning in a constructive manner is essential not only to the current pandemic, but to educational equity and excellence.

Six overarching principles for supporting students with unfinished learning are:

- Stick to grade-level content and instructional rigor
- Focus on the depth of instruction
- Prioritize content and learning
- Maintain the inclusion of each and every learner
- Identify and address gaps in learning through instruction
- Focus on the commonalities that students share in this time of crisis, not just on their differences.

Stick to grade-level content and instructional rigor

Keep the focus on grade-level content and rigor, addressing learning gaps as needed within the context of grade-level work.

In reading, for example, when students stumble over unfamiliar words or have difficulty understanding a text, do not retreat to less demanding or simplified texts, or assume that students who are having difficulty require remedial reading skills. Instead, teachers should take the time to discuss the text, provide scaffolded support on how to discern the meaning of words in context and allow opportunities for students to express their thinking and ideas with their peers.

The daily re-engagement of prior knowledge in the context of grade-level of grade-level assignments will result in more functional learning than if we water down instruction or try to reteach topics out of context.

(Source: Addressing Unfinished Learning After COVID-19 School Closures by the Council of the Great City Schools)

Focus on the depth of instruction

Remain focused on the learning that could and should be happening today, and not allow ourselves to be distracted by how we will catch students up.

Take the time to provide patient, in-depth instruction in the context of grade-level work.

(Source: Addressing Unfinished Learning After COVID-19 School Closures by the Council of the Great City Schools)

Prioritize content and learning

It is important that teachers know where to invest their time and effort what areas can be cut, and where they should teach only to awareness level to save time for priorities.

(Source: Addressing Unfinished Learning After COVID-19 School Closures by the Council of the Great City Schools)

Ensure inclusion of each and every learner.

It is essential to ensure that each and every student has equitable access to engaging grade-level content and instructional rigor.

The research shows that for students with disabilities, the level of inclusion is a strong predictor of academic growth. The greater the level of inclusion (particularly 80% or more of the day), the greater the rate of academic growth.

Removing students from core instruction in an attempt to remediate or catch them up is not only counter-productive, it significantly contributes to the widening of the opportunity gap and often results in student being grouped into lower grade-level and core content classes.

(Source: Addressing Unfinished Learning After COVID-19 School Closures by the Council of the Great City Schools)

Identify and address gaps in learning through instruction

Districts should focus on creating learning environments that feel both physically and psychologically safe for students and adults. Educators need to work to reengage students in school, emphasizing the importance of school community and the joy of learning.

It is appropriate to employ assessments a few weeks into the school year, which is when they are typically administered, but it is more important than ever to ensure that students have had an initial period of a few weeks to re-acclimate to the school setting.

For English Language Learners, educators working to address unfinished learning while delivering grade-level instruction need to discern whether learning challenges are due to gaps in the understanding of content, language acquisition, or both.

(Source: Addressing Unfinished Learning After COVID-19 School Closures by the Council of the Great City Schools)

Capitalize on commonalities, not differences

It is important to recognize that the prolonged interruption in schooling will have affected some children more than others.

Schools will need to attend to the emotional well-being of students as they re-engage them in academic content.

As educators, we should capitalize on the shared experience of living through a pandemic, as a learning opportunity.

(Source: Addressing Unfinished Learning After COVID-19 School Closures by the Council of the Great City Schools)

Lakewood School District Curriculum

(Source: Addressing Unfinished Learning After COVID-19 School Closures by the Council of the Great City Schools)

To effectively address unfinished learning and provide guidance to teachers on what is most important to teach with the major curricular domains at each grade level, curriculum Supervisors review the content to determine the significance of a given unit or lesson, and ask:

1. Does the content extend work from earlier units and grade levels?
2. Does the content extend into future content?
3. Does the unit help students deepen conceptual understanding and subject area expertise such as expertise with mathematical practices or reading comprehension?
4. Is the content that students need to know right now in order to continue learning grade-level subject matter?

Mathematics Curriculum

The Mathematics Supervisor and Coaches have revised the Lakewood School District Curriculum Framework to include the following:

- Daily spiral that includes the previous grade-level.
- Prior to each Unit, a new document will be added, **“Before you teach this unit students need to know...”**

Literacy Curriculum

The ELA Supervisors and Coaches have revised the Lakewood School District Curriculum Framework to embed:

- Priority Instructional Content
- Address more in-depth reading

Curriculum Revisions Across All content Areas

The following has been built into each Curriculum Framework this summer as Google Classroom is being mandated for all staff members:

- Virtual Options

Professional Development

In order to ensure the safety of students and staff, and to limit exposure as much as possible, as to keep students and teachers in “cohorts” for contact tracing purposes, professional development will be provided via Zoom, Google Meet, **and small groups**, as to be able to Socially Distance with vaccinated staff as per the CDC guidelines.

Google Classroom

Staff members must maintain a 2021-2022 Google Classroom. Parents should receive each student’s email and classroom code prior to the first day of school. All staff must post announcements, homework, classroom assignments, pictures, etc... every day, in order to get parents used to looking at it each day.

Parents need to know that should a student be exposed to COVID-19, they will be put on remote instruction, and that ALL students will be joining their **OWN classroom for remote instruction during their self-quarantine period.**

Multi-Tiered Intervention System

In Lakewood, the Response to Intervention (RTI) program is comprised of three tiers in which academic supports become more intense, as a student's needs are addressed in each successive tier.

Tier 1- Teachers will utilize different strategies and interventions within the core curriculum to address all students' educational needs.

Tier 2- Students who are not progressing at a satisfactory rate with Tier 1 supports, will be provided with supplemental research based interventions at the Tier 2 level. Classroom teachers will work with these students in a small group or individually, to address below grade level skills for a minimum of 45 minutes per week. In addition, students will also utilize a computerized reading intervention program (Istation) which will provide individualized instruction.

Tier 3-Students in grades K-2 who are still struggling (in spite of receiving Tier 1 and Tier 2 services) will be recommended for intensive Tier 3 services. An Interventionist will meet with these students daily for a thirty-minute session. Research based interventions will be used to remediate weak skills. Parents will receive copies of ongoing progress monitoring data. Students who are not progressing with Tier 3 interventions may be considered for additional evaluation and services.

I&RS-The I&RS coordinator and the I&RS team will meet to create a plan for students who are not responding to interventions provided.

Universal Screenings

**The Universal Screener used by the District is Istation.
The Universal Screener for Mathematics is iReady.**

Physical Education (K-12)

An inventory of outdoor space will be completed, stations will be utilized, and areas will be marked off to ensure separation among classes, and avoid cohort mixing.

Physical education classes will be held outside, as long as possible.

Locker rooms will be closed until further notice, as to avoid students and staff from being in confined spaces with limited ventilation and/or areas with large amount of high contact surfaces.

Students should be encouraged to wear comfortable clothing and safe footwear to school that allows for safe movement and is appropriate for the weather and in order to participate in physical education without the use of a locker room.

Career and Technical Education (CTE)

The Lakewood School District will help ensure all students who participate in a CTE program can safely receive the same level of rigor, challenge, and competency across all areas of the program, as maintaining the opportunities for students is vital for families, communities and the State.

CTE Programs will function on positioning students to independently extend their learning with direction and guidance from their teachers, with the goal of preparing students for careers and postsecondary success.

Work-Based Learning

Transitioning to in-person work-based learning will require collaboration by state, regional and local partners to ensure a safe and healthy workplace-learning environment.

Students must be provided either opportunity to participate in safe work-based learning, remotely or in-person.

The Lakewood School District will work closely with Business representatives to discuss liability concerns and safety trainings for students.

Addressing the Social-Emotional Needs of Students

The Lakewood School District adopted a Social-Emotional curriculum that will be embedded into the School day, and not be taught in seclusion:

- Rethink Ed SEL and **Mental Health (New in 2021-2022)**

Rethink Ed SEL Professional Development provides an on-demand training series focused on Social-Emotional-Learning, Equity and Inclusion, and Mental Health for educators.

The series consists of 38 video-based training modules, 5-8 minutes each, discussion guidelines, research library, instructional guides, and links to correlated student lessons.

The videos can also be available to parents!

What is Rethink Ed SEL?

- Rethink SEL is a K-12 comprehensive solution that promotes well-being, connectedness and success for students and adults.
- It focuses on the entire school and community to promote healthy and confident students and adults.
- Technology offers flexibility and cost effectiveness.
- It develops self-awareness, self-management, responsible decision-making, relationship skills and social awareness.
- It provides on-demand video training for adult learning.

Rethink Ed SEL

- Is the first SEL program to address the needs of all learners!
- It addresses:
 - Discipline problems and aggression.
 - Emotional distress, such as anxiety and depression.
 - Attitudes about self, others and school.
 - Low social and emotional skills
 - Social inequality
 - Inadequate achievement

Parents can access the powerful video-based modules.

English Language Learners

Incoming English Language Learners students are being evaluated, In-Person throughout the summer months and placed appropriately for the start of school September.

Individual and Group Counseling

- All schools.

Lakewood-Y-Counseling

- Clifton Ave School
- Oak Street School
- Spruce Street School
- Piner Elementary School

Behavior Therapy - Dr. Selbst/Dr. Panter Services

Lakewood Middle School

Preferred Behavioral Health Group - Lakewood School Based Program

- Lakewood High School

Intervention and Referral Services (I&RS)

- All schools.

Referral to other services - All Schools

- Perform Care Mobile Response
- NJ Children's System of Care
- Family Crisis Intervention Unit
- Division of Children and Families

COVID-19 Testing

Immigrants without legal status, who do not have a state driver's license, can visit a **Federally Qualified Health Center**, which provides health care to people without insurance and immigration status, for a free COVID-19 test.

Call the center ahead of time for availability and instructions on what documents to bring to receive a test!

Ocean County Health Centers:

Chemed	1771 Madison Avenue (Route 9)	732-364-2144
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Ocean Health Initiatives	Second Street	732-363-6655
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Financial Assistance

The United Way located in Wall Twp. can help with rent and utilities through the Community Economic Relief Fund 877-652-1148

Mental Health Support Services for Children up to age 21

PESS - Hospital Emergency Service for Psychiatric Assessment for people experiencing thoughts of harm to self or others. - 732-886-4474

Performcare - For immediate crisis assistance from Mobile Response or for non-crisis mental health support please continue to contact Performcare for assessment and assistance 877-652-7624

Crisis Text Line - Text "NJ" to 741741

Second Floor Youth Helpline - 888-222-2228

Mental Health Support Services for Adults

Family Helpline for Parents and Caregivers experiencing stress 800-843-5437

Domestic Violence Hotline - 800-572-7233

Mental Health Hotline for children and adults for immediate mental health support and referrals - 866-202-4357

Community Resources

Community Ambassadors

1563 Old Freehold Road, Toms River

Juan and Mary Guarin at (732) 349-1550, Extension 339

<https://www.communityambassadorsnj.org/>

Food Pantry Hours:

Saturday: 11 a.m. -12 p.m.

Sunday: 5:00 p.m. – 6: 00 p.m.

Wednesday: 6:00 p.m. – 7:00 p.m.

Thursday: 1:00 p.m. – 2:00 p.m.

Additional hours can be made upon request.

Voz Latina

Alejandra Morales

Casa de la Tia

206b Main Street

Calvary Lighthouse Church - House of Blessing

1133 East County Line Road, Lakewood

For more information, call (732) 924-1541

Yvonne Marti De Daniels

Days of operation: Monday, Tuesday and Wednesday from 11:00 a.m. to 1:00 p.m.

Home Language Survey

All families received and completed the Home Language Survey, as to ensure parents receive communications in their home language.

Students with Disabilities

The Lakewood School District continues to provide students with disabilities with In-Person COVID-19 compliant, mandated services, as per their IEP.

In-Person, COVID-19 Compliant Extended School Year begins on July 1, 2021, and runs through August 12, 2021.

In-Person evaluations and Related Services (OT/PT/Speech) has been provided to students, prior to the start of ESY on July 6, 2020 and will continue through the 2021-2022 SY.

Facilities and Maintenance:

- After consultation with Lakewood's filter manufacturer, it was determined that any filter greater than a MERV 11 in our classroom univentilators would not allow the equipment to function as designed and would in turn break down the equipment prematurely.
- The district has implemented the use of the MERV 11 filters districtwide in all of our HVAC equipment and has installed MERV 13 filters on all rooftop units.
- Air purifiers have been installed in all classrooms and offices in every School throughout the District.
- Air purifier curtains have been installed in all large spaces, such as gymnasiums and cafeterias.
- 13 Additional Custodians were hired to clean touch points throughout the school day.

Summer Facilities and Maintenance Work:

- Air purification System for all rooftop units.
- Middle School Cafeteria Expansion for Social Distancing.
- District wide window project for improved air quality.

AMERICAN ENVIRONMENTAL SYSTEMS
420 South Riverside Avenue – Box #200
Croton-on-Hudson, New York 10520
Email - amerenvirsys@gmail.com

August 12, 2020
Charles DePeri
Buildings & Grounds Facilities Manager
Lakewood Board of Education
200 Ramsey Avenue
Lakewood, NJ 08701

Dear Charlie:

After an extensive review of the Lakewood CSD filter applications, AES would like to recommend a significant and proactive upgrade to your air filtration units, including ancillary, roof top and self-contained building units, from MERV 11 to MERV 13 High Efficiency pleated air filters. LEED certified & ASHRAE 52.02-2007.

This is due largely in part because of the current virus that has been affecting all of us. The average Micron particle size of the coronavirus is .06 to .14. The MERV 13 pleated filters will capture more than 75% of those particles, without reducing or restricting air flow.

We do not recommend using them in perimeter units due to the lack of C.F.M.(cubic feet pr. minute). This would cause too much air flow restriction and lack of air supply to the room.

AES feels very confident that this upgrade will increase safety, and significant air quality to the facility, without restricting air flow.

Since the COVID 19 pandemic breakout, companies have been asking for a better filtration option. Most have increased the MERV rating from MERV 8 to MERV 13. In most cases, this is not a problem. However, if your unit is set up for a one-inch thick filter, we strongly suggest installing a maximum MERV rating of 11. Many of the Univent and VAV boxes do not have the proper flow rate to accommodate a MERV 13 filter.

We are also getting requests for MERV 14 or MERV 15 to replace the MERV 8 pre-pleat filter that is now installed in most HVAC systems. In most cases, we do not recommend making this change. The initial pressure drop of a mini- pleat filter is much too high in many systems.

If used as a pre-filter, or is the only filter in the unit, it will load quickly and begin to face load. At a higher cost and shorter life, it could cost more than it is worth not to mention the harm it could do to your HVAC system.
Please feel to contact us if you need any additional information.

Child Study Team

The New Jersey Department of Education requires that the Child Study Team include a school psychologist, a learning disabilities teacher-consultant, and a school social worker. These professionals are all certified and employed directly by the Lakewood Board of Education.

Child Study Team meetings also include general and special education teachers, therapists, translators, and administrative staff, when applicable.

Child Study Team Meetings will continue to be held via Google Meet, as not to expose students and staff in the buildings to additional people unnecessarily, and as not to sit in small overcrowded rooms.

Child Study Team members must be *meticulous* in maintaining documentation on **Realtime**.

Intervention and Referral Services Team (I&RS)

The Intervention and Referral Services teams are building-based, inter-disciplinary teams that meet regularly to develop intervention plans for students experiencing significant academic and/or social/emotional difficulties in the classroom.

I&RS Teams continue to meet daily, Monday, through Friday, via Google Meet.

I&RS Team Meetings will continue to be held via Google Meet, as not to expose students and staff in the buildings to additional people unnecessarily, and as not to sit in small overcrowded rooms.

I &RS Team Members must be *meticulous* in maintaining their documentation on **Realtime**.

Morning Medications

Due to COVID-19, and the need to maintain student/staff cohorts, parents/guardians need to provide their children with their “morning” dose of medication PRIOR to the start of school.

Nurse’s Office

Students may NOT be sent to the Nurse’s Office unless they are sick. They cannot go to the Nurse’s office for snacks or to “wait” for their parents to pick them up.

Any student who is waiting for their parent/guardian to pick them up, is to wait in their classroom (unless they are sick). The main office will call them when the parent arrives. Students or staff with COVID-19 symptoms will be isolated.

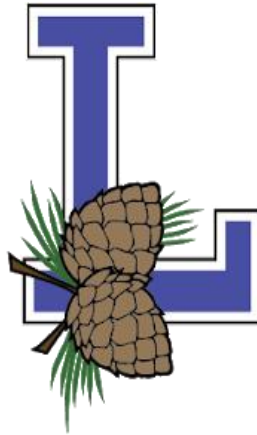
If a student has been injured in Physical Education class, the student is NOT to sit in the nurse’s office waiting for the parent to pick him/her up where he/she could possible become exposed.

Students and staff, must to the best extent possible, stay with their cohorts.

BACK TO SCHOOL



Special Education COVID-19 Compliant Strategies



Lakewood Public Schools

2021 - 2022

- Special Education COVID-19 Compliant Strategies -

COVID-19-related circumstances	Possible Solutions/ Strategies	Resources
Students wonder what Covid-19 is and are confused by information they are hearing	Access and break down information into student friendly language	COVID-19 Information By and For People with Disabilities
	Talking with children about Coronavirus Disease - information for parents, school staff and others working with children	Talking with children about Coronavirus Disease 2019
	Give students access to age appropriate informational videos to explain Coronavirus and clear up any misconceptions they may have	What is a coronavirus? - Elizabeth Cox Ted ED https://www.youtube.com/watch?reload=9&v=D9tTi-CDjDU Kid friendly explanation video from Brain-Pop. Coronavirus

		<p>In Spanish:</p> <p>Coronavirus</p>
	<p>Give elementary aged children access to information on their level and correct any misconceptions</p>	<p>How to Talk to Your Kids About Coronavirus ...</p>

COVID-19-related circumstances	Possible Solutions/ Strategies	Resources
Students are anxious about catching C0vid-19	Give students access to/share information with students to learn how to take extra precautions	People with Disabilities COVID-19
	Video explaining what precautions are needed	The Coronavirus Explained & What You Should Do
	Video explaining how to stop the spread of germs	CDC - Stop the Spread of Germs

	Why do we wear masks?	We Wear Masks - A Social Story about the coronavirus
	How to wash your hands to stop the spread of viruses	CDC - Hand washing tips
Students have trouble adapting to new protocols due to COVID-19	Use social behavior stories to redirect inappropriate behavior or strengthen positive behaviors	Printable and customizable social behavior stories. Social Stories in Special Education - Watson Institute
Students have anxiety about returning to school	Use social stories or felt boards to calm students and help ease them back into the school year	Social Stories for Young and Old on Covid 19
Students struggle to readapt to a rigid schedule after many months of remote learning	Give students the resources to create a personal schedule with expectations	Schedule MS:HS.xlsx school-weekly-schedule-template-in-word-format.doc

COVID-19-related circumstances	Possible Solutions/ Strategies	Resources
Students have trouble readapting to the classroom/schedule after many months of remote learning.	Resources to build a customizable VISUAL schedule for students.	Autism Resources / Visual Schedules
Students have difficulty wearing masks due to sensory/other issues	Modeling comfort and safety, inviting the experience, and provision of proprioceptive input	<p>Printable Poster https://med.umich.edu/mot/t/thrive/tips-for-helping-kids-wear-masks</p> <p>Helping your child wear a mask with play & sensory strategies</p> <p>Expert Columns: COVID-19: Teaching a Child with Autism How to Wear a Mask or Face Covering</p>
	“Wear a Mask” song for children	Wear A Mask Song For Kids Mask Around Me By Drs Bop 'n Pop
	Teaching Children to wear a mask video	Teaching children to wear a mask

Students may have issues with personal space/not sharing items	Model appropriate behavior Free apps	Tips Teaching Personal Space to Children With Disabilities Apps for Students With Special Needs—As School Buildings Shutter
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COVID-19-related circumstances	Possible Solutions/ Strategies	Resources
Students have experienced the loss of a family member due to Covid-19	Apart from reporting to the guidance counselor, teachers can use this valuable information	Helping Children Process Grief & Loss During COVID-19 Grief and Loss
Students/parents who struggle to access Google classroom in the event of quarantine or remote learning	Give students and parents access to a step-by-step guide on how to login to Google Classroom	How do I sign in to Google Classroom?
Students return to online/remote learning	Tips to Help at home	WorryWiseKids.org Home
Questions about IEP implementation for teachers and parents	Resources	Special Education, IEPs, and Coronavirus: FAQs

In-Person Music Classes

Music Education encompasses more than just musical performance, as outlined in the [2014 Music Standards](#), on which most state music standards are based. Face-to-face music education may focus on the other musical processes – responding, creating and connecting.

When working on musical processes, music classes may be held in the classroom, with all students and staff members wearing their face coverings.

Music classes **must be held outdoors** if students will be singing. Students must be placed 6 or more feet apart, and may at that time, remove their face coverings.

Prior to re-entering the building, students must put their face coverings back on, line up, 6 or more feet apart, and re-enter the building.

Students during the 2021-2022 school year, will not be permitted to play the “recorder” during class as they have done in the past.

In-Person Band/Instruments

When working on musical processes, Band/Instrument classes may be held in the classroom, with all students and staff members wearing their face coverings.

Band/Instrument classes **must be held outdoors** if students will be playing their instruments. Students must be placed 3-6 feet apart, and may at that time, remove their face coverings.

Prior to re-entering the building, students must put their face coverings back on, line up, 3-6 feet apart, and re-enter the building.

Instrument Hygiene:

- Instruments should not be shared.
- However, if shared, proper and thorough cleaning should occur between each use.
- Percussion students must not share mallets without properly disinfecting them--or students can wear gloves.

Equipment and supplies may need to be expanded:

- Students must not share sheet music. Additional sheet music may need to be purchased to ensure all students have their own copies.

School Performances:

School performances will be live streamed, with no audience present. Students will maintain social distance of 3-6 feet apart during the performance.

Guidance for Instrumental Music (Wind Instruments)

Indoor instrumental ensembles, small groups, and individual lessons, classes and activities are possible and should be scheduled following proper mitigation techniques outlined below.

- Instrumentalists should wear well-fitting, multi-layered, washable or disposable surgical style mask with a small slit for mouthpiece access while playing.
- Bell covers are highly recommended as “masks” for the instruments.
- Ideally, bell covers should be made of non-stretchy material that has a Minimum Efficiency Reporting Value (MERV) of 13 – a rating known to protect against cough and sneeze, bacteria and virus particles. However, any type of covering is better than nothing.
- No talking in a classroom without a mask being worn
- Do not use instrumentalists mask outside of rehearsal
- Masks on students and bell cover “masks” on instruments should be used together for maximum mitigation.
- Social distancing should occur as suggested by the CDC. Currently, that distance is a 6x6 foot space around each student with the student sitting in the center with additional space (9 feet by 6 feet) allocated to accommodate

trombone players. **Straight lines should be used as curved setups can affect the aerosol movement in a room.**

- Students should sit all facing the same direction back to front to minimize potential exposure.
- The player should be seated three feet in front of the back line, leaving an additional six feet in front of them due to the extended nature of the instrument and slide that can be in the extended position.
- **Outdoor** rehearsal times should be reduced to 30-minute blocks followed by 5 minutes where no playing is occurring before playing resumes to allow for aerosol dispersal. Mask are optional for players but required for instruments when outdoors.
- **Indoor** rehearsal times should be reduced to 30 minutes or less followed by clearing the room for a minimum of **one air change**.
- Instruments spit valves should be emptied onto absorbent disposable material such as puppy pads rather than directly onto the floor.
- Storage areas should be managed to limit the number of students at a time in the room. Anyone who enters the room should bring a 70% alcohol wipe to wipe all surfaces before and after touching. The wipe should be discarded properly upon leaving the storage area.
- Teachers should consider using a portable amplifier to keep their voices at a low conversational volume. Students should also ask questions in a low conversational volume with a mask.
- Teachers are assumed to talk the most and as a result, should wear the most efficient mask possible that is readily available, which are surgical masks. **(N95s are not recommended at this time due to supply chain issues.)**

Source: September Ready Arts Education

Library Books/ Shared Books

Based on research, time and isolation of books, is the best disinfectant. Therefore, library books, and shared reading books will be stored for 4-5 days prior to being redistributed.

See research articles attached.

Dance Class

A well-rounded dance education provides students with the means to understand the world in which we live through a balanced curriculum embodying the standards of Creating, Performing/Presenting/ Producing, Responding, and Connecting (September Ready: A Guide for Arts Education).

Dance **Instruction** may occur in the classroom, with all students and staff members wearing their face coverings, and utilizing social distancing when possible.

Dance Performance must take place **outdoors** as long as the weather **is not** inclement. All performers must be 6 or more feet apart. Once 6 or more feet apart, the dance performers may remove their face coverings.

Prior to entering the school building, all face coverings, must be put back on.

Indoor Dance performance/practice guidelines:

1. Dance performers must wear a face covering at all times.
2. Tape the floor into 6x6 feet minimum personal squares with a clear 'path' from the doorway to each square.
3. Designate specific procedures within the classroom to assign how students move to their spot and enter and exit the classroom while socially distanced.

4. Students must have a “spot” for their belongings.
5. Windows and doors should remain open when possible in order to provide ventilation.
6. The A/C should be on if available.
7. Sanitize the dance floor after each class.
8. Sanitize the ballet barres before and after each use. Educators should advise and adapt program/class dress code policies to new learning scenarios.

Social Distancing in Dance Class

(Source: [Dance USA Return to Dancing and Training Considerations due to COVID-19](#))

Dance USA outlines clear guidelines for return to dance phases 1-5. Please see the above linked document for comprehensive guidelines and details about requirements for each phase. **Note: Review the current national, state and local social distancing guidelines for up-to-date appropriate measures for social distancing.

1. With small groups (less than 10 people), avoid partnering, limbs in direct contact with the dance floor (floor work), and traveling across the floor.
2. When larger groups are allowed, movement across the floor may occur, but dancers should remain 6 feet apart or in accordance with most current CDC guidelines.

3. Dancers must be a minimum of 6 feet apart, avoiding exercises with large, dynamic movements.

Source: September Ready Arts Education

Best Practices for COVID-19 Compliant Culinary Classes

This checklist addresses key food safety practices to consider.

This is not a comprehensive list.

- Increase the circulation of outdoor air (as much as possible) by, for example, opening windows and doors or using fans. **Do not open windows and doors if they pose a safety risk to students.**
- Minimize **face-to-face** contact that allows, **to the extent possible**, at least a 6-foot distance between students when cooking, and/or preparing food. Barriers should be used when social distancing cannot be maintained.
- Students should work with the same partner each week.
- Students and staff must wear a mask at all times.

Personal Hygiene

- Emphasize effective hand hygiene including washing hands for at least 20 seconds, especially after going to the bathroom, before eating, and after blowing your nose, coughing, or sneezing.
- Always wash hands with soap and water. If soap and water are not readily available, then use an alcohol-based hand sanitizer with at least 60% alcohol and avoid working with unwrapped or exposed foods.
- Avoid touching your eyes, nose, and mouth.
- Use gloves to avoid direct bare hand contact with ready-to-eat foods.

- Before preparing or eating food, always wash your hands with soap and water for 20 seconds for general food safety.
- Cover your cough or sneeze with a tissue, then throw the tissue in the trash and wash hands after.

Managing Operations

Continue to follow established **food safety protocols** and **best practices** along with important COVID-19 recommendations, including the following:

- Follow the four (4) key steps to food safety: Always — [Clean, Separate, Cook, and Chill](#).
- Wash, rinse, and sanitize food contact surfaces dishware, utensils, food preparation surfaces, and beverage equipment after use.
- Frequently disinfect surfaces repeatedly touched by students and staff; such as, counter tops, equipment handles, stove tops, etc.
- Frequently clean and disinfect floors, counters, and other facility access areas using [EPA-registered disinfectants](#).
- Prepare and use sanitizers according to label instructions.
- When changing your normal food preparation procedures, service, delivery functions, or making student changes, apply procedures that ensure:
 - Cooked foods reach the proper internal temperatures prior to service or cooling.
 - Hot foods are cooled rapidly for later use – check temperatures of foods being cooled in refrigerators or by rapid cooling techniques such as ice baths and cooling wands.
 - The time foods being stored, displayed, or delivered are held in the danger zone (between 41°F and 135°F) is minimized.
 - Proper training for food students with new or altered duties and that they apply the training according to established procedures.
- Continue to use sanitizers and disinfectants for their designed purposes.

- Verify that your ware-washing machines are operating at the required wash and rinse temperatures and with the appropriate detergents and sanitizers.
- Remember that hot water can be used in place of chemicals to sanitize equipment and utensils in manual ware-washing machines.

source: www.fda.gov/news

(Food and Drug Administration)

COVID-19 Compliant Fashion Design Class

This checklist addresses key safety practices to consider.

This is not a comprehensive list.

- Increase the circulation of outdoor air (as much as possible) by, for example, opening windows and doors or using fans. **Do not open windows and doors if they pose a safety risk to students.**
- Minimize **face-to-face** contact that allows, **to the extent possible**, at least a 3-6foot distance between students. Barriers should be used when social distancing cannot be maintained.
- Students should work with the same partner (s) each week, if applicable.
- Students and staff must wear a mask at all times.
- Supplies must be disinfected often.
- Tools and machines must be wiped down after each student utilizes them.
- Supplies should not be shared.
- If supplies are shared, they must be wiped down after use, and prior to another student using. All equipment and tables must be cleaned before the start of the next class.

IMLS, CDC Offer Guidance for Disinfecting Returned Library Books

by [Lisa Peet](#)

Apr 09, 2020 | Filed in [News & Features](#)

Before schools closed in response to the novel coronavirus pandemic, many librarians allowed students to check out stacks of books for the forced break. They wanted their kids to have something to read. Now, these school librarians are worried about the returns, not only how to process such a large volume, but, most importantly, how to disinfect those books. At public libraries that either remain open or are closed by still having books returned, there is an urgent need to understand the proper precautions. The same is true in states that have closed schools for the remainder of the year and are asking students to return books now. For others, the issue isn't as pressing but they want a plan.



A [study](#), published in March in the *New England Journal of Medicine*, showed that the virus "remained active on plastic and stainless steel surfaces for two to three days under the conditions in this experiment. It remained infectious for up to 24 hours on

cardboard." A [study published in *The Lancet*](#) on April 2 showed "no infectious virus could be recovered from printing and tissue papers after a 3-hour incubation."

This data can inform appropriate action, including wiping down cardboard and plastic-covered books with disinfectant wipes and leaving returned books to "quarantine" until the danger of transmission has passed.

To help address librarians' concerns, the Institute of Museum and Library Services (IMLS) hosted a [webinar](#) on Monday, March 30, "Mitigating COVID-19 When Managing Paper-Based, Circulating, and Other Types of Collections." It was presented in coordination with the U.S. Department of Education, National Archives and Records Administration, Smithsonian Institution, and Library of Congress, and moderated by IMLS Director Crosby Kemper, the hourlong webinar featured speakers David Berendes, an epidemiologist at the Centers for Disease Control (CDC) Waterborne Disease Prevention Branch, and Catherine Rasberry, health scientist in CDC's Division of Adolescent and School Health.

"You don't have to really worry about finding ways to disinfect those materials," Berendes said. "The virus, if it's present, would be present in very low quantities and would die off pretty quickly."

"For us to have been concerned about transmission from any paper-based material, the individual would have had to cough or sneeze directly on the object," he explained.

"We're pretty sure that, with some regularity, people are sneezing onto our books," responded Kemper.

In that case, Berendes recommended leaving books untouched for a 24-hour period before handling them.

Of the many concerns library workers should have about the materials they handle, however, paper is fairly low on the list, he said.

"We would just emphasize that the staff practice good hand hygiene after touching the books. For DVDs or other materials that are more easily cleaned...those are pretty easily wipeable with alcohol wipes."

Research shows virus undetectable on five highly circulated library materials after three days

Findings are part of REALM Project to produce science-based information to help mitigate exposure to virus



DUBLIN, Ohio, 22 June 2020—In the first phase of a project to develop and disseminate science-based information about how materials can be handled to mitigate exposure to staff and visitors, scientists have found that the virus SARS-CoV-2 that causes COVID-19 is not detectable on five common library materials after three days.

The findings are part of the [Reopening Archives, Libraries, and Museums \(REALM\) Project](#) designed to generate scientific information to support the handling of core museum, library, and archival materials as these institutions begin to resume operations and reopen to the public. The first phase of the research is focusing on commonly found and frequently handled materials, especially in U.S. public libraries.

Over the past few weeks, scientists at Battelle tested the virus on a variety of surfaces, in environments with standard temperature and relative humidity conditions typically found in air-conditioned office space. Materials tested in phase one included the cover of hardcover books (buckram cloth), the cover of softback books, plain paper pages inside a closed book, mylar

protective book cover jackets, and plastic DVD cases. Battelle tests found the virus undetectable after one day on the covers of hardback and softback books as well as the DVD case. The virus was undetectable on the paper inside of a book and mylar book jackets after three days. "It's below the limit of detection on our viability assay," said Battelle Principal Research Scientist Will Richter.

Lab testing of physical items followed literature reviews conducted by Battelle to help define the scope of the project's research and the information needs of libraries, archives, and museums. Last week, the REALM Project released "[Systematic Literature Review](#) of SARS-CoV-2: Spread, Environmental Attenuation, Prevention, and Decontamination," prepared by Battelle. This is an in-depth review of published literature on virus transmission, attenuation, and decontamination methods that can inform discussion and decisions about operations in archives, libraries, and museums.

"Scientific research is essential to answer questions about the spread of the coronavirus on materials that are ever-present in our nation's libraries, archives, and museums," said IMLS Director Crosby Kemper. "We recognized the need to test specific items and surfaces as these organizations are now reopening, asking: How can we mitigate risk to staff? How should patrons and visitors handle books, touchable exhibits, or DVD cases? Our aim was to equip America's libraries, archives, and museums with information to help them do what they do best: continue serving their communities. I am so pleased and hopeful that this critical work will be reaching the people who need it."

"Results from this ongoing research project will help libraries, archives, and museums plan with greater confidence at a difficult time," said Skip Prichard, OCLC President and CEO. "Although there are various sources of general information about handling materials in the time of COVID-19, this project is designed specifically to test materials and provide useful science-based information to these institutions. Equipped with this critical information, they will be better able to determine measures they can take to mitigate exposure to staff and the communities they serve."

"Any library worker would agree that people make good decisions when their decisions are based on facts and evidence," said Nate Hill, Executive Director, Metropolitan New York Library Council and member of the REALM Project Steering Committee. "The output of the REALM Project, both the

systematic literature review and the lab test results, give library workers the information they need to make practical, informed decisions as they reopen their spaces and resume their services."

Battelle will be initiating lab testing on an additional five materials this month, with results expected by the end of July. Examples of public library reopening plans are being collected, curated, and shared to the website this week. The research reports will inform development of toolkit resources, content, and programming that will help translate the findings for real-world applications in museums, libraries, and archives.

"As museums across the country draft their reopening plans, we know that our exhibitions and galleries contain a vast variety of materials that are not addressed in state and federal public health guidelines," said Carole Charnow, President and Chief Executive Officer, Boston Children's Museum and member of the REALM Operations Working Group. "Therefore, we need up to date, science-based information specific to museums. For those of us that are hands-on, interactive institutions, this is especially critical. The REALM Project is providing the invaluable evidence-based information museum professionals need in order to ensure the highest possible standards of safety for our staff and visitors."

The REALM Project is supported by the Institute of Museum and Library Services (IMLS), the primary source of federal funding for museums and libraries; and OCLC, a nonprofit library technology and research organization; in partnership with Battelle, a not-for-profit global scientific research and development organization.

Project updates are posted at oc.lc/realms-project as they become available. Those interested can also sign up through the project website to receive timely email updates when new information is released.

Benefits of Getting a COVID-19 Vaccine

Source: [CDC.Gov](https://www.cdc.gov)

We understand that some people may be concerned about getting vaccinated now that COVID-19 vaccines are available in the United States. While more COVID-19 vaccines are being developed as quickly as possible, routine processes and procedures remain in place to [ensure the safety](#) of any vaccine that is authorized or approved for use. Safety is a top priority, and there are many reasons to get vaccinated.

Can a COVID-19 vaccine make me sick with COVID-19?

No. None of the COVID-19 vaccines contain the live virus that causes COVID-19 so a COVID-19 vaccine cannot make you sick with COVID-19.

Below is a summary of the benefits of COVID-19 vaccination based on what we currently know.

COVID-19 vaccination will help keep you from getting COVID-19

- All COVID-19 vaccines currently available in the United States have been shown to be highly effective at preventing COVID-19.
- All COVID-19 vaccines that are in development are being carefully evaluated in clinical trials and will be authorized or approved only if they make it substantially less likely you'll get COVID-19.
- Based on what we know about vaccines for other diseases and early data from clinical trials, experts believe that getting a COVID-19 vaccine may also help keep you from getting seriously ill even if you do get COVID-19.
- Getting vaccinated yourself may also protect people around you, [particularly people at increased risk for severe illness from COVID-19](#).

- Experts continue to conduct more studies about the effect of COVID-19 vaccination on severity of illness from COVID-19, as well as its ability to keep people from spreading the virus that causes COVID-19.

COVID-19 vaccination is a safer way to help build protection

- COVID-19 can have [serious, life-threatening complications](#), and there is no way to know how COVID-19 will affect you. And if you get sick, you could spread the disease to friends, family, and others around you.
- Clinical trials of all vaccines must first show they are safe and effective before any vaccine can be authorized or approved for use, including COVID-19 vaccines. The known and potential benefits of a COVID-19 vaccine must outweigh the known and potential risks of the vaccine for use under what is known as an Emergency Use Authorization (EUA).
- Getting COVID-19 may offer some natural protection, known as immunity. Current evidence suggests that reinfection with the virus that causes COVID-19 is uncommon in the 90 days after initial infection. However, experts don't know for sure how long this protection lasts, and the risk of severe illness and death from COVID-19 far outweighs any benefits of natural immunity. COVID-19 vaccination will help protect you by creating an antibody (immune system) response without having to experience sickness.
- Both natural immunity and immunity produced by a vaccine are important parts of COVID-19 disease that experts are trying to learn more about, and CDC will keep the public informed as new evidence becomes available.

COVID-19 vaccination will be an important tool to help stop the pandemic

- Wearing masks and social distancing help reduce your chance of being exposed to the virus or spreading it to others, but these measures are not enough. Vaccines will work with your immune system so it will be ready to fight the virus if you are exposed.

- The combination of getting vaccinated and following CDC's recommendations [to protect yourself and others](#) will offer the best protection from COVID-19.
- Stopping a pandemic requires using all the tools we have available. As experts learn more about how COVID-19 vaccination may help reduce spread of the disease in communities, CDC will continue to update the recommendations to protect communities using the latest science.

Source: American Academy of Pediatrics (Last Updated 8/13/2020)

Cloth Face Coverings for Children During COVID-19



To protect ourselves and others from [COVID-19](#), the CDC now [recommends](#) wearing cloth face coverings out in public. But what about children? Read on for answers to some frequently asked questions about cloth face coverings and children during the COVID-19 pandemic.

Why are people wearing cloth face coverings right now?

Since so many people who have COVID-19 don't have symptoms, wearing cloth face coverings reduces the chance of transmitting the virus through the spray of spit or respiratory droplets. This is especially true for when someone with COVID-19 comes within 6 feet of you, which is the range of transmitting infection through acts like sneezing or coughing.

Should children wear cloth face coverings?

Yes. Cloth face coverings can be safely worn by all children 2 years of age and older, including the vast majority of children with special health conditions, with rare exception.

Children under 2 years old should **not** wear cloth face coverings, though, because of suffocation risk. Also, anyone unconscious or unable to remove a face covering on their own should not wear one.

When do children need to wear cloth face coverings?

Children age 2 and older should wear cloth face coverings when they are:

In child care or at school. Face coverings will be essential for children to safely [return to school](#), child care, and other group settings. In addition to protecting the child, the use of cloth face coverings significantly reduces the spread of SARS-CoV-2, the virus that causes COVID-19, to other children and adults.

Unable to stay 6 feet away from others. Children age 2 and older should wear cloth face coverings indoors or outdoors when it is not possible to keep a safe distance from others. Examples include school, child care, a playground, park, grocery store or doctor's office.

If medically fragile or at-risk adults and children live in the household, families may also want to consider wearing face masks at home to help protect them.

What if my child is scared of wearing a face covering?

It is understandable that children may be afraid of cloth face coverings at first. Here are a few ideas to help make them seem less scary:

- Look in the mirror with the face coverings on and talk about it.
- Put a cloth face covering on a favorite stuffed animal.
- Decorate them so they're more personalized and fun.
- Show your child pictures of other children wearing them.

- Draw one on their favorite book character.
- Practice wearing the face covering at home to help your child get used to it.

For children under 3, it's best to answer their questions simply in language they understand. If they ask about why people are wearing cloth face coverings, explain that sometimes people wear them when they are sick, and sometimes people wear them so they don't get sick.

For children over 3, try focusing on germs. Explain that germs are special to your own body. Some germs are good and some are bad. The bad ones can make you sick. Since we can't always tell which are good or bad, the cloth face coverings help make sure you keep those germs away from your own body.

Children and teens often struggle when they feel different. They may feel that wearing a mask stereotypes them as being sick. As more people wear cloth face coverings, children will get used to them and not feel singled out or strange about wearing them. It will quickly become the "new normal" for children and teens.

What about children with special health care needs?

- Children who are considered high-risk or severely immunocompromised are encouraged to wear an N95 mask for protection.
- Families of children at higher risk are encouraged to use a standard surgical mask if they are sick to prevent the spread of illness to others.
- Children with severe cognitive or respiratory impairments may have a hard time tolerating a cloth face covering. For these children, special precautions may be needed.

Is there a "right way" to wear a cloth face covering?

Yes. Place the cloth face covering securely over the nose and mouth and stretch it from ear to ear. It should fit snugly but comfortably against the sides of the face, and be held on with ear loops or ties. Remember to wash hands before and after wearing the mask and avoid touching it once it's on. When back home, avoid touching the front of the face covering by taking it off from behind.

Wash and completely dry cloth face coverings after each wearing.

Note: Masks should not be worn when eating or drinking. Also, make sure the face covering has no choking or strangulation hazards for young children.

What kind of cloth face covering is best?

Homemade or purchased cloth face coverings with multiple layers of fabric are fine for most people to wear. Pleated face coverings with elastic are likely to work best for kids. For a child, especially a small child, the right fit is important. Adult cloth face coverings are usually 6x12 inches, and even a child-sized 5x10 inch covering may be too large for small children. Try to find the right size for your child's face, and be sure to adjust it for a secure fit.

Due to very limited supply now, professional grade masks like N-95 masks should be reserved for medical professionals on the front lines who have increased risk of exposure to coronavirus at close distances.

How can parents teach young children not to tamper with their cloth face covering?

Young children may take longer to teach to wear and not touch their face covering. It's a good idea for parents to practice and model this behavior at home, in a low risk setting, before a child is expected to wear a mask for long stretches of time.

While it may be a challenge for very young children not to fidget with their face covering, as mask-wearing becomes routine and reinforced by adults and peers, they will learn to follow directions. Just like children understand that they must

wear bicycle helmets and buckle into their car seats, they will learn to wear masks when needed.

How do parents protect infants too young for masks?

The best way to protect children under age 2 who are too young to wear masks is to practice physical distancing, and encourage those around the infant to wear cloth face coverings.

Remember

Spending more time at home and physical distancing is still the best way to protect your family from COVID-19. Especially for younger children who may not understand why they can't run up toward other people or touch things they shouldn't, it's best to keep them home. Children who are sick (fever, cough, congestion, runny nose, diarrhea, or vomiting) should not leave home.

Talk with your pediatrician if you have any questions about your child wearing a cloth face covering.

Source: **American Academy of Pediatrics (Last Updated 8/13/2020)**

Strategies to Support Students' Wearing Cloth Face Coverings in Schools

Source: www.cdc.gov

All Students

- Encourage parents, caregivers, and guardians to practice wearing cloth face coverings with students at home before the first day of school. If parents, caregivers, and guardians model appropriate use of face coverings and help students get used to wearing them, students may be more comfortable using them.

- Introduce students with sensory concerns/tactile sensitivities to face coverings with a variety of materials, prints, and textures, and allow them to choose which face covering is most comfortable.
- Use behavioral techniques such as positive reinforcement to increase the likelihood that students will comply with face covering guidance and other prevention practices.
- Encourage parents, caregivers, and guardians to include students in the selection of their cloth face covering and/or the material that is used to make it. This might increase a child's acceptance of wearing the cloth face covering.
- Display age appropriate posters and materials with visual cues that show the proper way to wear a face covering in classrooms and hallways. Consider incorporating images of popular influencers promoting or modeling use of cloth face coverings.
- Include reminders about face coverings in daily announcements, school newspapers, and other materials. [All communication should be in an appropriate format, literacy level, and language.](#) Consider including how to [properly use, take off, and wash cloth face coverings](#) in back-to-school communications educational materials.

Elementary School Settings

- Ensure that teachers and school staff are available to help students put on and adjust face coverings as needed and that teachers and staff [wash](#) or sanitize their hands with [hand sanitizer that includes at least 60%](#) alcohol before and after doing so.
- Play games or engage in other fun activities that teach students how to wear a face covering.
- Consider using some art materials or other creative outlets to help students understand why face coverings help reduce the spread of COVID-19.
- Share social stories about face coverings with students so they know what to expect at school. A social story is similar to a simple picture book that teaches students what to expect in social settings.
- Use behavioral techniques, such as positive reinforcement, to increase the likelihood that students will comply with face covering guidance.

Middle School Settings

- Show [short videos](#) or incorporate short lessons (less than 10 minutes) that teach students how to wear a face covering. Consider including videos with celebrities, musicians, athletes or other influencers popular among this age group.
- Follow videos with verbal instructions that demonstrate the correct ways to wear a face covering.
- Engage the class in discussions about why face coverings help reduce the spread of COVID-19.
- Incorporate a lesson into the science curriculum on how respiratory droplets spread infectious disease.
- Create a school competition for the best health communication strategy to highlight the importance of wearing a cloth face covering to middle school students.

High School Settings

- Show videos or incorporate lessons that teach students how to wear a face covering, including the correct and incorrect ways to wear a face covering. Consider including videos with celebrities, musicians, athletes, or other influencers popular among this age group.
- Ask students to write a short paper on the science behind the use of cloth face coverings as a form of source control.
- Create a school competition for the best health communication strategy to highlight the importance of wearing cloth face coverings to high school students.

Students with Special Healthcare Needs

- Ask parents, caregivers, and guardians to practice wearing face coverings at home before the student returns to school.
- Share social stories about face coverings with students so they know what to expect at school. A social story is similar to a simple picture book that teaches students about what to expect in social settings.
- Introduce students with sensory concerns or tactile sensitivities to face coverings with a variety of materials, prints, and textures, and allow them to choose which face covering is most comfortable.
- Use behavioral techniques such as positive reinforcement to increase the likelihood that students will comply with face covering guidance and other prevention practices.

www.cdc.gov

Your Guide to Masks

The CDC recommends that people wear masks in public settings, at events and gatherings, and anywhere they will be around other people. Effective February 2, 2021, [masks are required](#) on planes, buses, trains, and other forms of public transportation traveling into, within, or out of the United States and in U.S. transportation hubs such as airports and stations.

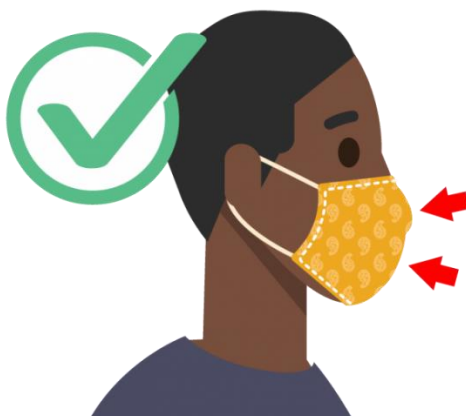
How to Select

When selecting a mask, there are many choices. Here are some do's and don'ts.

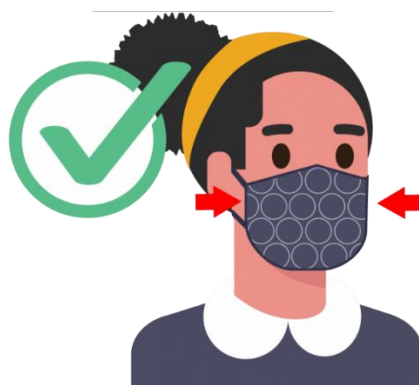
DO choose masks that have two or more layers of washable, breathable fabric



Completely cover your nose and mouth



Fit snugly against the sides of your face and don't have gaps



Have a nose wire to prevent air from leaking out of the top of the mask



DO NOT choose masks that are made of fabric that makes it hard to breathe, for example, vinyl



Have exhalation valves or vents which allow virus particles to escape



Are prioritized for healthcare workers, including N95 respirators



How to Wear a Mask Correctly:



- Covers your nose and mouth and secure it under your chin.
- Fits snugly against the sides of your face.

How NOT to wear a mask



Around your neck



On your forehead



Under your nose



Only on your nose



On your chin



Dangling from one ear



Reusable masks should be washed regularly. Always [remove masks correctly](#) and Include your mask with your regular laundry

- Use regular laundry detergent and the warmest appropriate water setting for the cloth used to make the mask
- Use the highest heat setting and leave in the dryer until completely dry

Source: [CDC](#)

**THE COVID-19 VACCINE HAS BEEN MADE AVAILABLE TO
STUDENTS AND THEIR FAMILIES**

IN COLLABORATION WITH CHEMED HEALTH ON:

- **MAY 26, 2021**
- **MAY 25, 2021**
- **MAY 23, 2021**
- **APRIL 25, 2021**
- **APRIL 22, 2021**
- **APRIL 21, 2021**
- **APRIL 20, 2021**
- **APRIL 19, 2021**
- **APRIL 16, 2021**
- **APRIL 15, 2021**
- **APRIL 14, 2021**
- **APRIL 13, 2021**
- **APRIL 10, 2021**
- **APRIL 09, 2021**
- **APRIL 08, 2021**
- **APRIL 07, 2021**
- **JULY 23, 2021**
- **JULY 25, 2021**
- **JULY 27, 2021**
- **JULY 30, 2021**
- **AUGUST 3, 2021**
- **AUGUST 6, 2021**

- **AUGUST 29, 2021 (COVID-19 TEST & VACCINE)**
- **AUGUST 30, 2021 (COVID-19 TEST & VACCINE)**
- **AUGUST 31, 2021 (COVID-19 TEST & VACCINE)**

FUTURE DATES TO BE ANNOUNCED!

COVID-19 Vaccines/Weekly Testing Procedures

In order to prevent the transmission of COVID-19 and keep schools open for in-person instruction, all employees, **according to Executive Order 253**, must:

- Be **fully** vaccinated **or**
- Receive weekly COVID-19 testing (1-2 times a week)
- Unvaccinated employees must provide the District with their weekly test results.

By the end of the day, September 1, 2021, all employees must complete the District's "**Employee Vaccination Update**" form and return it to the School Nurse, as all information must be maintained by the District.

Vaccination Form:

"2021-2022"

Employee Vaccination Update

Employee's First Name (PRINT): _____

Employee's Last Name (PRINT): _____

Assigned Building: _____

1) COVID-19 Vaccine: Please circle ONE:

I did not receive the COVID-19 Vaccine.

I received two doses of the Moderna Vaccine.

I received two doses of the Pfizer Vaccine.

I received one dose of the J&J Vaccine.

I received one dose of the Moderna/Pfizer Vaccine and I am scheduled for my second vaccine.

2) Dates of Vaccine:

First Dose: _____

Second Dose: _____ **(Not Applicable for J&J)**

Please attach Vaccination Card as it does not contain Personal/Confidential Medical Information.

This information does not go into a staff member's Personnel File.

All information is confidential.

Any employee who does not complete a form, or completes a form and does not provide a copy of their Vaccination Card, will be considered to **be Unvaccinated**, and submit to weekly testing (**Once a week**).

Lakewood School District employees are considered Unvaccinated, if they:

- 1) Have not received two doses of Moderna/Pfizer, or one dose of J&J, and two weeks has not elapsed since the second dose of Moderna/Pfizer, or dose one of J&J.
- 2) Partially Vaccinated (Only received one dose)
- 3) Not Fully Vaccinated (It has not been two weeks since their second dose)
- 4) Have not provided the District with a copy of their Vaccination Card.
- 5) Claim Religious/Medical Exemption

Unvaccinated staff members must obtain their COVID-19 test results utilizing a PCR test.

A Rapid test will not meet the District's requirement, and the employee will be considered to be in violation of Executive Order 253 until a PCR test is received.

Unvaccinated employees must complete the following information twice a week, beginning the week of October 18, 2021, using a District provided Google Link:

- 1) **On the day of the week that the staff member was tested:**
 - a. the staff member must complete information regarding his/her COVID-19 test. Information will include: the staff member's name, assigned building, date of the COVID-19 test, where they were tested, anticipated due date of results, whether or not they were experiencing symptoms on the test date, and whether or not they were exposed to someone who was COVID-19 positive.
- 2) **When the staff member receives his/her COVID-19 test results:**
 - a. He/she must upload the test results on the District provided Google Link.

Unvaccinated employees are responsible for providing the above information.

Building Principals are responsible for implementing this policy/procedure EVERY week, as to ensure the health and safety of students, employees, and their families.

Unvaccinated employees who do not submit to weekly testing, and do not provide the required information on the Google Link, will be suspended, until further notice, as they will be found in violation of EO 253.

Unvaccinated staff members do not have to self-quarantine/isolate while waiting for the results of their weekly PCR test, unless they have symptoms of COVID-19.

Penalties for violations of this Order may be imposed under, among other statutes, N.J.S.A. App. A:9-49 and -50.

NJSA app A9-49:

1. Any person who shall:
 - a. Commit any unauthorized or otherwise unlawful act during the threat or imminence of danger in any emergency that jeopardizes the health, welfare and safety of the people; or
 - b. Commit any unauthorized or otherwise unlawful act during the threat or imminence of danger during any emergency that contributes to the loss of or destruction to property; or
 - c. Hamper, impede, or in any way interfere with any person who is performing any function authorized under this act; or
 - d. Drive any motor vehicle in a prohibited area during a black-out or while an air raid alert is in progress or in any other manner contrary to the rules and regulations covering any period of danger or any emergency; or
 - e. Go within a prohibited area contrary to rules and regulations; or
 - f. Refuse to obey the lawful orders of any air raid warden, civilian protection worker, or other person who is duly authorized to perform any act or function during the threat or imminence of danger or any emergency; or
 - g. Refuse to cooperate with any air raid warden, civilian protection worker, or other person who is duly authorized to perform any act or function in connection with activities during the threat or imminence of danger or any emergency; or
 - h. Violate any order, rule or regulation adopted by the Governor and promulgated as provided by this act; or
 - i. Violate any other provision of this act declared herein to be unlawful--shall be adjudged a disorderly person and shall be subject to imprisonment for a term not to exceed 6 months or shall pay a fine not to exceed \$1,000.00 or to both a fine and imprisonment, in the discretion of the court.

Employee Testing

- 1) The Lakewood School District will provide COVID-19 testing in each building for unvaccinated employees.
- 2) Employee testing will occur in a private area.
- 3) Employee testing will occur on the same day each week, unless otherwise noted.
- 4) Should an employee wish to utilize his/her own testing site, he/she may do so at his/her **own expense**.
- 5) Employees who utilize district COVID-19 testing, will do so at no cost to the employee.
- 6) Employees who are out of work for an **entire week**, do not have to obtain COVID-19 testing that week.
- 7) Employees who are absent on the day of District testing, **are responsible for their own COVID-19 test** for that week.

Quarantine/Isolation Period

- 1) **Unvaccinated students and/or employees** who have been identified as a close contact, and state that they have had COVID-19 within the past three (3) months, must provide the District with a copy of their COVID-19 positive test result.

If the employee and/or student is unable to provide the COVID-19 test result, he/she must quarantine for 14 days.

- 2) **Vaccinated employees and/or students** who have been identified as a close contact, and state that they have been Vaccinated, must have a Vaccination Card on file.

If the employee and/or student is unable to provide his/her Vaccination Card, he/she must quarantine/isolate for fourteen (14) days.

- 3) **Unvaccinated employees and/or students, who travel out-of- state or Internationally, with the exception of the tristate area** must:
 - a. Quarantine for 7 days from their date of return AND receive a **Negative COVID-19 PCR** Test.
 - b. If the employee does not obtain a COVID-19 PCR Test, he/she must self-isolate for 14 days.
 - c. If the employee tests positive for COVID-19, he/she must self-isolate for 14 days.
- 4) **Vaccinated employees and/or students**, who travel out-of- state, **do not have to** self-isolate, unless he/she develops symptoms of COVID-19.
- 5) **Vaccinated employees and/or students, who travel internationally:**
 - a. Must obtain a COVID-19 PCR test 3-5 days from the date of your return.
 - b. Utilize your own days for quarantine/self-isolation, as you may NOT work remotely from home.
 - c. May return to work after 7 days with a negative PCR test result, and NO symptoms of COVID-19.