

Quinton Twp. School Plan for Safe Return to In-Person Instruction and Continuity of Service

Pursuant to the Federal American Rescue Plan Act, Section 2001(i)

Introduction and Background

As announced in the New Jersey Department of Education (NJDOE)'s [April 28, 2021 broadcast](#), in March 2021 President Biden signed the Federal [American Rescue Plan \(ARP\) Act](#), Public Law 117-2, into law. The ARP Act provides an additional \$122 billion in Elementary and Secondary School Emergency Relief (ARP ESSER) to States and school districts to help safely reopen, sustain the safe operation of schools, and address the impacts of the COVID-19 pandemic on the nation's students. As with the previous ESSER funds available under the Coronavirus Aid, Relief and Economic Security (CARES) Act, and the Coronavirus Response and Relief Supplemental Appropriations Act (CRRSA), the purpose of the additional funding is to support local educational agencies (LEAs) in preparing for and responding to the impacts of COVID-19 on educators, students, and families. Additional information on ARP ESSER may be found in the NJDOE's [funding comparison fact sheet](#).

Section 2001(i)(1) of the ARP Act requires each LEA that receives ARP ESSER funds to develop and make publicly available on the LEA's website, no later than 30 days after receiving ARP ESSER funds, a plan for the safe return to in-person instruction and continuity of services for all schools (Safe Return Plan) A Safe Return Plan is required of all fund recipients, including those that have already returned to in-person instruction. Section 2001(i)(2) of the ARP Act further requires that the LEA seek public comment on the Safe Return Plan and take those comments into account in finalization of the Safe Return Plan. Under the interim final requirements published in [Volume 86, No. 76 of the Federal Register](#) by the U.S. Department of Education (USDE), an LEA must periodically, but no less frequently than every six months through September 30, 2023, review and, as appropriate, revise its Safe Return Plan.

Pursuant to those requirements, **LEAs must submit to the NJDOE and post on their website their Safe Return Plans by June 24, 2021.** The NJDOE intends to make LEA ARP ESSER Fund applications available in EWEG on May 24, 2021 and LEAs will submit their Safe Return Plans to the NJDOE via EWEG. To assist LEAs with the development of their Safe Return Plans, the NJDOE is providing the following template.

This template incorporates the federally-required components of the Safe Return Plan. The questions in the template below will be included in the LEA ARP ESSER Fund application in EWEG. LEAs will submit responses to the questions within the LEA ARP ESSER Fund application in EWEG by June 24, 2021. The NJDOE hopes that this template will allow LEAs to effectively plan for that submission and to easily post the information to their websites as required by the ARP Act.

Note that on May 17, 2021, Governor Murphy [announced](#) that upon the conclusion of the 2020-2021 school year, portions of Executive Order 175 allowing remote learning will be rescinded, meaning that schools will be required to provide full-day, in-person instruction, as they were prior to the COVID-19 Public Health Emergency. The NJDOE and New Jersey Department of Health will share additional information regarding State requirements or guidance for health and safety protocols for the 2021-2022 school year as it becomes available.

Local Education Agencies (LEA) must plan to provide full-day, full-time, in-person instruction and operations for the 2021-2022 school year. The New Jersey Department of Education (NJDOE) and New Jersey Department of Health (NJDOH) worked collaboratively to develop the following guidance to operationalize that goal. This guidance includes a range of strategies that LEAs should consider implementing to reduce risks to students and staff from COVID-19 while still allowing for fulltime in-person learning.

Template: LEA Plan for Safe Return to In-Person Instruction and Continuity of Services

LEA Name: Quinton Township School

Date (06/14/2021):

Date Revised (1/10/2022):

1. General Health and Safety Guidelines

Where possible, the following recommendations should be used to develop a layered approach to help prevent the spread of COVID-19. Schools should implement as many layers as feasible. LEAs should consider, in close consultation with their local and/or county public health officials, as many factors as feasible as they prepare for the 2021-2022 school year, including the level of COVID-19 transmission in the [community](#) at large and in their school community, as well as vaccination coverage rates in both the community at large and their school community.

For each mitigation strategy listed below please describe how the LEA will maintain the health and safety of students, educators, and other staff and the extent to which it has adopted policies, and a description of any such policies, on each of the following safety recommendations established by the CDC.

1.A. Vaccination

Vaccination is currently the leading public health prevention strategy to end the COVID-19 pandemic. Promoting vaccination can help schools safely return to in-person learning as well as extracurricular activities and sports.

COVID-19 vaccines are safe, effective, and accessible and school aged children are able to receive the vaccine. Most K-12 schools will have a mixed population of [fully vaccinated](#), partially vaccinated, and unvaccinated individuals at any given time, thereby requiring the layering of preventive measures to protect all individuals. The QTS nurse has a system in place to determine the vaccination status of students and staff, however, if the nurse is unable to determine the vaccination status of individual students or staff, those individuals should be considered not fully vaccinated.

Public confidence in immunization is critical to sustaining and increasing vaccination coverage rates and preventing outbreaks of vaccine-preventable diseases. QTS actively promotes vaccination for all eligible students and staff. As vaccine eligibility expands, QTS may consider school-wide vaccine coverage among students and staff for preventive measures such as physical distancing and masking ([NJDOH COVID-19 Recommendations for K-12 Schools](#)).

Many school-aged children missed recommended vaccines over the last year due to disruptions associated with COVID-19. QTS will review and consider the CDC resources that may be helpful in addressing low coverage in children and preparing for a safe return to school. QTS will send reminders to families about school immunization requirements and follow up with families of children who are not in compliance with requirements and encourage compliance.

1.B. Communication

QTS school officials and local health departments should maintain close communication with each other to provide information and share resources on COVID-19 transmission, prevention, and control measures and to establish procedures for Local Health Department (LHD) notification and response to COVID-19 illness in school settings. QTS will work closely with LHDs as they make decisions regarding which mitigation strategies to implement and when based on data

Understanding that COVID-19 may impact certain areas of the state differently, NJDOH provides information on COVID-19 transmission at the regional level, characterizing community transmission as low (green), moderate (yellow), high (orange), and very high (red). This information is posted online every week on the [NJDOH CDS COVID-19 website](#) and sent out via New Jersey Local Information Network and Communications System (NJLINCS) to public health and healthcare partners. Municipal level vaccination coverage data is posted online at www.nj.gov/health/cd/topics/covid2019_dashboard.shtml.

1.C. Universal and correct wearing of masks

Wearing masks is an important prevention strategy to help slow the spread of COVID-19, especially when combined with everyday preventive actions and social distancing in public settings. On August 5, 2021, the CDC issued new indoor masking recommendations for individuals in K-12 school settings. That guidance is available here:

www.cdc.gov/coronavirus/2019-ncov/vaccines/fully-vaccinated.html.

Indoors: In alignment with recommendations from the CDC and the American Academy of Pediatrics, on August 6, 2021, Governor Murphy signed [Executive Order 251](#) which requires that all staff, students, and visitors wear a mask, regardless of vaccination status, in the indoor premises of school buildings. This requirement applies to all public, private, and parochial preschool programs and elementary and secondary schools, including charter and renaissance schools. As outlined in the Executive Order, there are limited exceptions to this requirement (see full list below).

Outdoors: In general, people do not need to wear masks when outdoors. The CDC recommends that people who are not fully vaccinated wear a mask in crowded outdoor settings or during activities that involve sustained close contact with other people. Fully vaccinated people might choose to wear a mask in crowded outdoor settings if they or someone in their household is immunocompromised.

The following principles apply to the use of masks in schools:

- Information should be provided to staff and students on proper use, removal, and washing of masks.
 - The most effective fabrics for cloth masks are tightly woven such as cotton and cotton blends, breathable, and in two or three fabric layers. Masks with exhalation valves or vents, those that use loosely woven fabrics, and ones that do not fit properly are not recommended.
 - Masks should be washed after every day of use and/or before being used again, or if visibly soiled or damp/wet.
 - Disposable face masks should be changed daily or when visibly soiled, damp or damaged.

- Students, teachers, and staff should have access to additional disposable or cloth masks in case a back-up mask is needed (e.g. mask is soiled or lost during the day).
- Clear masks that cover the nose and wrap securely around the face may be considered in certain circumstances including for the teaching of students with disabilities, young students learning to read, or English language learners.
- Appropriate and consistent use of masks may be challenging for some individuals, however mask use is required for all individuals in indoor school settings with the following exceptions:
 - When doing so would inhibit the individual's health, such as when the individual is exposed to extreme heat indoors;
 - When the individual has trouble breathing, is unconscious, incapacitated, or otherwise unable to remove a face covering without assistance;
 - When a student's documented medical condition or disability, as reflected in an Individualized Education Program (IEP) or Educational Plan pursuant to Section 504 of the Rehabilitation Act of 1973, precludes use of a face covering;
 - When the individual is under two (2) years of age;
 - When the individual is engaged in activity that cannot physically be performed while wearing a mask, such as eating or drinking, or playing a musical instrument that would be obstructed by a face covering;
 - When the individual is engaged in high-intensity aerobic or anaerobic activity;
 - When a student is participating in high-intensity physical activities during a physical education class in a well-ventilated location and able to maintain a physical distance of six feet from all other individuals; or
 - When wearing a face covering creates an unsafe condition in which to operate equipment or execute a task.
- As stated in [Executive Order 253](#), written documentation from a medical professional is needed to support the exemption. In addition, Quinton School's doctor must also approve the exemption.

Further information on mask-wearing in schools can be found here: [Guidance for COVID-19 Prevention in K-12 Schools](#)

1.D. Maintain Physical Distancing and Cohorting

Though physical distancing recommendations must not prevent a school from offering full-day, full-time, in person learning to all students for the 2021-2022 school year, LEAs should implement physical distancing measures as an effective COVID-19 prevention strategy to the extent they are equipped to do so while still providing regular school operations to all students and staff in-person. During periods of high community transmission or if vaccine coverage is low, if the maximal social distancing recommendations below cannot be maintained, QTS will prioritize other prevention measures which may include [screening testing](#) and cohorting.

QTS has established policies and implemented structural interventions to promote physical distancing and small group cohorting. During periods of [low or moderate community transmission](#), QTS will implement physical distancing recommendations to the maximum degree that allows them to offer full in-person learning. During periods of [high community transmission](#), if maximal social distancing recommendations cannot be maintained, QTS will prioritize other prevention measures including screening testing and cohorting.

- Within classrooms, maintain 3 feet of physical distancing to the greatest extent practicable, while offering full-time, in-person learning to all students.
- Outside of classrooms including in hallways, locker rooms, indoor and outdoor physical education settings, and school-sponsored transportation, maintain physical distancing to the greatest extent practicable.
- The CDC recommends a distance of at least 6 feet between students and teachers/staff and between teachers/staff who are not fully vaccinated in all settings.
- As feasible, maintain cohorts or groups of students with dedicated staff who remain together throughout the day, including at recess, lunch times, and while participating in extracurricular activities.

In addition to the distancing recommendations outlined above, QTS may consider implementing one or more of the following strategies to maximize opportunities to increase distance between students:

- Consider structural interventions within classrooms to aid with social distancing including:
 - Facing desks in the same direction.
 - Avoiding grouped seating arrangements.
 - Arrange participants of early childhood programs head-to-toe during scheduled naptimes ([refer to CDC Guidance for Operating Childcare Programs](#)).

- Identifying opportunities to maximize physical distancing should be prioritized for the following higher-risk scenarios, especially during periods of high community transmission:
 - In common areas, in spaces where students may gather such as hallways and auditoriums.
 - When masks cannot be worn, including cafeterias.
 - When masks may be removed, such as during outdoor activities.
 - During indoor activities when increased exhalation occurs, such as singing, shouting, band practice, sports, or exercise.

1.E. Hand Hygiene and Respiratory Etiquette

- QTS teaches and reinforces [handwashing](#) with soap and water for at least 20 seconds. If soap and water are not readily available, hand sanitizer that contains at least 60% alcohol can be used (for staff and older children who can safely use hand sanitizer).
- QTS encourages students and staff to cover coughs and sneezes with a tissue during those limited instances when the individual may be unmasked.
 - Used tissues should be thrown in the trash and hand hygiene as outlined above should be performed immediately.
- QTS maintains adequate supplies including soap, hand sanitizer with at least 60 percent alcohol (for staff and older children who can safely use hand sanitizer), paper towels, tissues, and no-touch trash cans.
- QTS assists/observes young children to ensure proper hand washing.

1.F. Meals

- For meals offered in cafeterias or other group dining areas, where masks may not be worn, schools should consider implementing other layered prevention strategies to help mitigate the spread of COVID-19. These strategies include:
 - Maximize physical distance as much as possible when moving through the food service line and while eating (especially indoors).
 - Considering alternatives to use of group dining areas such as eating in classrooms or outdoors.
 - Staggering eating times to allow for greater physical distancing.
 - Maintaining student cohorts and limiting mixing between groups, if possible.
 - Avoiding offering self-serve food options.
 - Discouraging students from sharing meals.
 - Encouraging routine cleaning between groups.

- Frequently touched surfaces will be cleaned. Surfaces that come in contact with food will be washed, rinsed, and/or sanitized before and after meals.
- **QTS will continue to have meals in individual classrooms until further notice and use disposable utensils.**

1.G. Transportation

Per Order of the CDC, passengers and drivers must wear masks on school buses, including buses operated by public and private school systems, subject to the exclusions and exemptions in [the Order](#).

School buses should be considered school property for the purpose of determining the need for prevention strategies.

- [Masks must be worn by all passengers on buses](#), regardless of vaccination status per CDC's Federal Order.
- If occupancy allows, maximize physical distance between students.
- Open windows to increase airflow in buses and other transportation, if possible.
- Regularly clean high touch surfaces on school buses at least daily.

For more information about cleaning and disinfecting school buses or other transport vehicles, read [CDC's guidance for bus transit operators](#).

2. Cleaning, Disinfection, and Air Flow

2.1 Limit Use of Shared Supplies and Equipment

- Ensure adequate supplies (i.e. classroom supplies, equipment) to minimize sharing of high-touch materials or limit use of supplies and equipment by one group of students at a time and clean and disinfect routinely and preferably between use.
- Encourage hand hygiene practices between use of shared items.
- Discourage use of shared items that cannot be cleaned and disinfected.

2.2 Cleaning and Disinfection

QTS will follow standard procedures for routine [cleaning and disinfecting](#) with an [EPA-registered product for use against SARS-CoV-2](#). There will be daily cleaning and disinfecting surfaces and objects that are touched often, such as desks, countertops, doorknobs, computer keyboards, hands-on learning items, faucet handles, phones, and toys.

- If a person exhibits COVID-19 compatible symptoms or tests positive for COVID-19 within 24 hours of being in the school building, school staff should clean and disinfect the spaces occupied by the person. Once the area has been appropriately disinfected, it can be reopened for use.
 - Close off areas used by the person who is sick or positive and do not use those areas until after cleaning and disinfecting.
 - Wait as long as possible (at least several hours) after the person has exited a space before cleaning and disinfecting.
 - Open doors and windows and use fans or HVAC settings to increase air circulation in the area.
 - Use products from EPA List according to the instructions on the product label.
 - Wear a mask and gloves while cleaning and disinfecting.

2.3 Improving Airflow

QTS looks to continue to improve airflow to the extent possible to increase circulation of outdoor air, increase the delivery of clean air, and dilute potential contaminants. This can be achieved through several strategies:

- Bring in as much outdoor air as possible.
- If safe to do so, open windows and doors. Even just cracking open a window or door helps increase outdoor airflow, which helps reduce the potential concentration of virus particles in the air. If it gets too cold or hot, adjust the thermostat.
- Do not open windows or doors if doing so poses a safety or health risk (such as falling, exposure to extreme temperatures, or triggering asthma symptoms), or if doing so would otherwise pose a security risk.
- Use exhaust fans in restrooms and kitchens.
- Consider having activities, classes, or lunches outdoors when circumstances allow.
- Open windows in buses and other transportation, if doing so does not pose a safety risk. Even just cracking windows open a few inches improves air circulation.

3. Screening, Exclusion, and Response to Symptomatic Students and Staff

3.1 Parental Screening

Parents/caregivers will be strongly encouraged to monitor their children for signs of illness every day as they are the front line for assessing illness in their children. Students who are sick should not attend school. Schools should strictly enforce exclusion criteria for both students and staff (section 3.3 Exclusion - see below).

QTS continues to educate parents about the importance of monitoring symptoms and keeping children home while ill. QTS uses the Connect Ed outreach systems to provide reminders to staff and families to check for symptoms before leaving for school.

QTS provides clear and accessible directions to parents/caregivers and students for reporting symptoms and reasons for absences.

3.2 Response to Symptomatic Students and Staff

QTS ensures that procedures are in place to identify and respond to a student or staff member who becomes ill with COVID-19 symptoms.

- QTS has the Wildcat room which is away from others to isolate individuals who become ill with COVID-19 symptoms while at school.
- There is a separate area from the nurse's office to be used for routine visits such as medication administration, injuries, and non-COVID-19 related visits.
 - There is enough space for multiple people placed at least 6 feet apart.
 - Hygiene supplies are available, including additional cloth masks, facial tissues, and alcohol-based hand sanitizer.
 - The school nurse uses [Standard and Transmission-Based Precautions](#) based on the [care and tasks](#) required.
 - Staff assigned to supervise students waiting to be picked up do not need to be healthcare personnel but should follow physical distancing guidelines.
 - Follow guidance in section 2.0: Cleaning, Disinfection and Airflow.

3.3 Exclusion

3.3.1 Definition of COVID-19 Compatible Symptoms

Parents should not send students to school when sick. For school settings, NJDOH recommends that students with the following symptoms be promptly isolated from others and excluded from school:

- At least two of the following symptoms: fever (measure or subjective), chills, rigors (shivers), myalgia (muscle aches), headache, sore throat, nausea or vomiting, diarrhea, fatigue, congestion, or runny nose; OR
- At least one of the following symptoms: cough, shortness of breath, difficulty breathing, new olfactory disorder, or new taste disorder.

For students with chronic illness, only new symptoms or symptoms worse than baseline should be used to fulfill symptom-based exclusion criteria.

3.3.2 When Illness Occurs in the School Setting

Children and staff with COVID-19 symptoms should be separated away from others until they can be sent home. Ask ill students (or parent/guardian) and staff whether they have had potential exposure to COVID-19 in the past 14 days meeting the definition of a close contact.

- Individuals will be sent home and referred to a healthcare provider. Persons with COVID-19-compatible symptoms should undergo COVID-19 testing
 - If [community transmission is low](#), ill individuals without potential exposure to COVID-19 should follow the [NJDOH School Exclusion List](#) to determine when they may return to school. No public health notification is needed UNLESS there is an unusual increase in the number of persons who are ill (over normal levels), which might indicate an outbreak.
 - If ill students have potential COVID-19 exposure OR if [community transmission is moderate or high](#), they should continue to be excluded according to the COVID-19 Exclusion Criteria.

- QTS will notify LHDs when students or staff:
 - Are ill and have potential COVID-19 exposure;
 - When they see an increase in the number of persons with COVID-19 compatible symptoms.
- QTS will be prepared to provide the following information when consulting with the LHD:
 - Contact information for the ill persons;
 - The date the ill person developed symptoms, tested positive for COVID-19 (if known), and was last in the building;
 - Types of interactions (close contacts, length of contact) the person may have had with other persons in the building or in other locations;
 - Names, addresses, and telephone numbers for ill person's close contacts in the school;
 - Vaccination status if known
 - Any other information to assist with the determination of next steps
- QTS will report weekly student and staff case counts to NJDOH through the Surveillance for Influenza and COVID-19 (SIC) Module in CDRSS.
 - Registration and training on the data elements to report, timelines, and instructions on using the surveillance module can be found at <https://cdrs.doh.state.nj.us/cdrss/common/cdrssTrainingNotes>

Regardless of vaccination status, if a student or staff experiences COVID-compatible symptoms, they should [isolate themselves from others](#), be clinically evaluated for COVID-19, and tested for SARS-CoV-2.

3.3.3 Exclusion

COVID-19 exclusion criteria for persons who have COVID-19 compatible symptoms or who test positive for COVID-19:

- Ill individuals with COVID-19 compatible symptoms who have not been tested or individuals who tested positive for COVID-19 should stay home until at least 10 days have passed since symptom onset and at least 24 hours have passed after resolution of fever without fever reducing medications and improvement in symptoms.
- Persons who test positive for COVID-19 but who are asymptomatic should stay home for 10 days from the positive test result.
- An alternate diagnosis (including a positive strep test or influenza swab) without a negative COVID-19 test is not acceptable for individuals who meet COVID-19 exclusion criteria to return to school earlier than the timeframes above.

Exception: During periods of low community transmission, ill individuals excluded for COVID-19 compatible symptoms who are not tested and do not have a known COVID-19 exposure may follow [NJDOH School Exclusion List](#) to determine when they may return to school.

The COVID-19 [Exclusion List](#) described in [NJDOH guidance for Local health departments](#) can be used to determine the need for and duration of school exclusion based on the level of COVID-19 community transmission in their region.

COVID-19 Exclusion Criteria for Close Contacts

CDC released guidance with options to shorten the [quarantine time](#) period following exposure to a confirmed positive case. While CDC and NJDOH continue to endorse 14 days as the preferred quarantine period— and thus the preferred school exclusion period – regardless of the community transmission level, it is recognized that any quarantine shorter than 14 days balances reduced burden against a small possibility of spreading the virus. Additional information is described in [NJDOH quarantine guidance](#).

Following the DOH guidelines, QTS will use a 10 day exclusion period for the exclusion of these individuals or those who work closely with them when identified as close contacts in all levels of [community transmission](#).

Exposed close contacts who are fully vaccinated and have no COVID-like symptoms:

- Do not need to quarantine, be excluded from school, or be tested following an exposure to someone with suspected or confirmed COVID-19.
- Should still monitor for symptoms of COVID-19 for 14 days following an exposure.
- If they experience symptoms, they should isolate themselves from others, be clinically evaluated for COVID-19, including SARS-CoV-2 testing and inform their health care provider of their vaccination status at the time of presentation to care.

Remote Instruction/180-Day Requirement

Pursuant to N.J.S.A. 18A:7F-9, schools must be in session for 180 days to receive state aid. The statute requires that school facilities be provided for at least 180 days during the school year. Section (b) notes that where a district is required to close the schools of the district for more than three consecutive school days due to a declared state of emergency, declared public health emergency, or a directive and/or recommendation by the appropriate health agency or officer to institute a public health-related closure, days of virtual or remote instruction commensurate with in-person instruction will count towards the district's 180-day requirement.

LEAs may be confronted with the incidence of COVID-19 positive cases amongst staff and/or students. If an LEA is required to exclude a student, group of students, a class, or multiple classes as a result of the scenarios listed above, while the school itself remains open for in-person instruction, the LEA should be prepared to offer virtual or remote instruction to those students in a manner commensurate with in-person instruction to the extent possible. In circumstances when the school facilities remain open and in-person instruction continues in those classrooms that are not required to quarantine, those days in session will also count towards the district's 180-day requirement in accordance with N.J.S.A. 18A:7F-9.2

4. Contact Tracing

Contact tracing is a strategy used to determine the source of an infection and how it is spreading. Finding people who are close contacts of a person who has tested positive for COVID-19, and therefore at higher risk of becoming infected themselves, can help prevent further spread of the virus.

Per the CDC, close contact is defined as being within 6 feet of someone with suspected or known COVID-19 for 15 or more minutes during a 24-hour period. In certain situations, it may be difficult to determine whether individuals have met this criterion and an entire cohort, classroom, or other group may need to be considered exposed.

Exception: In the K–12 indoor classroom setting, the close contact definition excludes students who were within 3 to 6 feet of an infected student (laboratory-confirmed or a clinically compatible illness) 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 setting. Because students eat lunch in the classroom, masks are being removed for greater than 15 minutes on any given day.

QTS staff should identify school-based close contacts of positive COVID-19 cases in the school.

- As with any other communicable disease outbreak, schools will assist in identifying the close contacts within the school and communicating this information back to the LHD.
- With guidance from the LHD, QTS will be responsible for notifying parents and staff of the close contact exposure and exclusion requirements while maintaining confidentiality.

The LHD contact tracing team will notify and interview the close contacts identified by the school and reinforce the exclusion requirements.

4. Testing

When schools implement testing combined with key prevention strategies, they can detect new cases to prevent outbreaks, reduce the risk of further transmission, and protect students, teachers, and staff from COVID-19.

In some schools, school-based healthcare professionals (e.g., school nurses) may perform SARS-CoV-2 antigen testing in school-based health centers if they are trained in specimen collection, conducting the test per manufacturer’s instructions, and after obtaining a Clinical Laboratory Improvement Amendments (CLIA) certificate of waiver. Some school-based healthcare professionals may also be able to perform specimen collection to send to a laboratory for testing, if trained in specimen collection, but without having a CLIA certificate of waiver. It is important that school-based healthcare professionals have access to, and training on the proper use of personal protective equipment (PPE).

Quinton Township School is offering testing twice a week to staff, and students.

5.1 Diagnostic Testing

At all levels of [community transmission](#), QTS will work with the local health department to identify rapid viral testing options in their community for the testing of symptomatic individuals and asymptomatic individuals who were exposed to someone with COVID-19.

5.2 Screening Testing

Some schools may also elect to use [screening testing](#) as a strategy to identify cases and prevent secondary transmission. Screening testing involves using SARS-CoV-2 viral tests (diagnostic tests used for screening purposes) intended to identify occurrences at the individual level even if there is no reason to suspect infection—i.e., there is no known exposure. This includes, but is not limited to, screening testing of asymptomatic individuals without known exposure with the intent of making decisions based on the test results.

Developing and implementing a screening testing strategy is particularly important during periods of [high community transmission](#) when physical space limitations prevent the implementation of maximal social distancing practices. Testing strategies in K-12 schools should be developed in consultation with local health departments.

Quinton Township School is offering testing twice a week to staff, and students.

2. Ensuring Continuity of Services

A. Describe how the LEA will ensure continuity of services, including but not limited to services to address students' academic needs and students' and staff's social, emotional, mental health, and other needs, which may include student health and food services. (1000 character limit)

QTS will ensure continuity of services for all sub-groups and mitigate learning gaps via curricular acceleration. The district will plan, design and implement Extended Learning Opportunities to provide struggling students with small-group instruction delivered by highly effective teachers. QTS will build a sustainable, tiered intervention model of school-based mental health supports and services to positively impact students in all sub-groups. Via SEL learning, our model will embed mental health in our school into an equitable system of support to enhance the fit of mental health concerns and to fully promote social-emotional learning while comprehensively addressing any barriers. The QTS will apply for grants to continue offering access to free breakfasts and lunch for our students.