



Reopening TK-12 Schools for In-Person, On-Site Instruction Preliminary Guidance for School Year 2020-2021

July 8, 2020

The following guidance was developed by the San Francisco Department of Public Health (SFDPH) for use by local schools, and will be posted at http://www.sfcdcp.org/covidschoolschildcare.

AUDIENCE: Public, private and parochial TK-12 schools in San Francisco.

PURPOSE: To provide guidance on health and safety practices needed to safely resume in-person, on-site instruction at TK-12 schools, after the San Francisco Health Officer allows schools to reopen.

BACKGROUND: TK-12 schools in San Francisco were closed for in-person instruction in March 2020 due to concerns about the possibility of COVID-19 transmission in schools. Since then, our understanding of COVID-19 has evolved rapidly. Unlike influenza and other respiratory viruses where children are known to spread infection, children and adolescents do not appear to play a major role in COVID-19 transmission. COVID-19 has mainly spread between adults, or from adults-to-children. Spread of COVID-19 from children to adults, or between children has occurred but has been much less common. Children, especially younger children, appear to be less likely to become infected or spread. Both children and adolescents are much less likely to have symptoms or develop severe COVID-19 illness.

Our understanding of how COVID-19 spreads and how to prevent COVID-19 transmission has also increased tremendously. We now have evidence that certain precautions effectively decrease the risk of COVID-19 transmission. By coordinating and layering effective interventions, we can greatly reduce the risk of COVID-19 for students and for adult staff, whose overall risk of COVID-19 is greater than for students, and their families.

The recommendations below are based on the best science available at this time and the current degree of COVID-19 transmission in San Francisco. They are subject to change as new knowledge emerges and as local community transmission changes.

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Key Messages for Schools

- Address adult-to-adult transmission, and adults as sources of infection. We know from child care settings and summer camps that staff, not children, are most often the source of COVID-19 exposure in a facility.
• Preventing person-to-person transmission, via respiratory droplets, is more important than frequent cleaning and disinfection. COVID-19 mainly spreads from person-to-person via respiratory droplets.
o Remember that the virus must get into a person’s nose, mouth or eyes to cause infection. To get COVID-19 from touching a contaminated surface, a person must first get the virus on their hands, and then touch their eyes, nose or mouth with their hands. Frequent handwashing breaks the chain of transmission.
o Coronavirus is easy to kill compared to norovirus. Most household cleaning products are effective. Professional deep cleaning services are generally unnecessary.
• The use of PPE does not eliminate the need for physical distancing, portable barriers/partitions and universal face coverings. PPE can give people a false sense of security. Physical distancing, barriers and face coverings are generally more important in preventing the spread of COVID-19 in schools.
• Exposure risk is a gradient, rather than an all-or-nothing condition. A rule of thumb is that a person must spend at least 10-15 minutes within 6 feet of someone with COVID-19 to be at risk of infection. Shorter interactions at greater distances are lower risk. Universal face coverings decrease risk, and being outside is lower risk than inside. Other factors include whether the infected person was sneezing or coughing, or doing an activity that produced more respiratory droplets (not talking < quiet conversation < loud talking < singing).



Prepare for re-opening

- Designate a COVID-19 staff liaison to be the single point of contact at each school for questions or concerns around practices, protocols, or potential exposure. This person will also serve as a liaison to SFDPH.
- Establish health and safety protocols to prevent COVID-19 transmission, as required by any SFDPH Health Order allowing schools to reopen.
 - Train staff and students on health and safety practices.
 - Create a health and safety plan outlining what the school will do to implement the requirements in this guidance and any relevant Health Officer directives or orders. Share this plan with staff, families, students and other members of the school community.
- Work with SFDPH to support testing strategies to limit spread of COVID-19. This may include testing for staff or students, with parental consent.
- Establish protocols for staff and students with symptoms of COVID-19 and for communication with staff, students and families after COVID-19 exposure or a confirmed COVID-19 case in the school.

Staff considerations

- Protect staff, especially those at higher risk of severe COVID-19 illness. See sfcdcp.org/covid19hcp for a list of groups at higher risk for severe COVID-19.
 - Offer options that limit exposure risk to staff who are in groups at higher risk for severe COVID-19 illness (e.g., telework, reassignment, or modified job duties to minimize direct interaction with students and staff).
 - Non-medical staff at higher risk for severe COVID-19 illness should not be assigned to assess students who feel sick or monitor/care for sick students waiting to be picked up.
 - Prioritize portable plexiglass barriers or other partitions for teachers and other staff who are in groups at higher risk of severe COVID-19 or who must interact directly with large numbers of students or adults, such as middle and/or high school teachers.
 - Provide a portable plexiglass barrier or other barrier, or use a clear window for staff when screening for COVID-19 symptoms (persons entering the school, students who feel sick).
 - Consider providing face shields, to be used with face coverings, for staff whose duties make it difficult to maintain 6 feet distancing, such as teachers of younger elementary students. If supplies of face shields are limited, prioritize them for staff who are in groups at higher-risk of severe COVID-19 illness.
- Plan for staff absences of 10-14 days due to COVID-19 infection or exposure, as community transmission increases. Cross-train staff and have a roster of trained back-up staff. Be prepared to offer distance learning to students whose teachers must stay home due to COVID-19 infection or exposure, and no other teacher is available.



Student considerations

- Prioritize students who are likely to experience the greatest negative impacts from not being able to attend school in-person, keeping equity in mind.
- Do not exclude students from in-person attendance solely because of medical conditions such as diabetes, asthma, leukemia and other malignancies, and autoimmune diseases that may put them at higher risk of severe COVID-19. Allow the child's medical team and family to determine whether in-person attendance is safe.

Strategies to prevent spread of COVID-19 in schools

Prevent COVID-19 from entering the school

Screen everyone entering the campus

- Ask all persons entering the building or campus about symptoms and exposure to COVID-19, including staff, students, parents/caregivers, contractors, visitors, and government officials. Emergency personnel responding to a 9-1-1 call are exempted. Adults with symptoms or exposure to COVID-19 should not be allowed on campus. Students with symptoms should be sent home. Keep students who are waiting to be picked up in a designated isolation room. (See "When a staff member or student has symptoms of COVID-19")
 - For details about screening, refer to [COVID-19 Health Checks at Programs for Children and Youth](#) (student screening) and [Asking COVID-19 Screening Questions at Any Business, Organization or Facility](#) (adults)
 - Schools may also choose to require temperature checks, either on-site or done by parents at home.
- Staff and students who are sick should stay home.
- Consider asking or requiring students and staff who have travelled out of the San Francisco Bay Area to stay at home for 14 days before returning to school. This does not apply to staff and students who commute from places outside of San Francisco.
- Encourage family members of students and staff with symptoms of COVID-19 to get tested promptly, before they can spread infection to students and staff.

Restrict non-essential visitors

- Limit non-essential visitors, including volunteers.
- Discourage parents and other family members from entering the school. Avoid allowing family members into classrooms and other student areas.
- Redesign school tours and open houses to meet guidelines for group size, screening, physical distancing, face coverings, hand hygiene, and cleaning and disinfection. Do not allow tours when students are present. Keep a log of all persons present.



Stable Cohorts of Staff and Students

Keeping teachers and students in the same group lowers their exposure risk by decreasing the number of people they come into contact with each day.

- For elementary schools, keep students in stable classroom cohorts (no larger than standard class size for each respective grade level) with the same teacher for the entire day.
- For middle and high schools, larger cohorts made up of students from more than one classroom are allowable. Keep cohorts as small as possible, while ensuring that cohorts are not segregated by race/ethnicity or socioeconomic class. Limit cross-over of students and teachers to the extent possible. Cross-over of students between cohorts is permitted to meet students' educational needs.
 - Consider block schedules or other schedules with longer classes and fewer subjects per day, to decrease the number of students that a teacher interacts with each day. This will also decrease opportunities for students to mix in hallways during class changes. If a block schedule is chosen, cohorts should change no more often than 3-4 weeks.
- School staff who should document visits to classrooms that are not part of their cohort. Consider a sign-in sheet/log on the classroom door.

Limit mixing of cohorts

- Stagger schedules for arrival/dismissal, recess and lunch to prevent mixing of cohorts.
- Designate specific routes for entry and exit to the campus for each cohort, using as many entrances/exits as feasible.
- Minimize movement of students through hallways
Examples of strategies to keep hallways clear:
 - Have teachers rotate into the classroom for different subjects while students remain in the classroom, when feasible.
 - Stagger class change times so that only one cohort is in the hallway at any given time. Consider creating one-way hallways to minimize congestion. Place physical guides, such as tape, on floors and sidewalks to mark one-way routes.
 - Assign adjacent classrooms to teachers in the same cohort to minimize the distance that students travel between classes.
 - Larger gatherings of more than one cohort are currently prohibited (i.e., school assemblies, performances, morning circle).



Physical distancing

- Staff within schools should stay 6 feet from other adults as much as possible.
 - Set up staff workspaces so that staff do not work within 6 feet of each other.
 - Consider virtual meetings using video conferencing apps for parent-teacher meetings and staff meetings, even if all staff are on campus.
- Staff should stay 6 feet away from students when feasible.
- Students should be ideally stay 6 feet apart. When space is limited, 3-6 foot distancing in the classroom is permissible.
 - Remove furniture like bookshelves, sofas, and play areas to allow maximal spacing between student desks.
 - Consider using other campus spaces like cafeterias and auditoriums for instruction to allow more optimal spacing.
 - Staff desks should be 6 feet away from student desks, regardless of space limitations.
- Elementary school: During group activities, playtime and recess, physical distancing may be relaxed for students in stable classroom cohorts who are wearing face coverings. When outside or in shared spaces, preventing interactions between cohorts should be prioritized over distancing of students within a cohort.
- Middle and high school: Physical distancing of students is more important when student cohorts are larger than a single class, or if there is cross-over between cohorts.

In the classroom

- Arrange desks facing in the same direction, so that students do not sit facing each other.
- When students must sit less than 6 feet apart,
 - Consider use of privacy boards or clear screens
 - Have students sit in the same seats each day if feasible. Avoid changes of seating arrangements more often than every 3-4 weeks, unless needed for student safety or well-being. If cohorts change classrooms for different subjects, try to keep the same seating arrangements across classes.

Outside the classroom

- Limit occupancy of bathrooms, elevators, locker rooms, staff rooms and similar shared spaces to allow 6 foot distancing. Adjacent bathroom stalls may be used. Post signs with occupancy limits.
- At places where students congregate or wait in line, mark spots on the floor or the walls 6 feet apart to indicate where to stand.
- Consider eliminating use of lockers in hallways and other shared spaces. If used, ensure 6 foot distancing between students accessing lockers.
Example: Assign lockers so that students in the same cohort are given lockers 6 feet apart, and stagger times for locker access between cohorts.



- Consider suspending uniform requirements for PE, so that students do not need to use the locker room to change.

Face coverings

Face coverings keep people from spreading the infection to others, by trapping respiratory droplets before they can travel through the air.

- All individuals, including staff and students of all ages, must wear face coverings over both their nose and mouth while at school/on campus.
- Students with documented medical or behavioral contraindications to face coverings are exempt. They should be seated 6 feet away from other students, when possible to do so without stigmatizing the student.
- Staff with a documented medical contraindication to a face covering may be allowed to wear a face shield with a cloth drape on the bottom tucked into the shirt.
https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/COVID-19/Guidance-for-Face-Coverings_06-18-2020.pdf
- Staff, students and visitors may not enter the building or campus unless they are wearing a face covering or have documentation of a medical contraindication to face coverings. Keep a supply of face coverings for individuals who have forgotten to bring one.
- Elementary school students and those with developmental delays should not be excluded from class if they cannot consistently wear a face covering. Continue to encourage and remind them to wear their face covering.
- Prioritize consistent use of face coverings when in hallways, bathrooms and other spaces where students may encounter staff and students from other classrooms. For younger students, also prioritize face coverings during times when physical distancing is relaxed.
- Face coverings may be removed during active exercise when students are spaced 6 feet apart.
- If students have difficulty wearing a face covering for the entire day, designate times for them to remove face coverings, for example, when working individually at separate stations. Remind students to put on their face covering before talking.
- Speech and language therapists and staff working with hard-of-hearing students may also use a face shield with a cloth drape tucked into the shirt, if a face covering interferes with their ability to work with students. A clear mask or clear portable barrier such as a plexiglass barrier may also be used. A barrier generally provides the best protection for both student and staff. Staff should wear a face covering at other times.
- Face shields should not be used in place of face coverings in other situations, as face shields have not been shown to keep the wearer from infecting others. Face shields do provide additional protection for the wearer.



Hand Hygiene

Frequent handwashing and hand sanitizer use removes COVID-19 germs from people's hands before they can infect themselves by touching their eyes, nose or mouth.

- Develop routines and schedules for staff and students in all grades to wash or sanitize their hands at staggered intervals, especially before and after eating, upon entering/re-entering a classroom, and before and after touching shared equipment such as computer keyboards.
- Every classroom/instructional space and common area (staff work rooms, eating areas) should have hand sanitizer or a place to wash hands upon entering.
- Establish procedures to ensure that sinks and handwashing stations do not run out of soap or paper towels, and that hand sanitizer does not run out.
- Post signs encouraging hand hygiene. A hand hygiene sign in multiple languages available for download at <http://eziz.org/assets/docs/IMM-825.pdf>

Ventilation and Outdoor Spaces

Increasing outdoor air circulation lowers the risk of infection by "diluting" any infectious respiratory droplets with outdoor air. Being outside is even lower risk.

- Use outdoor space for instruction and meals/snacks as much as possible.
- Open windows and doors to increase circulation of outdoor air, if it is safe to do so and does not worsen individuals' allergies or asthma.
- Consider designating outdoor spaces for each cohort and marking boundaries to make sure that students stay in their cohort when outdoors.
- Limit use of shared playground equipment in favor of activities that have less contact with shared surfaces.
 - If used, outdoor playgrounds/natural play areas only need routine maintenance. Make sure the children wash or sanitize their hands before and after using these spaces. When hand hygiene is emphasized, cleaning and disinfection are not required between cohorts.

Limit sharing

- Limit sharing of art supplies, manipulatives, and other high-touch materials as much as possible. If feasible, have a separate set of supplies for each student. Keep each student's supplies and belongings in separate, individually labeled boxes or cubbies.
- Avoid sharing electronic devices, sports equipment, clothing, books, games and learning aids when feasible.
- Clean and disinfect shared supplies and equipment between students.



Cleaning and Disinfection

COVID-19 is relatively easy to kill, and most household disinfectants are effective. Refer to [EPA's List N](#) for EPA-approved disinfectants that for COVID-19.

- Clean and disinfect frequently touched surfaces at least daily.
- Routine cleaning versus “deep cleaning” for COVID-19
The term “deep cleaning” can be misleading, and the CDC does not use the term.
 - Routine cleaning focuses on frequently touched surfaces like door handles, desks, countertops, phones, keyboards, light switches, handles, toilets and faucets.
 - Cleaning after a suspected or known case of COVID-19 **uses the same cleaning agents and disinfectants** as for routine cleaning, but includes the following steps:
 - Open windows and use fans to increase outdoor air circulation in the areas to be cleaned.
 - Wait 24 hours, or as long as practical, before cleaning and disinfection. CDPH recommends waiting at least 1 hour.¹
 - Clean and disinfect all surfaces in the areas used by the ill person, including electronic equipment like tablets, touch screens, keyboards, and remote controls. Vacuum the space if needed.
- For details, refer to CDC guidelines on “Cleaning and Disinfecting Your Facility” at <https://www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html> and CDC guidelines for cleaning schools and community facilities at <https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/cleaning-disinfection.html#Cleaning>

Specific situations

Transportation

Since vehicles are small enclosed spaces that do not allow physical distancing, they can be settings with higher risk of COVID-19 transmission. Biking and walking are lower risk than shared vehicles.

- School Buses
 - Consider screening students for COVID-19 symptoms and exposure before allowing them to board.
 - Drivers and passengers must wear face coverings over their nose and mouth, unless a student has a documented medical or behavioral contraindication. Drivers should carry a supply of face coverings in case a student forgets theirs.
 - Students must sit at least 6 feet away from the driver.
 - Maximize space between students. Students from the same household may sit together. Have students sit in the same seat each day when feasible.
 - Keep vehicle windows open when weather and safety permit.

¹ CDPH Outpatient Healthcare Facility Infection Control Recommendations for Suspect COVID-19 Patients <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/OutpatientHealthcareFacilityInfectionControlRecommendationsforSuspectCOVID19Patients.aspx>



- Buses should be cleaned and disinfected daily. Drivers should be provided disinfectant wipes and disposable gloves to wipe down frequently touched surfaces.
- Public transportation: Staggered school start times will allow students and staff who use public transportation when buses and trains are less crowded. This will decrease their exposure risk. This will also help address equity issues in terms of barriers to getting to school.
- Carpools and shared rides: Advise staff and families to carpool with the same stable group of people. Open windows and maximize outdoor air circulation when feasible. Everyone in the vehicle should wear a face covering.

Arrival and Dismissal

If students and parents/caregivers from different households gather and interact with each other during arrival and dismissal, this creates an opportunity for COVID-19 to spread in the school community.

- Stagger arrival and dismissal times, using different entrances/exits for each cohort.
- Mark spaces 6 feet apart for students waiting to enter the building and for adults waiting to pick up students. Post signs to remind family members to stay 6 feet away from people from other households when dropping off or picking up their student.
- Face coverings are required for adults who are dropping off or picking up children in person. Provide face coverings for family members who have forgotten theirs.

Meals and snacks

Eating together is especially high risk for COVID-19 transmission because people must remove their masks to eat and drink. People often touch their mouths with their hands when eating. In addition, meals are usually considered time for talking together, which further increases risk, especially if students must speak loudly to be heard.

- Eat meals in the cohort's classroom or outdoors instead of using cafeterias or dining rooms, when feasible. Use individually plated or bagged meals. Do not use shared tables or self-service buffets.
- Eating outdoors is preferable to eating in the classroom, due to greater air circulation. Outdoor eating areas may be covered (i.e. with an awning), but not enclosed on the sides.
 - Designate an eating area for each class, and mark places 6 feet apart for students to sit. Without marked spaces, most students will sit more closely.
- Stagger lunch times to maximize use of outdoor space and prevent mixing of cohorts.
- Consider having meals delivered to the classroom or outdoor eating area instead of having students go to the cafeteria for meals.
- Make sure that students and staff wash their hands or use hand sanitizer immediately before and after eating. Pay special attention to younger students who are more likely to eat with their hands or suck/lick their hands clean.
- Consider starting lunch with silent eating time, followed by conversation time, to discourage talking while masks are off.



- Be especially vigilant about staying 6 feet away from students, and making sure that students remain 6 feet apart, when students' masks are off to eat. If eating in the classroom, make sure that students are spaced as far apart as possible.
- Clean and disinfect the eating area between different classes. Sidewalks and asphalt do not have to be disinfected.

Staff Break Rooms/Teacher Work Rooms

Staff often do not view themselves and colleagues as sources of infection, and forget to take precautions with co-workers, especially during social interactions such as breaks or lunch time, in the copy room, when checking mailboxes, etc.

- Post the maximum occupancy for the staff rooms, based on 6 foot distancing. Mark places on the floor 6 feet apart for staff to sit or stand.
- Post signage reminding staff to stay 6 feet apart, keep their facemasks on unless eating, wash their hands before and after eating, and disinfect their area after using it.
- Discourage staff from eating together, especially indoors. Consider creating a private outdoor area for staff to eat and take breaks.
- Open windows and doors to maximize ventilation, when feasible, especially if staff are eating or if the room is near maximum occupancy.

Group Singing/Chorus, Band, Sports and Field Trips

- Avoid group singing. Suspend choir and wind instruments (band). These activities are higher risk for COVID-19 transmission due to the larger numbers of respiratory droplets produced. Percussion and string instruments are allowed.
- Limit physical education (PE) and sports to activities that do not involve close contact with other students or shared equipment, until advised otherwise by local public health officials.
- Field trips are currently prohibited.

Students receiving special services

- Accommodations and related services for special education, learning disabilities and medical conditions should be met, even if it creates cross-over between cohorts. Provide supervision for children who need additional support maintaining physical distancing, wearing a face covering, or handwashing.
- Additional accommodations may be needed for students to safely attend class. For example, a student who cannot tolerate a face covering due to a medical or developmental condition may need a desk with clear screens or privacy barriers.
- Nurses and therapists who are not school employees but work with students in schools, such as occupational therapists and physical therapists, are considered essential staff and should be allowed on campus to provide services.
 - When students are temporarily unable to attend school due to COVID-19 infection or exposure, consider setting up telehealth video sessions for therapy.



When a staff member or student has symptoms of COVID-19

- Identify isolation rooms for students with symptoms of COVID-19, and refer to their school's procedures for handling ill students with COVID-19.
- Staff should notify their supervisor and leave work as soon as feasible. SFDPH guidance on when workers with COVID-19 symptoms may return to work is at <https://sfcdcp.org/rtw>.
- Students with symptoms should be sent home. Students should not return to school until they have met the criteria in "COVID-19 Health Checks at Programs for Children and Youth." A parent handout, "*For Parents and Guardians: COVID-19 Health Checks for Children and Youth/ If You Child Has Symptoms,*" is available. Both documents are at <http://sfcdcp.org/covidschoolschildcare>.
 - Keep students who are waiting to be picked up in a designated isolation room, preferably in an area where others do not enter or pass. Make sure that students should keep their face coverings on.
 - When a parent or guardian arrives to pick up a student, have the student walk outside to meet them if possible instead of allowing the parent or guardian into the building. Since most children with COVID-19 are infected by a parent or other adult in their home, the parent may also have COVID-19.
- Find alternative locations for classes whose regular classroom is being cleaned or disinfected.
- Open windows in areas used by the sick person to maximize outdoor air circulation. Close off those areas as soon as feasible, until they can be cleaned and disinfected.

When a staff member or student tests positive for COVID-19

- Contact the **SFDPH Schools and Childcare Hub** as soon as possible. Call (415) 554-2830 Press 1 for COVID-19, then press 6 for Schools, or email Schools-childcaresites@sfdph.org

SFDPH will help the school determine if the classroom, cohort, or school needs to be closed. Schools with smaller and more contained cohorts are less likely to require school-wide closure.
- Work with SFDPH to identify individuals who had close contact with the person with COVID-19. Exposed individuals or their families should be notified, know how to get tested, and understand when they or their child can return to school, usually 14 days after the exposure.
- Notify all school staff, families, and students that an individual in the school has had confirmed COVID-19. Do not disclose the identity of the person as required by the Americans with Disabilities Act, and the Family Education Rights and Privacy Act.
- Open windows in areas used by the sick person to maximize outdoor air circulation. Close off those areas as soon as feasible, until they can be cleaned and disinfected.



Resources

- San Francisco Department of Public Health (SFPDH)
 - **SFPDH Schools and Childcare Hub** for COVID-19 consultation and guidance (415) 554-2830. Press 1 for COVID-19, then press 6 for Schools
Schools-childcaresites@sfdph.org
 - COVID-19 guidance for the public, including schools and employers
<https://www.sfcdcp.org/covid19>
 - *Parent and Caregiver Handout: COVID-19 Health Checks/If Your Child has Symptoms*. Instructions for parents on health screenings and return to school guidelines if their child has COVID-19 symptoms, at <http://sfcdcp.org/covidschoolschildcare>
 - *Outreach Toolkit for Coronavirus*. Posters and flyers on physical distancing, hand hygiene, face masks, health screenings, getting tested, and other COVID-19 topics at <https://sf.gov/outreach-toolkit-coronavirus-covid-19>
- California Department of Public Health (CDPH)
“COVID-19 Industry Guidance: Schools and School Based Programs”
<https://covid19.ca.gov/pdf/guidance-schools.pdf>
- California Department of Education (CDE)
“Stronger Together A Guidebook for the Safe Reopening of California’s Public Schools”
<https://www.cde.ca.gov/ls/he/hn/documents/strongertogether.pdf>
- Centers for Disease Control and Prevention (CDC)
 - Guidance for Schools and Childcare
<https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/index.html>
 - Cleaning and Disinfection for Community Facilities
<https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/cleaning-disinfection.html>
- American Academy of Pediatrics
“COVID-19 Planning Considerations: Guidance for School Re-entry”
<https://services.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/clinical-guidance/covid-19-planning-considerations-return-to-in-person-education-in-schools/>
- Harvard TH Chan School of Public Health
“Schools for Health: Risk Reduction Strategies for Reopening Schools”
<https://schools.forhealth.org/wp-content/uploads/sites/19/2020/06/Harvard-Healthy-Buildings-Program-Schools-For-Health-Reopening-Covid19-June2020.pdf>