



# TK-6 Elementary School Waiver Application

For use in the County of Riverside ONLY.

August 17, 2020 Revision

For the documents on which this application is based, see

[https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/COVID-19/Waiver-Letter-Template-Cover-Form\\_8.3.2020.pdf](https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/COVID-19/Waiver-Letter-Template-Cover-Form_8.3.2020.pdf) (hereafter Template) for the state template application and <https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/COVID-19/Schools%20Reopening%20Recommendations.pdf> (hereafter Framework) for the K-12 in-person reopening framework.

## Instructions

This application is for a school within Riverside County that is requesting a waiver to permit in-person instruction. It constitutes an attestation that the school meets state guidelines and intends to comply with the California Department of Public Health (CDPH) state educational framework. It must be completed and attested to by the district superintendent, or the equivalent official if a private school is applying.

All waivers are granted on a discretionary basis and may be withdrawn. The submission of an application does not guarantee a waiver will be issued, and waivers may be deferred or phased-in if the volume of applications is high to allow appropriate monitoring. Waiver applications will not be accepted if the countywide case rate is 200 or higher per 100,000 population, as determined by CDPH.

Only elementary schools in the transitional kindergarten through grade 6 (TK-6) grade span are eligible. If the same educational institution offers TK-8 or TK-12 education, then only grade levels 6 and below may resume in-person instruction if the waiver is granted. Standalone middle schools with 6-8 education, and all standalone high schools, are not eligible for application.

This document is designed to act as a template for information specifically relevant to evaluating your application, and also as a means for community review. As such, do not reference or include your reopening plan or school procedure manual except if specifically requested. Once submitted, this application, any supporting documentation, the state consultation and the written county decision become subject to the California Public Records Act and may be posted and/or furnished to any member of the public or media who requests them under the terms of that statute.

Other than the documents specifically requested, do not attach or reference other documents in this application. RUHS-Public Health will neither evaluate nor approve these documents. If additional documentation is required, you will receive a request.

Kim Saruwatari, M.P.H., Director

Cameron Kaiser, M.D., M.P.H., Public Health Officer



Incomplete applications will not be accepted for state consultation. All applications must be submitted electronically. Do not send applications by fax or postal mail. You may complete this application using this document as a template in Microsoft Word to complete the sections, or print the application, manually add answers, and scan it to PDF. Only PDF or Microsoft Word documents will be accepted. Please mail applications and requested attachments to [rivco-schools@ruhealth.org](mailto:rivco-schools@ruhealth.org) , keeping in mind that response time will vary based on number of applications received.

### **School Terms and Attendance**

1. Name, address and main telephone number of institutions (for school districts applying for multiple elementary schools, list each school individually):
  
2. Please provide your expected student enrollment numbers for grades 6 and below, by grade level, while school is in session. For multiple schools, please indicate which school.
  
3. Please provide your expected number of staff and educators that will be on campus while school is in session. For multiple schools, please indicate which school.
  
4. Please provide the dates of instruction for each school term, including the proposed date of reopening in-person instruction. For multiple schools, please indicate which school.

### **Community Consultation**

The waiver process requires that you have consulted with labor, parent and community organizations (Framework, page 1; Template, page 3). Please attach at least one letter each demonstrating support from:

- A representative parents' association that your school serves as evidence of parental support. If your typical enrollment is too small to have a parents' association, a signed separate attestation by you that parents have been consulted and concur with in-person instruction is sufficient.

Kim Saruwatari, M.P.H., Director

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- Your school's governing board, or district board as appropriate, as evidence of community support indicating that they concur with in-person instruction.
- Your school's union as evidence of labor support, or, if your institution does not have unionized staff, a signed separate attestation from you that teachers and staff have been consulted as part of this process, indicating they concur with in-person instruction.

## Reopening Plan

The Department of Public Health does not review reopening plans, but you are required to have one (Template, page 3). If you are a district, you may use the same reopening plan for all schools on this application. All elements specifically mentioned in the Template must be present in your reopening plan, and your reopening plan must be publicly posted at the time of application for comparison to your statements below. **Do not attach your reopening plan to this application unless requested.**

Please provide the permanent web URL (address) where your reopening plan is posted. This location will be verified.

https://

You must indicate (initial, checkmark or type "Yes") for or next to each item below that your reopening plan provides each prescribed element and is in full compliance with the state framework and school guidance documentation.

- Cleaning and Disinfection:** How shared surfaces will be regularly cleaned and disinfected and how use of shared items will be minimized.
- Cohorting:** How students will be kept in small, stable, groups with fixed membership that stay together for all activities (e.g., instruction, lunch, recess) and minimize/avoid contact with other groups or individuals who are not part of the cohort. Your cohorting plan will be required in detail in the next section.
- Entrance, Egress, and Movement Within the School:** How movement of students, staff, and parents will be managed to avoid close contact and/or mixing of cohorts. Your cohorting plan will be required in detail in the next section.
- Face Coverings and Other Essential Protective Gear:** How CDPH's face covering requirements will be satisfied and enforced. CDPH recommends all children over 2 years of age to wear a facial covering, and *requires* grade levels 3 and up (and all staff) to wear a facial covering, except where a medical reason applies. Schools that do not explicitly indicate they will follow and enforce CDPH face covering guidelines will not be permitted to open.
- Health Screenings for Students and Staff:** How students and staff will be screened for symptoms of COVID-19 and how ill students or staff will be separated from others and sent home immediately.



- Healthy Hygiene Practices:** The availability of handwashing stations and hand sanitizer, and how their use will be promoted and incorporated into routines.
- Identification and Tracing of Contacts:** Actions that staff will take when there is a confirmed case. Confirm that the school(s) have designated staff persons to support contact tracing, such as creation and submission of lists of exposed students and staff to the local health department and notification of exposed persons. Each school must designate a person for the local health department to contact about COVID-19. Your response plan will be required in detail in the next section.
- Physical Distancing:** How space and routines will be arranged to allow for physical distancing of students and staff. Schools that do not explicitly indicate they will implement and enforce CDPH physical distancing guidelines will not be permitted to open.
- Staff Training and Family Education:** How staff will be trained and families will be educated on the application and enforcement of the plan.
- Testing of Students and Staff:** How school officials will ensure that students and staff who have symptoms of COVID-19 or have been exposed to someone with COVID-19 will be rapidly tested and what instructions they will be given while waiting for test results. Describe how staff will be tested periodically to detect asymptomatic infections. Your staff surveillance plan will be required in detail in the next section.
- Triggers for Switching to Distance Learning:** The criteria the superintendent will use to determine when to physically close the school and prohibit in-person instruction.
- Communication Plans:** How the superintendent will communicate with students, staff, and parents about cases and exposures at the school, consistent with privacy requirements such as FERPA and HIPAA.

## School Response Planning

Certain aspects of your plan are of particular public interest, and the County of Riverside requires that these plans be specifically explained in this application for public review. If you are a district, you may use the same testing, cohorting and response plan for all schools on this application. You may choose to cut and paste appropriate portions of your plan below, but do not simply refer to your reopening plan or school procedure manual in the following sections. Answers such as “see plan, page 45” are not acceptable and your application will not be processed.

1. Please provide a contact at your school designated to receive reports from RUHS-Public Health of a positive student or staff member if detected by an outside entity, including telephone number and E-mail address. For multiple schools, please indicate which school.



2. The state requires a response plan to a case of COVID-19 (Template, page 4). Please indicate your institution's plans for receiving, reporting and responding to both a result of a) a staff member testing positive to COVID-19 and b) a student testing positive to COVID-19. Your plan should at minimum state how you will receive such results, determine who was exposed, notify the Department of Public Health, deal with the cohort involved, handle individuals who are quarantined or isolated, and determine if your trigger(s) to cease in-person instruction have been hit. Do not simply reference your reopening plan or school procedure manual in this answer.
  
3. The state educational framework requires a 2-month staff surveillance COVID-19 test plan for in-person instruction (Framework, page 2). Please indicate your institution's plans for testing, including individuals eligible for testing and any providers you currently plan to use (which may be staff's medical plans), how you will collate these results and how you will act upon them. This plan must not rely on county resources to provide testing. Do not simply reference your reopening plan or school procedure manual in this answer.
  
4. Please provide a contact at your school who will provide information on tests that your school has performed as either part of surveillance or outbreak testing, including telephone number and E-mail address. This may be the same contact as provided above if this same person will perform both roles.
  
5. The state educational framework makes reference to cohorts to reduce mixing and the impact of exposures (Framework, page 3 and 4). Please indicate your institution's plans for how to define a cohort and how they will be selected and separated during the school day. Do not reference your reopening plan or school procedure manual in this answer.

## Certification and Attestation

- I attest that the foregoing is true and correct.
- I attest, as the district superintendent or equivalent, that the referenced elementary school(s) is/are eligible for the waiver. I further agree the school(s) will follow the terms set forth in this waiver application and all applicable state guidelines, including those for hygiene, facial coverings and social distancing.

Kim Saruwatari, M.P.H., Director

Cameron Kaiser, M.D., M.P.H., Public Health Officer



- I attest that our reopening plan addresses all of the required elements, and that it is publicly posted on our school website and available to all inquiries on request.
- I understand that the waiver, if granted, applies only to in-person instruction for grades 6 and below inclusive. If my school offers in-person instruction for grades 7 and above, those grade levels are not covered by this waiver, and this waiver does not cover any standalone middle or high school institution.
- I understand that the waiver, if granted, is discretionary and a school may be ordered at any time to cease in-person instruction according to the outbreak guidelines in the state education framework (Framework, pages 4 and 5), or if evidence is received indicating the school is consistently not following state guidance, or if the school fails to close as promised according to its declared triggers for switching to distance learning, or as according to any other applicable county or state public health officer order. If so ordered, I agree the school will comply promptly with all terms of the order and cease in-person instruction immediately with students having departed campus no later than the end of the school day.
- I understand that submission of this completed application and its supporting documentation to RUHS-Public Health will make them public documents, which may be posted or disclosed at any time.
- I understand that the granting of a waiver does not absolve the school of any legal liabilities it may have or incur by resuming in-person instruction.
- I understand that the decision to grant or not grant a waiver is exclusively the sole joint discretionary determination of the Riverside County Public Health Officer and the California Department of Public Health.

Name of attesting superintendent/official (your name serves as signature):

Title, and school and/or school district:

Telephone number and E-mail address:

Date of attestation:

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