

White Mountains School Administrative Unit # 35

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A Dynamic DRAFT

...where excellence links living and learning

**Stronger Together:
A Working Plan for Our Schools During COVID-19**

Updates to this document are indicated in orange text...latest update on 1.11.2022

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Key Understandings with COVID-19

What is COVID-19?

COVID-19 is a disease caused by a new strain of coronavirus. 'CO' stands for corona, 'VI' for virus, and 'D' for disease. Formerly, this disease was referred to as '2019 novel coronavirus' or '2019-nCoV.' The COVID-19 virus is a new virus linked to the same family of viruses as Severe Acute Respiratory Syndrome (SARS) and some types of common cold.

What are the symptoms of COVID-19?

COVID has an incubation period of 2-14 days from the last day of exposure and symptoms may develop even after a negative test. Symptoms can include fever/chills, cough, shortness of breath, sore throat, runny nose or nasal congestion, muscle or body aches, fatigue, headache, new loss of taste or smell, nausea or vomiting and diarrhea. In more severe cases, infection can cause pneumonia or breathing difficulties. More rarely, the disease can be fatal. These symptoms are similar to the flu (influenza) or the common cold, which are a lot more common than COVID-19. This is why testing is required to confirm if someone has COVID-19.

How does COVID-19 spread?

The virus is transmitted through direct contact with respiratory droplets of an infected person (generated through coughing and sneezing). Individuals can also be infected from and touching surfaces contaminated with the virus and touching their face (e.g., eyes, nose, mouth). The COVID-19 virus may survive on surfaces for several hours, but simple disinfectants can kill it.

Who is most at risk?

We are learning more about how COVID-19 affects people every day. Older people, and people with chronic medical conditions, such as diabetes and heart disease, appear to be more at risk of developing severe symptoms. As this is a new virus, we are still learning about how it affects children. We know it is possible for people of any age to be infected with the virus, but so far there are relatively few cases of COVID-19 reported among children. This is a new virus and we need to learn more about how it affects children. The virus can be fatal in rare cases, so far mainly among older people with pre-existing medical conditions. Children of all ages are at risk for developing symptoms of COVID-19; however, complications of COVID-19 appear to be less common among children compared to those of adults who make up most of the cases to date. Some children have developed [Multisystem Inflammatory Syndrome \(MIS-C\)](#). MIS-C is a condition that causes inflammation in many parts of the body. Many children with MIS-C have had the virus that causes COVID-19. Please click the link for more information.

What is the treatment for COVID-19?

There is no currently available vaccine for COVID-19 at this time. However, many of the symptoms can be treated and getting early care from a healthcare provider can make the disease less dangerous. There are several clinical trials that are being conducted to evaluate potential therapeutics for COVID-19.

The local epidemiology of COVID-19 is constantly evolving. For the most updated summary, visit the State of New Hampshire's [COVID-19 Summary Dashboard](#), which displays the most recent data available from the NH DHHS regarding cases, hospitalizations, deaths, and with demographic detail and county of residence. This data is reported daily for public review while also protecting individual privacy.

Health and Safety Plan Summary for SAU #35



COVID Coordinators for Each School

School	COVID Coordinator	Email Contact Information
Bethlehem Elementary	Sue Greenlaw/BES Safety Committee	sgreenlaw@bethlehem.k12.nh.us
Lafayette Regional	Gordie Johnk	gjohnk@lafayetteregional.org
Landaff Blue School	Molly Culver	m.culver@sau35.org
Lisbon Regional	Jackie Daniels	jadani@lisbon.k12.nh.us
Profile Regional	Kerry Sheehan	keshee@profile.k12.nh.us ; yvclar@profile.k12.nh.us

Hardworking teams of teachers, staff, parents & board members have been amazing at architecting specifics for each school!

See link: <https://www.dhhs.nh.gov/dphs/cdcs/covid19/documents/school-childcare-toolkit-2021-2022.pdf>

The document below is lifted from the September 17, 2021 guidance from NH DHHS

INTRODUCTION

The Coronavirus Disease 2019 (COVID-19) pandemic began at the end of 2019, with the first case identified in New Hampshire on March 2, 2020. Since then, multiple waves have necessitated changes to the mitigation measures that control the pandemic and protect individuals and communities from COVID-19. For the 2021-2022 school year, there exist multiple sources of guidance that K-12 school and child care facilities should draw upon when making decisions about COVID-19 prevention measures. New Hampshire Department of Public Health Services (NH DPHS) considers the most appropriate guidance to be:

1. CDC guidance for K-12 schools and child care programs
2. American Academy of Pediatrics (AAP) guidance for K-12 schools
3. 2019-2020 New Hampshire Department of Education K-12 Back-to-School Guidance
4. NH Universal Best Practices
5. NH Department of Health and Human Services (DHHS) interpretation of the above guidance provided during our Educational Institution Calls for K-12 schools and child care partners

School and child care COVID-19 prevention policies are intended to reduce, but not eliminate, the risk of COVID-19. Mitigation measures are especially important to bridge until vaccine can be provided to those younger than 12. Multiple studies have demonstrated that COVID-19 cases identified in school and child care settings reflect community transmission, but not that school and child care settings significantly contribute to community transmission. Therefore, as community transmission of COVID-19 increases, there will be an increasing number of COVID-19 cases identified in school and child care settings. Schools and child care programs should implement COVID-19 strategies based on community transmission and whether COVID-19 transmission occurs within the facility, and should be influenced by the facility's ability to implement the multiple layers of prevention. This document also includes tools that a school nurse and administrative staff members may use to communicate best practices to students/children, staff, and families.

EPIDEMIOLOGY

The epidemiology of COVID-19 in New Hampshire is constantly evolving. For the most updated summary, visit the State of New Hampshire's COVID-19 Interactive Dashboard, which displays the most recent data available from the NH DHHS regarding cases, community transmission, vaccination progress, hospitalizations, and deaths.

CASE AND CLUSTER REPORTING

Under New Hampshire State Statute RSA 141-C, COVID-19 must be reported to NH DHHS. Additionally, state statute requires that any suspect outbreak or cluster of illness, or any unusual occurrence of disease that may pose a threat to the public's health such as COVID-19, must be reported within 24 hours of recognition. All cases reported to DHHS that are identified with a specific school will be reported on the COVID-19 Schools Dashboard. Schools often learn about positive cases prior to DHHS. As a result, there is often a delay between when a school notifies the community about cases and when those cases appear on the Schools Dashboard. The timely reporting of positive cases to DHHS improves the data on the Schools Dashboard.

Report all confirmed cases of COVID-19 in a student or staff member by calling 603-271-4496 or by completing a COVID-19 Case Report form and faxing it to the number at the bottom of the form. For clusters or outbreaks among students or staff, notify NH DHHS by calling 603-271-4496 (after-hours, call 603-271-5300 and ask for the public health professional on-call to be paged).

When reporting COVID-19 cases or clusters/outbreaks, designate a facility primary point of contact (e.g., school nurse, director, principal or administrative staff) who is responsible for coordinating with the NH DHHS Congregate Setting Investigation (CSI) Unit.

If a cluster or outbreak is identified in your facility, a public health professional will assist your primary point of contact in controlling spread of disease, but each school system or child care should be prepared to implement enhanced prevention strategies in response to cases of COVID-19. In uncontrolled outbreak situations, NH DHHS may require quarantine of close contacts identified within a school or child care facility and recommend implementation of protocols for active case identification.

The facility primary point of contact will need to be prepared to communicate the following information:

- Total number of students scheduled to be at school (exclude remote learning)
- Number of students with COVID-19 Total number of staff scheduled at the school (exclude remote teaching)
- Number of staff with COVID-19
- Date of disease onset for first recognized case
- Presenting disease symptoms
- Hospitalization and/or death among cases, if known

Consider implementing a screening testing program (i.e., testing people without symptoms to detect COVID-19 early)

- K-12 schools can implement asymptomatic screening programs for early detection of COVID-19 to prevent introduction and transmission of COVID-19
- Review the CDC K-12 school screening testing guidance
- Review the NH Safer at School Screening (SASS) Program guidance. SASS is available free of charge to K-12 schools, as well as child care programs that offer kindergarten.
- Consider enrolling in the NH SASS program even if routine screening testing is not planned, as SASS resources can make testing available for outbreak response at eligible facilities
- Consider screening testing for groups at high-risk of spreading COVID-19 (e.g., close contact sports teams)
- Enroll in the NH SASS program by contacting: SASS@dhhs.nh.gov. The SASS contractor will help to provide the logistics of standing orders and consent for asymptomatic screening testing

Stay home when sick and get tested

- Communicate with students, families, and staff about the importance of not coming to school or child care with any new or unexplained symptoms of COVID-19 that might be due to a viral infection, even with mild cold symptoms
Ensure that such persons stay home and get tested for COVID-19 (regardless of vaccination status) – testing sites can be found [here](#); home-test kits are also now available over-the-counter.
- See: What to Do if a Student Becomes Sick or Report a New COVID-19 Diagnosis at School.
- Implement sick leave policies that are non-punitive, flexible, and consistent with public health policies that allow ill staff to stay home
- Request a PCR test for students identified at school (note: sick students and staff should not be sent to schools for testing, but should seek testing in the community); **rapid tests are now also acceptable for some SAU districts and not in others; please check for specifics from your school.**

Increase room and building ventilation

- See CDC guidance on Ventilation in Buildings and CDC guidance on Ventilation in Schools and Child Care Programs
<https://www.cdc.gov/coronavirus/2019-ncov/community/ventilation.html>

Perform frequent hand hygiene and good respiratory etiquette

- Encourage and remind children/students and staff to wash hands with soap and water for at least 20 seconds
- Provide and encourage use of hand sanitizer that contains at least 60% alcohol when hand washing is not possible
- Teach and practice good respiratory etiquette by covering coughs and sneezes with a tissue or inside of elbow, then throw the tissue away, and wash hands
- Remind children/students to avoid touching eyes, nose, mouth, and cloth face covering

Clean and disinfect

- See CDC guidance on Cleaning and Disinfecting Your Facility
<https://www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html>
- Cleaning once a day is usually enough to sufficiently remove potential virus that may be on surfaces
- If a person with COVID-19 was in your facility within the last 24 hours, then clean AND disinfect spaces the person with COVID-19 was in contact with
- When disinfecting, use an EPA-registered List N disinfectant
- Review guidance on sharing, cleaning, sanitizing, and disinfecting toys
- Follow the manufacturer's instructions when using cleaning and disinfection products to ensure appropriate contact time for disinfection, use of recommended personal protective equipment, and that cleaning and disinfection occurs in an appropriately ventilated area

Partner with Public Health

- Report all positive cases to DHHS (including cases identified by at home test kits)
- To report positive results, please submit either a case report form or call 603-271-6996
People who are diagnosed with COVID-19 (regardless of vaccination status) must still isolate at home until they have met criteria for discontinuation of isolation
- Manage household contacts (HHCs) of persons with new and unexplained symptoms compatible with COVID-19, based on the symptomatic person's COVID-19 risk factors and testing status:
- Close household contacts of someone diagnosed with COVID-19 ARE required to quarantine if they are NOT fully vaccinated
- Close household contacts of someone diagnosed with COVID-19 are NOT required to quarantine if they ARE fully vaccinated; however, in accordance with CDC guidance for people who are fully vaccinated, such persons are recommended to get tested 3-5 days following their exposure and wear a facemask in indoor public settings for 14 days, or until they receive a negative test result
- Non-household contacts (e.g., classmates of a case) should self-observe and monitor for symptoms

NH Screening Algorithm

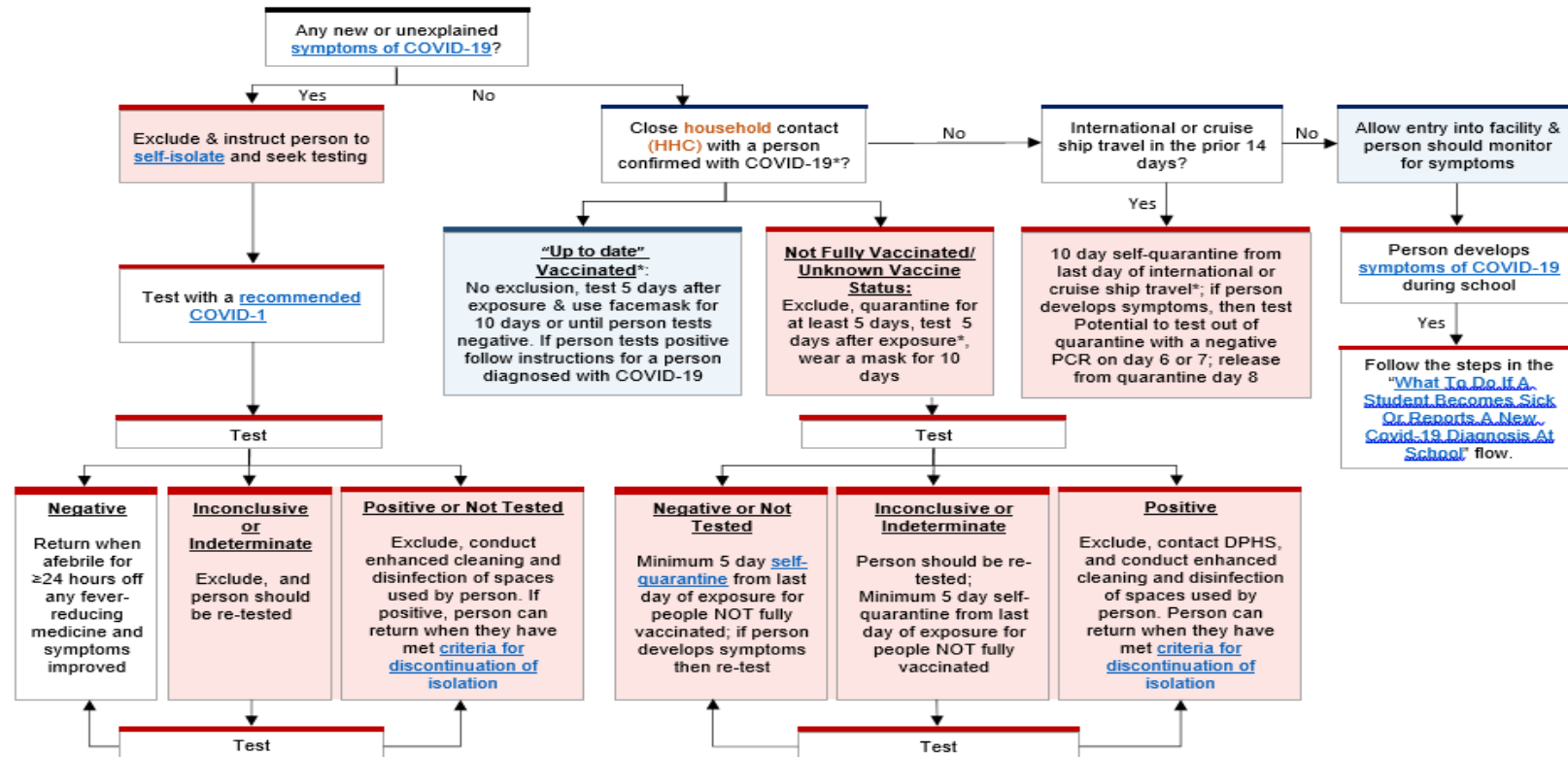
The NH Screening Algorithm is a helpful tool when encountering any new or unexplained symptoms of COVID-19.

Please click on the link for access:

[Parent's COVID Guide/Flow Chart](#)

[September 17, 2021 NH Coronavirus School and Childcare Toolkit](#)

STUDENT & STAFF SCREENING ALGORITHM



*The following people do not need to quarantine (see Checklist below for greater detail):

1. Persons who are 14 days or more beyond completion of COVID-19 VACCINATION
2. Persons who are within 90 days of a prior SARS-CoV-2 infection that was diagnosed by PCR or antigen testing

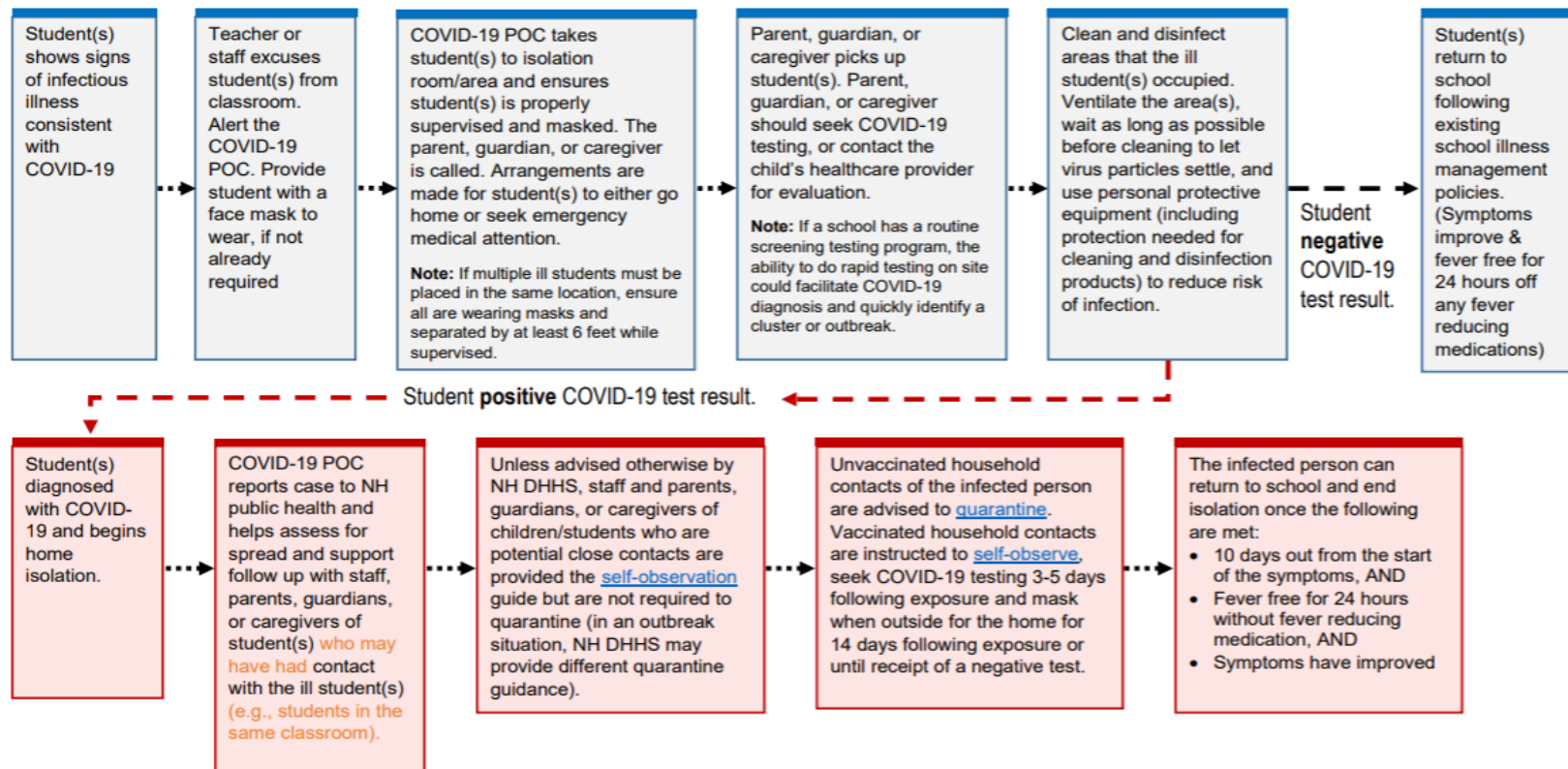
Household contact (HHC): any individual who lives and sleeps in the same indoor space as another person diagnosed with COVID-19 (either temporary or permanent living arrangement), leading to close contact and potential repeated exposure to the person with COVID-19. This includes situations where there may be temporary but prolonged exposure such as sleepover events, shared camp, cabins, vacation rentals, dorm living scenarios, etc.)



WHAT TO DO IF A STUDENT BECOMES SICK OR REPORTS A NEW COVID-19 DIAGNOSIS AT SCHOOL

[September 17, 2021 NH Coronavirus School and Childcare Toolkit](#)

WHAT TO DO IF A STUDENT BECOMES SICK OR REPORTS A NEW COVID-19 DIAGNOSIS AT SCHOOL



Symptoms of COVID-19

The single most important thing to do if any of the following symptoms are present is to **STAY HOME**. Our collective health relies, in part, on individual attention and responsibility. Note that some symptoms of COVID-19 are the same as the flu or a bad cold; please do not assume it is another condition. New and unexplained symptoms could be COVID-19. When in doubt, stay home.

- Fever or chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle and body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

Testing Options at Littleton Regional Hospital

Drive-up testing behind the hospital is open Monday through Friday 8:00 am - 4:00 pm.

Orders must be obtained prior to going through the drive-up testing by contacting your primary care provider, or calling (603) 575-6400 to speak to a nurse who will order the appropriate test.

Symptomatic individuals can continue to be seen in Littleton Urgent Care following testing on arrival or by calling for a virtual visit, followed by testing. The number to call for Urgent Care is (603) 444-9294.

Symptomatic individuals who feel they need to be seen right away due to symptoms should proceed to the Emergency Respiratory Triage Area at LRH (part of the Emergency Department) for evaluation and testing.

Duration of Quarantine (quarantine means staying home and not going out in public or around anyone other than direct household members)

Quarantine is required for unvaccinated, **or those not up to date on receiving all vaccine doses**, after a known exposure to Covid-19.

Stay home and away from others for 5 days after the last exposure. Watch for symptoms for COVID-19 for 10 days after the last exposure, and get tested if symptoms develop. Get tested at least 5 days after the exposure, even if no symptoms develop. If positive, move to isolation.

Up to date, vaccinated individuals do not need to quarantine after exposure (including household contacts) unless they develop symptoms. It is recommended that they get tested 3-5 days after their exposure. They should wear a mask indoors until they have a negative test. They should monitor themselves closely for

symptoms for 14 days post exposure.

Individuals who have had Covid-19 and recovered in the past 90 days also do not need to quarantine after close contact with an infected individual.

For 10 days:

- o Wear a well-fitting face mask when around other people.
- o Avoid people who are immunocompromised or at high-risk for severe disease.
- o Avoid travel, if possible.

[2022-01-07 Isolation & Quarantine Guidance from DHHS](#)

Duration of Isolation (isolation means staying home, not going into public, or around anyone other than direct household members)

After testing positive for Covid-19, an individual, regardless of vaccination status, previous infection, or without symptoms, needs to isolate for 5 days and have improvement of symptoms (with the exception of loss of taste or smell).

Stay home and away from others (including people in your household) for 5 days. Day 0 is your first day of a positive viral test. Day 1 is the first full day after your positive viral test. Individual must be fever free for 24 hours without the use of fever reducing medication prior to coming out of isolation.

A person can take an antigen test on day 5 before ending isolation and, if positive, continue to isolate for a total of 10 days.

For 10 days:

- o Wear a well-fitting face mask when around other people.
- o Avoid people who are immunocompromised or at high-risk for severe disease.
- o Avoid travel, if possible.

[2022-01-07 Isolation & Quarantine Guidance from DHHS](#)

Close Contact

Close contact is defined as being within 6 feet of someone diagnosed with Covid-19 for a total of 15 minutes or more, regardless of mask use within a 24 hour period.

Vaccine after having Covid-19

Vaccination is recommended after infection with Covid-19. It is safe to vaccinate an individual after isolation is complete and symptoms are improving (10 days).

Testing - Unvaccinated

Unvaccinated individuals who have had symptoms for less than 7 days can have a Binax test done. If this test is negative, a PCR can be done to confirm or rule out Covid-19 for definitive diagnosis.

Testing after an exposure is recommended on day 5 after the last exposure and a PCR test must be done. If an individual develops symptoms in the first 7 days after exposure, a Binax test may be done.

Unvaccinated individuals who have been exposed, cannot test out of quarantine and must quarantine for 10 days following exposure regardless of negative test results.

Testing - Vaccinated

Vaccinated individuals who have had symptoms for less than 7 days can have a Binax. If this is negative, no further testing is indicated.

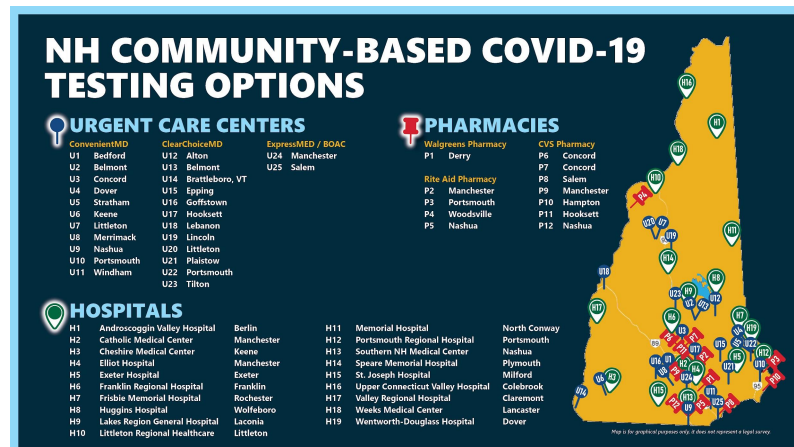
Vaccinated individuals who have been exposed but have no symptoms can continue to work or go to school, monitor for symptoms, and test with a PCR on day 5 after exposure. If they develop any symptoms, a Binax test may be done.

Testing Timeframes

When testing is appropriate for symptomatic individuals it should be performed during the first 7 days of illness and takes 15 minutes to results. This test is not used for travel, or exposures.

Individuals who have had exposures or have symptoms can have a PCR test done in the LRH lab, results should be available in under 24 hours.

Testing for travel or events requires a PCR test which will be sent to Labcorp for processing. Results will take 2-4 days.



Responding To People With Symptoms Or A Diagnosis Of Covid-19		
Risk Factor?*	Viral Testing?†	Action:
Present	Yes	<ul style="list-style-type: none"> Symptomatic person isolates pending test result Unvaccinated Household Contacts (HHCs) quarantine pending test results
	No	<ul style="list-style-type: none"> Symptomatic person must remain on isolation until they have met CDC's criteria for discontinuation of isolation https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-in-home-patients.html Unvaccinated HHCs quarantine for 10 days from last day of exposure Click here for guidance: https://www.covid19.nh.gov/sites/g/files/ehbemt481/files/inline-documents/self-isolation-infographic.pdf
Absent	Yes	<ul style="list-style-type: none"> Symptomatic person isolates pending test result. HHCs can remain in school/work as long as they remain asymptomatic, but if the test is positive then quarantine.
	No	<ul style="list-style-type: none"> Symptomatic person must remain on isolation until they have met CDC's criteria for discontinuation of isolation https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-in-home-patients.html HHCs can remain in school/work as long as they remain asymptomatic

* Risk Factors for COVID-19 exposure include close contact with a person with COVID-19, International or cruise ship travel, or other high-risk activities as identified by an employer or public health in the 14 days before symptom onset.

† Appropriate COVID-19 viral testing includes molecular- (i.e., PCR) or antigen-based tests (antigen tests must be conducted within an appropriate time frame after symptom onset, as specified in manufacturer instructions). Antibody tests are not appropriate for diagnosing active infection.

† You do NOT need to stay home (quarantine) for 10 days if either of the following apply: (1) You are fully vaccinated against COVID-19 and more than 14 days have passed since you completed your COVID-19 vaccine series. (2) You have previously tested positive for active COVID-19 infection (by PCR or antigen testing) in the last 90 days (if you had a previous infection that was more than 90 days ago, then you still need to follow all of these guidelines). However, you still need to monitor yourself for symptoms of COVID-19, practice social distancing, avoid social and other group gatherings, and always wear a face mask when around other

Learning Model Information
<p>All SAU#35 schools are complying with the Governor's and NH Department of Education's expectations for five day a week, in-person instruction, that includes all the expected COVID mitigation strategies.</p> <p>There has been some confusion/ambiguity regarding options for student learning this year. Only <u>two</u> options are available this year:</p>

In-Person Learning

Students attend their SAU#35 school five days a week in physically distanced classrooms with infection control measures. All students/staff will wear masks on buses and in schools except for eating, drinking and mask breaks. Students will engage in typical learning activities and social interactions with peers on a daily basis.

Homeschooling

Homeschooling is the education of a child at home. The curriculum is created by the parents, children do not have to face mandatory assessments and exams and the parents/guardians are the instructors. Parents can choose the topics children study. Families that elect a homeschooling model must submit a written request to the NH Commissioner of Education or SAU #35 Superintendent and become legally responsible for the education of the student. There would be no access to special education services for students electing homeschooling. VLACS (Virtual Learning Academy Charter School) is always an option for homeschoolers as well. See more information below in the Key Terms section.

Key Terms

Close Household Contact (HHC)	Any individual who lives and sleeps in the same indoor shared space as another person diagnosed with COVID-19 (either a temporary or permanent living arrangement), leading to close contact and potential repeated exposure to the person with COVID-19. This includes situations where there may be temporary but prolonged exposure such as sleep-over events, shared camp cabins, vacation rentals, etc.
Close Contact in the K-12 Setting	<ul style="list-style-type: none"> • If facemasks are not consistently and correctly used, then a close contact would include persons sitting within 6 feet adjacent on either side, in-front, or in-back of a person with COVID-19 (for each classroom, including during lunch and snack breaks, or on a bus) for a cumulative time of 15 minutes or longer over a 24 hour period • If facemasks ARE consistently and correctly used, then a close contact would include persons sitting within 3 feet adjacent on either side, in front, or in-back of a person with COVID-19 (for each classroom, including during lunch and snack breaks, or on a bus) for a cumulative time of 15 minutes or longer over a 24 hour period • The entire classroom, if students are allowed to interact in close contact in an uncontrolled fashion • Persons part of a team or group that interacted with a person with COVID-19 during indoor recess or physical education when they come in close or direct contact • Any person in the same room (i.e., a closed confined space) as a person with COVID-19 while they were singing or playing a wind instrument (regardless of physical distancing). These situations will need to be investigated on a case-by-case basis with the NH DHHS CSI to identify risk of exposure, and may take into account the amount of physical distance, size of the room, and use of face masks during activities • Any person participating in indoor close contact sporting events (training sessions, practices, games) or any contact sports (whether indoors or outdoors) with a person with COVID-19. Because these situations may be higher risk, they will need to be investigated on a case-by-case basis with the DHHS investigator to identify risks for close contact exposure
K-12 school or child care associated case	COVID-19 case (confirmed or probable) who is a student, teacher, or staff member physically present in the school setting or participated in a school sanctioned extracurricular activity a. Within 14 days prior to illness onset or a positive test result OR b. Within 10 days after illness onset or a positive test result

A cluster in the school or childcare setting	Three or more individuals confirmed with COVID-19 who are part of a related group of individuals (e.g., classroom) who had the potential to transmit infections to each other through close contact
An outbreak in the school or childcare setting	Two or more unrelated clusters in the school with onset (based on source case symptom onset date) within 14 days of each other
Remote Learning	Remote learning is a temporary move from face-to-face learning from a physical classroom to learning online. For 2021-2022 remote learning is not available unless there is a crisis or a closure due to weather or transportation problems. Remote learning is temporary and not meant for extended periods of time such as a quarter, semester or year.
Google Classroom	Our Google Classroom platform enables students, who are out temporarily for illness, quarantine, COVID, the common cold and other ailments, to stay in sync with the classroom and be immersed in learning at home (ten days or less). This feature provides students with classroom assignments and the ability to electronically correspond with teachers. It's paperless, seamlessly saves work to Google Drive and is accessible from any computer via Google Chrome or a mobile device. Please contact your child's teacher for more information as well as modifications for early learners if your child is temporarily absent due to illness.
VLACS	The Virtual Learning Academy Charter School (VLACS) is an established online learning academy for elementary, middle, high school, and adult learners. VLACS is available to everyone, and free for New Hampshire residents. It meets all NH Board of Education standards, provides Advanced Placement (AP) courses, and has full as well as part time options for enrollment. Families choosing this option would enroll their child with VLACS and the child would become part of that charter school.
Online or Distance Learning	<p>In 2020-2021, due to the Governor's Emergency Order, school districts were required to provide an online or distance learning platform for students such as Odyssey and Time 4 Learning. These programs came with a cost per student and required that staff monitor and check in on students regularly.</p> <p>In 2021-2022, distance learning is not available in any of our SAU#35 schools. Parents seeking this option would need to file a homeschool application, pay for and monitor an online/distance education program. In addition, there would be no access to special education services.</p>
"Up to date" on COVID-19 vaccination	A person is "up to date" on COVID-19 vaccination when they have completed a primary COVID-19 vaccine series (the single-dose J&J Janssen vaccine, or a 2-dose series of the Pfizer-BioNTech or Moderna vaccine) AND any booster shots which they are eligible for and recommended to receive. CDC has information about staying up to date on COVID-19 vaccination and who should get a booster shot.

Resources and Guidance Documents

NH Grades K-12 Back to School Guidance CDC School Readiness Planning Tool Cleaning & Disinfecting Public Spaces for COVID-19 COVID-19 FAQs American Academy of Pediatrics https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/quarantine.html CDC Considerations for School Closures Frequently Asked Questions about Travel and COVID-19 NH Music Education NH Music Education: Return to School 2020 DHHS Educational Institution COVID-19 FAQs Responding to COVID in K-12 Schools Updated FAQs Self Isolation Guide: https://www.dhhs.nh.gov/dphs/cdcs/covid19/documents/self-isolation-covid.pdf	Universal Guidelines for All NH Employers & Employees https://www.dhhs.nh.gov/ Health & Physical Education Return to School 2020 Visual Arts Education Return to School 2020 MA DESE Initial Reopening Guidance SAU#9 and SAU#19 Reopening Plans Protocols for Responding to COVID-19 Scenarios in Schools https://www.covidguidance.nh.gov/out-state-visitors https://www.cdc.gov/coronavirus/2019-ncov/travelers/travel-during-covid19.html https://covidactnow.org/us/new_hampshire-nh?s=1441405 State of NH School Toolkit Parent's COVID Guide/Flow Chart Transitioning Between School Instructional Models Based on Level of Community COVID Transmission, January 26, 2021 COVID-19 Update #38 - March 16, 2021 September 17, 2021 NH Coronavirus School and Childcare Toolkit 2022-01-07 Isolation & Quarantine Guidance from DHHS
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Drafts/Revisions:			
2020-08-07 tnt	2020-12-14 tnt		
2020-08-10 tnt	2020-12-18 tnt		
2020-08-11 tnt	2021-01-26 tnt		
2020-08-18 tnt/ggc	2021-02-26 tnt		
2020-08-20 tnt	2021-03-05 tnt		
2020-08-31 tnt	2021-03-26 tnt		
2020-10-06 tnt	2021-08-23 tnt		
2020-11-02 tnt	2021-08-27 tnt		
2020-12-08 tnt	2021-09-24 tnt		
	2021-10-04 tnt		

