

## **School Reopening Plan for the year 2020-2021**

*Prepared by Mr. Demosthenes Triantafillou, State Certified School District Superintendent*

Dear Directors of the Greek Schools of the Metropolis of New Jersey:

In our efforts to assist all the Directors and the Parishes of the Metropolis to reopen their schools in accordance with the protocols of the CDC and the Health and Education Departments, Mr. Triantafillou has prepared the following School Reopening Plan which can be modified accordingly and implemented by any school.

### **Social Distancing**

- Measure each classroom and figure out how many students can be accommodated with a 6-foot distancing between desks each direction
- Teacher's desk also at 6 feet distance from student desks.
- Halls and corridors to be marked for the 6-foot social distancing.
- Principal's Office also marked for social distancing
- Students outside of the lavatory using social distancing
- Morning arriving students and parents follow social distancing markings
- At dismissal students and parents follow social distancing markings
- Any student group activity must follow social distancing
- No contact sports, dances

### **Hygiene Protocols**

- Washing hands with soap and water for at least 20 seconds or with a sanitizer that contains 60% alcohol
- Washing hands after using the lavatory
- Washing hands before touching any part of your face
- Washing hands with a sanitizer after eating
- Use a water bottle from home. Avoid using the water fountain.

- If you use a tissue for sneezing or coughing, dispose it in the bin
- For coughing and sneezing use the inside side of your arm
- No sharing of books, toys, food
- Sanitize computers every time they are used
- No hand shaking , no touching

### **Temperature taking before entering school**

- Each student must have his/her temperature taken and recorded on his health report. This Report is kept in the school/ church office.
- Each student is to bring the Health Report with the symptoms marked off.

### ***Masks, Masks!***

- Masks are to be worn by all students and Teachers in order to enter the school building and inside the building
- Masks are taken off during eating and drinking but the social distancing is maintained
- Masks are to cover mouth and nose
- Students of 2 years old and younger do not wear masks.
- Schools are to have extra supplies of masks at school.

### **Sick students**

- If a student feels sick at home and shows some of the Coronavirus symptoms, Student is to stay home and see the health provider
- If a student gets sick at School, Student is to be taken into the isolation room and the parents must be called to pick up student.
- If a student tests positive for COVID -19, Student stays home for 14 days and must bring a new negative test result for readmission
- If a student comes in contact with a COVID-19 patient, student must stay home for 14 days and be tested.

### **Isolation Room**

Each school must have a room designated only for sick students.

### **Health Assistant**

Each school should designate a person in charge of all the Hygiene protocols. PTA can be useful here.

### **Adults and Parents**

Adults and Parents are not to visit classrooms and other areas of the school.

Cleaning and disinfecting the school building facility thoroughly

The School Board in cooperation with the Parish Council are responsible for the disinfection and cleaning of the School building facility in every Parish.

### **Disinfection**

- Disinfect all areas of the school the day before school is used for classes.
- Disinfection is to be done by professional companies
- Disinfect classrooms, bathrooms, halls, staircases, libraries, isolation room, waiting rooms, gyms and other areas.
- Classrooms are not to be used by anyone after the disinfection prior to the school students
- No adults /visitors anywhere inside the school building area after the disinfection
- Church seats also if students are to use the church

### **Parental - Teacher Conferences**

Teacher- Parent Conference virtually

### **Cleaning with sanitizer with 60% alcohol**

- All tops
- Computers
- Doorknobs

- Desks
- All audio-visual aides
- Gym equipment
- Sports items
- sanitizers must be available in classrooms, any area used by students/ Teachers/Staff and lavatories.
- School offices
- Telephones before using them

### **The Waiver Form Of Liability for the Parish**

Each family is to sign a Waiver of Liability for the Parish. See Form at the end.

### **The Individual Health Report**

Each student and staff member are to Submit to the Individual Health Report before entering the school Completed!

See Form at the end!

***Memo:*** This Plan will be periodically updated as new information is disseminated by the Health, Education and CDC Authorities!

### Assumption of Risk and Waiver of Liability Relating to COVID-19

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is **extremely contagious** and is believed to spread mainly from person-to-person contact. However, there remain many unknowns about COVID-19, how it spreads, and its impact on a student.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 by attending \_\_\_\_\_

and that such exposure or infection may result in severe illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at \_\_\_\_\_ may result from the actions, omissions, or negligence of myself and others, including, but not limited to, \_\_\_\_\_

employees, contractors, volunteers, and program participants and their families.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)'s attendance at \_\_\_\_\_ ("Claims").

On my behalf of my child(ren), I hereby release, covenant not to sue, discharge, and hold harmless \_\_\_\_\_, its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of \_\_\_\_\_, its employees, contractors, agents, and representatives, whether a COVID-19 infection occurs before, during, or after attending \_\_\_\_\_.

*Please fill out this form separately for each student you have participating in our programs.*

Student Name \_\_\_\_\_

Parent Name \_\_\_\_\_

Address \_\_\_\_\_

Student email \_\_\_\_\_ Parent email \_\_\_\_\_

Student phone \_\_\_\_\_ Parent phone \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

## MANDATED DAILY HEALTH SCREENING FORM

Anyone entering the premises must either complete a screening questionnaire remotely before entering the premises or respond to questions on the premises at entrance before proceeding into the premises. The questions are as follows:

Today's Date: \_\_\_\_\_

Childs Name: \_\_\_\_\_

Child's Birthdate: \_\_\_\_\_

Child's temperature at drop-off: \_\_\_\_\_

1. \_\_\_\_\_ To your knowledge, have you or anyone in your household been in close contact in the past 14 days with anyone who has tested positive for COVID-19 or had symptoms of COVID-19?
2. \_\_\_\_\_ Have you tested positive for COVID-19 in the past 14 days?
3. \_\_\_\_\_ Have you experienced any symptoms of COVID-19 in the past 14 days?

Symptoms include, but are not limited to:

- Fever over 100 degrees
- Shortness of breath or difficulty breathing
- Chills and/or muscle ache
- dry cough
- sore throat
- loss of taste or smell
- confusion
- bluish face or lips; and

4. \_\_\_\_\_ Have you or anyone with whom you have been in close contact in the past 14 days, recently returned from international travel, or from a restricted state to New Jersey State?

Each student/faculty/staff will have a weekly Mandatory Health screen Questionnaire Form. The completed weekly form will be sent to the church office and filed.

\_\_\_\_\_  
Parent/Guardian Signature