FAQ for Santa Clara County Schools and Districts

As of August 12, 2022, these are the frequently asked questions regarding the latest public health orders, CDPH K-12 school guidance, CDC guidance, and Cal/OSHA COVID-19 standards, and additional details can be found in each document. Please note that this document is updated regularly as additional information becomes available.

VACCINATIONS

Q: Is the State Public Health Officer Order "Vaccine Verification for Workers in Schools (August 11th, 2021)" still in effect?

A: The Order remains in effect until otherwise noted.

Q: Who is currently eligible to be vaccinated?

A: All individuals aged 6 months and older are eligible to be vaccinated.

Q: Is my child eligible for a vaccine?

A: Yes! All children ages 6 months and older are eligible for the COVID-19 vaccine. Children with allergies to food or animals should get the COVID-19 vaccine. You can speak with a nurse at the clinic if you have concerns. If your child is sick with COVID-19 right now, they must wait until they get better to get the vaccine.

Q: My child got sick with COVID-19 in the past. Do they still need to get the vaccine?

A: Yes. Having COVID-19 does not prevent your child from getting the virus again. The vaccine is the best protection to prevent your child from getting COVID-19 again.

Q: Is the vaccine for children the same as the one used for adults?

A: The Pfizer vaccine for children is a smaller dose than the Pfizer vaccine for adults. For children ages 5 to 11, it is one-third of an adult dose. For children ages 6 months to 4 years, it is one-tenth of an adult dose. Just like adults, children need two doses of the vaccine, three weeks apart.

Q: Why should I get my child vaccinated?

A: Children can get sick from COVID-19. Some children get rare but severe complications from the COVID-19 virus. The vaccine is the best protection.

- A child can also spread COVID-19 to other people even if that child does not have symptoms. The vaccine is the best prevention.

- Vaccinated children will be able to participate in more activities and attend more events.

Q: What are the benefits of being fully vaccinated for students in school?

A: COVID-19 vaccines are effective. They decrease the chances of getting and spreading the virus that causes COVID-19. COVID-19 vaccines help keep you from getting seriously ill even if you do get COVID-19. Getting vaccinated yourself may also protect people around you, particularly people at increased risk for severe illness from COVID-19.

- Fully vaccinated students may remain in school and avoid interruptions to in-person education, even if they are exposed to someone with COVID-19, so long as they remain without symptoms.

Q: How should school staff determine whether a student's symptoms are due to being infected or recently vaccinated against COVID-19?

A: More than one million teenagers have been immunized against COVID-19 in California as of 2022, including hundreds of thousands since schools reopened this fall. Based on data from clinical trials, post-vaccination side effects in younger children are anticipated to be similar or milder than in adolescents or young adults who received the Pfizer COVID-19 vaccine. Current school-based practices for assessing post-vaccination symptoms in adolescents can be applied to this younger population.

- Most post-vaccination symptoms occur within the first 3 days of vaccination (the day of vaccination and the following 2 days, with most occurring the day after vaccination). Testing may help determine whether symptoms should be attributed to COVID-19 infection that could occur before the body's ability to develop immunity from the vaccine, which typically takes about two weeks after the vaccination. Vaccination does not cause positive antigen and PCR test results for COVID-19.
- Additionally, many of the CDC's post-vaccine considerations for workplaces apply to K-12 schools, including information about signs and symptoms not caused by COVID-19 vaccination (e.g., cough, shortness of breath, runny nose, sore throat, loss of taste or smell). Suggested approaches for assessing and responding to post-vaccination symptoms are also provided.

Q: Can my child go to school if they don't feel well soon after being vaccinated?

A: If your child has fever, headache, chills, or body aches soon after vaccination, they should stay home.

- If they are better within 48 hours, your child can go back to school.
- If they still feel sick longer than 48 hours, keep your child at home and talk to your child's doctor to make sure they don't have COVID-19 or another infection.

- Please remember, the vaccine can't give your child COVID, but they could have been infected just before getting vaccinated.

TESTING

Q: Who should get tested for COVID-19?

A: Regardless of vaccination status, the County of Santa Clara Public Health Department urges the public to get tested for COVID-19 when experiencing symptoms of COVID-19 or when exposed to a confirmed COVID-19 case. In general, the Public Health Department recommends testing 2-5 days after the last exposure to a confirmed case of COVID-19. If you develop symptoms of COVID-19, the County recommends that you get tested immediately. Please consult the County guidance on testing and quarantine for COVID-19 for further details.

In addition, the California Department of Public Health and the County of Santa Clara Public Health Department recommend or require that certain additional groups of people get tested for COVID-19, including, but not limited to:

- Healthcare personnel who are unvaccinated or have not received their booster, or who work in certain settings like skilled nursing facilities.
- Employees of K-12 schools who are unvaccinated or have not received their booster.
- Employees working in congregate care settings, such as jails and homeless shelters, who are unvaccinated or have not received their boosters.
- Fully vaccinated workers who have underlying immunocompromising conditions and work in certain high-risk settings.

The above list only provides examples of individuals for whom the State or County requires or recommends testing and is not intended to be exhaustive. Please consult the California Department of Public Health and County of Santa Clara Public Health Department websites for the latest testing guidance.

K-12 School Testing Framework and COVID-19 School Guidance

Q: Are schools required to have a testing program?

A: Although schools are not required to maintain a testing program, CDPH strongly recommends that schools facilitate access to testing, particularly for vulnerable populations within their communities. Testing, especially of symptomatic individuals and those exposed to a positive COVID-19 case, remains important for minimizing transmission and keeping students in the classroom for in-person instruction. Additional information can be found on the State of California Safe Schools for All Hub.

Q: Will schools need to continue pool testing?

A: Pooled PCR program (testing of an entire group or classroom; positive results are followed up by individual testing)

- The Pooled PCR program will be ending and will not be available for the 2022/23 School Year. All schools are encouraged to transition to the CDPH professional antigen program.

Q: What type of testing support is being offered by the CDPH Testing Task Force for the 2022/23 School Year?

A: Over the Counter/At-Home Testing (tests sent home for students and parents to test/report before coming to school or when symptomatic)

- CDPH expects that most testing in school communities can be performed with over-the-counter (OTC)/at-home antigen testing. OTC/at-home tests are provided by CDPH at no cost to schools.

A: Professional/In-School Antigen Testing for in-school testing (tests overseen and performed on-site by school staff)

Q: Why are we moving away from PCR testing?

A: CDPH recommends that antigen tests be considered the primary option for detecting COVID-19 in schools, compared to PCR tests. Both the professional, on-site antigen tests as well as the OTC at-home antigen tests have been effective in identifying persons who have infectious levels of all known variants of SARS-CoV-2. PCR tests are highly sensitive, but their utility is greatest as a confirmatory test in appropriate situations, and/or in clinical settings. If you are currently participating in a CDPH school-based PCR testing program, please email schooltesting@cdph.ca.gov for more information about transitioning to an antigen testing program in preparation for fall and to learn more about available resources.

Q: What are the differences between professional antigen testing versus OTC/at-home testing?

A: OTC/at-home and professional antigen tests are similar in terms of performance. If you are planning to conduct testing on others, you must participate in a professional antigen testing program. Professional antigen tests can be used at school on students.

Q: Can school staff provide an OTC/at-home kit to a student to self-administer on campus?

A: Yes, school staff can provide a student or staff that meets OTC/at-home age requirements to self-administer the OTC/at-home test on campus. Users should follow the age parameters associated with the particular OTC/at-home test they are using. The range is typically 14 years and older but depends on the brand. Please note that OTC/at-Home tests are meant to be completed (both swabbing and running the test) by individuals or parents/guardians regardless

of where they test (in their home or outside their home). If OTC/at-home tests are performed on others, they are subject to federal laboratory regulations ("CLIA") and require special training.

Q: What are the requirements for the workplace or employee testing in K-12 Schools for 2022/23?

A: In the workplace, employers are subject to the Cal/OSHA COVID-19 Prevention Emergency Temporary Standards (ETS) or in some workplaces the Cal/OSHA Aerosol Transmissible Diseases Standard and should consult those regulations for additional requirements. Additional information regarding testing requirements under ETS can be found in COVID-19 Emergency Temporary Standards Frequently Asked Questions (ca.gov).
- For questions on the implementation of the Emergency Temporary Standards (ETS) or other CalOSHA requirements in schools, please reach out directly to CalOSHA for support using this email address: schools@dir.ca.gov.

Q: I am the parent of a K-12 student for whom the state recommends routine surveillance COVID-19 testing. Can my child get a COVID-19 test from a Healthcare Facility?

A: A Healthcare Facility is not required to provide your child with a COVID-19 test as part of the routine surveillance testing recommended by the State for all K-12 students. However, if your child exhibits COVID-19 symptoms or has been exposed to someone with a positive COVID-19 test, the Healthcare Facility must provide your child with a COVID-19 test within 24 hours if you are a patient of the Healthcare Facility and request a test.

- Please note that even if you do not qualify for a COVID-19 test under the Order, your healthcare provider may still choose to provide you with a test or you may be able to obtain one from another organization.

Q: When can quarantined students resume all activities?

A: It is recommended to test as soon as a person is informed that they were in close contact with someone with COVID-19. Subsequent testing may occur on or after Day 5 from the date of last exposure. The quarantine can end after Day 5 if a test specimen is collected on or after Day 5 from the date of last exposure and tests negative.

Q: In what scenarios can OTC/at-home tests be used? Are they just intended for special circumstances (e.g., return from vacation, outbreaks, etc)?

A: OTC/at-home tests can be used in any of the same scenarios that professional/at-school antigen tests are used for. Some examples of the use of antigen tests include, but are not exhaustive:
- Outbreak response testing
- Testing of school members for end-of-year events such as graduations

- Testing of close contacts and symptomatic school members
- Pre-entry testing for summer school
- Pre-entry testing for return from summer break testing
- Asymptomatic screening testing of high-risk groups or during periods of high transmission
- Return to school after a minimum of 5 days of isolation with a negative test

Q: When should screening testing be used?

A: Screening testing identifies people with COVID-19 who do not have symptoms or known or suspected exposures so that steps can be taken to prevent the further spread of COVID-19.
- CDC no longer recommends routine screening testing in K-12 schools.
  - However, at a high COVID-19 Community Level, K-12 schools and early care and education (ECE) programs can consider implementing screening testing for students and staff for high-risk activities (for example, close contact sports, band, choir, theater); at key times in the year, for example before/after large events (such as prom, tournaments, group travel); and when returning from breaks (such as holidays, spring break, at the beginning of the school year).

Q: How should schools manage testing resources?

A: CDPH recommends that schools facilitate access to testing resources, particularly for vulnerable populations within their communities. Tracking results from all exposed students is not required. Schools that do not have access to sufficient testing support are strongly encouraged to promptly contact local health departments and/or CDPH for additional guidance.
- Starting August 1, 2022, CDPH will be able to offer more distributions of COVID-19 OTC tests to schools. Schools may use OTC tests to supplant on-site testing in many situations. Such efforts will be paired with ongoing statewide, school-focused educational materials to facilitate proper OTC use, particularly in communities with limited English proficiency and/or lower health literacy.

ISOLATION/QUARANTINE

Employee

Q: What do I do if I test positive for COVID?

A: Employees who test positive for COVID-19 must be excluded from the workplace for at least 5 days after the start of symptoms or after the date of the first positive test if no symptoms.

- Please refer to the CAL OSHA fact sheet on quarantine and isolation for additional information.

Q: How many days should you quarantine if you test positive for COVID?

A: Isolate and stay home for at least 5 days.*Regardless of vaccination status, previous infection, or lack of symptoms.

- Isolation can end after day 5 if symptoms are not present or are resolving and a test collected on day 5 or later tests negative.
- If unable to test or choosing not to test, and symptoms are not present or are resolving, isolation can end after day 10.
- If fever is present, isolation should be continued until fever resolves.
  - Infected persons should end isolation only when they are without a fever for ≥24 hours without the use of medication and all other symptoms have improved.
- If symptoms, other than fever, are not resolving, continue to isolate until symptoms are resolving or until after day 10.
- Wear a well-fitting mask around others for a total of 10 days, especially in indoor settings.

Q: Are schools required to report COVID-19 disease burden to local health authorities:

A: K-12 schools should refer to the California Code of Regulations (CCR) Title 17, §2500, and §2508 for reporting requirements. Note that 17 CCR §2500 has been temporarily modified by the State Public Health Officer Order of February 10th, 2022.
- As workplaces, schools are subject to COVID-19 workplace outbreak reporting requirements stipulated in AB 685 and Cal/OSHA Emergency Temporary Standards.

Q: My child tested positive for COVID-19 do I need to notify the school?

A: It is recommended that families notify schools if their child has COVID-19 and was on school grounds during their infectious period and that schools in turn notify students who spent more than a cumulative total of 15 minutes (within 24 hours) in shared indoor airspace (e.g., classroom) with someone with COVID-19 during their infectious period.

Q: What to do if a student is exposed to COVID-19?

A: All students with known exposure to persons with COVID-19 should follow the recommendations listed in Table 2 (Asymptomatic Persons Who are Exposed to Someone with COVID-19) of CDPH's guidance for the general public. If they remain without symptoms, students may continue to take part in all aspects of K-12 schooling including sports and extracurricular activities. As recommended in Table 2, they should wear a well-fitting mask around others for a total of 10 days and get tested 3-5 days after the last exposure.
- Exposed students who develop symptoms should see Section 4 of the K-12 Guidance.

Q: Do people who have been vaccinated still need to quarantine if they were exposed to someone with COVID-19? (TK-12; Programs for Children/Youth)

A: *Updated 1/12/2022 - Those aged 18+who are vaccinated and booster-eligible but have not yet received their booster dose are considered not fully vaccinated to determine quarantine. Children ages 5-17 who completed their initial series are considered fully vaccinated.

A: Updated 1/12/2022 - In general, fully vaccinated students/youth who have been exposed to a COVID-19 case and are asymptomatic do not need to quarantine. Still, they should get tested 5 days after exposure and wear a mask for 10 days whenever near others. Exceptions and other considerations may apply. Please see the County Public Health Department's Home Isolation and Quarantine Guidance - Contact Tracing webpage for more information

Q: If a student or staff member has COVID-like symptoms, when is a doctor's note needed before returning to school? (TK-12)

A: If a student or staff person, who is not a close contact with a confirmed COVID-19 case, has COVID-like symptoms that may be common to a variety of illnesses, the person should get tested. If the test result is negative, the student or staff member can return to school when at least 24 hours have passed since the resolution of any fever (without the use of fever-reducing medications) and other symptoms have improved. The negative test result should be provided to the school, and a doctor's note is not needed.

A doctor's note is only needed before returning to school if:
    A. the symptoms experienced are identical to those of a documented underlying chronic condition(e.g., asthma or diabetes); or
    B. the healthcare provider determined, through a medical evaluation of the person, that there is an alternative, named diagnosis(e.g., streptococcal pharyngitis or coxsackievirus) that explains the symptoms experienced.
    *For a doctor's note to be valid documentation of the above situations, the doctor must provide a written explanation that includes all of the following: certification that a medical evaluation was completed; an alternative explanation for symptoms; and a statement that COVID-19 testing is not indicated.

Q: What if my child has a runny nose or congestion but no other symptoms of COVID-19, should he/she stay home from school? (TK-12)

A: Many school-age children will have symptoms of runny noses throughout the school year due to a range of conditions. It would be unlikely for a child to experience a runny nose as the only symptom of COVID-19, and preventing children with only a runny nose from going to school would likely lead to unnecessary school absences. If a child has a runny nose but no other symptoms of COVID-19, it would be reasonable to allow that child to remain at school, provided the child does not develop any other symptoms of COVID-19.

MASKING

Q: Are wearing masks required in classrooms and indoor school settings?

A: After March 11, 2022, masks are strongly recommended by both the CDPH and the Santa Clara County Public Health Department. School districts and childcare facilities may still choose to require masks. Masking continues to be an important layer of protection along with the continued recommendations around vaccinations, testing, and ventilation.

For more information please see the latest CDPH K-12 school guidance.

Q: Will masking be required on school buses?

A: The rules for buses are the same for schools and classrooms. Masks will be strongly recommended on school buses.

Q: When will schools need to require masking?

A: Schools might need to require masking in settings such as classrooms or during activities to protect students with immunocompromising conditions or other conditions that increase their risk of getting very sick with COVID-19 in accordance with applicable federal, state, or local laws and policies.

- For more information and support, visit the U.S. Department of Education's Disability Rights webpage.
- Students with immunocompromising conditions or other conditions or disabilities that increase the risk of getting very sick with COVID-19 should not be placed in separate classrooms or otherwise segregated from other students.

Q: What is a face covering?

A: "face covering" means a covering that:
- completely covers the nose and mouth
- Is made with two or more layers of a breathable fabric that is tightly woven (i.e., fabrics that do not let light pass through when held up to a light source)
- Is secured to the head with ties, ear loops, or elastic bands that go behind the head. If gaiters are worn, they should have two layers of fabric or be folded to make two layers
- Fits snugly over the nose, mouth, and chin with no large gaps on the outside of the face
- Is a solid piece of material without slits, exhalation valves, visible holes, punctures, or other openings. This definition of face covering allows various types of masks including clear face coverings or cloth face coverings with a clear plastic panel that, despite the non-cloth material allowing light to pass through, otherwise meet this definition and which may be used to facilitate communication with people who are hearing impaired or others who need to see a speaker's mouth or facial expressions to understand speech or sign language, respectively.

Face coverings can be manufactured or homemade, and they can incorporate a variety of designs, structures, and materials. Face coverings provide variable levels of protection based on their design and construction.

Q: When should I double mask?

A: Double masking is an effective way to improve fit and filtration. A close-fitting cloth mask can be worn on top of a surgical/disposable mask to improve the seal of the mask to the face. Layering more than two masks is not recommended as this could be difficult to breathe through. Also, it is not recommended to wear two medical masks or to wear a medical mask on top of a KN95, KF94, or N95. Double masking may be appropriate where improved fit and filtration are especially important.
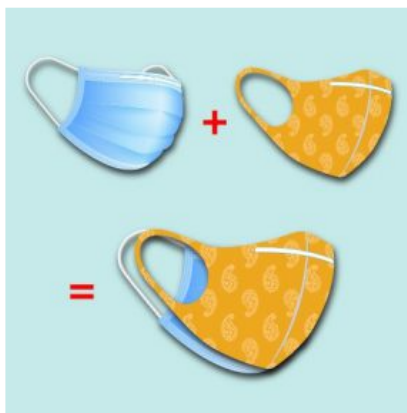
Q: When is wearing an effective mask especially important?

A: Some situations require a higher level of protection (improved fit and/or improved filtration):
- In indoor settings with unvaccinated persons or with persons whose vaccination status is unknown.
- In indoor settings with poor ventilation.
- In close quarters with other people where social distancing is not possible (examples: riding a crowded bus, waiting in line at a crowded airport terminal).
- In any public place for people who are older or with medical conditions that put them at higher risk of severe COVID illness.

Even when you're at home, there are times when a higher level of protection is important, such as when:
- Providing care for family members who are sick with or may have been exposed to someone with COVID-19.
- Living in a household with someone who is suspected of having or has COVID-19.
- Someone from outside your household comes into your home who may be unvaccinated (example: friend, relative, a repair person).

- You work outside the home and live with someone who is <u>older</u> or with a medical condition that puts them at <u>higher risk of severe COVID illness</u>.

Q: What if my child is unable to wear a mask?

A: For persons unable to wear a mask or children aged <2 years, other prevention actions should be taken, such as additional physical distancing and increased ventilation. Exposed persons who develop symptoms should receive testing promptly.

Q: Is it required to wear face-covering indoors in Santa Clara County?

A: On March 2, 2022, the County of Santa Clara Public Health Department announced that all masking metrics have been met and therefore indoor masking will no longer be required beginning March 2. However, the Public Health Department and the California Department of Public Health strongly recommend that the public continue to wear masks in all indoor public spaces.

Q: How does CDPH's February 28, 2022 Guidance for the Use of Face Masks impact the COVID-19 emergency temporary standards (ETS) requirements?

A: <u>Executive Order N-5-22</u> suspends section 3205(c)(6)(A) of the ETS, which required that unvaccinated workers wear face coverings in all indoor workplaces and all vehicles. This requirement will no longer be enforced. However, other face covering requirements within the ETS remain in place, including provisions requiring face coverings in outbreaks and employer-provided transportation. Also still in place is section 3205(c)(6)(B), which requires that employers provide face coverings and ensure they are worn when required by orders from the CDPH. In addition, employees can request face coverings from the employer at no cost to the employee and can wear them at work, regardless of vaccination status, without fear of retaliation, as specified in section 3205(c)(5)(J).

In addition, the <u>February 28, 2022 masking order from the CDPH</u> requires that all workers in the following sectors wear face coverings indoors:
- Indoors in <u>K-12 schools, childcare</u> (through March 11, 2022)
- On <u>public transit</u> (examples: airplanes, ships, ferries, trains, subways, buses, taxis, and ride-shares) and in transportation hubs (examples: airport, bus terminal, marina, train station, seaport or other port, subway station, or any other area that provides transportation)

Q Will the mask requirement come back into effect?

A: CDPH will continue to assess conditions on an ongoing basis to determine when and how to update masking guidance, with consideration of the indicators and factors noted below, as well as transmission patterns, global surveillance, variant characteristics, disease severity, available

effective therapeutics, modeling projections, impacts to the health system, vaccination efficacy and coverage, and other indicators to guide K-12 school operations.

Q: What if someone is exempt from wearing a mask?

A: Persons exempted from wearing a face covering due to a medical condition are strongly recommended to wear a non-restrictive alternative, such as a face shield with a drape on the bottom edge, as long as their condition permits it.

SCHOOL-BASED EXTRACURRICULAR ACTIVITIES

Q: What considerations should be made for high-risk activities (sports, band, choir, etc)

A: Due to increased and forceful exhalation that occurs during physical activity, some sports can put players, coaches, trainers, and others at increased risk for getting and spreading the virus that causes COVID-19. Close contact sports and indoor sports are particularly risky for participants and spectators, especially in crowded, indoor venues. Similar risks may exist for other extracurricular activities, such as band, choir, theater, and other school clubs that meet indoors and entail increased exhalation.

- At a high COVID-19 Community Level, schools and early care and education (ECE) programs can consider implementing screening testing for high-risk activities such as indoor sports and extracurricular activities.
- Schools and ECE programs may consider temporarily stopping these activities to control a school- or program-associated outbreak, or during periods of high COVD-19 Community Levels.
- ECE programs may also consider layering prevention strategies, such as masking, when close contact occurs, such as during feeding and diapering young children and infants.

Q: Can K-12 schools host dances and large assemblies?

A: School dances, large assemblies, and other school-based crowded events have the potential to cause a substantial spread of COVID-19 within and beyond the school community. Schools are encouraged to consult with local health officials before deciding to host such events, particularly in communities where COVID-19 remains highly prevalent and/or vaccination rates remain low. The following are additional considerations to optimize health and safety for all attendees:

- Host such events outdoors whenever possible.
- Ensure all eligible attendees (students and adults) are fully vaccinated. Conduct pre-entry testing for all unvaccinated attendees at or just before the event.
- Consider requiring the use of masks at outdoor school-based large, crowded events.
- If food or drinks are to be served, serve them outdoors whenever possible and/or place them away from other areas to designate spaces where masks must be worn.

ADDITIONAL FREQUENTLY ASKED QUESTIONS

Q: What do I do if my school or early care and education (ECE) program is experiencing an outbreak?

A: If a school or ECE program is experiencing a COVID-19 outbreak they should consider adding prevention strategies regardless of the COVID-19 Community Level.
- Strategies that can help reduce transmission during an outbreak include wearing well-fitting masks or respirators, improving ventilation (for example moving school activities outdoors, opening windows and doors, using air filters), screening testing, and case investigation and contact tracing.
- Schools and ECE programs that are experiencing outbreaks should work with their state or local health department in accordance with state and local regulations. Health departments should provide timely outbreak response support to K-12 schools and ECEs.

Q: Am I eligible for medications to treat COVID-19?

A: Antiviral medications (Lagevrio [molnupiravir], Paxlovid [nirmatrelvir and ritonavir], and Veklury [remdesivir]) and monoclonal antibodies (bebtelovimab) are available to treat COVID-19 in persons who are at increased risk for severe illness, including older adults, unvaccinated persons, and those with certain medical conditions.
- Antiviral agents reduce the risk of hospitalization and death when administered soon after diagnosis. The Federal Test to Treat initiative facilitates rapid, no-cost access to oral COVID-19 treatment for eligible persons who receive a positive SARS-CoV-2 test result. The recent expansion of prescribing authority of Paxlovid to pharmacists intends to further facilitate access.

Q: Is physical distancing required?

A: CDPH recommends focusing on the other mitigation strategies provided in this guidance instead of implementing minimum physical distancing requirements for routine classroom instruction.

Q: What is the recommendation for how to serve students with disabilities who are receiving in-person instruction? (TK-12)

A: When implementing the 22-23 School Year COVID-19 Guidance for K-12 Schools to Support Safe In-Person Learning, schools should carefully consider how to address the legal requirements related to the provision of a free appropriate public education and requirements to reasonably accommodate disabilities, which continue to apply. For additional recommendations for students with disabilities or other health care needs, refer to guidance provided by the American Academy of Pediatrics.

Q: Are visitors allowed at K-12 schools?

A: Schools should not limit access to essential direct service providers who comply with school visitor policies due to a concern about mitigating the spread of COVID-19.

Q: What considerations should K-12 schools take for large events?

A: Particularly during surges of COVID-19, school dances, large assemblies, and other school-based crowded events, especially those held indoors, all have the potential to cause a substantial spread of COVID-19 within and beyond the school community. Before hosting large events, schools are encouraged to review the Safe and SMART Events Playbook (PDF) for mitigation strategies that should be considered.

Q: I have questions about supporting my child's needs while at home. Where can I find support?

A: The Santa Clara County Office of Education's Inclusion Collaborative has expanded its Inclusion Support Warmline Service. This service is available 8 hours per day and has the following language capabilities: Spanish, Vietnamese, Mandarin, and Korean. Support will be provided by answering questions, addressing concerns, and providing social stories to support children's understanding of 'social distancing', etc. Also available will be alternative educational resources, support for distance learning (media, etc.), and information on addressing the individual needs of children with IEPs.

- The Inclusion Collaborative is also hosting weekly Family Resource Chats where parents and educators can join a virtual chat with an Inclusion Specialist to discuss the weekly topic, have their questions addressed, and network with other parents and educators. Call (408) 453-6651 or email WarmLineRemoteLearning@sccoe.org.

A: The California Parent and Youth Helpline provides support and resource referrals to parent and youth during the current COVID-19 pandemic, 7-days a week from 8:00 a.m. to 8:00 p.m. Call or text 1-855-4APARENT (855-427-2736) for services in English, Spanish and other languages. For more information, please visit: https://caparentyouthhelpline.org/

A: Additional distance learning resources can also be found on the Santa Clara County Office of Education's COVID-19 Learning Resource Portal.

Q: Are school boards still meeting remotely?

A: On September 16, 2021, the Governor signed AB 361 authorizing a legislative body subject to the Brown Act to continue to meet remotely using teleconference without compliance with the Brown Act teleconference rules if certain conditions are followed including (1) initially the

existence of a proclaimed state of emergency and (2) requirements or recommended measures from state or local officials to promote social distancing.

Q: Where can I find COVID-19 updates?

A: Updates can be found at the following websites: <u>Santa Clara Public Health Department</u>; <u>Governor Newsom's Newsroom</u>; <u>Santa Clara County Office of Education</u>. The Santa Clara County Office of Education also has a hotline available at (408) 453-6819.