



Mitigation Plan

The health and safety of our students, staff and families is our priority. As we offer on-site learning spaces for students who need a safe space to participate in their remote learning classes, City View High School will implement the health and safety guidelines below. All students, staff, families and visitors are expected to follow these protocols while on campus.

Prevention

- All students and staff will receive training on proper protocols for maintaining health and safety. ACYR has developed the Operational Framework for Wellbeing that outlines in depth information on cleaning, safety, health practices, guidance from the CDC and Department of Health Services.
- All students and staff are required to respond to a brief set of questions focused on identifying known COVID-19 symptoms, as well as receive a temperature check upon entering campus. Per CDC guidelines, any student with responses coinciding with known COVID-19 symptoms will remain in an isolated area until a parent or guardian is able to pick them up from school. Any student that is sick or not feeling well is asked to stay home. Visitors on campus beyond the administration building will be limited.
- All students, staff, families, and visitors are required to wear a cloth facemask at all times, including outdoors when 6-foot social distancing is not possible. Students are required to bring their own facemask; one will be provided if needed. Facemasks may be removed while eating or drinking. Students with a medical condition preventing the use of a facemask must submit a note from their doctor to the school nurse.
- All students, staff, families and visitors are required to practice 6-foot social distancing. Seating and common areas, hallways and other foot traffic areas will be marked to honor 6-foot social distancing protocols.
- The City View High School campus will be cleaned frequently following CDC guidelines. Paper towels, cleaner and hand sanitizer will be placed in high traffic areas throughout campus. HVAC systems will be monitored and maintained for proper airflow and circulation.
- Frequent hand washing will be encouraged at regular intervals throughout the day. Staff will follow CDC guidelines when exchanging items with students. Drinking fountains will be available for refilling water bottles only.
- All students have been issued a laptop device which will minimize joint use of computers. Students are asked to regularly clean their laptop following proper cleaning protocols for electronic devices (never spray liquids directly onto the laptop, instead spray cleaner onto a cloth and use the cloth to wipe the computer).

Response

- In the event a student or staff member contracts COVID-19, City View High School will follow CDC and Maricopa County Department of Health Services guidance as it relates to notification, cleaning protocols, quarantine and site closure.

***Please refer to the AYCR Operational Framework for Wellbeing.**



Scenarios for Safe Return to School

Scenario 1: All Students in Physical Building

If state health benchmarks are met prior to the start of the second semester on January 4, 2021, school may re-open utilizing the 2020-2021 Governing Board approved TRADITIONAL bell schedule.

Safety/Health Measures:

- Students and staff may be required to wear masks in public spaces since maintaining 6 feet social distancing will not always be possible. *See CVHS face covering policy
- Classroom will be outfitted with new individual desks to allow for as much room as possible between students.
- Cleaning protocols for classrooms will be set to address during and after each class.
- Hallways will become 1 way to allow as much distance as possible.

Scenario 2: Hybrid Distance Learning

If state health benchmarks are met prior to the start of the second semester on January 4, 2021, school may re-open utilizing the 2020-2021 Governing Board DISTANCE LEARNING approved bell schedule.

- Student has option of physically attending or distance learning. (Student or someone in immediate household has COVID, high risk or uncomfortable returning to school)
- Screening and safety/health measures same as scenario 1.
- Classes live streamed for student participation.

Scenario 3: All Students Distance Learning

The start of the 2020-2021 school-year will be held with all students distance learning utilizing the 2020-2021 Governing Board DISTANCE LEARNING approved bell schedule.

- Screening and safety/health measures same as scenario 1.
- Classes live streamed for student participation.

Scenario 4: Extended Emergency School Closure

If the school opens second semester in Scenarios 1 or 2 and has to be closed due to COVID risks.

- Continue scenario 1 bell schedule during school closure.
- Scenario 3 All Students Distance Learning platform will be utilized.



NAME _____ DATE _____

TEMPERATURE _____

In the past 24 hours, have you experienced:

- Fever, Fatigue, Cough, Sneezing, Aches and Pains, Runny or Stuffy nose, Sore throat, Diarrhea, Headaches or shortness of breath?

Yes **No**

- Have you recently been in close contact with anyone who has exhibited any symptoms?

Yes **No**

- Have you recently been in contact with anyone who has tested positive for COVID-19?

Yes **No**

- Have you recently traveled to a restricted area that is under a Level 2, 3, or 4 Travel Advisory according to the U.S. State Department? Including: China, Italy, Iran, and most countries in Europe.

Yes **No**



COVID-19 INCIDENT REPORT FORM
QUESTIONS FOR PRINCIPAL, DIRECTOR OF EDUCATION OR CEO

1. Administrator reporting incident: _____
2. Name of employee you are reporting: _____
3. Does employee identified in question #2 have relative(s) who work for ACYR?
YES/NO If yes, list the name and phone numbers of all employee(s) _____
4. Does employee identified in question #2 live with someone who works for ACYR?
YES / NO If yes, list the name and phone numbers of all employee(s) _____
5. When did the employee identified in question #2 first report that he/she was not feeling well? Date ____ Time __ _ (before/during/after work shift)
6. When did the employee identified in question #2 first report possible exposure to COVID-19? Date ____ Time __ _ (before/during/after work shift)
7. Did the employee identified in question #2 report to work today? YES/NO
If yes, did you send employee home? -----
8. List names and phone numbers of all employee(s) in close contact (within 6 feet for periods of 15 minutes or longer) with individual identified in question #2:
9. List names and phone numbers of all employee(s) who were working on the day that the employee reported feeling ill but NOT within 6 feet and/or for periods of 15 minutes or longer?
10. Do you have a sign in sheet of all employees and visitors that entered the campus/division/building on the day the employee reported to you of not feeling well/possible exposure to COVID -19?

*****Please remember that all information that you have been provided by the employee and that we are discussing now is confidential. Please do not share any of this information with anyone other than designated individuals within ACYR.**



**COVID-19 STUDENT INCIDENT REPORT FORM
QUESTIONS FOR PRINCIPAL, DIRECTOR OF EDUCATION OR CEO**

1. Administrator reporting incident: _____
2. Name of student you are reporting: _____
3. Does student identified in question #2 live with someone who attends ACYR/CVHS?
YES / NO If yes, list the name and phone numbers of all employee(s) _____
4. When did the student identified in question #2 first report that he/she was not feeling well? Date _____ Time ____ (before/during/after work shift)
5. When did the student identified in question #2 first report possible exposure to COVID-19? Date _____ Time ____ (before/during/after work shift)
6. Did the student identified in question #2 report to school today? YES/NO
If yes, did you send employee home? -----
7. List names and phone numbers of all student(s) in close contact (within 6 feet for periods of 15 minutes or longer) with individual identified in question #2:
8. List names and phone numbers of all employee(s) who were working on the day that the student reported feeling ill but NOT within 6 feet and/or for periods of 15 minutes or longer?
9. Do you have a sign in sheet of all employees and visitors that entered the campus/division/building on the day the student reported to you of not feeling well/possible exposure to COVID -19?

*****Please remember that all information that you have been provided by the student and that we are discussing now is confidential. Please do not share any of this information with anyone other than designated individuals within ACYR/CVHS.**