

JOSHUA SPRINGS CHRISTIAN SCHOOL

RE-OPENING PLAN FOR 2020-2021 SCHOOL YEAR

PREAMBLE, MISSION AND PURPOSE

"Let us hold fast the confession of *our* hope without wavering, for He who promised *is* faithful. And let us consider one another in order to stir up love and good works, not forsaking the assembling of ourselves together, as *is* the manner of some, but exhorting *one another*, and so much the more as you see the Day approaching." Heb.10:23-25.

PREAMBLE

Martin Luther, the igniter of the Great Reformation in 1517, was as much an education reformer as he was a church reformer. And like the early church fathers who placed the Bible at the center of their school's curriculum, Luther said:

"Above all, in schools of all kinds, the chief and most common lesson should be in the Scriptures.... But where the Holy Scriptures are not the rule, I advise no one to send his child. Everything must perish where God's word is not studied unceasingly. When schools prosper, the Church remains righteous and her doctrine pure. Young pupils and students are the seed and source of the Church. If we were dead, whence would come our successors, if not from the schools? For the sake of the Church we must have and maintain Christian schools. "Martin Luther, quoted in F.V.N. Painter, Lutheran Education (St. Louis Concordia Publishing House, 1889), p. 168; as reproduced in CSE Magazine, "1,900 Years of Christian Schools and Their Impact on Society", available at ACSI.org

Faith. Hope. Love. An unbroken and unbreakable 1,900 year legacy of Christian Education. God, His word, our prayers and the gathering together of the saints. These are the timeless and unchanging spiritual principles, from God, through His word, and passed from generation to generation by a great cloud of faithful teachers that compel the reopening of our school for the 2020-2021 in the midst of the Coronavirus pandemic.

MISSION

To reopen Joshua Springs Christian School for the 2020-2021 school year on time and for on campus learning as safely and fully as possible.

PURPOSE

To advance the gospel of Jesus Christ through private Christian Education, as an in-person gathered community of teachers, administrators, staff, parents and students to God's glory, our joy and for the benefit of all connected with Joshua Springs Christian School.

INTRODUCTION

The goal of Joshua Springs Christian School's reopening plan is to provide re-entry that fosters the overall health of children, adolescents, staff, and community that we serve. The plan is based on evidence that is currently available and will be monitored as new information or situations arise. We hold as true that not opening our school would be counter to Scripture, and would have a negative impact on the spiritual, mental, behavioral, educational, and developmental health of our students. We trust that this plan will provide a framework for safety when Joshua Springs Christian School re-opens on August 31, 2020. There are many federal, state and local guidelines available when it comes to making decisions on how to best mitigate the risk and protect our school

and community. Joshua Springs Christian School has carefully considered many of the available guidelines and will lean most heavily on the medical advice from the American Academy of Pediatrics and has adopted the actionable 12 steps to reopening schools from The Hospital for Sick Children in Ontario, Canada.

From the American Academy of Pediatrics:

'Schools are fundamental to child and adolescent development and well-being and provide our children and adolescents with academic instruction, social and emotional skills, safety, reliable nutrition, physical/speech and mental health therapy, and opportunities for physical activity among other benefits. Beyond supporting the educational development of children and adolescents, schools play a critical role in addressing racial and social inequity. As such, it is critical to reflect on the different impact SARS-CoV-2 and the associated school closures have had on different races, ethnic and vulnerable populations. These recommendations are provided acknowledging that our understanding of the SARS-CoV-2 pandemic is changing rapidly.'

From the Hospital for Sick Children:

"Not opening schools in September would continue to have a negative impact on the mental, behavioral and developmental health of children. We hope these recommendations help provide a framework to keep everyone safe when school doors reopen."

Developed by experts from Sick Kids and Unity Health Toronto, with input from scientists at the University of Toronto and Sick Kids' Family Advisory Network, the recommendations include important topics such as screening, hand hygiene, physical distancing, use of non-medical masks, and more.

SCIENTIFIC, STATISTICAL AND PSYCHOLOGICAL BASIS FOR JOSHUA SPRINGS CHRISTIAN SCHOOL REOPENING

Multiple reports from around the world indicate that children account for less than 5-10% of infections. In California, according to the California Dept. of Public Health, of 200,461 COVID-19 cases reported as of June 25th, 11,985 (6.00%) were in children aged 5-17 years. There have been 0 reported deaths due to COVID-19 in California for ages 0-17. Children are less susceptible to SARS-CoV-2 infection and may be less likely to transmit the virus to others. There is also strong evidence that the majority of children who become infected are either asymptomatic or have only mild symptoms, such as cough, fever, and sore throat. While serious disease requiring hospitalization is known in children, including multisystem inflammatory syndrome in children (MIS-C), this is relatively rare and is generally treatable. Severe disease requiring intensive care admission occurs in a small minority of pediatric cases, particularly among those with certain underlying medical conditions, but the clinical course is much less severe than in adults and deaths are non-existent in California. Again, there have been no pediatric or minor children deaths ages 0-17 reported in California as of June 25, 2020.

The community based public health measures (national lockdown, school closures, stay at home orders, self-isolation etc.) implemented to mitigate COVID-19 and "flatten the curve" have significant adverse health and welfare consequences for children. Some of these unintended consequences include decreased vaccination coverage, delayed diagnosis and care for non-COVID-19 related medical conditions, and adverse impact on children's behavior and mental health. Increased rates of depression, trauma, drug abuse and addiction and even suicide can be anticipated. Several organizations including the American Psychological Association (APA) and World Health Organization have highlighted concerns about the potential impact of lockdown on family discord, exposure to domestic violence, child abuse and neglect. Thus, the impetus to reopening schools is to optimize the health and welfare of children, not for the purposes of allowing parents to get back into the workforce or to facilitate re-opening of the economy. As mentioned, it is critical that we balance the risks of COVID-19 in children, which appear to be minimal, with the harms of school closure which is impacting their physical, spiritual, emotional, and mental health. It should be recognized that it will not be possible to remove all risk of infection and disease now that SARS-CoV-2 is well established in many communities. Mitigation of risk, while easing restrictions, will be needed for the foreseeable future.

Return to school has always been associated with increases in cases of community-associated seasonal respiratory viral infections. As a result, it is anticipated that there will likely be an increase in cases of COVID-19 upon the resumption of school and as such, the appropriate measures should be proactively put in place to mitigate the effects of such an increase. This includes the need for readily available testing and contact tracing support, which is critical to avoid outbreaks. Consistency is essential for our students and it will be important to ensure that once children return to school, our schools stay open to the extent possible. Furthermore, children rely on structure and schedule for stability, which supports the need for a daily school model.

ONGOING MONITORING OF OUR PLAN

Joshua Springs Christian School recognizes that COVID-19 is constantly changing and has assembled a team that will meet on a regular basis to monitor outbreaks within the school, the families we serve, and our community as a whole. This team is made up of the school administrator, assistant principal, a board member, 3 teachers, 2 parent representatives, and 2 students. They make recommendations to the administration and the board of directors for any alterations that may be needed.

This team will follow the key principles as outlined by the American Academy of Pediatrics:

- *School policies must be flexible and nimble in responding to new information, and administrators must be willing to refine approaches when specific policies are not working.*
- *It is critically important to develop strategies that can be revised and adapted depending on the level of viral transmission in the school and throughout the community and done with close communication with state and/or local public health authorities and recognizing the differences between school districts, including urban, suburban, and rural districts.*
- *Policies should be practical, feasible, and appropriate for child and adolescent's developmental stage.*
- *Special considerations and accommodations to account for the diversity of youth should be made, especially for our vulnerable populations, including those who are medically fragile, live in poverty, have developmental challenges, or have special health care needs or disabilities, with the goal of safe return to school.*
- *No child or adolescent should be excluded from school unless required in order to adhere to local public health mandates or because of unique medical needs. Pediatricians, families, and schools should partner together to collaboratively identify and develop accommodations, when needed.*
- *School policies should be guided by supporting the overall health and well-being of all children, adolescents, their families, and their communities. These policies should be consistently communicated in languages other than English, if needed, based on the languages spoken in the community, to avoid marginalization of parents/guardians who are of limited English proficiency or do not speak English at all.*

Any questions or comments that you have can be directed to school@joshuasprings.org.

THE FAMILY'S RESPONSIBILITY

While medical experts agree that the risk to the individual child is very low and reasonable precautions are being taken, there is risk that a child could become infected while attending Joshua Springs Christian School and infect others.

No one knows the interactions of their child better than the parents. We are asking that the parents make the ultimate decision and accept the responsibility that enrolling their child at Joshua Springs Christian School is appropriate. Please prayerfully consider whether or not you would like to have your child attend our school and that the steps that we are taking as a community are in the best interest of your family.

JOSHUA SPRINGS CHRISTIAN SCHOOL'S 12 STEP PLAN FOR REOPENING

The following summarizes our current plan for school reopening based on the available evidence as well as

expert opinion, organized into the categories below:

1. Screening to prevent symptomatic individuals from entering the school
2. Hand hygiene
3. Non-Medical and Medical Face Masks for Children
4. Physical Distancing
5. Cohorting
6. Environmental Cleaning
7. Ventilation
8. Mitigation of Risk for Students at Higher Risk for Severe Disease
9. Special Considerations for Children and Youth with Medical and/or Behavioral Complexities
10. Mental Health Awareness and Support for Children
11. Protection of Staff and at-risk Persons or Families & Tracing of Contacts
12. Communicating about COVID-19 to Children, Youth and Parents/Caregivers

Adopted from the University of Toronto, Hospital for Sick Kids

1. SCREENING TO PREVENT SYMPTOMATIC INDIVIDUALS FROM ENTERING THE SCHOOL

In order to prevent the spread of infection, students, teachers, and other employees who have signs/symptoms of COVID-19 (according to CDC, California DPH and local Public Health guidance) should stay home and decisions about testing and return to school should be guided by CDC and California DPH in consultation with local Public Health protocols. In addition, return to school decisions for those who have had an exposure to SARS-CoV-2 should be in accordance with local Public Health recommendations.

Joshua Springs Christian School hereby states and implements a strict exclusion policy for symptomatic students and employees. Teachers and administrators will be provided with information on signs and symptoms of COVID-19 in children so that appropriate action can be taken if children develop symptoms during the day. Student and staff screening, with temperature check, will take place daily at the beginning of the school/work day.

Joshua Springs Christian School intends to keep to a traditional, non-staggered school schedule as it had prior to COVID-19.

Parents and caregivers are also responsible for the screening of their children, daily, at home, prior to entering campus. A checklist will be provided, as requested, for them to do daily screening before arriving at school to clear for entry.

Virtual learning or other forms of structured learning may be implemented on an as-needed basis for children who are required to stay home because they are sick or in isolation due to SARS-CoV-2 infection or exposure. Joshua Springs Christian School will identify and implement available options for students who have limited internet availability or other barriers to online learning.

2. HAND HYGIENE

SARS-CoV-2 and other respiratory viruses are almost exclusively spread by respiratory droplet transmission. As a result, and because virus shedding may occur prior to symptom onset or in the absence of symptoms, routine, frequent and proper hand hygiene (soap and water or hand sanitizer) is critical to limit transmission. In fact, proper hand hygiene is one of the most effective strategies to prevent the spread of most respiratory viruses including SARS-CoV-2, particularly during the pre- symptomatic phase of illness.

Students should be taught how to clean their hands properly (with age-appropriate material) and to try and avoid touching their face, eyes, nose, and mouth as much as possible. This should be done in a non-judgmental and positive manner. Students who have symptoms of a respiratory tract infection should stay home and students

should be reminded to sneeze or cough into their elbow/sleeve.

Age-appropriate signage is placed at Joshua Springs Christian School to remind students to perform hand hygiene. A regular schedule for routine hand hygiene, above and beyond what is usually recommended (before eating food, after using the washroom etc.) will be encouraged. Possible options would be to have regularly scheduled hand hygiene breaks based on a pre-specified schedule (for example, scheduling a minimum of 5 times during the day). For practical reasons and to avoid excess traffic in the hallways, the preferred strategy for these extra hand hygiene moments would be hand sanitizer unless sinks are readily available in the classroom.

Access to hand hygiene facilities (hand sanitizer dispensers and sinks/soap) is critical with consideration for ensuring accessibility for those with disabilities or other accommodation needs. Hand sanitizer (60-90% USP-grade alcohol, not technical grade alcohol) will be available at the entry point for each classroom. Adequate resources and a replenishment process will be implemented to ensure supplies are available to perform hand hygiene frequently. Liquid soap and hand sanitizer will be replenished and tissues available for drying. No-touch waste receptacles will be available for disposal of materials. Disposable disinfectant wipes will be readily available so that commonly used surfaces can be wiped down by individuals before each use (teachers, older students).

3. NON-MEDICAL AND MEDICAL FACE MASKS FOR CHILDREN

Non-medical masks may reduce transmission from individuals who are shedding the virus.

For students in grades kindergarten through second, non-medical and medical face masks are not highly recommended but not required for children returning to school. For grades three and above, face masks are required to be worn when on campus. This does not apply when eating, at recess, and when outdoors for PE.

While at school, to comply with the county and state mandates, staff, parents, students of a certain age, and at certain times, will be required to wear a mask. For grades kindergarten through 2nd, face masks/coverings will be recommended but not required; additionally, for these younger children, a face shield would be the recommended alternative if they cannot properly wear a face mask. For students in grades 3 through 12, as well as staff, face masks/coverings will be required during the school day. The face masks will be removed at recess, when eating and when outdoors for PE.

4. PHYSICAL DISTANCING

The objective of physical distancing is to reduce the likelihood of contact that may lead to transmission and has been a widely used strategy during the pandemic. However, strict physical distancing will not be emphasized as it is not practical and could cause significant psychological harm. Close interaction, such as playing and socializing is central to child and student development and will not be discouraged.

When students are in the classroom, to the extent possible, Joshua Springs Christian School will arrange the classroom furniture to achieve a physical distance of 6 feet and leave as much space as possible between students and between students and the teacher/teacher aide. Smaller class sizes will aid in physical distancing of 6 feet.

Some classroom furniture has been removed to accommodate more space to achieve the 6 feet spacing between students' and teacher/aides' desks. All desks in classrooms will face the front of the room where the teacher will instruct. For younger grades, reading centers have been modified to accommodate for smaller

groups with students and the teacher spaced 6 feet from each other.

Six-foot markers have been placed in classrooms and in common areas to help visualize proper physical distancing between students/teachers/staff.

When weather permits, consideration will be given to having classes outside.

Large gatherings/assemblies will not take place for the immediate future. Choir practices/ performances and band practices/performance involving wind instruments may pose a higher level of risk and will not occur during this time.

Lunch breaks and recess and times may be staggered during the first few weeks of school. Hand hygiene will be performed prior to and after lunch breaks, and as weather permits, lunch breaks will take place outside. During outdoor activities, such as recess, physical distancing of 6 feet will be exercised. Students will be required to perform hand hygiene prior to and after sports activities/outdoor play/playground use. Sports and physical education classes will take place as per past Joshua Springs Christian School practice but in compliance with CDPH and CDC guidelines. Contact sports will not occur during PE classes or recess until further notice. Sports equipment (e.g. balls, hockey sticks, etc.) will be cleaned at the conclusion of the activity. Joshua Springs Christian School will endeavor to offer as many of their usual sports, clubs and activities as possible but within the local, state, and federal guidelines.

5. COHORTING

The purpose of cohorting is to limit the mixing of students and staff so that if a child or employee develops infection, the number of exposures would be reduced. However, cohorting should not be done in a manner that compromises daily school attendance or alters the curriculum options available to children.

To the extent possible, cohorting classes will be considered for the younger age groups and for children with medical and/or behavior complexities, so that students stay with the same class group and there is less mixing between classes and years. This applies to both indoor as well as selected outdoor activities.

6. ENVIRONMENTAL CLEANING

Detailed policies are beyond the scope of this document. In brief, SARS-CoV-2 has been detected on a variety of surfaces, and it is possible that infection can be transmitted by touching contaminated surfaces and then touching mucous membranes (i.e. mouth, nose, eyes). As a matter of utmost importance, Joshua Springs Christian School has engaged high quality, reputable cleaning and sanitization experts to provide deep, thorough, comprehensive, detailed, state-of-the-art cleaning of the school immediately prior to the first day of school, and to thereafter regularly sanitize the school to mitigate the possibility of transmission infection on school surfaces.

A regular cleaning schedule will be used throughout the school year with emphasis on high touch surfaces. Maximum efforts will be made to reduce the need to touch objects/doors (no-touch waste containers, prop doors open), and teachers and staff will regularly reinforce “no sharing” of food, water bottles or cutlery policies. To the greatest extent possible, classroom materials and equipment will be made of materials that can be cleaned and disinfected.

7. VENTILATION

Detailed recommendations are beyond the scope of this document. In brief, it is expected that environmental

conditions and airflow influence the transmissibility of SARS-CoV-2. Adequately ventilated classroom environments (e.g. open windows with air flow, and improved airflow through ventilation systems) are expected to be associated with less likelihood of transmission compared with poorly ventilated settings. Joshua Springs Christian School will, prior to the first day of school, engage professionals to provide a comprehensive inspection of ventilation systems, and make recommendations for improvement to maximum safety guidelines, and to improve and optimize classroom ventilation. This would include the use of MERV 13, or higher rated, air filters. Joshua Springs Christian School is committed to increasing the proportion of outside air brought in through these systems, where possible, and to the use of outdoors or environments with improved ventilation (e.g. keeping windows open, weather permitting).

8. MITIGATION OF RISK FOR STUDENTS AT HIGHER RISK FOR SEVERE DISEASE

Some children may be at higher risk of adverse outcome from COVID-19 due to underlying medical conditions such as immuno-compromised states or chronic medical conditions such as cardiac and lung disorders. Children and youth who are medically complex, particularly those with medical technological supports associated with developmental disabilities and/or genetic anomalies, are also in a potentially higher risk category. However, at the present time, there is no convincing evidence to suggest the level of medical risk to these children from SARS-CoV-2 is different from that posed by other respiratory viruses, such as influenza. As a result, given the unintended consequences associated with not attending school, attending school is recommended for the majority of these children. (For more details pertaining specifically to medically and behaviorally complex children and youth, see section 9 below).

Students with underlying conditions may attend school as they would per usual. However, it is important for parents to work with their child's health-care providers so that an informed decision can be made. This is particularly relevant for children with newly diagnosed illnesses requiring the first-time use of new or augmented immuno-suppression. In the event that such children have a documented exposure to the virus, in addition to involvement of the local public health unit, it is recommended that the child's parent/caregiver(s) contact the child's healthcare provider for further management.

9. SPECIAL CONSIDERATIONS FOR CHILDREN & YOUTH WITH MEDICAL AND/OR BEHAVIORAL COMPLEXITIES

Return to school will present unique challenges to children and youth with medical and/or behavioral complexities (e.g. a child with cerebral palsy that requires feeding and respiratory supports in the classroom) and their families. Many of these families have had a prolonged period of time in home isolation compounded by a lack of respite and/or homecare supports. Transitioning medically and behaviorally complex children back to school requires specific focus and will be extremely important as many families are already in crisis mode.

Joshua Springs Christian School will liaise with parents to accommodate a more individualized return to school to ensure smoother transitions to ensure that those families who choose to not send their children to school receive remote learning opportunities and do not lose access to home care and respite supports. Joshua Springs Christian School will make accommodation where reasonable and appropriate to ensure that students continue to receive access to therapy and nursing services while in the school. In appropriate circumstances, and where reasonable and necessary, Joshua Springs Christian School may provide environmental (e.g. smaller class size) and classroom supports (e.g. teacher aides) for those children who may need assistance with hygiene measures, such as some children with behavioral/developmental disorders.

10. MENTAL HEALTH AWARENESS AND SUPPORT FOR CHILDREN

Joshua Springs Christian School will make efforts to address known sources of distress and extend flexibility within existing administrative processes. For example, many children enrolled in transition years (grades 5/6, 8, 12) during the 2019-2020 school year were required to make decisions regarding special education programs, school registration, or other specific educational programming in the absence of usual sources of information, including school visits or meetings. Efforts will be made to allow program flexibility in this regard during the first months of the school year, in the event that children and parents realize they have made an incorrect program or school choice. It can be anticipated that rigidity would likely lead to increased stress, anxiety, depression and school refusal that could be otherwise avoided. Similarly, children can be anticipated to return to school at diverse academic levels even within a classroom. It will be critical to provide opportunities for early identification of learning needs and academic support to ensure that children neither become overwhelmed nor bored in the school setting, as these are frequent antecedents to school refusal and mental health problems. For children who may find the new school environment particularly challenging, such as some children with developmental disabilities, extra supports will be needed. Consultation with their parents and families to better understand their individual circumstances and needs is recommended. It can be anticipated that children and youth may experience increased stress and anxiety related to the COVID-19 pandemic. In addition, children and youth may have mental health conditions, such as anxiety, depression, and substance abuse, which may have been exacerbated by social distancing, including school closures, and may experience symptom escalation on return to school.

Joshua Springs Christian School will make an effort to be flexible throughout the 2020-2021 school year in program and/or school enrollment to provide for children and youth who have transitioned to a new program or school for the 2020/2021 school year. Increased in-school educational support may be provided to students and classroom teachers to enable early identification and remediation of learning gaps that some students will have incurred during the school closures.

11. PROTECTION OF STAFF AND AT-RISK PERSONS OR FAMILIES

While detailed recommendations are beyond the scope of this document, the safety of the school staff is an important consideration. Risk mitigation for each teacher and other staff will be similar to those recommended for other public settings. With regards to children's home environment, it would be appropriate to consider that the risk posed by potentially infected children to other household members likely varies in relation to socioeconomic status, household overcrowding and the presence of children and adults at increased risk of severe COVID-19 at home.

Physical distancing of school staff from children and other staff will be emphasized and exercised as a regular practice. Masks/coverings/shields will be required for school staff. Our teachers and support staff will be wearing a ZShield face shield which attaches around the neck and extends beyond the top of the head. This type of mask is not open at the bottom at the mouth area like other face shields which attach at the forehead and are open at the bottom. This helps to avoid any transmission of any body fluids. This is important as facial expression is an important part of communication which children should not be deprived of; they also enable students to see teachers' faces which helps to avoid potential barriers to phonological instruction. Further guidance should be developed to mitigate risk in home situations where an affected child resides (in the same home) with siblings or adults with underlying conditions that put them at increased risk for more severe disease.

Face shields will only be permitted for teachers and those unable to wear face coverings for medical reasons. Schools should make reasonable accommodations such as a face shield with a cloth drape for those who are unable to wear face coverings for medical reasons. Per Cal/OSHA, considerations for face shields should include a cloth drape attached across the bottom and tucked into shirt.

11a. TRACING OF CONTACTS

If a staff member becomes ill, they will be asked to leave if they are able to drive. If they are not able to drive, they will be placed into an isolation area until they are able to be picked up.

For ill students, they will be placed into an isolation area and a phone call will be made to the parent/guardian informing them they must pick up their child immediately and take them home.

If there are any confirmed cases of COVID-19 in our school, we will close the room/area immediately and remove everyone from that room/area. We will notify all impacted parents of the incident. The room/area will be isolated, cleaned and disinfected.

The designated coordinator who will communicate with the San Bernardino County Department of Public Health in the event of an outbreak will be Mr. Fem Ontiveros, the school administrator or Mrs. Cheryl Henderson, assistant principal.

To test the staff periodically, they will be asked general screening questions:

- Have you had any symptoms, i.e. sore throat, nasal congestion, runny nose, new or worsening cough, shortness of breath, fatigue, headaches, body aches, nausea, vomiting, diarrhea, loss of taste, or smell since yesterday?
- Have you had any prolonged contact with anyone known to have COVID-19 or who has symptoms of COVID-19 since yesterday?

School staff will follow the protocol as directed by the California Department of Public Health. This protocol will include testing of 25% of staff every two weeks, or 50% every month to rotate testing of all staff over time with all staff testing every two months, as testing capacity permits and as practicable, per the CDPH.

12. COMMUNICATING ABOUT COVID-19 TO CHILDREN, YOUTH AND PARENTS/CAREGIVERS

A detailed communication strategy is beyond the scope of this document. However, it is acknowledged that clear, age-appropriate communication about COVID-19 and what to expect when children and youth return to school should occur in advance of school reopening. In addition, it will be important that regular updates be provided to children and their parents/caregivers throughout the school year. Parents, children, youth and the community at large should be educated that SARS-CoV-2 is likely to persist and circulate like other respiratory viruses. They should be made aware that in general, SARS-CoV-2 causes mild disease in the majority of children and young adults and that the best overall strategy for these cohorts and the population at large, taking into account the massive secondary adverse health and well-being implication of the lockdown, is to ease restrictions and return to school.

SUMMARY

This document provides guidance surrounding the reopening Joshua Springs Christian School as it relates to the measures to mitigate risks. As discussed, the risks of infection and transmission in children, which appear to be minimal, need to be balanced with the harms of school closure which is impacting their spiritual, emotional, physical, and mental health.

On balance, it is recommended that children return to school and that the messaging around this clearly articulate the rationale for the recommendations outlined in this document in order to help reduce the fear and anxiety in parents, children and school staff. In our view, a daily school model is best as it allows for consistency, stability, and equity regardless of the region in which children live. An important factor to consider in this respect is emerging evidence indicating inequalities in the social and economic burden of COVID-19, 30 which may further disadvantage children living in higher burden areas where educational inequality and barriers to online learning may be more pronounced. In addition, we appreciate that the living conditions for children vary across socioeconomic groups and therefore recommend that further work be done to develop guidance and identify supports needed for situations where children reside within the same home as individuals with underlying conditions that put them at increased risk of more severe disease.

It is important to note that these recommendations reflect the evidence available at the present time and may evolve as new evidence emerges and as information is gathered from other jurisdictions that have opened schools already.

At the same time, the safety of every student, staff member, and visitor is of utmost importance. Following the mandates and protocol established by the local, county, state, and federal public health agencies is equally important to maintain a safe and disinfected environment. We are committed to doing everything possible so our school community is in a healthy state while on the campus.

REFERENCES (partial):

- *Association of Christian Schools International*
- *American Academy of Pediatrics*
- *University of Toronto, Hospital for Sick Kids*
- *ChurchWest Insurance Services*
- *Brotherhood Mutual Insurance Company*
- *Church & Tax Law*
- *National Association of Independent Schools*
- *Western Association of School and Colleges*
- *California State Department of Education*
- *California State Department of Public Health*
- *Center for Disease Control*