



# COVID Safety Plan/ Cal/OSHA CPP Plan

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The 2023-2024 COVID Safety Plan consists of :

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## **ESSER III Safe Return to In Person Instruction Plan & Continuity of Services Plan 6 month Update**

[ARP Act Funding - Federal Stimulus Funding \(CA Dept of Education\)](https://www.cde.ca.gov/fg/cr/arpact.asp)

<https://www.cde.ca.gov/fg/cr/arpact.asp>

Plan Revisions: Until September 30, 2023, LEAs must regularly, but no less frequently than every six months (taking into consideration the timing of significant changes to CDC guidance on reopening schools), review and, as appropriate, revise its plan for the safe return to in-person instruction and continuity of services. LEAs must seek public input and take such input into account both when making revisions and when determining if revisions are necessary. Any revisions must address an LEA's policies for each CDC updated safety recommendation. After the initial submission, revised plans do not need to be resubmitted in the template provided above, but revised plans (in a format that suits the LEA's needs) must be publicly posted on the LEA's website.

## Section 1: CDPH Guidance Action Plan (2023-2024 School Year)

The following was published as the "[COVID-19 Public Health Guidance for K–12 Schools to Support Safe In-Person Learning, 2022–2023 School Year](#)" and was last updated on May 24, 2023. At the time of development of the 2023-2024 plan no guidance was provided for the 2023-2024 school year.

<b>Staying Up to Date on Vaccinations</b>	<p>Recommended:</p> <ul style="list-style-type: none"> <li>Encourage families to get vaccinated against COVID-19 and remain up-to-date to protect oneself and reduce transmission of the virus.</li> <li>Review statutory requirements for vaccination requirements for entry into K–12 schools and visit Shots for School for information.</li> </ul>
<b>Optimizing Indoor Air Quality</b>	<p>Recommended</p> <ul style="list-style-type: none"> <li>Follow CDPH recommendations to improve indoor air quality to mitigate against COVID-19 in K–12 schools. Facility maintenance staff may also review technical considerations (PDF).</li> <li>In circumstances where outdoor air quality is poor (such as from wildfire smoke), schools are encouraged to confer with local health officials to determine the best approach forward</li> </ul>
<b>Using Facemasks</b>	<p>Required</p> <ul style="list-style-type: none"> <li>As noted in CDPH guidance <i>Get the Most Out of Masking</i>, “no person can be prevented from wearing a mask as a condition of participation in an activity or entry into a venue or business (including schools or childcare), unless wearing a mask would pose a safety hazard” [e.g., watersports].</li> <li>As noted in Cal/OSHA COVID-19 Prevention Non-Emergency Regulations, “Employers shall provide face coverings and ensure they are worn by employees when required by a CDPH regulation or order.”</li> </ul> <p>Recommended</p> <ul style="list-style-type: none"> <li>Unless otherwise directed by local health departments or local educational agencies, students and staff should follow CDPH guidance to <i>Get the Most Out of Masking</i>, as well as masking guidance for specific situations referenced below (e.g., when having symptoms, being infected, or exposed).</li> <li>Provide masks to students who inadvertently fail to bring a face covering to school and desire to use one.</li> </ul>
<b>Getting Tested for COVID-19</b>	<p>Recommended</p> <ul style="list-style-type: none"> <li>Follow the state or local requirements for getting tested for COVID-19.</li> <li>[As of May 23 2023] CDPH recommends that antigen tests be considered the primary option for detecting COVID-19 in schools, compared to PCR tests. For more information, see the <a href="#">Testing Framework for K–12 Schools</a>.</li> </ul>
<b>Maintaining Clean Hands</b>	<p>Recommended</p> <ul style="list-style-type: none"> <li>Teach and reinforce proper handwashing to lower the risk of spreading viruses, including the virus that causes COVID-19.</li> </ul>

	<ul style="list-style-type: none"> <li>• Ensure adequate supplies to support hand hygiene behaviors, including soap, tissues, no-touch trashcans, and hand sanitizers with at least 60 percent alcohol for staff and children who can safely use hand sanitizer. Hand sanitizers should be stored up, away, and out of sight of younger children and should be used only with adult supervision for children ages 5 years and younger.</li> <li>• Teach and reinforce covering coughs and sneezes to help keep individuals from getting and spreading infectious diseases, including COVID-19.</li> </ul>
<b>Managing Individuals with Symptoms</b>	<p>Recommended</p> <ul style="list-style-type: none"> <li>• K-12 schools are encouraged to develop standard criteria for managing students who develop symptoms of infectious diseases, including COVID-19. In most situations, any student who develops new, unexplained symptoms should not return to campus until it is clear that symptoms are mild and improving or are due to a non-infectious cause (e.g., allergies). This includes waiting until 24 hours have passed since resolution of fever without the use of fever-reducing medications.</li> <li>• If symptoms are concerning for COVID-19, it is strongly recommended that students wear a mask and get tested immediately. Students should also follow CDPH recommendations for retesting and/or isolating if results are positive.</li> <li>• Schools should avoid policies that incentivize coming to school while sick.</li> </ul>
<b>Reporting COVID-19 disease burden to local health authorities</b>	<p>Required</p> <ul style="list-style-type: none"> <li>• Refer to 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.</li> <li>• As workplaces, schools are subject to COVID-19 workplace outbreak reporting requirements stipulated in Cal/OSHA COVID-19 Non-Emergency Regulations.</li> </ul>
<b>Managing Students Diagnosed with COVID-19</b>	<p>Recommended</p> <ul style="list-style-type: none"> <li>• Students diagnosed with COVID-19 should follow recommendations listed in Table 1 (Persons with COVID-19) of CDPH's guidance for the general public.</li> </ul>
<b>Managing Students Exposed to COVID-19</b>	<p>Recommended</p> <ul style="list-style-type: none"> <li>• Schools should consider providing a general notification to the entire school community when many in the community may currently have COVID-19 and be infectious to others. This communication can alert all to the increased potential of being exposed to COVID-19 due to a rise in cases among school and community members, and remind all to monitor for symptoms and get tested.</li> <li>• All students with known exposure to persons with COVID-19 should follow 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</li> </ul>

	<p>part in all aspects of K–12 schooling including sports and extracurricular activities.</p>
<b>Managing COVID-19 Outbreaks</b>	<p>Recommended</p> <ul style="list-style-type: none"> <li>• Broad disruptions to in-person learning, such as temporary school or classroom closures, due to COVID-19 should remain a last resort and considered only after all available resources have been exhausted, and only after conferring with local health officials.</li> <li>• Local public health officials are encouraged to contact CDPH to learn more about consultation, testing and vaccination resources to support management of COVID-19 outbreaks.</li> </ul>
<b>Cleaning Facilities</b>	<p>Recommended</p> <ul style="list-style-type: none"> <li>• Drinking fountains may be open and used by students and staff. Routine cleaning is recommended.</li> </ul>
<b>Address student mental and behavioral health</b>	<p>Recommended</p> <ul style="list-style-type: none"> <li>• Schools are highly encouraged to implement strategies to address student mental and behavioral health. Schools should review guidance and resources available to support social and emotional learning and mental health resources for youth, including California's Healthy Minds, Thriving Kids Project.</li> </ul>
<b>Students with Disabilities</b>	<ul style="list-style-type: none"> <li>• When implementing this guidance, schools should carefully consider how to address the legal requirements related to 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.</li> </ul>
<b>Higher risk activities</b>	<ul style="list-style-type: none"> <li>• Certain activities that involve increased and forceful exhalation can pose increased risk for getting and spreading COVID-19, particularly if conducted indoors, in poorly ventilated settings, and/or without the use of masks. Accordingly, schools may consider implementing additional measures to mitigate transmission in these settings, including masking, screening testing and vaccination, particularly during COVID-19 outbreaks or surges.</li> </ul>
<b>Large events at K–12 schools:</b>	<ul style="list-style-type: none"> <li>• 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 substantial spread of COVID-19 within and beyond the school community. Prior to hosting large events, schools are encouraged to review the Safe and SMART Events Playbook (PDF) for mitigation strategies that should be considered.</li> </ul>
<b>Visitors</b>	<ul style="list-style-type: none"> <li>• Schools should not limit access for essential direct service providers who comply with school visitor policies due to a concern about mitigating spread of COVID-19.</li> </ul>

## Section 2: Safe Return to In-Person Instruction LEA Plan (ESSER III)

American Rescue Plan Act. Elementary and Secondary School Relief Fund (ESSER III)

**LEA Name: Sebastopol Independent Charter School**

**Option for ensuring safe in-person instruction and continuity of services:** will amend its plan

- The LEA has amended/created a plan compliant with the IFR using this template and has posted/will post it within 30 days of completing the ESSER III Assurances.

**Please note whether the LEA has a compliant plan and include a link to the plan, or acknowledge that the LEA is submitting a new plan and will post it within 30 days of receiving funds.**

- The original plan was submitted and amended during the 2021-2022 school year. This document serves as the updated 2023-2024 COVID Safety Plan which includes the “Safe Return to In-Person Instruction LEA Plan”

The LEA will maintain the health and safety of students, educators, and other school and LEA staff, and the extent to which it has adopted policies, and a description of any such policies, on each of the CDC’s safety recommendations, including: universal and correct wearing of masks; modifying facilities to allow for physical distancing; handwashing and respiratory etiquette; cleaning and maintaining healthy facilities, including improving ventilation; contact tracing in combination with isolation and quarantine, in collaboration with the State, local, territorial, or Tribal health departments; diagnostic and screening testing; efforts to provide vaccinations to school communities; appropriate accommodations for children with disabilities with respect to health and safety policies; and coordination with State and local health officials.

Describe how the LEA will maintain, or continue to maintain, health and safety policies and procedures. Include a description of any adopted policies and procedures regarding the CDC’s safety recommendations (or available LEA website links to such policies). Include descriptions of appropriate accommodations adopted and coordination efforts conducted with outside State and local health officials. Please include or describe current public health conditions, applicable State and local rules and restrictions, and other contemporaneous information that informs your decision-making process.

**(a) Universal and correct wearing of masks.**

- See “Using Facemasks” in section 1
- See “Face Coverings” in section 3.

**(b) Modifying facilities to allow for physical distancing (e.g., use of cohorts/podding).**

- No longer required

**(c) Handwashing and respiratory etiquette.**

- See “Maintaining Clean Hands” in section 1

**(d) Cleaning and maintaining healthy facilities, including improving ventilation.**

- See “Cleaning Facilities” in section 1
- See “Ventilation” in section 3

**(e) Contact tracing in combination with isolation and quarantine, in collaboration with the State, local, territorial, or Tribal health departments.**

- See “Managing Students Exposed to COVID-19” in section 1
- See “Notice of COVID-19 cases” in section 3

**(f) Diagnostic and screening testing.**

- See “Getting Tested for COVID-19” in section 1
- See “Testing of Close Contacts” in section 3

**(g) Efforts to provide vaccinations to school communities.**

- See “Staying Up to Date on Vaccinations ” in section 1

**(h) Appropriate accommodations for children with disabilities with respect to health and safety policies.**

- See “Students with Disabilities” in section 1

**(i) Coordination with State and local health officials.**

- State guidance has been used to develop section 1.
- We work with the Sonoma County Public Health Department to obtain the latest requirements for public health decisions.

**The LEA will ensure continuity of services, including but not limited to services to address students’ academic needs and students’ and staff social, emotional, mental health and other needs, which may include student health and foodservices.**

**Describe how the LEA will ensure continuity of services in case isolation, quarantine, or future school closures are required, including how the LEA will meet the needs of students with disabilities and English learners.**

**Student Academic Needs:**

- See Action 2.2 “Multi-Tiered Systems of Support” under the Local Control and Accountability Plan (LCAP)
- See Action 2.5 “Special Education Services” under the Local Control and Accountability Plan (LCAP)

**Social, emotional, and mental health:**

- See Action 3.1 “Counseling” and Action 3.2 “Social/Emotional Curriculum” under the Local Control and Accountability Plan (LCAP)

**Student Health:**

- Our exceptional garden program encompasses health and nutrition for all our students. We partner with outside agencies to ensure students in need of Health and Wellness services are able to obtain services.

**Food Services:**

- Food services will continue to serve students.

The LEA sought public comments in the development of its plan and took those comments into account in the development of its plan.

- The original plan included public comment, this updated plan addresses new guidance and will be presented to the governing board with opportunity for public comment.

Describe the LEA’s policy or practice that provided the public with an opportunity to provide comments and feedback and the collection process. Describe how any feedback was incorporated into the development of the plan.

- The LEA has made (in the case of statutorily compliant plans) or will make (in the case of new plans) its plan publicly available no later than 30 days after receiving its ARP ESSER allocation.
- Please insert link to the plan:
  - <https://www.ogusd.org/domain/117>
- The LEA sought public comment in the development of its plan and took those public comments into account in the development of its plan.
- The LEA will periodically review and, as appropriate revise its plan, at least every six months.
- The LEA will seek public comment in determining whether to revise its plan and, if it determines revisions are necessary, on the revisions it makes to the plan.
- If the LEA revises its plan, it will ensure its revised plan addresses each of the aspects of safety

currently recommended by the Centers for Disease Control(CDC), or if the CDC has revised its guidance, the updated safety recommendations at the time the LEA is revising its plan.

- The LEA has created its plan in an understandable and uniform format.
- The LEA's plan is, to the extent practicable, written in a language that parent can understand, or if not practicable, orally translated.
- The LEA will, upon request by a parent who is an individual with a disability, provide the plan in an alternative format accessible to that parent.

The following person or persons is/are the appropriate contact person for any questions or concerns about the aforementioned plan

Please list name(s), title(s), address, county, and contact information for the person or persons responsible for developing, submitting, and amending the LEA plan

**Jennifer Neylon**  
**1111 Gravenstein Hwy N. Sebastopol, CA 95472**  
**707-824-9700 x 302**  
**[jneylon@sebastopolcharter.org](mailto:jneylon@sebastopolcharter.org)**





under their immediate direction and control may be exposed.

Appendix A COVID-19 Training Roster will be used to document this training.

3. Procedures to investigate COVID-19 illnesses at the workplace include:

a. Determining the day and time a COVID-19 case was last present; the date of the positive COVID-19 tests or diagnosis; and the date the COVID-10 case first had one or more COVID-19 symptoms. Appendix B Investigating COVID-19 Cases will be used to document this information.

b. Effectively identifying and responding to persons with COVID-19 symptoms at the workplace. Employee will contact their direct supervisor

c. Encouraging employees to report COVID-19 symptoms and to stay home when ill. Employee will contact their direct supervisor

4. Effective procedures for responding to COVID-19 cases at the workplace include:

a. Immediately excluding COVID-19 cases (including employees excluded under CCR, Title 8, section 3205.1) according to the following requirements:

i. COVID-19 cases who do not develop COVID-19 symptoms will not return to work during the infectious period.

ii. COVID-19 cases who develop COVID-19 symptoms will not return to work during the shorter of either of the following:

a. The infectious period.

b. Through 10 days after the onset of symptoms and at least 24 hours have passed since a fever of 100.4 degrees Fahrenheit or higher has resolved without the use of fever-reducing medication.

iii. Regardless of vaccination status, previous infection, or lack of COVID-19 symptoms, a COVID-19 case must wear a face covering in the workplace until 10 days have passed since the date that COVID-19 symptoms began or, if the person did not have COVID-19 symptoms, from the date of their first positive COVID-19 test.

iv. Elements i. and ii. apply regardless of whether an employee has been previously excluded or other precautions were taken in response to an employee's close contact or membership in an exposed group. b. Reviewing current California Department of Public Health (CDPH) guidance for persons who had close contacts, including any guidance regarding quarantine or other measures to reduce transmission.

c. The following effective policies will be developed, implemented, and maintained to prevent transmission of COVID-19 by persons who had close contacts.

d. If an order to isolate, quarantine, or exclude an employee is issued by a local or state health official, the employee will not return to work until the period of isolation or quarantine is completed or the order is lifted.





to prevent transmission of COVID-19, including one or more of the following actions to improve ventilation:

- Maximize the supply of outside air to the extent feasible, except when the United States Environmental Protection Agency (EPA) Air Quality Index is greater than 100 for any pollutant or if opening windows or maximizing outdoor air by other means would cause a hazard to employees, for instance from excessive heat or cold.
- In buildings and structures with mechanical ventilation, filter circulated air through filters at least as protective as Minimum Efficiency Reporting Value (MERV)-13, or the highest level of filtration efficiency compatible with the existing mechanical ventilation system.
- Use High Efficiency Particulate Air (HEPA) filtration units in accordance with manufacturers' recommendations in indoor areas occupied by employees for extended periods, where ventilation is inadequate to reduce the risk of COVID-19 transmission.
- Determine if our workplace is subject to CCR, Title 8 section 5142 Mechanically Driven Heating, Ventilating and Air Conditioning (HVAC) Systems to Provide Minimum Building Ventilation, or section 5143 General Requirements of Mechanical Ventilation Systems, and comply as required.

In vehicles, we will maximize the supply of outside air to the extent feasible, except when doing so would cause a hazard to employees or expose them to inclement weather.

### **Reporting and Recordkeeping**

Appendix B Investigating COVID-19 Cases will be used to keep a record of and track all COVID-19 cases. These records will be kept by [name of individual, job title, or department] and retained for two years beyond the period in which it is necessary to meet the requirements of CCR, Title 8, sections 3205, 3205.1, 3205.2, and 3205.3.

The notices required by subsection 3205(e) will be kept in accordance with Labor Code section 6409.6 or any successor law.

**Title of Owner or Top Management Representative:** Chris Topham

**Signature:**



**Date 8/11/2023**



## Appendix B: Investigating COVID-19 Cases

All personal identifying information of COVID-19 cases or persons with COVID-19 symptoms, and any employee required medical records will be kept confidential unless disclosure is required or permitted by law. Unredacted information on COVID-19 cases will be provided to the local health department, CDPH, Cal/OSHA, the National Institute for Occupational Safety and Health (NIOSH) immediately upon request, and when required by law.

**Date COVID-19 case (suspect or confirmed) became known:** [enter information]

**Date investigation was initiated:** [enter information]

**Name of person(s) conducting the investigation:** [enter name(s)]

Name	Contact Info	Occupation	Location	Last day and time present	Date of positive test and/or diagnosis	Date of first symptoms

### COVID-19 Case Summary

Summary of employees, independent contractors, and employees of other employers that came in close contact [CCR Title 8, section 3205 does not require recordkeeping for close contacts. These tables are included to assist employers in keeping track of which close contacts they have notified to meet the notice requirements.]

Name	Contact Info	Date notified	Date offered COVID-19 testing (employees only)

Summary notice of a COVID-19 case (employees, employers, independent contractors) – during the infectious period and regardless of a close contact occurring.

Name	Date notified

Summary notice of a COVID-19 case (authorized representative of the COVID-19 case and employee who had close contact).

Name	Date notified

What were the workplace conditions that could have contributed to the risk of COVID-19 exposure?  
[enter information]

What could be done to reduce exposure to COVID-19?  
[enter information]

Was local health department notified? Date?  
[enter information]