



**FREMONT COUNTY DEPARTMENT OF
PUBLIC HEALTH & ENVIRONMENT**

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**Fremont County Public Health & Environment School
Guidance**

August 2, 2021

Executive Summary

Colorado has made tremendous strides in decreasing transmission and deaths from COVID-19, including reaching a 70% vaccination rate among adults 18 and older statewide. In addition, Governor Polis ended the disaster emergency, signaling our transition as a state from crisis to recovery. Yet unvaccinated Coloradans remain vulnerable to new variants, especially the Delta variant, which is far more contagious than previous variants and has more severe health outcomes for younger people.

Because many students have yet to be vaccinated and students under 12 are not yet eligible, we must continue to remain vigilant, take important mitigation steps that can reduce transmission of COVID-19, and address outbreaks in a safe and thoughtful manner. Fremont County Department of Public Health and Environment (FCDPHE) will utilize and elaborate upon CDC school guidance, which was released on July 9, 2021 and Colorado Department of Public Health and Environment (CDPHE) school guidance, which was released on July 20, 2021.

Guidance outlined in this document is aimed at disease control and minimizing the risk of exposure in education settings. FCDPHE acknowledges that students' wellness extends well beyond just disease control. Schools, educators, parents, and students must balance all of the needs of our students in order to achieve wellness and create a productive learning environment. With this in mind, CDPHE has let all statewide school-based health orders and mandates expire and instead has adopted a guidance model designed to empower local public health and local leaders to protect their communities using mitigation strategies most appropriate to local conditions. The guidance provides practical tools to assess the risks of COVID-19 and minimize those risks. The guidance does not constitute statewide requirements, but instead outlines evidence-based best

practices for local governments and schools to implement together to manage the next stage of the pandemic.

Communities with higher rates of transmission should continue to take heightened COVID-19 precautions. FCDPHE still has the authority to enforce local public health orders, which may include quarantine requirements. When Fremont County school districts and/or their communities are experiencing high rates of community transmission FCDPHE will work with the school districts to institute higher precautionary measures, such as;

- Masking.
- Contact tracing.
- Targeted quarantining.
- Increase physical distancing.
- Limiting high risk activities.

In addition to communities facing higher risk factors, certain student groups may be at higher risk of COVID-19 due to the nature of their activities. Riskier activities include indoor sports, contact sports, and other activities involving forced exhalation such as band or orchestra. In these higher risk settings, local public health and school districts should consider precautionary measures to prevent the spread of COVID-19, such as masking, serial testing, contact tracing, targeted quarantining, vaccine outreach, and educational efforts. During the spring 2021 semester, outbreaks of COVID 19 often originated with these groups of students and then spread to the larger school community, disrupting learning.

Similar to adults, students with [underlying health conditions](#) such as obesity, diabetes, asthma, down syndrome, and heart disease are more likely to experience severe health impacts, hospitalization, and death from COVID-19. Students and staff with these underlying health conditions are strongly encouraged to get vaccinated. If they cannot get vaccinated, they should continue practicing a layered approach to prevent COVID-19.

Regardless of transmission and vaccination rates, FCDPHE recommends all education settings to create the safest environment possible for their students through tried-and-true disease prevention measures. These include promoting hand washing, ensuring good ventilation, encouraging activities outside, implementing social distancing measures when identified, and asking sick students to stay home following CDPHE's Return to Learn Tool. In addition, FCDPHE encourages schools to create an accepting environment for parents and students who choose to use masks even when they are not required.

Not only is COVID-19 vaccination Colorado's best defense against the pandemic, vaccination also prevents disruptions to in-person learning. Fully vaccinated staff and students never have to miss school due to quarantine. The COVID-19 vaccines have been highly successful at reducing transmission, infections, and deaths. As we look

towards the fall, FCDPHE will continue to partner with Fremont County schools to provide easily accessible vaccination opportunities and increase our defense against this virus. Vaccines are essential for students and caretakers alike. Children’s risk of contracting COVID-19 is greatly reduced when they live in a household where all eligible individuals are fully vaccinated, even if the children are not yet eligible for vaccination. Any school or school district interested in hosting a vaccination clinic can complete the online [Vaccination Event Request Form](#). FCDPHE will update guidance and disease control strategies as the COVID-19 landscape changes with a continued focus on the essential nature of in-person learning.

Both local and state public health have statutory, legal and regulatory authority to investigate and control disease transmission, including isolation of cases and quarantine of close contacts, closing public places and prohibiting gathering to control the spread of disease. Statutory citations include but are not limited to 25-1.5-102(1), 25-1-506(3)(b)(V), 25-1-122(2), 25-1.5-101(1)(a), (h), (k) and (l), C.R.S. Regulatory authority includes, 6 CCR 1009-1, 6 CCR 1010-6 and 6 CCR 1010-7.

Applicability

This guidance applies to all circumstances where a teacher or caregiver cares for multiple children outside the usual home of the children. These circumstances include, but are not limited to:

- K-12 schools, both public and private.
- Licensed child care settings.
- Home-based family child care settings.
- License-exempt child care programs such as single skill building and 72-hour camps.
- Guest child care facilities at ski resorts and courthouses.
- “Pods” and other home learning/homeschooling groups.

This guide also applies to extracurricular activities, including sports, where the participants are in grades P-12. Additional guidance for sports can be found on the [Organized Sports](#) page.

Definitions

Schools: includes K-12 schools and child care providers, including in-home providers.

School outbreak-associated case: a case among students, teachers, or staff that meets the [outbreak definition](#). **Family members or others outside the school who get sick should not be classified as outbreak-associated.**

Outbreak: Outbreaks are defined in Colorado’s COVID-19 [case and outbreak definitions](#).

COVID-like symptoms: loss of taste or smell, fever (100.4°F or higher), chills, new or worsening cough, shortness of breath or difficulty breathing, headache, sore throat, muscle or body aches, congestion or runny nose, fatigue, nausea or vomiting, diarrhea. A person is assumed to be contagious two days before they start having symptoms and for 10 days after symptoms start. In children too young or unable to reliably report their symptoms, caregivers and teachers should monitor for symptoms and other age-appropriate signs of disease, including decreased appetite or activity. All symptomatic individuals should seek clinical evaluation, including testing, as soon as possible after symptoms develop.

Isolation: staying home from work, school, and activities when a **person is sick or diagnosed with COVID-19. Isolation lasts for at least 10 days** (specifically ten 24-hour periods) **after the onset of symptoms** — and for 24 hours after being fever-free without the aid of fever-reducing medication and if the person shows an improvement of symptoms.

For people who have not had symptoms, isolation lasts 10 days from the day they had their first positive test. In rare instances (for example, if a person was very sick or has certain medical problems), isolation may last 20 days. FCDPHE does not recommend repeat testing to decide when to end the period of isolation except in rare circumstances in consultation with a medical provider. [Find information about how to isolate.](#)

Quarantine: staying home from work, school, and activities after a person was in close contact with someone with COVID-19. Find [guidance on how to quarantine and how long quarantine lasts](#). A person should not attend work, school, or out of school activities if they are under quarantine following an exposure in school. If a person develops symptoms of COVID-19 during their quarantine period, they should begin [isolation](#).

Length of Quarantine	Is Testing Required?	Who Should Use This Option?
14 Days	NO	People who have regular close contact with high risk individuals. This includes people who live or work in residential or congregate living facilities.*
10 Days	NO	This quarantine period is appropriate for most people who do not have contact with high risk individuals.
7 Days	YES	People who do not have contact with high risk individuals and have a negative test collected 48 hours before quarantine is discounted (on day 5 or later).

For 14 days after exposure, regardless of your quarantine length, you should:

- Watch for symptoms of COVID-19.

- If you have symptoms, immediately self-isolate and contact your local public health authority or health care provider.
- Wear a mask, stay at least 6 feet from others, wash your hands, avoid crowds, and take other precautions to [prevent the spread of COVID-19](#).
- Avoid contact with [high-risk](#) individuals.

Close Contact: individuals that have had physical contact with, provided care for someone with COVID-19, shared eating or drinking utensils, or had respiratory droplets land on them from coughing or sneezing of an infected person. Other situations may arise in which a school or district should consult with FCDPHE to determine if close contact has occurred.

Diagnostic COVID-19 test: a test that detects a current COVID-19 infection. These tests include PCR, rapid molecular, and antigen tests. Serology tests can check for evidence of past infection or vaccination, but cannot reliably tell if a person currently has COVID-19 so are not considered diagnostic tests. Testing types are explained further here: <https://www.fda.gov/consumers/consumer-updates/coronavirus-disease-2019-testing-basics>

Public Transportation Conveyance: include airplanes, trains, subways, buses (including school buses), taxis, ride-shares, [maritime transportation](#), trolleys, and cable cars.

Prioritizing In-Person Learning

We must support and prioritize uninterrupted, full-time, in-person learning in our school districts. While we must remain vigilant, particularly when it comes to deadly COVID-19 variants, we recognize there are fewer cases of COVID-19 than earlier in the pandemic, and children under the age of 12 are less likely to experience severe disease, hospitalization, and death from COVID-19. We also know that vaccinations are our best defense against COVID-19. Therefore, Colorado will move from an individual case-based response strategy to a transmission mitigation strategy, where instead of quarantining students and staff after individual exposures, the risk of the whole school community, including the risk of interruptions to learning, is considered. Because in-person learning is essential for communities and students to thrive, CDPHE is recommending reduced incidents of quarantine in schools and child care specifically. Reduced quarantine is not recommended in other settings at this time.

Preventive Measures

FCDPHE continues to support a layered approach of best practices to COVID-19 prevention. These best practices are described in detail in the [Back to School Roadmap](#), and include ventilation, maximization of outdoor activities, sick leave policies, mask-wearing, testing, spacing, cohorting, symptom screening, cleaning and disinfecting, and handwashing. These policies will continue to be important for preventing transmission of all diseases in schools.

Mask Wearing

In accordance with CDC guidance, FCDPHE recommends that everyone in K-12 schools wear a mask, regardless of vaccination status. At this time FCDPHE is not requiring schools to mandate masking and school districts may consider mask requirements at their discretion. **In addition, even when not required by FCDPHE or a school district, unvaccinated and vaccinated staff and students may choose to wear masks. Schools and school districts should ensure that every classroom is a welcome environment for students and staff who choose to protect themselves in this manner.**

Due to the occurrence of [substantial or high transmission](#) of the Delta variant in Fremont County, to reduce the risk of community spread, Fremont County School Districts will work closely with FCDPHE to determine stricter mask requirements when necessary.

Isolation of Positive Cases

Ensuring sick people stay home (and people diagnosed with COVID-19 follow [isolation requirements](#)) is critical to preventing the spread of COVID-19. Under state law, isolation of positive cases is required and must be enforced by FCDPHE and school districts.

Monitoring and Communication

While fully vaccinated individuals are not required to quarantine if they are exposed to someone with COVID-19, all individuals who are exposed should monitor themselves for symptoms for 14 days and get tested if symptoms develop.

We continue to recommend alerting students, staff, and parents of known classroom exposures so all individuals are appropriately informed, will monitor closely for symptoms, and may choose to increase personal mitigation measures as necessary when living or working with vulnerable individuals (e.g., a high school student who volunteers in a nursing home or who lives with an immunosuppressed relative).

Quarantine for Routine Classroom Exposures

Quarantine is not required for routine classroom exposures, unless close contact is determined. Large outbreaks or important circulating variants may necessitate more stringent disease control strategies at the discretion of the FCDPHE.

Higher Risk Exposures

Several close contact situations would be considered higher risk exposures to COVID-19. FCDPHE may take a heightened risk approach to these higher risk exposures, which should include quarantine of unvaccinated, exposed individuals. These exposures are significantly higher risk than typical activities within a classroom.

Examples include, but are not limited to:

- Indoor or high contact athletic competitions.
- Evaluating or assessing ill students or staff.
- Performing an [aerosol-generating procedure](#).
- Caring for a young child (feeding, holding, or diapering).

- Interactions between young children where it is not age appropriate to remain seated or physically distanced.
- Indoor forced exhalation activities such as singing, exercising, or playing a wind or brass instrument.

Schools will notify FCDPHE of high-risk exposures at their discretion. This is not an exhaustive list, and FCDPHE can assist with determining whether or not quarantine is necessary after a particular exposure. Schools should not hesitate to discuss these more complex cases with FCDPHE.

Staff and students who are exposed to a case of COVID-19 outside of the school classroom, including social settings, athletics, workplaces, and household exposures, will likely be required to quarantine, pursuant to statutory and regulatory public health authority. Students participating in high-risk activities (such as unmasked indoor athletic competitions) and individuals who are at higher risk for severe infection will be strongly encouraged to get vaccinated for their own protection.

Individuals at higher risk for severe disease

Individuals should discuss their personal risk factors with their health care providers. Individuals determined to be at higher risk for severe disease should get vaccinated as soon as they are eligible in consultation with their health care provider. If these individuals are not eligible for vaccination, or vaccination is not medically advised, serial testing and masking indoors is strongly recommended. Schools may consider masking requirements, ventilation improvements, and other protective measures when they serve or employ large numbers of high-risk or vulnerable individuals.

Positive cases and outbreaks

As described above, **all positive cases will be required to isolate and stay home to protect others**, pursuant to statutory and regulatory public health authority. **Once a school has an outbreak that impacts multiple classrooms, school leadership should work with FCDPHE to determine what additional mitigation strategies may be necessary.** Additional mitigation strategies may include: masking indoors, social distancing, testing and contact tracing, and quarantine of close contacts.

Caveat: Variants of Concern circulating in communities could impact population-based strategies.

Variants of COVID-19

CDC and CDPHE are actively monitoring the impact that variants of the COVID-19 virus may have on communities and individuals. The state is closely evaluating variants that may cause more severe disease, could be more contagious, or may have a greater potential to infect those who are vaccinated or who have recently been infected with COVID-19.

All variants of COVID-19 spread through exhaled viral particles generated by sick people, and the same protective measures that have helped keep students safe in

schools throughout the past year will continue to be effective. These key strategies also help protect students and staff from other diseases, such as influenza and RSV, and include:

- Getting a vaccine as soon as possible.
- Encouraging students and staff to stay home when sick or potentially contagious.
- Masking indoors if you are not fully vaccinated.
- Improving indoor ventilation.
- Practicing good hand and respiratory hygiene.
- Appropriate cleaning of shared spaces and objects.

More information about [COVID-19 variants is available from CDC](#).

Vaccination Resources for the Community

Vaccines are our best defense against COVID-19 and other diseases. Schools are encouraged to educate their communities about the safety and efficacy of COVID-19 vaccines and why they are so important for us to return to the Colorado we love.

Resources to educate the community about the COVID-19 vaccine

CDPHE has developed many vaccination resources to support this effort and added information about COVID-19 vaccines to our [online vaccine education module](#).

CDPHE is prepared to support schools who wish to host a vaccination event for their students, faculty, and staff. For more information or to request event support, see the [Event Based Vaccination Request Form](#).

Additional resource is available, including testimonials, talking points, social media graphics, and more, to help schools communicate effectively with their communities about the safety and effectiveness of the COVID-19 vaccines:

- [Vaccine campaign and educational toolkits](#)
- [CDPHE Adolescent COVID-19 Vaccination toolkit](#)
- [COVID-19 vaccine FAQs](#)
- [Vaccine equity strategy talking points](#)

The CDC and the American Academy of Pediatrics (AAP) have additional resources about the COVID-19 vaccines:

<https://www.cdc.gov/vaccines/covid-19/planning/school-located-clinics/how-schools-can-support.html>

<https://www.cdc.gov/vaccines/covid-19/health-systems-communication-toolkit.html#posters>

<https://services.aap.org/en/news-room/campaigns-and-toolkits/covid-19-vaccine-toolkit/>

Verifying vaccination status

Schools can verify the vaccination status of their **students** using the Colorado Immunization Information System (CIIS) **without written consent**. Per FERPA, written consent must be obtained if a school wants to enter vaccination data for a student into CIIS. Statute does not permit schools to use CIIS to verify the vaccination status of employees or staff.

Acceptable proof of COVID-19 vaccination

Acceptable proof of COVID-19 vaccination will be the same as all other school-required vaccines. A student may provide the vaccination card that includes the name of the provider, name of the patient, date, type of vaccine, and lot number. For students who received their vaccine in Colorado, the school may verify proof of vaccination with CIIS. Schools do not need written consent to look up vaccination records in CIIS. Students who receive their vaccination outside of Colorado may provide both their vaccination cards and/or CIIS records from the state where they received their shots.

Additionally, CDPHE has added COVID-19 vaccines to the “recommended vaccines” section of the official [Colorado Certificate of Immunization](#) to better enable incoming students to share records of their immunizations with their school.

If a person doesn't want to provide acceptable proof of COVID-19 vaccination they will be treated as an unvaccinated person when pertaining to COVID-19 guidance.

Reporting

Clinical labs and/or health care providers are required to report all COVID-19 test results, both positive and negative, to public health. If school personnel perform and interpret rapid testing on-site, they are functioning as a clinical lab and are required to report all results. Schools and child care facilities are also encouraged to report single cases of which they become aware to their local public health agency, even if testing was performed elsewhere. Schools are able to disclose this information to public health without prior written consent under FERPA's health or safety emergency exception, because a person with COVID-19 represents a potential threat to the health and safety of others at the school. This is true even if there is not an outbreak.

Public health then interviews the people who have COVID-19 and conducts contact tracing to determine who might be close contacts of the case, and makes recommendations about isolation and quarantine.

Schools and child care providers are required to report all outbreaks to their local public health agency or CDPHE within four hours per Per State statute §25-1-122, § 25-1-506, and C.R.S. and Board of Health Rule [6 CCR 1009-1](#):).

Schools and child care providers must report both suspected and confirmed outbreaks.

Schools and child care providers can report outbreaks by:

- Filling out the CDPHE COVID-19 outbreak report form and send it to the local public health agency (via [web form](#) or emailing the [PDF form](#)).
- Calling FCDPHE 719-276-7450
- Calling CDPHE at 303-692-2700

Other Respiratory Infections

COVID-19 spreads via the same mechanisms as influenza, RSV, and other important respiratory illnesses. Therefore, the same strategies that schools have used to protect students and staff from COVID-19 also slow the spread of these other diseases. These include:

- Getting a vaccine as soon as possible.
- Encouraging students and staff to stay home when sick or potentially contagious.
- Improving indoor ventilation.
- Wearing a mask indoors if you are not fully vaccinated.
- Practicing good hand and respiratory hygiene.
- Cleaning shared spaces and objects appropriately.

Additionally, these diseases share many symptoms and it is not always possible to distinguish these illnesses from one another based on symptoms alone, even for experienced medical providers. Therefore, testing is important for anyone with symptoms of a respiratory infection to help guide an appropriate disease response.

Back-to-school Vaccines:

- HepB: Hepatitis B
- DTaP/Tdap: Diphtheria, tetanus, pertussis (whooping cough)
- Hib: Haemophilus influenzae type b
- IPV: Polio
- PCV13: Pneumococcal conjugate
- RV: Rotavirus
- MMR: Measles, mumps, rubella
- Varicella: Chickenpox
- HepA: Hepatitis A
- HPV: Human papillomavirus
- Men-ACWY & MenB: Meningococcal
- Influenza: Flu

KINDERGARTEN THROUGH 12TH GRADE IMMUNIZATION CHART
REQUIRED VACCINES FOR SCHOOL ATTENDANCE 2021-22

VACCINE	Number of Doses	Grades K-12 (4-18 Years of Age)
		<i>Vaccines must follow MINIMUM INTERVALS & AGES to be valid. A 4 day grace period applies in most situations.</i>
Diphtheria/Tetanus/ Pertussis (DTaP) <i>Only licensed through 6 yrs of age.</i>	4 to 5	5 DTaP unless dose 4 given is given on or after the 4 th b-day. Final dose of DTaP to be given no sooner than 4 years of age.
Tetanus/Diphtheria/ Pertussis (Tdap) <i>For students 7 years of age or older who did not have a full series of DTaP.</i>	3 or 4	3 doses tetanus/diphtheria containing vaccines (DTaP, DT, Td, Tdap) is required, or 4 doses required if 1 st dose of DTaP is given before 1 year of age. 1 dose of Tdap to be given if DTaP series not completed and student is at least 7 yrs of age. An additional Tdap is required at 6th grade entry. One dose of Tdap is required for 6th through 12th grade.
Polio (IPV) <i>With combination of OPV & IPV, need series of 4 doses</i>	3 to 4	4 IPV unless 3 rd dose is given on or after 4 th birthday. Final dose of IPV to be given no sooner than 4 years of age. Students who were compliant with 3 or 4 doses (4 weeks minimum intervals between doses) prior to August 7, 2009 have met the requirement.
Measles/Mumps/Rubella (MMR) <i>There must be at least a 28 day interval between 2 live vaccines.</i>	2	The 1 st dose is not valid if administered more than 4 days before the 1 st birthday. 2 valid doses are required for students entering Kindergarten & through 12 th grade.
Varicella (Chickenpox) <i>There must be at least a 28 day interval between 2 live vaccines.</i>	2	The 1 st dose is not valid if administered more than 4 days before the 1 st birthday. 2 doses are required for students entering Kindergarten & through 12 th grade. Note: no vaccine required if there is laboratory documentation of chickenpox disease or a disease screening performed by a health care provider.
Hepatitis B <i>Dosing must follow minimum intervals between doses and last dose must be administered at or over 24 wks of age.</i>	3	The 2 nd dose administered at least 4 weeks after the first dose. The 3 rd dose must be administered at least 16 weeks after the 1 st dose, at least 8 weeks after the 2 nd dose, and the final dose must be administered no sooner than 24 weeks of age. Note: there is a specific 2-dose series for ages 11-15 years only using adult vaccine.

RECOMMENDED VACCINES FOR THE BEST PROTECTION AGAINST VACCINE- PREVENTABLE DISEASE

VACCINE	Number of Doses	Grades K-12 (4-18 Years of Age) <i>Vaccines administered ≤ 4 days before the minimum age are valid</i>
Influenza (Flu)	1 to 2	2 doses initially if under 9 yrs of age with a minimum interval of 28 days between doses, then 1 dose annually, thereafter. (Recommended for all children 6 months of age and older).
Meningococcal ACWY (MenACWY)	2 doses	Adolescents 11-18 years of age (11-12, 16-18)
Serogroup B Meningococcal (MenB)	2 doses	Adolescents 16-18 years of age
Human Papillomavirus (9vHPV)	2 to 3	Adolescents 11-18 years of age Series initiation age 9-14 – two doses 6-12 mos apart Series initiation 15+ – three doses 0, 1-2 mos and 6 mos
Hepatitis A (Hep A)	2	All children 1 year of age and older

Immunization requirements are strictly enforced for all students. Students who do not meet the requirements will be denied attendance according to Colorado Revised Statutes § 25-4-902. There are three ways to be in compliance with the school immunization law:

1. Student's immunization record shows they are fully immunized with required vaccines. A laboratory report for some vaccines or diseases showing immunity is also acceptable.
2. For students who are not up to date on required vaccines, the school will notify the parent/guardian that the student has 14 days to receive the required vaccine(s) or to make an appointment to receive the required vaccine(s). Parents are to provide a written plan for the remaining vaccines following the minimum intervals of the Advisory Committee on Immunization Practices (ACIP) schedule. If the plan is not followed, the student shall be excluded from school for non-compliance.
3. Submission of a Certificate of Medical Exemption signed by a health care provider, or a Certificate of Nonmedical Exemption signed by a health care provider or obtained after the completion of CDPHE's online education module. Visit: www.colorado.gov/vaccineexemption.

Please refer to the ACIP Immunization Schedule, Table 1, 2 and notes: cdc.gov/vaccines/schedules/downloads/child/0-18yrs-child-combined-schedule.pdf

Last Reviewed 1/2021



<https://cdphe.colorado.gov/schoolrequiredvaccines>

Federal Mandate for Face Masks on Public Transportation Conveyances

On January 29, 2021, CDC issued an [Order](#) that required face masks to be worn by all individuals while on public transportation. Regardless of the mask policy at school, passengers and drivers must wear a mask on school buses, including on buses operated by public and private school systems, subject to the exclusions and exemptions in CDC's Order.

Due to this being a Federal Mandate FCDPHE nor the local school districts have control over said mandate.

What is a public transportation conveyance?

A public transportation conveyance is any mode of transportation other than a private vehicle. Types of public transportation conveyances include airplanes, trains, subways,

buses- including school buses, taxis, ride-shares, [maritime transportation](#), trolleys, and cable cars.

Are masks required on school buses?

Yes, passengers and drivers must wear a mask on school buses, including on buses operated by public and private school systems, subject to the exclusions and exemptions in CDC's Order. Operators of school buses should refer to the Department of Education's [COVID-19 Handbook- https://www2.ed.gov/documents/coronavirus/reopening.pdf](https://www2.ed.gov/documents/coronavirus/reopening.pdf) for additional guidance.

A driver does not need to wear a mask if they are the only person on the bus.

For more information on the Federal Transportation Guidelines please go to the following link: <https://www.cdc.gov/coronavirus/2019-ncov/travelers/face-masks-public-transportation.html>.

Helpful Links

Operating schools during COVID-19: CDC's Considerations

<https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/s...>

CDE reopening toolkit

<http://www.cde.state.co.us/planning20-21/healthguidancebycovidphase> - updates coming soon!

<https://www.cde.state.co.us/communications/threephaseopeningguidance> -Google Doc

Critical Worker FAQ

<https://drive.google.com/file/d/1mo8ThFri69P1Y4XEDGYoPjJTvvxrAILL/view>

Federal Laws and Regulations Pertaining to COVID-19

<https://www.cdc.gov/coronavirus/2019-ncov/cdcresponse/laws-regulations.html>

CDPHE School-Required Vaccines

<https://cdphe.colorado.gov/schoolrequiredvaccines>

Tools

At-home symptom screening tool

<https://drive.google.com/file/d/1rM77eLlnivcOuoqv0zy0pXXtinY-fREN/view>

NEW! Addressing Symptoms as School

https://drive.google.com/file/d/1-qAUd4g8tYDZ4KKllbCc_yG0wkEHjiXV/view?usp=sharing

Updated Return to Learn

<https://drive.google.com/file/d/1nhgGlbakyAJY3XJ2TW44sw7btXXqISBR/view?usp=sharing>

NEW! Who Needs to Quarantine

<https://drive.google.com/file/d/1S-bXk2yFdFAjBPUMfT-KvNMvz6EA2A9r/view?usp=sharing>

Frequently Asked Questions:

<https://www.cde.state.co.us/planning20-21/healthguidancebycovidphase#faq>