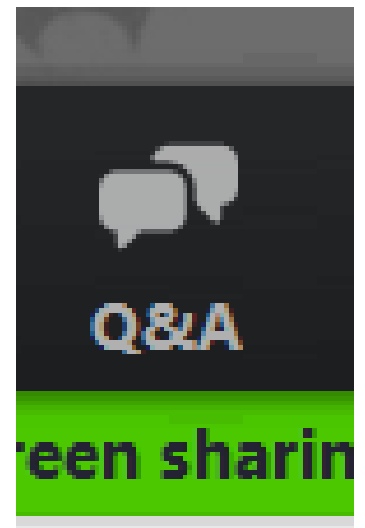
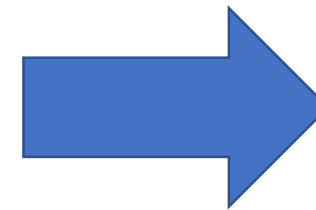




# Reopening Plan – Virtual Parent Information Q&A Meeting

*Please type your questions  
into the Zoom Q&A panel*



The #1 Safety Factor...  
**Keep our Community Infection Rate**  
**LOW**

*Wear a Mask!*

*Wash your Hands!*

# Instructional Schedule

<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>
<b>100% In-Person Instruction</b>	<b>100% In-Person Instruction</b>	<i>ALL REMOTE Instruction</i>	<b>100% In-Person Instruction</b>	<b>100% In-Person Instruction</b>

# Key Topics

## IN-PERSON INSTRUCTION

MASKS – everywhere except your “personal desk space” or “mask break” .... on buses, in halls, when moving around the classroom...

SCREENING – ticket required before entering school or getting on bus

MEALS – Breakfast and Lunch available, many students eat in classrooms

CLEANING, SANITIZING, WASHING – frequent throughout the day

TRANSPORTATION – assigned seats, wear a mask, fewer on bus

SAFETY PROTOCOLS –Dept of Health decides quarantine, testing, contact tracing

FLEXIBILITY - accommodations for students with medical risk factor, students with disabilities, students who need time to re-enter schools

# Transportation

- Two (2) Bus Runs using the same basic routes as last year
  - First Run will be PreK through 4<sup>th</sup> grade
  - PK-4 classes will start ~7:30 a.m. and end ~ 2:30 p.m.
  - Second Run will be 5<sup>th</sup> grade through 12<sup>th</sup> grade
  - 5-12 classes will start ~8:30 a.m. and end ~3:30 p.m
- Buses will be approximately 50% capacity
- Students from same household will sit together
- Must ride same bus a.m. and p.m.

# Screening Tickets

- Parents/Guardians will screen students at home including temp check
- Parents/Guardians will fill out a Screening Ticket for each student each day
- Students must present the Screening Ticket prior to boarding a bus or entering the school and must have answered NO to all questions
- Staff must screen at home and sign a daily sheet acknowledge they have self-screened and answer NO to all screening questions
- **Anyone who answers YES to any question must stay home and should seek medical attention**



## COVID-19 Student Screening Ticket

Child's Name \_\_\_\_\_ Today's Date \_\_\_\_\_

*(1 Ticket per student. Please present this to the bus driver or door monitor. This ticket is required for entry)*

***Please read these 5 questions carefully and provide an answer below:***

- 1. Has your child knowingly been in close or proximate contact in the past 14 days with anyone who has tested positive for COVID-19 or had symptoms of COVID-19?*
- 2. Has your child had a positive diagnostic test for COVID-19 in the past 14 days?*
- 3. Has your child experienced any symptoms of COVID-19, including dry cough, shortness of breath, loss of sense of smell or taste, nausea, vomiting, or diarrhea?*
- 4. Has your child experienced a temperature of greater than 100.0°F in the past 14 days?*
- 5. Has your child traveled internationally or from a state with widespread community transmission of COVID-19 per the New York State Travel Advisory in the past 14 days?*

\_\_\_ **NO to ALL of the questions above**

\_\_\_ **YES to ANY of the questions above**

*By signing below, I swear that this information is true and that I understand falsifying information is a violation of the district's code of conduct. I also understand that if the answer is **YES** to **any** of the questions above, I am **REQUIRED** by state executive order to keep my child home from school and contact our health care provider immediately.*

**Parent/Guardian's Name & Signature** \_\_\_\_\_



# Desk Barriers





# Desk Barriers



# Please Contact Us!

Please email questions and suggestions to the Superintendent:

[dhamilton@tiogacentral.org](mailto:dhamilton@tiogacentral.org)

or administrator:

[wcook@tiogacentral.org](mailto:wcook@tiogacentral.org)

[jroe@tiogacentral.org](mailto:jroe@tiogacentral.org)

[mbombard@tiogacentral.org](mailto:mbombard@tiogacentral.org)

[mmeister@tiogacentral.org](mailto:mmeister@tiogacentral.org)