Reopening of school is critical during the COVID-19 pandemic, when many children and families are experiencing additional economic hardships, social isolation, and stressors. Schools are a critical component of communities and have tremendous impact on the health, well-being, growth, and development of students and families. Education is a fundamental determinant of health because it cultivates life skills, knowledge and reasoning, social-emotional awareness and control, and community engagement, which serve people over the course of a lifetime. Schools themselves also function as tools and resources for public health intervention by addressing core needs such as nutrition, access to health and social support services, and engagement and support of families and the community as a whole.

The spring of 2020 brought about unprecedented changes to our society and our education system. As we look forward to the 2020-21 school year in our pre-kindergarten (pre-K) through grade 12 schools, we anticipate that SARS-CoV-2 – the virus that causes COVID-19 – will continue to circulate. Students, teachers, and other school staff will be at risk for transmitting and acquiring infection. It is important that everyone in the school community take steps to reduce transmission, particularly to those at high risk, while balancing the need to maintain a strong education system that effectively supports staff, students, and communities.

We developed this document to provide pre-K through grade 12 (K-12) school leaders guidance around policies, practices, and strategies that districts and schools must implement and recommendations they should consider to optimize education and promote health and safety, while mitigating risk throughout the school year. Use this guidance document in combination with the additional guidance provided by the Minnesota Department of Education, which includes both strategies for implementation of health guidance in schools, as well as other non-health related considerations for the 2020-21 school year. Additional guidance will be published as the COVID-19 response evolves throughout the summer and into the fall.
Planning for fall

School and district administrators are directed to develop three contingency plans to prepare for the 2020–21 school year using the three scenarios described below:

- **Scenario 1: In-person learning for all students.** In this planning scenario, schools should create as much space between students and teachers as is feasible during the day, but will not be held strictly to enforcing 6 feet of social distancing during primary instructional time in the classroom. Activities and extracurricular programming should continue to follow the COVID-19 Prevention Guidance for Youth, Student, and Child Care Programs (PDF) (www.health.state.mn.us/diseases/coronavirus/schools/socialdistance.pdf). This scenario may be implemented if state COVID-19 metrics continue to stabilize and/or improve. All requirements in this guidance apply to scenario 1.

- **Scenario 2: Hybrid model with strict social distancing and capacity limits.** In this planning scenario, schools must limit the overall number of people in school facilities and on transportation vehicles to 50% maximum occupancy. Sufficient social distancing with at least 6 feet between people must occur at all times. If distancing cannot be achieved in a space or on a transportation vehicle, the number of occupants must be reduced. Schools must also include plans for contactless pick-up and/or delivery of meals and school materials for days that students and staff are not in the school building, as well as implementation of a school-age care program for critical workers. This scenario may be implemented if COVID-19 metrics worsen at the local, regional, or statewide level. Scenario 2 may also be implemented within a school if they experience clusters of cases within a classroom or the school. All requirements in this guidance apply to scenario 2, with additional requirements noted in the Social Distancing and Minimizing Exposure section noted for scenario 2 only.

- **Scenario 3: Distance learning only.** This scenario may be implemented if local, regional, or statewide COVID-19 metrics worsen significantly enough to require the suspension of in-person learning. The requirements in this guidance regarding in-person protections would not apply to the general school community, as students and staff would be utilizing distance learning and would not be gathering in groups on school grounds. However, schools may be open to provide emergency child care or other functions.

Governor Walz’s Office, in consultation with the Minnesota Department of Health (MDH) and Minnesota Department of Education (MDE), will determine and announce the scenario model under which schools may reopen for the 2020–21 school year based on state COVID-19 metrics by the week of July 27. Future decisions to increase or loosen restrictions will be made if COVID-19 metrics at the local, regional, or state level worsen or improve. Schools may choose to implement strategies that are more restrictive than the scenario established by the state, but may not choose to implement plans for a scenario that is less restrictive.
How to use this guidance

This guidance document is organized into sections by topic, and within each section the planning elements are further separated into required and recommended practices for each planning scenario.

Required health practices must be implemented by all Minnesota public schools. These practices are foundational to minimizing the risks of exposure to COVID-19 for students, staff, and families. These practices are considered the minimum level of implementation, and schools may not be less restrictive.

Recommended health practices are additional strategies that schools may choose to use to minimize the spread of COVID-19. MDH and MDE recognize there are diverse learning environments that will require teams to use thoughtful strategies when applying guidance to meet the health and safety needs of all students and staff. Not all recommended practices will be possible in all settings, and therefore should be tailored as appropriate.

The following guidance includes sections addressing:

- COVID-19 program coordinator
- Monitoring and excluding for illness
- Social distancing and minimizing exposure
- Handling suspected or confirmed positive cases of COVID-19
- Cloth face coverings
- Water and ventilation systems
- Protecting vulnerable populations
- Transportation
- Hygiene practices
- Support mental health and wellness
- Cleaning and materials handling
-
COVID-19 program coordinator

Requirements: Scenario 1 and 2

- COVID-19 program coordinator - Identify a point of contact for each school building in collaboration with building or district school nurses. This person will communicate concerns, challenges, and lessons learned related to COVID-19 preventive activities as needed with staff, students/families, school and district leadership, and local health officials.

Recommendations: Scenario 1 and 2

- With older students, consider a student counterpart(s) to the COVID-19 program coordinator role to reflect the student experience. This strategy can support student ownership and responsibility for creating a safe and healthy school environment.

Social distancing and minimizing exposure

Social distancing (also called physical distancing) means keeping space between yourself and other people outside of your home. Social distancing is a critical tool in decreasing the spread of COVID-19.

In this planning scenario, schools should create as much space between individuals as possible during the day, recognizing that it is not always feasible to have 6 feet of social distancing during primary instructional time in the classroom.

Requirements: Scenario 1 and 2

- Provide social distancing floor/seating markings in waiting and reception areas.
- Systematically review and evaluate school transportation capacity with the goal of creating as much space between riders as possible, recognizing that it is not always feasible to have 6 feet of social distancing. Consider reducing capacity or adding routes to allow for more physical space between riders. See Additional Requirements: Scenario 2, below, for transportation-related requirements specific to Scenario 2.
- Systematically review and evaluate classroom capacity with the goal of creating as much space between people as possible, recognizing that it is not always feasible to have 6 feet of social distancing during primary instructional time in the classroom. Consider reducing class sizes or using alternative spaces with greater capacity to allow for more physical space between people.
- Mark 6 feet of spacing to remind students and staff to always stay 6 feet apart in lines and at other times they may congregate (e.g., during lunch, arrival and dismissal, restrooms, locker rooms, etc.).
- Have staff monitor arrival and dismissal to curtail congregating and ensure students go straight from vehicle to their classroom, and vice versa.
- Nonessential visitors, volunteers, and activities involving external groups or organizations should be restricted.
- Discontinue self-service food or beverage distribution in the cafeteria. Meals, snacks, and beverages served at school must be individually packaged, wherever possible. Where individual packaging is not possible, food and beverages must be served directly to students. As always, ensure the safety of children with food allergies.

**Additional Requirements: Scenario 2**

- Limit the number of people in school facilities and on transportation vehicles to 50% maximum occupancy.
- Ensure sufficient social distancing with at least 6 feet between people at all times. If distancing cannot be achieved in a space or on a transportation vehicle, the number of occupants must be reduced.
- Implement contactless pick up and/or delivery of meals and school materials for days that students and staff are not in the school building.
- Implement a school-age care program for critical workers.

**Requirements: Scenario 3**

- Implement contactless pick up and/or delivery of meals and school materials.
- Implement a school-age care program for critical workers.

**Recommendations: Scenarios 1 and 2**

- Develop and keep students and staff in small cohort groups that stay together as much as possible throughout the day and from day to day. Limit mixing between cohort groups as much as possible (e.g., during lunch in the cafeteria, bathroom breaks, arrival and dismissal, free periods, recess, etc.).
- Minimize opportunities for exposure (especially when students are around each other for 15 minutes or more) by ensuring social distancing of at least 6 feet between people whenever possible. For example, evaluate classrooms and other available spaces to ensure classrooms are large enough or class sizes are small enough to create space between students and staff.
  - Arrange classroom seating so that students are separated from one another by 6 feet when feasible. If it is not possible to arrange seating 6 feet apart, consider turning all desks to face in the same direction (rather than facing each other).
  - Consider the use of transparent dividers (e.g., plexiglass) to separate individuals.
▪ If social distancing is not possible in the cafeteria, have meals delivered to the classroom or have students bring food from the cafeteria back to their classrooms to eat.

▪ Use visual aids to illustrate appropriate spacing and traffic flow throughout the school building (e.g., designating hallways or entrances as one-way and posting directional reminders on the walls and/or floor).

▪ Reconfigure common areas by spacing out furniture to minimize crowding. Consider closing off common seating areas if it is observed that social distancing is routinely compromised. Do not allow multiple groups into common areas.

▪ Stagger arrival and dismissal times to minimize crowding. Whenever possible, student pick-up and drop-off should occur outside.
  ▪ Utilize visual cues, signage, and barriers to direct traffic flow and demonstrate social distancing.
  ▪ Consider dividing entry points rather than funneling all students through the same entry space.

▪ Provide frequent reminders for students and staff to stay at least 6 feet apart from one another when feasible.

▪ Place physical barriers such as plexiglass for protection at reception desks or other similar areas.

▪ Whenever possible, hold physical education and music classes outside and encourage participants to spread out. Consider using visual cues to demonstrate physical spacing.
  ▪ Be aware that COVID-19 has rapidly spread among groups of people singing together in indoor environments. Learn more at [High SARS-CoV-2 Attack Rate Following Exposure at a Choir Practice](www.cdc.gov/mmwr/volumes/69/wr/mm6919e6.htm).    
  ▪ Arrange the space for singing sessions so that people are separated from one another by 6 feet when feasible and consider having all participants face in the same direction (rather than facing each other).

▪ Discontinue activities that bring together large groups of people or activities that do not allow for social distancing, including assemblies, in-person field trips, large group use of playground equipment simultaneously, etc.

▪ Consider allowing staff to use alternate spaces (e.g., telework) for discretionary preparation time.
Cloth face coverings and face shields

Recommendations: Scenario 1 and 2

Wearing cloth face coverings and/or a nonmedical face shield is strongly recommended. Teach and reinforce the use of cloth face coverings and/or face shields for students and staff as much as possible throughout the school day, including on transportation vehicles, inside school buildings, and generally when on school grounds. Wearing cloth face coverings and/or face shields is most important when students and staff cannot maintain 6 feet of distance between each other.

Schools are strongly encouraged to have a supply of cloth face coverings and/or face shields available for staff and students who forget to bring their own.

Cloth face coverings are meant to protect other people in case the wearer does not know they are infected. Using a face shield (clear plastic shield that covers the forehead, extends below the chin, and wraps around the sides of the face) offers protection for the wearer and allows visibility of facial expressions and lip movements for speech perception. Staff and students (especially older students in grades 6 or higher) should wear cloth face coverings and/or face shields as much as possible throughout the day. Cloth face coverings or face shields may be considered for younger students if it is determined they can reliably wear, remove, and handle them following CDC guidance.

Cloth face coverings should not be placed on:

- Anyone who has trouble breathing or is unconscious.
- Anyone who is incapacitated or otherwise unable to remove the face covering without assistance.
- Anyone who cannot tolerate a cloth face covering due to developmental, medical, or behavioral health needs.

Share information with staff, students, and families on the proper use, wearing, removal, and cleaning of cloth face coverings and face shields:

- [How to Safely Wear and Take Off a Cloth Face Covering](https://www.cdc.gov/coronavirus/2019-ncov/downloads/cloth-face-covering.pdf)
- [Best Practice for Masks: Considerations for People with Disabilities and Special Health Needs](https://www.health.state.mn.us/diseases/coronavirus/guidemasks.pdf)
- [Moving Personal Protective Equipment into the Community: Face Shields and Containment of COVID-19](jamanetwork.com/journals/jama/fullarticle/2765525)
Protecting vulnerable populations

The CDC considers the following individuals to be at high risk for severe illness due to COVID-19:

- Are 65 years and older
- Have underlying medical conditions, particularly if not well-controlled, including:
  - Chronic lung disease or moderate to severe asthma
  - Serious heart conditions
  - Compromised immune system
  - Severe obesity (body mass index of 40 or higher)
  - Diabetes
  - Chronic kidney disease undergoing dialysis
  - Liver disease
  - Hemoglobin disorder

More information on who is at higher risk from severe illness due to COVID-19 is available at People Who Are at Higher Risk for Severe Illness (www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-at-higher-risk.html) and at Managing Chronic Conditions During COVID-19 (www.health.state.mn.us/people/conditions/index.html).

Requirements: Scenario 1 and 2

- Create a process for students/families and staff to self-identify as high risk for illness due to COVID-19. Have a plan in place to address requests for alternative learning arrangements or work reassignments.
- Evaluate all current plans (e.g., Individual Healthcare Plans, Individualized Education Plans or 504 Plans) for accommodating students with special health care needs and update as needed to decrease their risk for exposure to COVID-19.
- Offer distance learning to enrolled students who may be medically vulnerable or otherwise unwilling to return to in-person or hybrid learning.
Hygiene practices

Requirements: Scenario 1 and 2

- Ensure the availability of appropriate supplies to support healthy hygiene behaviors (e.g., soap, hand sanitizer, paper towels, disinfectant wipes, and tissues) and strategically place supplies in areas where they may be frequently used.
  - Review MDH’s Recommended Supplies for Schools (www.health.state.mn.us/diseases/coronavirus/schools/supplies.html)
  - Develop processes to frequently check and refill supplies at the point of use (e.g., hand sanitizer available near shared equipment, hand sanitizer near school building entrances/exits, etc.).

- Build routines of hand hygiene into the daily school schedule for all students and staff, including handwashing and sanitation breaks during or between classroom activities. Teach and reinforce handwashing with soap and water for at least 20 seconds and/or the safe use of hand sanitizer that contains at least 60% alcohol by staff and older students.
  - Supervise the use of hand sanitizer by students.
  - Ensure that children and staff with sensitivity or skin reactions to hand sanitizer can use soap and water.
  - Reinforce handwashing during key times including but not limited to: arrival and dismissal; before, during, and after preparing or eating food; after using the bathroom; after blowing one’s nose, coughing, or sneezing; after touching objects with bare hands that have been handled by other people.

Recommendations: Scenario 1 and 2

- Use media, posters, and other tactics to promote health etiquette expectations in highly visible locations.

Cleaning and materials handling

Requirements: Scenario 1 and 2

- Establish a schedule for routine environmental cleaning and disinfection of high-touch surfaces and shared equipment throughout the day using EPA-approved disinfectant for SARS-CoV-2 (www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2-covid-19).
  Increase the frequency of disinfection during high-activity periods during the school day.
Do not use cleaning products near children. Staff should ensure there is adequate ventilation when using these products to prevent children or themselves from inhaling toxic fumes. Securely store products away from children.

Ensure adequate supplies to minimize sharing of high-touch materials to the extent possible (e.g., by dedicating supplies or equipment to individual students) or limit the use of supplies and equipment to one small classroom cohort group at a time, allowing for time to clean and disinfect between use.

- Avoid sharing electronic devices, books, toys, and other games or learning aids when possible, and ensure cleaning between uses.
- Have students keep personal items in individually labeled cubbies, containers, desks, or lockers.
- Handle nondisposable food service items minimally and wash them with hot water and soap or in a dishwasher.

Recommendations: Scenario 1 and 2

- Discourage the use of items that are difficult to clean or disinfect.

Cleaning and materials handling resources

- [COVID-19 Cleaning and Disinfecting Guidance for Schools and Child Care Programs](https://www.health.state.mn.us/diseases/coronavirus/schools/clean.html)
- [Frequently Asked Questions About COVID-19 for Facility Services and Cleaning Staff](https://www.health.state.mn.us/diseases/coronavirus/schools/cleanfaq.html)
- [Playground Guidance for School and Childcare Programs (PDF)](https://www.health.state.mn.us/diseases/coronavirus/schools/playground.pdf)
- [Hand Hygiene](https://www.health.state.mn.us/people/handhygiene/index.html)
- [Cover Your Cough](https://www.health.state.mn.us/people/cyc/index.html)

Monitoring and excluding for illness

Regular screening for symptoms and ongoing self-monitoring throughout the school day can help to quickly identify signs of illness and help reduce exposure. Staff and students should be encouraged to self-monitor symptoms throughout the day. Staff or students who develop symptoms during the
school day must notify school health services or another identified point of contact in the school building immediately.

The CDC does not currently recommend universal testing to inform admitting students or staff into school. Viral testing only determines infection at the point in time the test occurs, and may miss cases in the early stages of infection. It is not known whether previous infection and recovery from COVID-19 illness protects people from reinfection.

Requirements: Scenario 1 and 2

Educate staff, students, and families about the signs and symptoms of COVID-19, and when they/their children should stay home and when they can return to school.

- Require that staff and students stay home if:
  - They have tested positive for or are showing COVID-19 symptoms, until they meet criteria (see MDH Decision Tree, below) for return.
  - They have recently had close contact with a person with COVID-19, until they meet criteria for return.
  - Follow the MDH Decision Tree for People with COVID-19 Symptoms in Youth, Student, and Child Care Programs (PDF) (www.health.state.mn.us/diseases/coronavirus/schools/exguide.pdf) to determine who must stay home and when staff or students may return.

- Conduct symptom screening for any person entering the school building. This includes staff, students, family members, and any other visitors physically entering the school building. Schools should review and identify a screening method from the CDC Examples of Screening Methods (www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/guidance-for-childcare.html#ScreenChildren).

- Communicate expectations and processes for the symptom screening method(s) selected for staff, students, and families.

- Establish action steps to care for students and/or staff who arrive ill and do not pass screening.

- Develop plans for backfilling positions of employees on sick leave and consider cross-training opportunities to allow for changes of staff duties as needed.

Recommendations: Scenario 1 and 2

- Conduct daily temperature screening for all people entering the school facility or boarding a school transportation vehicle.
  - Fever is defined as 100.4°F or greater.
  - Review the CDC Examples of Screening Methods (www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/guidance-for-childcare.html#ScreenChildren) to
determine any personal protective equipment (PPE) needs depending on the screening method selected.

- Consider offering a parent/guardian certification form.

- Establish and enforce sick policies to prevent the spread of disease, including:
  - Enforcing staff staying home if sick.
  - Establish liberal use of sick leave for employees and sick days for students.

### Handling suspected or confirmed positive cases of COVID-19

#### Requirements: Scenario 1 and 2

- Designate a staff person who will be responsible for responding to COVID-19 concerns (e.g., school nurse) and will help coordinate with local health authorities regarding positive COVID-19 cases. All school staff and families should know who this person is and how to contact them.

- Put systems in place to allow staff and families to self-report to the school if they or their student have symptoms of COVID-19, a positive test for COVID-19, or had a close exposure to someone with COVID-19 within the last 14 days in a manner that is consistent with applicable law and privacy policies, including with the Health Insurance Portability and Accountability Act (HIPAA) and the Family Educational Rights and Privacy Act (FERPA).

- Post signage at main entrance(s) requesting that people who have been symptomatic not enter the building.

- Follow the MDH [Decision Tree for People with COVID-19 Symptoms in Youth, Student, and Child Care Programs (PDF)](www.health.state.mn.us/diseases/coronavirus/schools/exguide.pdf) to determine when a student or staff member may return to school following illness or COVID-19 testing.

  - It is not required for students or staff members to have documentation of a negative viral test or a letter certifying release from isolation in order to return to school, but they must follow recommended guidance regarding when to return to school.

- Establish a dedicated space for symptomatic individuals who are waiting to go home. Distinguish this space from areas where student health services will be delivered to those who are well and need routine types of care (e.g., medication administration or first aid).

  - The designated space should accommodate social distancing of at least 6 feet for multiple individuals if needed.

  - Develop cleaning processes for the dedicated space between uses and as needed.

- Immediately isolate symptomatic individuals in the designated space at school and send them home.
Ensure that symptomatic students who are waiting to be picked up remain under the visual supervision of a staff member who is at least 6 feet away. Both the symptomatic student and the supervising adults should wear a cloth face covering or a surgical mask.

- Do not place cloth face coverings or surgical masks on anyone who is unconscious or has trouble breathing, anyone who is incapacitated or otherwise unable to remove the face covering without assistance, or anyone who cannot tolerate a cloth face covering due to developmental, medical, or behavioral health needs.

- Implement cleaning and disinfecting procedures following the COVID-19 Cleaning and Disinfecting Guidance for Schools and Child Care Programs (www.health.state.mn.us/diseases/coronavirus/schools/clean.html).

- Develop a plan for how to transport an ill student or staff member home or to medical care if needed.

- Notify MDH of confirmed COVID-19 cases among students and staff (as required by Minnesota Rules, Chapter 4605.7050). An MDH inbox has been established for school COVID case reporting: health.schools.covid19@state.mn.us.

- Develop systems for notifying staff, families, and the public as needed if a person with COVID-19 was on the school premises while infectious. Do this in coordination with local health officials while maintaining confidentiality in accordance with FERPA and all other state and federal laws.

- Develop strategies to maintain engagement and offer distance learning activities for students who cannot be physically present in the classroom due to illness or exposure.

**Water and ventilation systems**

Reduced use of water and ventilation systems can pose health hazards when reopening a building after it has been closed for a long period of time. Stagnant or standing water in pipes poses an increased risk for *Legionella* species and other bacteria.

**Recommendations: Scenario 1 and 2**

- Take steps to ensure that all water systems and features (e.g., sink faucets, drinking fountains) are safe to use after a prolonged facility shutdown. Follow the CDC’s Guidance for Reopening Buildings After Prolonged Shutdown or Reduced Operation (https://www.cdc.gov/coronavirus/2019-ncov/php/building-water-system.html).

- Ensure ventilation systems operate properly and increase circulation of outdoor air as much as possible, for example by opening windows and doors. Do not open windows and doors if doing so poses a safety or health risk (e.g., risk of falling, triggering asthma symptoms, etc.) to students and staff using the facility.

- Clean and sanitize drinking fountains, and encourage staff and students to bring their own water, use cups, or other alternative procedures to minimize use and touching of water fountains.
Transportation

Requirements: Scenario 1 and 2

- Systematically review and evaluate school transportation capacity with the goal of creating as much space between riders as possible, recognizing that it is not always feasible to have 6 feet of social distancing. Consider reducing capacity or adding routes to allow for more physical space between riders. See Additional Requirements: Scenario 2, below, for transportation-related requirements specific to Scenario 2.

- Clean and disinfect transportation vehicles regularly, focusing on frequent cleaning of touched surfaces in the vehicle (e.g., surfaces near the driver’s seat, hard seats, door handles, seat belt buckles, light and air controls, doors and windows, grab handles) between routes.

- Keep doors and windows open when cleaning the vehicle and between trips to let the vehicles thoroughly air out.

- Follow the symptom screening protocol outlined in the Monitoring and Excluding for Illness section, above, for any person entering a school transportation vehicle. Consider the option of a parent/guardian attestation. Individuals must stay home and not board transportation if they are experiencing symptoms of COVID-19 or have been exposed to someone positive for COVID-19.

- Require that individuals who become ill during the day not use group transportation to return home.
  - Create a plan for getting students home safely if they are not allowed to board the vehicle.
  - If a driver becomes sick during the day, they must follow protocols outlined for people who are ill and must not return to drive students.

Additional Requirements: Scenario 2

Limit the number of people on transportation vehicles to 50% maximum occupancy.

- Ensure sufficient social distancing with at least 6 feet between people at all times. If distancing cannot be achieved in a space or on a transportation vehicle, the number of occupants must be reduced.

Recommendations: Scenario 1 and 2

- Provide hand sanitizer to support healthy hygiene behaviors on all school transportation vehicles for safe use by staff and older children.

- Consider keeping windows open if appropriate and safe while the vehicle is in motion to help increase air circulation.
Support mental health and wellness

The COVID-19 pandemic is causing a tremendous amount of stress, fear, and anxiety for many people. It’s important that Minnesotans have access to the mental health care resources they need to stay well during this challenging time. Schools can play an important role in helping students and staff cope, access needed resources, and build resilience.

Requirements: Scenario 1 and 2

- Provide staff, families, and students (age-appropriate) with information on how to access resources for mental health and wellness.

Recommendations: Scenario 1 and 2

- Increase capacity to offer social support services by increasing the number of professionals on-site.
- Encourage staff, students, and families to talk with people they trust about their feelings and concerns regarding COVID-19.

Resources for supporting mental health and wellness

- Supporting Mental Wellbeing During COVID-19 (www.health.state.mn.us/communities/mentalhealth/support.html)
- Mental Health Support (mn.gov/covid19/for-minnesotans/get-help/mental-health.jsp)
- Tips and Resources for Children and Parents During COVID-19 (www.health.state.mn.us/communities/mentalhealth/children)

Future guidance

This document offers broad guidance to support scenario-based planning. MDE will convene workgroups from across Minnesota’s pre-k and K-12 school systems to develop operational strategies based on the scenarios and core guidance outlined in this document. Supplemental guidance and tools will be released on topics including special education, 1:1 service provision/school health services, contact tracing, health screening, etc. MDH and MDE will update strategies and guidance as we learn more from experiences in Minnesota and as directed by the CDC.
Resources

- Minnesota Stay Safe Guidance for Schools, Colleges, and Universities
  (staysafe.mn.gov/industry-guidance/schools.jsp)
- Schools and Childcare: COVID-19
  (www.health.state.mn.us/diseases/coronavirus/schools/index.html)
- Centers for Disease Control and Prevention’s Guidance for Schools and Child Care
- List N: Disinfectants for Use Against SARS-CoV-2
  (www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2-covid-19)
- Food Safety and the Coronavirus Disease 2019 (COVID-19)
- Food Service Worker Safety Information (PDF)
  (www.health.state.mn.us/diseases/coronavirus/schools/foodservice.pdf)
- Guidance on Preparing Workplaces for COVID-19 (PDF)
  (www.osha.gov/Publications/OSHA3990.pdf)