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## COVID-19 – SCHOOLS

Supplemental Application

Legal Name:

Address:

	PLAN OF ACTION						
Have you implemented a COVID-19 response plan including the use of the CDC's recommended COVID-19 Guidance? Yes No What protocols are implemented when a staff member, volunteer or student test positive or presents symptoms of COVID-19?							
What methods are used to ensure studer Following all national, state, and local gu In-home screening information provided Daily health checks including temperatur Enforcing social distancing. Mandating wearing of masks. Describe any additional precautions beir	for use daily prior to arrival at school: re checks upon arrival.	o reduce the risk Yes Students Students Students Students	o <b>f COVID-</b> No Staff Staff Staff Staff	<b>19 spread?</b> Visitors Visitors Visitors Visitors			
	EDUCATION AND OTHER ACTIVITIES						
How are you currently providing education	onal instruction to your students?						
100% in-person instruction Other	100% Online/Virtual instruction	Mix of in-person and virtual instruction					
Are you planning to make changes to If yes, please describe what changes	o the instruction method(s) outlined above over the next 60 days syou are planning:	ys? Ye	s No				
Are you providing / hosting any of the fol	lowing on site or person to person?						
Food Service							
	ce and/or in-person prep and sit-down service. utensils and no ability to sit and congregate. providing.						
Child Care							
Day care for children of staff and/or students with no change from pre-COVID operations. We did not provide pre-COVID, and we are not providing now.							

Cancelled until further notice.

Gatherings/meetings - Clubs, choral concerts, band practice, etc.

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On site	Virtual	Mix of On site and Virtual	Cancelled		
Sports Seasons					
Proceeding as norma	De	layed	Cancelled		
Proceeding with limite	d capacity De	elayed with limited capacity	Cancelled with limited capacity		
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Completed by:

Date:

Title: