



SEPTEMBER 2022 ADDENDUM TO GUIDANCE

The previous update to this ELC Reopening Schools project guidance, reflected the CDC recommendations at the time of revision. In order to better align with the newly released COVID-19 testing guidelines and the specific Operational Guidance for K-12 Schools and Early Care and Education Programs, the ELC has again updated this ELC Reopening Schools project guidance. The red font throughout this document indicates new or updated content. Of note:

Screening testing is no longer required under this award; however, screening testing may still be advisable in certain circumstances and may be supported with these resources. Recipients with existing plans in place that include screening testing do not need to halt these activities if they have demonstrated utility within the jurisdiction. While not required, Early Childhood Education facilities (ECE) and daycares, not co-located with K-12, may now receive support from this award.

**PLEASE NOTE THAT RED, BOLD, AND ITALICIZED TEXT
THROUGHOUT THIS DOCUMENT INDICATES NEW OR UPDATED
CONTENT**



ELC REOPENING SCHOOLS: SUPPORT FOR SCREENING TESTING TO REOPEN & KEEP SCHOOLS OPERATING SAFELY

UPDATED GUIDANCE: 9/20/2022

Project E: Emerging Issues

Supported through the American Rescue Plan Act of 2021

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ELC REOPENING SCHOOLS: SUPPORT FOR SCREENING TESTING TO REOPEN & KEEP SCHOOLS OPERATING SAFELY UPDATED GUIDANCE PROJECT E: EMERGING ISSUES

EXECUTIVE SUMMARY

Since the publication of the first update to the ELC Reopening Schools project guidance in August of 2021, the pandemic, and the response to it, has continued to change. School-aged children are now eligible to receive the COVID-19 vaccine and CDC guidance regarding approaches to utilizing screening testing, quarantine and isolation, and physical distancing were updated in August 2022.

The September 2021 ELC Reopening Schools guidance reflected the CDC recommendations at the time of revision. The ELC has updated the ELC Reopening Schools guidance to align with the updated guidance released in August 2022: [COVID-19 testing guidelines](#) and the specific [Operational Guidance for K-12 Schools and Early Care and Education Programs](#). The red, bold, and italicized text throughout this document indicates new or updated content. Of note:

- 1. Screening testing is no longer required under this award; however, screening testing may still be useful in certain circumstances and can be supported with these resources. Recipients with existing plans in place that include screening testing do not need to halt these activities.*
- 2. While not required, Early Childhood Education facilities (ECE) and daycares, not co-located with K-12, may now receive support for COVID-19 prevention and mitigation efforts from this award.*

Recipients should refer to CDC's [COVID-19 testing guidelines](#) and the specific [Operational Guidance for K-12 Schools and Early Care and Education Programs](#) when updating testing plans.

BACKGROUND AND PURPOSE

In response to the evolving COVID-19 pandemic and updates to the [COVID-19 testing guidance](#), the ELC program has modified the ELC Reopening Schools funding guidance. The [Operational Guidance for K-12 Schools and Early Care and Education Programs](#), released on August 11, 2022, advises that schools in areas with high COVID-19 Community Levels may consider screening testing strategies for their students and staff for high-risk activities, in response to an outbreak, and for key events and times of the year. Diagnostic testing is a helpful strategy that all schools can use to understand whether students, staff, or family members have COVID-19 when they are symptomatic or have been exposed to the virus. Testing of close contacts is also recommended, as well as testing in outbreak settings and for large gatherings or specific higher risk events (e.g., wrestling tournaments or XXX).

FUNDING STRATEGY & SUPPORT TO SCHOOL DISTRICTS

While the initial focus of this award was aimed at bringing screening testing to K-12, with new [Operational Guidance for K-12 Schools and Early Care and Education Programs](#), screening testing is no longer a requirement under this award, but is an optional activity. The resources available through this award should continue to support detection and mitigation efforts to prevent the spread of COVID-19 in K-12; however, in addition to K-12 settings, the funds may also be used to support similar activities in early childhood care and education centers that are not co-located with K-12 schools.

Recipients with existing screening testing programs may continue these programs as resources allow. Recipients are encouraged to align their approach to testing with CDC recommendations whenever possible.

As stated in the original guidance, a minimum of 85% of the award total must be allocated to supporting prevention, mitigation, and/or testing efforts in school districts, **and now also, ECEs**. This support can include directly providing funds to schools or indirectly by providing support to increase screening testing and support for related prevention and mitigation strategies in all K-12 schools (public or private) and ECEs within the recipient's jurisdiction. Recipients may use a combination of approaches (examples follow below) to successfully provide the necessary support to schools.

Up to 15% may be used by direct recipients for coordination, management, technical assistance, monitoring, and data collection and reporting activities to support K-12 testing programs and/or provide necessary support for prevention and mitigation strategies. These funds may not be applied to expenditures incurred before the date of award. However, recipients can use previously awarded funds for any school screening testing activities that are consistent with those awards and in a way that is not a duplication of effort but an enhancement or complementary effort. School screening testing is an allowable activity under the prior two supplemental awards: *ELC Enhancing Detection* and *ELC Enhancing Detection Expansion*.

Examples of providing funding directly to support school districts, public charter schools, private schools, and early childhood care and education sites include, but are not limited to:

1. Contracting with testing companies to directly implement programs in K-12 schools and school districts and ECEs .
2. Partnering with local or chain pharmacies to provide testing for K-12 schools and school districts and ECEs (e.g., contract or fee-for-service model).
3. Partnering directly with laboratories with or without established regional footprints.
4. Directly contracting with K-12 schools, school districts, and ECEs within a recipient's jurisdiction for the completion of the activities in this guidance.
5. Establishing an account or a mechanism to allow K-12 schools, school districts, and ECEs to be reimbursed for costs

associated with testing.

6. Coordinating with the state or jurisdictional Department of Education to facilitate financial support for K-12 schools, school districts, and ECEs.
7. Sub-awarding to Local Health Departments to support school testing directly.
8. Supporting IT systems to monitor screening testing in K-12 schools, school districts, and ECEs and ensure positive results are linked to public health action.
9. **Purchasing tests for distribution at schools or ECEs.**
10. **Contracts or other methods of procuring space necessary for storing tests and managing inventory. Should local business practices allow, recipients may pay for a portion of an existing warehouse contract that is commensurate with the number of tests being stored and for the duration of any test distribution program.**
11. **Funding to support staff conducting sample collection for testing through [Operation Expanded Testing \(OpET\)](#).**

** Each jurisdiction is different; it is assumed that any proposed approach will align with existing jurisdictional laws, regulations, and business practices, while remaining consistent with this award.*

Examples of indirectly providing materials and services to school districts, public charter schools, and private schools, *and early childhood care and education sites include, but are not limited to:*

1. Recipient using purchasing authorities to obtain testing kits, and necessary supplies, and providing them to school districts, public charter schools, private schools **and/or ECEs** within their jurisdiction.
2. Providing courier services to improve turn-around time for results.
3. Providing Personal Protection Equipment (PPE) or other items, such as [appropriate air filters](#), directly to the school.
4. Providing laboratory support.
5. Personnel support, onsite, such as a testing coordinator for sample collection, or other additional staff needed to implement testing programs, etc.
6. **Staff conducting sample collection for testing through [Operation Expanded Testing \(OpET\)](#).**
7. Logistical and operational support, including IT systems and data management, as needed.

Financial expenditures will be monitored and assessed with recipients monthly.

ALLOWABLE COSTS

The financial resources provided are required, by law, to support school testing, prevention, and mitigation activities intended to support open, in person K-12 school environments during the COVID-19 pandemic. Additionally, these resources may be used to support prevention and/or mitigation activities necessary to curtail the spread of COVID-19 in ECEs. Recipients should review the updated [Operational Guidance for K-12 Schools and Early Care and Education Programs](#) and consider requesting the following **if** revising their *ELC Reopening Schools* budgets:

1. Personnel (term, temporary, students, overtime, contract staff, etc.).
2. Laboratory equipment used for COVID-19 testing and necessary maintenance contracts.
3. Collection supplies, test kits, reagents, consumables, and other necessary supplies for existing testing (screening or diagnostic) or onboarding new platforms to support this testing.
4. Personal Protective Equipment. Please see the most current CDC guidance for details ([Operational Guidance for K-12 Schools and Early Care and Education Programs](#)).
5. Hygiene and cleaning supplies.
6. Hardware and software necessary for reporting to public health and communication and coordination of follow up on any positive cases detected.
7. Tools that assist in the rapid identification, electronic reporting, monitoring, analysis, and evaluation of control measures to reduce the spread of COVID-19, that may be translatable to other diseases (e.g., GIS software, visualization dashboards, cloud services).

8. Contracts with academic institutions, private laboratories, other non-commercial healthcare entities, and/or commercial entities that may provide all or part of the testing needs. This may include contracts with companies that offer comprehensive support for testing in K-12 or ECEs (e.g., sample collection, screening testing, and reporting).
9. Software or systems to assist with laboratory resource management (e.g., software for inventory management, temperature notifications, etc.), quality management, biosafety, or training needs.
10. Leasing/purchasing vehicles (e.g., mobile screening testing, providing testing services for K-12 or ECEs in underserved areas, etc.). Note: Recipients will need to submit quotes with their revised budgets and receive prior approval from the Office of Grant Services (OGS). If need arises before or after the revised Notice of Grant Award (NOA) is issued, requests for leasing/purchasing must be made through GrantSolutions and include the necessary quotes.
11. **Environmental assessments within schools or ECEs that provide actionable and reasonable recommendations regarding strategies for improving airflow within the facility.**
12. Public health events that include students and other community members and are aimed at providing opportunities for increased detection and prevention of COVID-19. *Please note that promotion of vaccination may be considered a prevention strategy for preventing further spread of COVID-19; however, recipients are asked to coordinate these activities between ELC and Immunization staff within the jurisdiction. Additionally, coordination with ELC Project Officer and Immunization Project Officer is crucial to ensure there is not duplication between the two sources of financial support.*
13. Program incentives may be considered to encourage individuals to participate in screening testing. Recipients interested in exploring this option must submit a plan that covers all of the following elements: (a) justification, (b) cost savings [e.g., how it will defray costs or have a positive return on investment], (c) defined amount (not to exceed \$25 per instance), (d) qualifications for issuance, and (e) method of tracking. When submitting the revised budget within 60 days of award issuance, the program incentive plan must be included in the 'budget justification' section of the ELC budget workbook and receive CDC approval before implementation. After the revised NOA is issued, any subsequent requests for using funds to support program incentives must be made in GrantSolutions, including the program incentive plan, and must receive CDC approval before implementation.
14. Wrap-around (e.g., hoteling, food, laundry, mental health services, etc.) services for those who test positive.
15. Expenses associated with outreach and assistance (e.g., support provided through community-based organizations).
16. Costs associated with transporting individuals to get tested.
17. Expenses associated with technical assistance to establish school-based testing programs (NGOs, academic institutions, foundations, etc.).
18. ELC Reopening Schools funds can be used to cover screening and diagnostic testing costs (e.g., administration, etc.) fully. Recipients should follow all appropriate federal laws and regulations pertaining to testing reimbursements, **and reporting of results**, including assuring that charges are not covered both by ELC funds and other reimbursement sources.
19. Testing events that may also involve other mitigation activities (e.g., promotion of vaccination) to limit the spread of COVID-19.
20. The promotion of vaccinations when characterized as a mitigation strategy to prevent widespread COVID-19 within the school and the community.
21. Costs related to prevention may also include portable high-efficiency particulate air (HEPA) fan/filtration systems or other small items that may allow for improved air circulation.
22. **Expenses associated with storing and distributing tests for schools, school districts, or early childhood and education centers (e.g., time-limited warehouse space, staffing, shipping, etc.)**
23. **Expenses associated with retaining staff working on Reopening Schools that may be transitioning from another funding mechanism (e.g., CDC Foundation assigned staff).**
24. **Expenses related to school electronic health record systems, if such systems provide testing data to the health department. Please note that funds cannot be used to develop brand new systems or systems that focus solely on meeting clinical needs. However, electronic health record systems that need an upgrade to handle COVID-19 testing and/or symptom collection data, easier collection of data through mobile devices for test result collection, or to permit transmission of data to the health department would be allowable.**

The above list covers the anticipated, most relevant costs associated with achieving the activities in this guidance.

This list does not represent a full list of allowable costs. Recipients are referred to the cost principles regulation found at [45 CFR Part 75 Subpart E – Cost Principles](#).

In determining if costs are allowable, consideration must be given to applicable regulations; the overall underlying cooperative agreement (CK19-1904); be considered necessary and reasonable; and be considered allocable (see: 45 [CFR 75.403](#)). Any questions about specific budget items should be directed to the OGS and the ELC Project Officer.

Please also note, the CDC is not prescribing the specific tests that may be used for implementing screening testing; however, recipients are encouraged to adhere to CDC and FDA guidance when selecting a test type and determining the approach to testing.

COVID-19 TERMS AND CONDITIONS

Coronavirus Disease 2019 (COVID-19) Funds: A recipient of a grant or cooperative agreement awarded by the Department of Health and Human Services (HHS) with funds made available under the Coronavirus Preparedness and Response Supplemental Appropriations Act, 2020 (P.L. 116-123); the Coronavirus Aid, Relief, and Economic Security Act, 2020 (the “CARES Act”) (P.L. 116-136); the Paycheck Protection Program and Health Care Enhancement Act (P.L. 116-139); the Consolidated Appropriations Act and the Coronavirus Response and Relief Supplement Appropriations Act, 2021 (P.L. 116-260) and/or the American Rescue Plan of 2021 [P.L. 117-2] agrees, as applicable to the award, to: 1) comply with existing and/or future directives and guidance from the Secretary regarding control of the spread of COVID-19; 2) in consultation and coordination with HHS, provide, commensurate with the condition of the individual, COVID-19 patient care regardless of the individual’s home jurisdiction and/or appropriate public health measures (e.g., social distancing, home isolation); and 3) assist the United States Government in the implementation and enforcement of federal orders related to quarantine and isolation.

In addition, to the extent applicable, Recipient will comply with Section 18115 of the CARES Act, with respect to the reporting to the HHS Secretary of results of tests intended to detect SARS-CoV-2 or to diagnose a possible case of COVID-19. Such reporting shall be in accordance with guidance and direction from HHS and/or CDC. HHS laboratory reporting guidance is posted at: <https://www.hhs.gov/sites/default/files/covid-19-laboratory-data-reporting-guidance.pdf>.

Further, consistent with the full scope of applicable grant regulations (45 C.F.R. 75.322), the purpose of this award, and the underlying funding, the recipient is expected to provide to CDC copies of and/or access to COVID-19 data collected with these funds, including but not limited to data related to COVID-19 testing. CDC will specify in further guidance and directives what is encompassed by this requirement.

This award is contingent upon agreement by the recipient to comply with existing and future guidance from the HHS Secretary regarding control of the spread of COVID-19. In addition, in accordance with HHS’ regulatory requirements for pass-through entities at 45 CFR 75.352, recipient is expected to flow down these terms to any subaward, to the extent applicable to activities set out in such subaward.

To achieve the public health objectives of ensuring the health, safety, and welfare of all Americans, Recipient must distribute or administer testing without discriminating on non-public-health grounds within a prioritized group.

Acknowledgement of Federal Funding: When issuing statements, press releases, publications, requests for proposal, bid solicitations and other documents --such as tool-kits, resource guides, websites, and presentations (hereafter “statements”)--describing the projects or programs funded in whole or in part with U.S. Department of Health and Human Services (HHS) federal funds, the recipient must clearly state:

1. The percentage and dollar amount of the total costs of the program or project funded with federal money; and,
2. The percentage and dollar amount of the total costs of the project or program funded by non-governmental sources.

When issuing statements resulting from activities supported by HHS financial assistance, the recipient entity must include an acknowledgement of federal assistance using one of the following or a similar statement.

If the HHS Grant or Cooperative Agreement is NOT funded with other non-governmental sources:

This [project/publication/program/website, etc.] [is/was] supported by the Centers for Disease Control and Prevention (CDC) of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$XX with 100 percent funded by CDC/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by CDC/HHS, or the U.S. Government.

The HHS Grant or Cooperative Agreement IS partially funded with other nongovernmental sources:

This [project/publication/program/website, etc.] [is/was] supported by the Centers for Disease Control and Prevention (CDC) of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$XX with XX percentage funded by CDC/HHS and \$XX amount and XX percentage funded by non-government source(s). The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by CDC/HHS, or the U.S. Government.

The federal award total must reflect total costs (direct and indirect) for all authorized funds (including supplements and carryover) for the total competitive segment up to the time of the public statement.

Any amendments by the recipient to the acknowledgement statement must be coordinated with the HHS Awarding Agency.

If the recipient plans to issue a press release concerning the outcome of activities supported by HHS financial assistance, it should notify the HHS Awarding Agency in advance to allow for coordination.

Termination

This award may be terminated in whole or in part consistent with 45 CFR 75.372.

CDC may impose other enforcement actions in accordance with 45 CFR 75.371- Remedies for Noncompliance, as appropriate.

SUPPORTING MANAGEMENT OF ACTIVITIES AND RESOURCES

There are special reporting requirements (see 'Summary of Reporting Requirements' in the 'Performance Measures and Reporting' section) which will likely require dedicated personnel resources to ensure timeliness and completeness of data being reported. Please note that these requirements have been updated.

Examples of support in the form of coordination, management, technical assistance, monitoring and reporting, include but are not limited to:

1. Contracting for the development of a web-based platform, linking school districts, public charter schools, and private schools with testing service providers, with a program overview, toolkit and resources, and communication materials (e.g., [COVID-19 Educational Testing](#)).
2. Adapting, modifying or implementing testing program toolkits or playbooks to support school districts, public charter schools, and private schools in program design (e.g., [The Rockefeller Foundation Playbook for Educators and Leaders](#)).

PROCESS FOR **TESTING PLANS** AND BUDGET SUBMISSION

At the time of guidance update, recipients should have provided resources to districts and/or determined the method(s) with which support to school districts will be conducted. Please see the 'Activities' section of this guidance for details pertaining to the updated required activities under this award. ***An updated testing plan for K-12 is required and should be submitted via REDCap per previously-released instructions.***

For recipients with funding remaining on this award, the project period has been extended to July 31, 2023. Current available and approved budget items should be evaluated against the activities that remain for the 2022-2023 school year. Any necessary budget changes should be carefully considered to ensure the fewest number of post-award actions as possible (e.g., redirections). Budgets should clearly align and support activities described in the revised testing plan.

REQUIRED TASKS

Note: If a recipient does not meet the below required tasks and has not received written approval for an extension from CDC, recipient may have their funds restricted in the Payment Management System (PMS) for specific costs/activities.

Recurring or repeat non-compliance may result in additional restrictions or other actions being taken, consistent with applicable grant regulations.

In addition to the programmatic activities noted below in further detail, recipient responsibilities include but are not limited to the following:

1. Regular participation in calls with CDC/HHS for technical assistance and monitoring of activities supported through this cooperative agreement. *Please note, at the time of guidance update, at least one call with CDC should have taken place.*
2. On-time submission of all requisite reporting. This may include but is not limited to reporting of performance measures, progress on milestones, and/or financial updates within REDCap.
3. Report expenditures and unliquidated obligations (ULOs) on a monthly basis. On the 5th day of the month, the expenditures and ULOs from the prior month shall be reported in the REDCap 'ELC Reopening Schools: COVID Award' portal under the 'ELC Reopening Schools Financial Reporting' page.
4. Documentation of any necessary budget change/reallocation through GrantSolutions and REDCap.

5. **Updated streamlined reporting:**

In accordance with previous guidance, recipients should have already been reporting on a **monthly** basis through REDCap. Testing reporting changes, effective immediately upon publication are:

- a. Monthly reporting of test volume data from K-12 schools **and ECEs (if applicable)** will be moved to a **quarterly** reporting schedule
- b. **Revised testing plans for K-12 and early childhood centers should be submitted into REDCap (due September 12, 2022 and should address the 2022-2023 school year)**
- c. **Recipients are no longer required to report:**
 - i. **Test volume by district (will now be aggregate)**
 - ii. **Positive test results (Recipients should still continue to report to public health in a form and fashion consistent with what is required by law).**

ACTIVITIES

This award has three (3) required overarching activities that are designed to meet the immediate needs to safely reopen schools and the ongoing efforts to keep schools operating safely.

Activity 1: Rapid deployment of screening testing resources *(At the time of this guidance update, this activity is complete)*

The focus for Activity 1 is to jumpstart the ability for jurisdictions to implement school testing (estimated timeframe April to June). A minimum of 85% (direct and indirect) of the award must be allocated to support schools (public or private) that cover all or some K-12 grades within the recipient's jurisdiction. Recipients may use a combination of mechanisms to successfully provide the necessary support to schools. While not exhaustive, examples of mechanisms to provide financial support are listed in the 'Funding Strategy' section above. Additionally, examples of types of support may be found under the 'Allowable Costs' section. Recipients will need to support school district implementation with technical assistance and monitoring, as well as identifying public health actions needed based on school screening testing information. Recipients should assure that school districts, public charter schools, and private schools have adequate plans for action when they identify a positive test result.

Recipients may also plan and implement support for screening programs in school-affiliated summer programs, including camps and summer instruction. Recipients can also consider summer programs outside of schools that focus on providing equitable access to educational and recreational activities.

Updated Activity 2: Development and submission of K-12 screening testing implementation plan *for each school year*

*Please note that support for prevention **and mitigation** strategies that extend beyond screening testing have been added as allowable (optional) costs.*

Recipients are required to submit an updated K-12 plan that details screening testing strategies and other activities used to reduce the spread of COVID-19 and maintain safe operations in schools as community transmission and/or vaccination rates change. **For the 2022-2023 school year, plans do not need to include a screening testing component.** Wherever possible, recipients should follow the [Operational Guidance for K-12 Schools and Early Care](#)

and Education Programs. **At the time of August 2022 revision to the ELC Reopening Schools Guidance, recipients will have already been provided with a template for the updated testing plans as well as instructions for submission.**

Activity 3: Implementation screening testing action plan

Using the testing plan as a guide, recipients will progress through the stepwise implementation of the plans to support schools safely opening/remaining open for the school year. The implementation plan should include methods to monitor effectiveness and integrate modifications as needed based on lessons learned over time.

Please note that additional supplemental guidance may be released to recipients based on information collected from performance measures, milestone progress reporting, and/or additional scientific understanding of SARS-CoV-2.

PERFORMANCE MEASURES

Should additional performance measures be requested beyond the reporting requirements noted below, the ELC will work with recipients to maximize the impact of the measures being collected. Whenever possible the ELC utilizes existing data sources.

SUMMARY OF REPORTING REQUIREMENTS

The following is an updated summary of reporting requirements for the *ELC Reopening Schools* award, **effective upon publication (updated August 2022).**

1. Within 30 days of the revised guidance being uploaded into GrantSolutions , recipients should submit an updated K-12 plan for screening testing and the prevention strategies that will be utilized to prevent the spread of COVID-19 in the 2021-2022 school year. A template for this summary will be made available in REDCap. **For the 2022-2023 school year, testing plans should be submitted in REDCap using the ELC template by September 12, 2022.**
2. **Quarterly** reporting of test volume data from K-12 schools.
3. Monthly fiscal reports, entered in REDCap with final report in GrantSolutions via Grant Note, beginning 30 days after NOAs are issued. On the 5th day of the month, the expenditures and ULOs from the prior month shall be reported in the REDCap 'ELC Reopening Schools: COVID Award' portal under the 'ELC Reopening Schools Financial Reporting' page.
4. Performance measure data
5. CDC may require recipients to develop annual progress reports (APRs). CDC will provide APR guidance and optional templates should they be required.

The ELC will be adding performance reporting on other mitigation/prevention activities, TBD.