



Providing Targeted, Specialized Support and Services at School

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On August 24, 2020, the California Department of Public Health (CDPH) issued Guidance Related to Cohorts (Cohorting Guidance), which sets minimum health and safety guidelines across multiple sectors serving youth, including childcare and schools (public and private). The following is intended to supplement the Cohorting Guidance with responses to frequently asked questions specific to the provision of school-based targeted, specialized support. Insofar as a question is not addressed, local school officials—in collaboration with local health departments and school-based staff (including, if applicable, organized labor)—should implement measures consistent with local operations and needs.

Background: On March 4, 2020, the Governor proclaimed a [State of Emergency](#) in California as a result of the impacts of COVID-19 to make additional resources available and help the state prepare to respond to an increasing number of individuals requiring medical care and hospitalization as a result of a broader spread of COVID-19. Since that time, the State Public Health Officer and the CDPH have issued multiple public health directives to combat the COVID-19 pandemic, including, on July 17, 2020, the [COVID-19 and Reopening In-Person Learning Framework for K-12 Schools](#) (Framework).

The Framework prohibits in-person instruction at schools operating within a county in Tier 1 due to high rates of COVID-19, and permits elementary schools in those counties to request a waiver to permit reopening for in-person instruction where conditions and safety plans permit. On August 3, 2020, CDPH provided further [guidance to the July 17 reopening framework](#) and [detailed information regarding the elementary school waiver process](#). The August 3 guidance noted that additional guidance was forthcoming to identify conditions in which schools otherwise prohibited from reopening for full in-person instruction can offer in-person services to small groups of students. On August 24, 2020, CDPH issued the Cohorting Guidance regarding permissible small-group in-person services.

Does the Cohorting Guidance apply to K-12 school settings?

Yes. The Cohorting Guidance authorizes small-group, in-person services in controlled, supervised, and indoor environments, such as those operated by local educational agencies (LEAs). The Cohorting Guidance applies to schools that cannot reopen for in-person instruction pursuant to the July 17 Framework, including elementary schools in those jurisdictions that have not received an [elementary school waiver](#) through the local public health office. Under these circumstances, school officials should develop and



implement plans in collaboration with local health officials and school-based staff (including, if applicable, organized labor), but are not required to receive express approval from the local health department.

Schools that have been authorized to reopen for in-person instruction under the July 17 Framework, including elementary schools operating pursuant to a waiver, must adhere to the [industry guidance for K-12 Schools](#) and any applicable order or directive of the local public health office.

Is the intent to allow for in person instruction for all students?

No. The purpose of this guidance is to establish minimum parameters for providing specialized services, targeted services and support for students while schools are otherwise closed for in-person instruction in ways that maintain the focus on health and safety to minimize transmission.

If a school is closed for in-person instruction, is it permissible for a small set of students to receive in-person targeted, specialized support and services on campus?

Yes. In-person targeted, specialized support and services in stable cohorts is permissible when the school is able to satisfy all of the conditions detailed in the Cohorting Guidance, including:

- Limiting cohort size
- Restricting cohort mixing
- Maintaining proper physical distancing, masking, cleaning and other safety measures

Does the Cohorting Guidance require schools to provide small-group, in-person services if they are otherwise prohibited to reopen under the July 17 Framework?

No. It clarifies the conditions that must be met to offer in-person services for small groups of students if a school is otherwise unable to reopen under state public health directives. This guidance enables schools to provide supervision and care for students, including specialized services for students with disabilities and English learners, access to internet and devices for distance learning, and in-person support for at-risk and high-need students.

Which students can be served in cohorts during school closures?

The determination is made at the LEA- and school-level based on the needs of students. Students with disabilities should be prioritized by the LEA and school for receiving targeted supports and services. In addition, English learners, students at higher risk of further learning loss or not participating in distance learning, students at



risk of abuse or neglect, foster youth and students experiencing homelessness may also be prioritized.

What qualifies as a specialized and targeted support services?

Specialized services are determined by LEAs and include but are not limited to occupational therapy services, speech and language services, and other medical services, behavioral services, educational support services as part of a targeted intervention strategy or assessments, such as those related to English learner status, individualized educational programs and other required assessments.

What are cohorts?

In the K-12 Schools setting, cohorts are stable groups of students with no more than 16 individuals, who are meeting for targeted supports and intervention services, under the direction of the LEA, while the school is closed to in person instruction and in addition to distance learning. Regardless of the name (e.g., “learning hubs” or “pods”), all of the provisions in the Cohorting Guidance must be followed for such cohorts to meet, whether they are operated by LEAs, non-profits, or other providers.

How should stable cohorts be established?

As outlined in the Cohorting Guidance, stable cohorts are groups of students, with the same supervising adult(s), that stay together throughout the day. The cohort must operate so that students and supervising adults within the group only have physical proximity with members of their cohort during the day. Supervising adults and students must not interact with other cohorts. This practice decreases opportunities for exposure to or transmission of the virus; facilitates more efficient contact tracing in the event of a positive case; and allows for targeted testing, quarantine, and isolation of a cohort instead of requiring the suspension of all such groups operating on a site in the event of a positive case or cluster of cases.

What is the maximum size for cohorts?

Cohorts are limited to no more than 14 students, with no more than 2 supervising adults in a supervised environment, or a configuration of no more than 16 individuals total (children and youth or adults) in the cohort. The number of students and staff who make up a cohort should be based on student needs. Cohorts can – and often will – be smaller than 14, staffed by 1 or 2 consistent adults. For example, a cohort could be 6 students with 1 adult or 8 students with two adults that stay together throughout the day. In addition, a cohort can be divided into subgroups of students that may interact with one another during the day, as long as there are no more than 16 individuals in that cohort overall.



Can more than two “supervising adults” be assigned to a cohort if, for example, a student (or students) require(s) continuous assistance from adult staff (e.g., an instructional aide) and the cohort already includes two “supervising adults”?
Yes. The number of adults assigned to a cohort should be minimized and is ideally limited to two. However, cohorts may include more than two adults, provided the total size of the cohort does not exceed 16 individuals (students and adults together).

Can students receive additional specialized services or targeted support and services if they are not part of a cohort or outside of their cohort from a different supervising adult(s)?

Yes. Students may receive one-on-one services and supports from other qualified adults. These additional supports and services must be done individually and cannot be done with other students. Staff who are providing specialized services or targeted support – such as speech or occupational therapy or intensive tutoring -- should be assigned to work with students in as few cohorts as possible and must observe appropriate precautions to prevent transmission, including wearing appropriate personal protective equipment (PPE), as specified in the [industry guidance for Limited Services](#). It is also important to prevent other staff people (e.g., administrators, counselors, or nurses) who are not a supervising adult in a cohort or providing one-on-one services from interacting with cohorts unless necessary to respond to exigent health or safety issue, as they can transmit the virus from one cohort to another, thus greatly increasing the number of contacts for any given case.

Can different cohorts of students interact with each other?

No. Group stability is important to minimize exposure and for effective contact tracing so students and supervising adults cannot interact with different cohorts. Separation between cohorts is maintained either by having each cohort in a separate room or in its own space created by partitions. Given the layout of K-12 schools with multiple classrooms, schools should generally maintain separation between cohorts by assigning each cohort to its own classroom. Outdoor space or other dedicated space may be used when it allows for separation from other cohorts and adequate physical distancing.

Can schools have different cohorts on different days?

Yes. Schools can have cohorts of students who participate only on certain days or certain times during the day. Proper cleaning must be done in between different cohorts of students occupying the same space. For example, a school can have cohort(s) of students receiving services and supports Monday and Tuesday with separate cohort(s) on Wednesdays and Thursdays.

Can students change cohorts?



Students changing cohorts must be avoided, unless a change is needed for the student's overall safety and wellness.

How many cohorts can be established on a single school site?

The number of cohorts will depend on the school's enrollment size and available building capacity. Local school officials – in collaboration with local health departments and school-based staff – should determine the number of cohorts that can be safely established to avoid interactions between cohorts. In general, given the need for physical distancing and separation of cohorts, the number of students on a given school site should generally not exceed 25% of the school's enrollment size or available building capacity.

How will physical distancing be maintained within cohorts?

Groups must be no larger than can be accommodated by the space available in the facility to provide at least 6 feet of distance between each person, including staff, but in no instance larger than 16 individuals total. The smaller the group, the less risk of spreading disease. As cohort groups increase in size, or as they have any contact with other cohorts, the risk of spreading disease increases.

Can staff meet?

Group meetings with staff from different cohorts must be done remotely, outdoors or in large spaces such as gymnasiums or multipurpose rooms, with windows open, as much as possible, avoiding small spaces with windows closed. All staff must wear appropriate face coverings and maintain at least 6 feet of physical distancing.

How often should cleaning be done while students are on campus?

Cleaning and wiping surfaces (e.g., desks, door handles, etc.) must be maintained between multiple student uses, even in the same cohort. For additional guidance around health and safety standards including cleaning and masking, refer to [CDPH](#) and local health guidance.