

# Crestwood School District

281 South Mountain Blvd.  
Mountain Top, PA 18707  
(570) 474-6888

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**Health and Safety Plan Summary:** Crestwood School District

**Initial Effective Date:** June 17, 2021

**Date of Last Review:** February 1, 2022

**Date of Last Revision:** January 17, 2022

1. How will the LEA, to the greatest extent practicable, support prevention and mitigation policies in line with the most up-to-date guidance from the CDC for the reopening and operation of school facilities in order to continuously and safely open and operate schools for in-person learning?

**The Crestwood School District will, to the greatest extent practicable, support prevention and mitigation policies in line with the most up-to-date guidance from the CDC for reopening for in person learning by using the guidance to make informed decisions to better ensure the District is able to continuously maintain face to face learning while keeping the health, safety and welfare of students and staff as its primary focus. This document provides an operational strategy for safe delivery of in-person instruction through the integration of a package of prevention and control components:**

- 1. Consistent implementation of layered prevention strategies to reduce SARS-CoV-2 transmission in schools**
- 2. Consideration of indicators of community transmission to reflect levels of community risk**
- 3. Phased prevention strategies based on levels of community transmission**

**The following public health efforts provide additional layers of COVID-19 protection in schools:**

- Encourage testing to identify individuals with a SARS-CoV-2 infection to limit transmission and outbreaks**
- Encourage vaccination for teachers and staff**

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2. How will the LEA ensure continuity of services, including but not limited to services to address the students' academic needs, and students' and staff members' social, emotional, mental health, and other needs, which may include student health and food services?

**A successful and equitable school reopening strategy requires engaging the entire school community to establish a safe environment for all educators, school staff, and students to promote trust and confidence. School reopening planning should include:**

- **Administrators**
- **Teachers**
- **Student and parent representatives**
- **Specialized instructional support personnel (such as school counselors, school social workers, school psychologists, and nurses)**
- **Facilities managers and custodial staff**
- **Transportation personnel, school nutrition professionals, and family services representatives.**

**Consistent with health equity considerations, schools and school districts should conduct active and specific outreach to underserved families – including parents/guardians of students of color, students from low-income backgrounds, students with disabilities, English learners, students experiencing homelessness, and students in foster care. This communication should be conducted in families' home languages or mode of communication and in alternate formats as needed to facilitate effective communication for individuals with disabilities and, where appropriate, in partnership with trusted community-based organizations.**

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3. Use the table below to explain how the LEA will maintain the health and safety of students, educators, and other staff and the extent to which it has adopted policies, and a description of any such policy on each of the following safety recommendations established by the CDC.

ARP ESSER REQUIREMENT	STRATEGIES, POLICIES, and PROCEDURES
As of January 17, 2022, the use of masks will be parental/student choice.	<p><b>Core principle for masks:</b> The District encourages consistent and correct use of <a href="#">well-fitting</a> face <a href="#">masks</a> with proper filtration by all students, teachers, and staff to prevent SARS-CoV-2 <a href="#">transmission through respiratory droplets</a>. Masks are encouraged to be worn, by all people in school facilities, with certain exceptions for certain people, or for certain settings or activities, such as while eating or drinking. Masks are encouraged to be worn in all classroom and non-classroom settings, including hallways, school offices, restrooms, gyms, auditoriums, etc.</p> <ul style="list-style-type: none"><li>• <b>Mask policies</b> for all students, teachers, and staff set the expectation that people are encouraged to use masks throughout the school.</li><li>• The most <a href="#">effective fabrics for cloth masks</a> are tightly woven, such as cotton and cotton blends, breathable, and in two or three fabric layers. Masks with exhalation valves or vents, those that use loosely woven fabrics, and those that do not fit properly are not recommended.</li><li>• Most students, including those with disabilities, can tolerate and safely wear a mask. However, a narrow</li></ul>

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subset of students with disabilities might not be able to wear a mask or cannot safely wear a mask. Those who cannot safely wear a mask—for example, a person with a disability who, for reasons related to the disability, would be physically unable to remove a mask without assistance if breathing becomes

obstructed—should not be required to wear one. For the remaining portion of the subset, schools should make individualized determinations as required by Federal disability laws in order to determine if an exception to the mask requirement is necessary and appropriate for a particular student (Updated January 17, 2022; CSD is Parental Choice for the use of masks). If a child with a disability cannot wear a mask, maintain physical distance, or adhere to other public health requirements, the student is still entitled to an appropriate education, which in some circumstances may need to be provided virtually.

- Mask are required on school buses and other public transportation; school systems should take appropriate steps to ensure compliance with this requirement by students, staff, and others.
- If visitors are permitted in school, they are encouraged to wear masks at all times and should maintain physical distance from others.

**Schools will encourage modeling of correct and consistent mask use by school leaders, local leaders, and others**

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	respected in the community.
Modifying facilities to allow for <a href="#">physical distancing</a> (e.g., use of cohorts/podding);	<p><b>Core principle for physical distancing:</b> Establish school policies and implement structural interventions to promote physical distance between people.</p> <ul style="list-style-type: none"><li>• Between students in classrooms<ul style="list-style-type: none"><li>◦ In elementary schools, students should be at least 3 feet apart.<sup>1</sup></li><li>◦ In middle schools and high schools, students should be at least 3 feet apart in areas of low, moderate, or substantial community transmission. In areas of high community transmission, middle and high school students should be 6 feet apart if cohorting is not possible.<sup>1,2, 4-6</sup></li></ul></li><li>• When possible, maintain 6 feet of distance in the following settings:<ul style="list-style-type: none"><li>◦ Cafeteria setting.</li><li>◦ During activities when increased exhalation occurs, such as singing, shouting, band, or sports and exercise. Move these activities outdoors or to large, well-ventilated space, when possible.</li><li>◦ In common areas such as school lobbies and auditoriums.</li></ul></li><li>• Remove nonessential furniture and make other changes to classroom layouts to maximize distance between students.</li><li>• Face desks in the same direction, where possible.</li></ul>

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	<ul style="list-style-type: none"><li>• Eliminate or decrease nonessential in-person interactions among teachers and staff during meetings, lunches, and other situations that could lead to adult-to-adult transmission.</li><li>• <b>Visitors:</b> <u>Limit any nonessential visitors, volunteers, and activities</u> involving external groups or organizations as much as possible—especially with people who are not from the local geographic area (for example, not from the same community, town, city, county). Encourage all visitors to wear masks and physically distance from others</li><li>• <b>Transportation:</b> When possible, create distance between children on school buses. Masks are required by federal order on school buses and other forms of public transportation in the United States. Open windows to improve ventilation when it does not create a safety hazard.</li></ul>
<u>Handwashing and respiratory etiquette;</u>	<p><b>Core principle for handwashing and respiratory etiquette:</b> Through ongoing health education units and lessons, teach children proper handwashing and reinforce behaviors, and provide adequate supplies. Ensure that teachers and staff use proper handwashing and respiratory etiquette.</p> <ul style="list-style-type: none"><li>• <b>Teach and reinforce <u>handwashing</u></b> with soap and water for at least 20 seconds and increase monitoring to ensure adherence among students, teachers, and staff. If handwashing is not</li></ul>

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	<p>possible, hand sanitizer containing at least 60% alcohol should be used.</p> <ul style="list-style-type: none"><li>• Encourage students and staff to cover coughs and sneezes with a tissue when not wearing a mask and immediately wash their hands after blowing their nose, coughing, or sneezing.</li><li>• Some students with disabilities might need assistance with handwashing and respiratory etiquette behaviors.</li><li>• <b>Adequate supplies:</b> Support <a href="#">healthy hygiene</a> behaviors by providing adequate supplies, including soap, a way to dry hands, tissues, face masks (as feasible), and no-touch/foot-pedal trash cans. If soap and water are not readily available, schools can provide alcohol-based</li></ul>
<p><a href="#">Cleaning</a> and maintaining healthy facilities, including improving <a href="#">ventilation</a>;</p>	<p><b>Core principle for cleaning and maintaining healthy facilities:</b> Make changes to physical spaces to maintain a healthy environment and facilities, including improving ventilation. Routinely clean high-touch surfaces (such as doorknobs and light switches).</p> <ul style="list-style-type: none"><li>• <b>Ventilation:</b> Improve <a href="#">ventilation</a> to the extent possible to increase circulation of outdoor air, increase the delivery of clean air, and dilute potential contaminants. This can be achieved through several actions.<ul style="list-style-type: none"><li>○ Bring in as much outdoor air as possible.</li><li>○ Ensure Heating, Ventilation, and Air Conditioning (HVAC) settings are maximizing ventilation.</li><li>○ Filter and/or clean the air in</li></ul></li></ul>

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	<p>the school by improving the <a href="#">level of filtration</a> as much as possible.</p> <ul style="list-style-type: none"><li>○ Use exhaust fans in restrooms and kitchens.</li><li>○ Open windows in buses and other transportation, if doing so does not pose a safety risk. Even just cracking windows open a few inches improves air circulation.</li></ul> <ul style="list-style-type: none"><li>• <b>Modified layouts:</b> Adjust physical layouts in classrooms and other settings to maximize physical space, such as by turning desks to face in the same direction.</li><li>• <b>Cleaning:</b> Regularly clean high touch surfaces and objects (for example, playground equipment, door handles, sink handles, toilets, drinking fountains) within the school and on school buses at least daily or between use as much as possible.</li><li>• <b>Communal spaces:</b> Close communal use of shared spaces, such as cafeterias, if possible; otherwise, stagger use and <a href="#">clean</a> regularly (for example, daily or as often as needed). Consider use of larger spaces such as cafeterias, libraries, gyms for academic instruction, to maximize physical distancing.</li><li>• <b>Food service:</b> Avoid offering any self-serve food or drink options such as hot and cold food bars, salad or condiment bars, and drink stations.</li><li>• <b>Water systems:</b> <a href="#">Take steps</a> to ensure that all water systems and features (for example, sink faucets, decorative</li></ul>
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	fountains) are safe to use after a prolonged facility shutdown.
<a href="#">Contact tracing</a> in combination with <a href="#">isolation</a> and <a href="#">quarantine</a> , in collaboration with the State and local health departments;	<p><b>Core principle for contact tracing:</b> Schools should collaborate with the health department, to the extent allowable by privacy laws and other applicable laws, to confidentially provide information about people diagnosed with or exposed to COVID-19. Students, teachers, and staff with positive test results should <a href="#">isolate</a>, and <a href="#">close contacts</a> should <a href="#">quarantine as per the most updated CDC guidelines</a>. Schools should report positive cases to the health department on a weekly basis as directed by the PA. Dept. of Health. School officials should notify families of close contacts as soon as possible after they are notified that someone in the school has tested positive.</p> <ul style="list-style-type: none"><li>• <b>Staying home when appropriate:</b> Educate teachers, staff and families about when they and their children should <a href="#">stay home</a> and when they can return to school. Students, teachers, and staff who <a href="#">have symptoms</a> should stay home and be referred to their healthcare provider for testing and care. School systems should attempt to recruit and train sufficient substitute educators to ensure that teachers can stay home when they are sick or have been exposed to someone who is confirmed or suspected of having COVID-19.</li><li>• <b>Isolation</b> should be used to separate people diagnosed with COVID-19 from those who are not infected. Students, teachers, and staff who are in <a href="#">isolation</a> should stay home and follow the direction of the local public</li></ul>

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	<p>health authority about when it is safe for them to be around others.</p> <ul style="list-style-type: none"><li>• <b>Case investigation and contact tracing:</b> Schools should work with the local health department to facilitate, to the extent allowable by applicable laws, systematic case investigation and <a href="#">contact tracing</a> of infected students, teachers, and staff, and consistent isolation of cases and quarantine of <a href="#">close contacts</a>. Schools can prepare and provide information and records to aid in the identification of potential contacts and exposure sites, consistent with applicable laws, including those related to privacy and confidentiality. Collaboration between the health department and K-12 school administration to obtain contact information of other individuals in shared rooms, class schedules, shared meals, or extracurricular activities will expedite contact tracing. Prompt identification, quarantine, and monitoring of those contacts exposed to SARS-CoV-2 can effectively break the chain of transmission and prevent further spread of the virus.</li></ul> <p><b>Close Contact through proximity and duration of exposure:</b> Someone who was less than 6 feet away from infected person (laboratory-confirmed or a clinical diagnosis) for a cumulative total of 15 minutes or more over a 24-hour period (for example, three individual 5-minute exposures for a total of 15 minutes). An infected person</p>
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	<p>can spread SARS-CoV-2 starting from 2 days before they have any symptoms (or, for asymptomatic patients, 2 days before the positive specimen collection date), until they meet the criteria for ending isolation.</p> <ul style="list-style-type: none"><li>• <b>Exception:</b> In the K–12 indoor classroom setting or a structured outdoor setting where mask use can be observed (i.e., holding class outdoors with educator supervision), the close contact definition excludes students who were between 3 to 6 feet of an infected student (laboratory-confirmed or a clinical diagnosis) if both the infected student and the exposed student(s) correctly and consistently wore well-fitting masks the entire time.</li></ul>
<a href="#">Diagnostic</a> and screening testing;	<p>At all levels of community transmission, schools should offer referrals to diagnostic testing to any student, teacher, or staff member who is exhibiting <a href="#">symptoms of COVID-19</a> at school. <a href="#">Diagnostic testing</a> for SARS-CoV-2 is intended to identify occurrence of SARS-CoV-2 infection at the individual level and is performed when there is a reason to suspect that an individual may be infected, such as having symptoms or <a href="#">suspected recent exposure</a>. Examples of diagnostic testing strategies include testing symptomatic teachers, students, and staff who develop symptoms in school, and testing asymptomatic individuals who were exposed to someone with a confirmed or suspected case of COVID-19. Additional considerations for diagnostic testing:</p> <ul style="list-style-type: none"><li>• Schools should advise students,</li></ul>

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	<p>teachers, and staff to <a href="#">stay home</a> if they are sick or if they have been exposed to SARS-CoV-2. Schools can encourage these individuals to talk to their healthcare provider about getting a COVID-19 test.</p> <ul style="list-style-type: none"><li>• If a student, teacher, or staff member becomes sick at school or reports a new COVID-19 diagnosis, schools should follow the steps of the <a href="#">COVID-19 Diagnosis flowchart</a> on what to do next. This includes notifying a student’s parent or guardian and initiating testing strategies. Notifications must be accessible for all students, parents, or guardians, including those with disabilities or limited English proficiency (for example, through use of interpreters or translated materials).</li><li>• In some schools, school-based healthcare professionals (for example, school nurses) may perform SARS-CoV-2 antigen testing in school-based health centers if they are trained in specimen collection, conducting the test per manufacturer’s instructions, and obtain a Clinical Laboratory Improvement Amendments (CLIA) <a href="#">certificate of waiverexternal icon</a>. Some school-based healthcare professionals may also be able to perform specimen collection to send to a lab for testing, if trained in specimen collection, without a CLIA certificate. It is important that school-based healthcare professionals have access to, and training on the proper use of <a href="#">personal protective equipment (PPE)</a>.</li></ul>
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- Not every school or school-based healthcare professional will have the staff, resources, or training to conduct testing. Public health officials should work with schools to help link students and their families, teachers, and staff to other opportunities for testing in their community. Testing could be offered by referral to community-based testing sites, through collaboration with local public health, or through a centralized test location offered by the school district.

The presence of any of the symptoms below generally suggests a student, teacher, or staff member has an infectious illness and should not attend school, regardless of whether the illness is COVID-19. For students, staff, and teachers with chronic conditions, symptom presence should represent a change from their typical health status to warrant exclusion from school. Occurrence of any of the [symptoms](#) below while a student, teacher, or staff member is at school suggests the person may be referred for diagnostic testing.

- [Temperature external icon](#) of 100.4 degrees Fahrenheit or higher
- Sore throat
- Cough (for students with chronic cough due to allergies or asthma, a change in their cough from baseline)
- Difficulty breathing (for students with asthma, a change from their baseline breathing)
- Diarrhea or vomiting
- New loss of taste or smell
- New onset of severe headache,

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	<p>especially with a fever</p> <p>Students should not attend school in-person if they or their caregiver identifies new <a href="#">development</a> of any of the symptoms above.</p> <p>Schools can provide <a href="#">options to separate students with COVID-19 symptoms</a> or suspected or confirmed COVID-19 diagnoses by, for example, placing students in isolation room/areas until transportation can be arranged to send them home or seek emergency medical attention.</p> <p>If a COVID-19 diagnosis is confirmed, schools can support public health officials in determining which close contacts and other potentially exposed persons in the school setting could be tested and either isolated or quarantined (see Table 3). Schools can assist by providing information, where appropriate, to identify close contacts (for example, class rosters, seating charts, and information to facilitate outreach to contacts).</p>
Efforts to provide <a href="#">vaccinations to school communities</a> ;	<p><a href="#">Vaccines</a> are an important tool to help stop the COVID-19 pandemic. Teachers and staff hold jobs critical to the continued functioning of society and are at potential occupational risk of exposure to SARS-CoV-2. Vaccinating teachers and staff is one layer of prevention and protection for teachers and staff. Strategies that minimize barriers to access vaccination for teachers and other frontline essential workers, such as vaccine clinics at or close to the place of work, are optimal. To address this important public health priority, the <a href="#">Health and Human Services Secretary issued a Secretarial Directive pdf icon external icon</a> on March 2, 2021, that directs all COVID-19 vaccination providers administering vaccine</p>



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purchased by the US government to make vaccines available to those who work in K–12 schools. This means that in addition to existing state and local COVID-19 vaccination sites, teachers and staff in schools across the nation can sign up for an appointment at more than 9,000 pharmacy locations participating in the [Federal Retail Pharmacy Program](#) for COVID-19 Vaccination.

New CDC resources are available to provide information about this directive:

- The [COVID-19 Vaccines for Teachers, School Staff, and Childcare Workers](#) web page provides school and childcare staff with the latest information about where and how to book an appointment.
- The [COVID-19 Vaccine Toolkit for School Settings and Childcare Programs](#) provides schools and childcare programs with ready-made materials they can use to communicate with staff about COVID-19 vaccination.

School officials and health departments can work together to also support messaging and outreach about vaccination for members of school communities. School communication platforms can facilitate outreach to encourage vaccination of household members of school-age children as they become eligible. This should include outreach in a language that limited English proficient family members of students can understand and in alternate formats as needed to facilitate effective communication for individuals

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	with disabilities.
Appropriate accommodations for students with disabilities with respect to health and safety policies; and	<p>Health equity considerations in prevention strategies</p> <p>Federal and state disability laws, to the extent applicable, require an individualized approach for students with disabilities consistent with the student’s IEP or Section 504 plan. Educators and school leaders must remain aware of their obligations under federal and state disability laws and should also consider adaptations and alternatives to prevention strategies, while maintaining efforts to protect students, teachers, and staff from COVID-19.</p>
Coordination with state and local health officials.	The Crestwood School District will continue to work with state and local health officials as well as the Pennsylvania Department of Education as they continue to provide guidance and direction related to not only the pandemic but also any future health, safety and welfare matters that are beyond to scope of the District

Health and Safety Plan Governing Body Affirmation Statement:

The Board of Directors for: Crestwood School District reviewed and approved the Health

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and Safety Plan on Thursday, October 14, 2021.

The plan was approved by a vote of:

Yes: 6

No:           

Affirmed on: October 21, 2021

By:

*Barry J Boone*

\_\_\_\_\_  
(Signature of Board President)

Barry Boone

(Print Name of Board President)

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Health and Safety Plan Governing Body Affirmation Statement:

The Board of Directors for: Crestwood School District reviewed and approved the Health and Safety Plan on **Thursday, December 16, 2021.**

The plan was approved by a vote of:

Yes: 4

No: 3

Affirmed on: **December 16, 2021**

By: Barry J Boone

(Signature of Board President)

Barry Boone

(Print Name of Board President)

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