

Safe Return to In-person Instruction and Continuity of Services Plan

Addendum Guidance

LEAs are required to update the Safe Return to In-Person Instruction and Continuity of Services Plan every six months through **Sept. 30, 2023**. Each time, LEAs must seek public input on the plan and any revisions and must take such input into account. The purpose of the plan is to keep stakeholders informed.

Every LEA should complete the addendum and upload in the LEA document library and post to the LEA's website (February 1 and August 27). Like the development of the plan, all revisions must be informed by community input and reviewed and approved by the governing body prior to posting on the LEA's publicly available website.

Please consider the following when completing the addendum:

- Ensure the LEA used multiple models of engagement offered to stakeholders. Examples may include surveys, in-person or virtual committee meetings, town hall meetings, or other inclusive engagement opportunities.
- LEAs should engage all applicable groups noted in meaningful consultation during the crafting of the plan.
- The number of stakeholders engaged should represent the composition of students. For example, if students with disabilities make up 15 percent of students, then 10-20 percent of respondents should represent this subgroup.
- Ensure the stakeholder engagement happened prior to the development/revision of the plan.
- The LEA must engage the health department in the development of the plan. This is not the same as providing the health department with COVID-19 numbers.
- Plans must explicitly address every bullet point in Question 3 regarding district policies and strategies.
- Plans require local board approval and public posting.
- LEAs must update the *Safe Return to In-Person Instruction and Continuity of Services Plan* at least every six months through Sept. 30, 2023, seek public input on the plan and any revisions and take such input into account. All revisions must include an explanation and rationale of why the revisions were made.
- All revisions must include an explanation and rationale, with meaningful public consultation, and in an understandable format. The American Rescue Plan (ARP) Act requires LEAs to post their Health and Safety Plans online in a language that parents/caregivers can understand, or, if it is not practicable to provide written translations to an individual with limited English proficiency, be orally translated. The plan also must be provided in an alternative format accessible, upon request, by a parent who is an individual with a disability as defined by the Americans with Disabilities Act.

Safe Return to In-Person Instruction and Continuity of Services Plan Addendum

The Elementary and Secondary School Emergency Relief 3.0 (ESSER 3.0) Fund under the American Rescue Plan (ARP) Act of 2021, Public Law 117-2, was enacted on March 11, 2021. Funding provided to states and local educational agencies (LEAs) help safely reopen and sustain the safe operation of schools and address the impact of the coronavirus pandemic on the nation's students.

In the fall of 2021, LEAs developed and made publicly available a Safe Return to In-Person Instruction and Continuity of Services Plan. All plans were developed with meaningful public consultation with stakeholder groups. LEAs are required to update the plan every six months through September 30, 2023 and must seek public input on the plan and any revisions and must take such input into account. LEAs also must review and update their plans whenever there are significant changes to the CDC recommendations for K-12 schools and to ensure the plan is current. Like the development of the plan, all revisions must be informed by community input and reviewed and approved by the governing body prior to posting on the LEA's publicly available website.

The following information is intended to update stakeholders and address the requirement.

LEA Name: Scott County

Date: February 1, 2022

1. Describe how the LEA engaged in meaningful consultation with stakeholders in development of the revised plan.

The district held a virtual meeting with the planning committee and discussed ESSER 1, 2, and 3. At the monthly work session, which is live on YouTube and Facebook, the board and others that were present heard the current plans and heard the revised plans based on the planning committee feedback. The public was highly encouraged to go to the district website and/or facebook page to give feedback for the district to consider.

2. Describe how the LEA engaged the health department in the development of the revised plan.

The district nurse supervisor consults with the health department on a regular basis. As the health department receives new guidance from the CDC, this information is passed along to our nurse supervisor who passes it on to principals and school nurses. Any adjustment made to the plan is discussed between health department and nurse supervisor.

3. Provide to the extent to which the LEA has updated adopted policies and a description of any such policies on each of the following health and safety strategies.

<p><i>Appropriate accommodations for children with disabilities with respect to health and safety policies</i></p> <p>Accommodations for children with disabilities with respect to health and safety policies, the district will work with the local/state health department to coordinate safety procedures for all students. The head nurse will communicate guidance from these agencies to the director of schools, principals, supervisors, and all staff. The special education supervisor will communicate with the related contracted service providers and/or others who provide services to students with disabilities, the guidance and local safety procedures needed to support students with disabilities. Any safety concerns by staff, related service providers, and/or parents of children with disabilities will be reported to the school administrator, school nurse or special education supervisor.</p> <p>If a child is not feeling well, the child will see the school nurse. The school nurse will take the child’s temperature. If the student does have a temperature, the child’s parents will be contacted. The child will be kept in quarantine until the parent arrives to pick up the child. If a child tests positive for COVID, the school administrator will work with the local health department to conduct contract tracing. Parents of those children who are exposed to the child that has tested positive for COVID are contacted. A decision will be made as to whether the child or entire class is quarantined by the school administrator and local health department.</p> <p>Students with disabilities along with all students are encouraged to wear masks when possible. For those students with disabilities who are unable to wear mask, distancing guidelines to meet the needs of the disabled child will be followed in the classroom. An alternative schedule may be considered when needed. The classroom seating and arrangement may be changed if needed to comply with distancing guidelines. For those students with disabilities with medical needs such as medication administration, diabetes testing, catheterizations, and tube feeding, a plan will be developed with the school nurse to meet the needs of these students.</p> <p>The special education teacher and/or related service provider will always wear a mask and maintains social distancing from the child for safety during instruction and/or delivery of related services. Children will be provided with a face mask if they do not have one.</p> <p>The special education teacher will sanitize and clean the tables, technology devices and equipment after each use by children to prevent the spread of the virus. Children are encouraged to use soap and water to wash their hands for at least 20 seconds when possible. Hand sanitizer will be available in each classroom if soap and water is not available.</p> <p>Teachers will limit sharing of high-touch objects that are difficult to regularly clean such as pencils, pens, crayons, books, etc. Each child is encouraged to have his or her own school supplies. If items are reused by other children, the item will be disinfected.</p>
<p><i>Physical distancing (e.g., use of cohorts/podding)</i></p> <p>Physical distancing of three feet or two arm lengths is recommended while inside classrooms. All group gatherings are discouraged but principals will decide how many students can be gathered in one area at a time with large group gatherings. If they decide to have a large group gathering, students must still be three feet or two arm lengths apart if it is possible.</p>

Hand washing and respiratory etiquette

Frequent hand washing and respiratory etiquette will be followed as recommended by CDC. All schools are encouraged to have students sanitize often and there are hand-sanitizing stations throughout each school. Faculty, staff and students are encouraged to wash hands after restroom and before eating breakfast and lunch.

Cleaning and maintaining healthy facilities including improving ventilation

Cleaning and sanitizing is an important step in preventing the spread of the disease so a cleaning schedule will be continued. Classrooms will be cleaned by teachers and students as they leave in between classes. They will be using Botanical Disinfectant Solution. It will be sprayed on all desks and contact areas and then wiped off before the next class arrives. At the end of each day, custodians we will spray the same solution on contact areas and leave the solution overnight and will not wipe it off. Twice a week, all classrooms are fogged with disinfectant spray. In the cafeterias, custodians spray disinfectant spray before and after each group of students. Twice a week, this area is fogged with disinfectant spray as well. The tables are cleaned by cafeteria personnel as groups of students switch lunches. In the gymnasiums, all activity areas are sprayed by the teacher at the end of each class. Physical education equipment is sanitized before and after each class. The gymnasiums are fogged with disinfectant spray twice a week too. Buses are sprayed with disinfectant spray before and after bus routes and will be fogged on an as needed basis.

Each school is receiving new and/or updated ventilation systems and air purifiers. Both Air purifiers and HVACs working together will allow for a more efficient filtration for air quality and will improve air quality for faculty, staff, and students.

Contact tracing in combination with isolation and quarantine

Contact tracing is handled by each school individually. There is not a district person assigned to contact trace. The School Nurse Supervisor works with School Nurses to communicate changes and procedures from the Health Department. Communication has primarily happened between Local Health Department Director and the Regional Health Department Coordinator. Each school nurse was initially charged with collecting seating charts and rosters for all classes in the school. These were provided to the Regional Health Department, along with contact information. However, it has quickly become evident in the first weeks of school that the Local and Regional Health Department is unprepared to handle the volume and pace of school contact tracing. Therefore beginning September 7, 2021, each school nurse will conduct tracing within his/her school per the Health Department guidelines and algorithm. Once the nurse identifies a student as a "possible close contact" the following will happen - (1) parent will be contacted and told that the student was identified as a "possible close contact". The student will be asked to quarantine until notification from the Health Department; (2) An email will be sent to the Regional School Team with the names & phone numbers of all "possible close contacts"; (3) The Health Department's Regional School Team will then make personal contact with each parent to evaluate their child's quarantine exemptions, timeline, and other medical questions relating to the Algorithm; (4) The Regional School Team will provide return to school dates to the School Nurse for every student.

Diagnostic and screening testing

COVID-19 testing will be available in each school for students with parental consent. Tests will be administered by the school nurse. Results are reported within 24-48 hours and parents are contacted by the school nurse.

Efforts to provide vaccinations to educators, other staff, and students, if eligible

Vaccination of eligible people will be encouraged and the district will pursue any grant opportunities to provide COVID-19 testing to students and staff.

Universal and correct wearing of masks

Universal masking is recommended when a distance of three feet cannot be maintained but is no way required. Masks are not recommended while outside.

4. Provide a current description as to how the LEA is ensuring continuity of services including but not limited to services to address the students' academic needs, and students' and staff social, emotional, mental health, and other needs, which may include student health and food services.

The district will continue to use TEAMS with their classrooms and students to ensure students are up to date and ready to use in the event of a future closure. ESSER 3.0 funds will be used to sustain Microsoft 365/TEAMS, other educational software such as Compass and Plator and laptops for students and teachers. District personnel such as guidance counselors and family resource director will help families with all supports including health, food, and personal items.