

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

Addendum Guidance

2022-2023

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, local education agencies (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 it to ePlan in the LEA document library and post it to the LEA's website (Feb. 15 and Sept. 15). 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 and when making any significant revisions or updates to 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 and revision of the plan. This is different from 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) helps 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 Sept. 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 and ensure they align with any significant changes to CDC recommendations for K-12 schools. 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: September 12, 2022

1. Describe how the LEA has continued to engage in meaningful consultation with stakeholders in the development of the revised plan.

During the 21-22 school year, surveys and multiple meetings were held about how to spend ESSER funds and what was the greatest needs for our students and schools. Once the plan was developed in 21-22, the plan has not changed, and the committee wanted to continue with the plan. The plans and addendums are posted on our district website. The district had an in-person work session that is always open to the public on Tuesday, August 30th. The plan for Health and Safety and Remaining use of Funds were discussed at this meeting. On Wednesday, September 7th, there was an in-person meeting with the planning committee to update the two documents for ESSER 3.

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 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.</p> <p>Students with disabilities may wear masks if parents choose for their student to do so. An alternative schedule may be considered when needed. The classroom seating and arrangement may be changed if needed for distancing. 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 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 at the principals’ discretions and 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 are encouraged to still be three feet or two arm lengths a part if it is possible.</p>
<p><i>Hand washing and respiratory etiquette</i></p> <p>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.</p>
<p><i>Cleaning and maintaining healthy facilities including improving ventilation</i></p> <p>Cleaning and sanitizing are 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</p>

<p>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.</p> <p>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.</p>
<p><i>Contact tracing in combination with isolation and quarantine</i></p> <p>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.</p> <p>The only situation that the district may contact trace is for special education students who is non-verbal and for any students who have a 504 with a medical note from a doctor. In both special situations, students do not have to quarantine, and it is up to the parent at that point.</p>
<p><i>Diagnostic and screening testing</i></p> <p>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.</p>
<p><i>Efforts to provide vaccinations to educators, other staff, and students, if eligible</i></p> <p>Vaccination of eligible people are encouraged.</p>
<p><i>Universal and correct wearing of masks</i></p> <p>Masks are up to the parents and students' discretion.</p>

4. Provide a current description as to how the LEA is ensuring continuity of services including but not limited to services that address students' academic needs and students' and staff's 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 Plato 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.