

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: Arlington Community Schools

Date: January 31, 2022

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

In an effort to engage in meaningful consultation with Arlington Community Schools' stakeholders, ACS launched a survey to solicit feedback from various groups, including students, parents, teachers, principals, administrators, civil rights organizations, special populations, and at-large community members. During the two-week open comment period, more than 900 stakeholders completed the questionnaire, with the overwhelmingly majority (66.08%) classifying themselves as "Parent/Families." Additionally 29.32% of respondents identified themselves as stakeholders representing special populations, such as children with disabilities, children with English as a second language, children experiencing homelessness, migratory students, children who are incarcerated and underserved students.

Respondents were asked to answer several multiple-choice questions and rank the importance of various ESSER fund expenditures. They were also provided the opportunity to leave an open response for additional input.

Additionally, we included open-ended questions to obtain supplemental considerations from stakeholders that may have not been captured in the other survey questions. More than 206 respondents left additional recommendations for how funds should be spent that we were able to analyze and assess their relevance to ESSER spending. Some recommendations went beyond the scope of ESSER 3.0 allowable expenses but were beneficial to the district in various ways.

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

Our school district works directly with the Shelby County Health Department (SCHD) in planning for school safety. Currently, our Superintendent (and others in the area) participate in a weekly call with local health officials. Additionally, our Coordinated School Health Supervisor is very active in frequent calls with the SCHD. District leads also engage in the state-level weekly calls where we received specific guidance from TDOH officials.

When we first began our contact tracing protocols last year, a SCHD representative was able to visit each of our 4 school sites to assess our practices and give feedback. Those visits, along with our frequent communication with their contact tracing team, has led to a positive relationship where we are able to call for guidance as well as report all needed details to them for our positive cases. All classes, teams, and bus routes require a seating chart. This staff expectation allows us to contact trace all cases and respond and communicate accordingly with parents and other stakeholders. We are able to share the seating charts and rosters with the Health Department and have contacts in place to do so for each case.

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.

<i>Appropriate accommodations for children with disabilities with respect to health and safety policies</i>
Safety protocol accommodations may be warranted for some vulnerable students, including those with disabilities or other unique needs. Teachers and nurses have been able to address each unique case and establish a plan/practice that meets the need for the student or special needs classroom layout.
<i>Physical distancing (e.g., use of cohorts/podding)</i>
When and where practical, 3-foot social distancing will take place. Directional signage on floors is utilized.
<i>Hand washing and respiratory etiquette</i>
Hand sanitizing stations and cleaning wipes are supplied in all classrooms and common areas. Frequent handwashing is encouraged and allowed throughout the school day in the building.
<i>Cleaning and maintaining healthy facilities including improving ventilation</i>
Nearly 60 HVAC units were replaced over the summer break for better air quality and energy consumption in addition to the upgrades we made last year. Safety Compliance Assistants are located in each building to ensure the safety measures we've put into place are followed. Our nurses are available to assist students with immediate medical needs.
<i>Contact tracing in combination with isolation and quarantine</i>
School Administrators, School Compliance Assistants, and School Nurses use seating charts of each classroom, cafeteria, and bus to conduct contact tracing. Identified close contacts are notified via phone by the School Nurse with instructions on the quarantine period. The Coordinated School Health Department provides a daily list of positive Covid cases to the Shelby County Health Department; to include the student's name, Date of Birth, grade, school location, symptoms present, parent phone number, and email address. In cases of quarantine, families must contact the school nurse to complete the required documentation. Once approved, students in quarantine may work remotely from home on assignments in Schoology, SeeSaw or as directed by their teacher(s).
<i>Diagnostic and screening testing</i>

<p>ACS does not provide diagnostic and screening tests. Opportunities for testing is provided by surrounding medical agencies.</p>
<p><i>Efforts to provide vaccinations to educators, other staff, and students, if eligible</i></p>
<p>In the spring of 2021 our district was able to offer dose 1 and dose 2 vaccine shots to employees who wished to be vaccinated. This was a collaborative effort with several other municipal school districts and was accomplished by offering two remote days of learning to our student population.</p> <p>Opportunities to receive COVID vaccinations are currently available by surrounding agencies.</p>
<p><i>Universal and correct wearing of masks</i></p>
<p>Age appropriate videos on proper respiratory etiquette are provided to teachers for students to view monthly or as needed.</p>

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.

<p>We are a 1:1 district in all grades, K-12, so are able to connect with students even when they are absent for an extended number of days. Each school will establish a before (or after) school tutoring program to assist students with learning loss and academic support. We have, and will continue to maintain our COVID resource website, which has practical strategies and resources to help both students/parents and staff with social, emotional, and mental health needs. In addition to providing free meals to all students, we also have a program to support students who may need nutritious food items over each weekend break.</p> <p>In addition, we have adopted 3 general policies related to safe and healthy protocols related to COVID.</p> <p>ACS Policy 1.8011 - Emergency Closings: This policy addresses the cases when a Superintendent is authorized to close school due to hazardous weather or any other emergency. It includes the exception of a State Executive Order (Public Chapter No. 96).</p> <p>Policy 4.203 - Temporary Instructional Policy for Students Testing Positive for COVID-19 or Possible Exposure to COVID-19: This policy allows us to offer temporary remote instruction to students who are quarantined whether it be for a positive test or a direct exposure to COVID-19.</p> <p>Policy 5.101 - Temporary COVID-19: This policy if for staff members who need to be absent due to COVID-19. It grants employees a maximum of ten days of paid sick leave if they are unable to work due to the listed COVID-related factors in the policy.</p>
