<table>
<thead>
<tr>
<th>CDC Safety Recommendations</th>
<th>Has the LEA Adopted a Policy? (Y/N)</th>
<th>Describe LEA Policy:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Universal and correct wearing of masks</td>
<td>Y</td>
<td><strong>Optional Face/Mask Coverings:</strong> No messaging permitted on face/mask coverings (with exception of academy-related messages). Varied Colors and patterns are permitted.</td>
</tr>
<tr>
<td>Modifying facilities to allow for physical distancing (e.g., use of cohorts/podding)</td>
<td>N</td>
<td>Policy was discontinued when the severity of the virus was lessened to the point of other airborne illnesses.</td>
</tr>
<tr>
<td>Handwashing and respiratory etiquette</td>
<td>Y</td>
<td>Handwashing etiquette instruction completed at the beginning of school year. Handwashing signs posted in restrooms instructing students and staff on proper handwashing technique. Antibacterial soap in all bathrooms and hand sanitizer is made available to all students and staff. Proper respiratory etiquette (covering coughs and sneezes) is part of curriculum. Students are required to wash hands before eating.</td>
</tr>
<tr>
<td>Cleaning and maintaining healthy facilities, including improving ventilation</td>
<td>Y</td>
<td>Electrostatic sprayer in use upon request. Day porter cleans all frequently used surfaces consistently throughout day with antibacterial wipes. Increased airflow during the winter months.</td>
</tr>
<tr>
<td>Contact tracing in combination with isolation and quarantine, in collaboration with the</td>
<td>N</td>
<td>Contact tracing has been discontinued due to the lower degree of severity found with the latest strands of the virus. Isolation and quarantine are in keeping with our policies related to other air-borne illnesses of similar severity.</td>
</tr>
<tr>
<td>State, local, territorial, or Tribal health departments</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diagnostic and screening testing</td>
<td>N</td>
<td>Staff are no longer required to get diagnostic testing.</td>
</tr>
<tr>
<td>Efforts to provide vaccinations to school communities</td>
<td>N</td>
<td></td>
</tr>
<tr>
<td>Appropriate accommodations for children with disabilities with respect to health and</td>
<td>Y</td>
<td>All efforts will be made to accommodate children with disabilities in regards to any implemented health and safety policies in the classroom. Special education and related services will be provided in accordance with students’ IEPs, as is possible and feasible, utilizing alternative means if necessary. Considerations will be made as to what method of instruction and accommodations</td>
</tr>
<tr>
<td>safety policies</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Safe Return to In-Person Instruction and Continuity of Services Plan (ARP Act)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>---------------------------------------------------------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td>are necessary and will provide disabled students with access to a FAPE.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Coordination with State and local health officials</td>
<td>N</td>
<td>Close contacts are no longer reported to county officials.</td>
</tr>
</tbody>
</table>

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

### How the LEA will Ensure Continuity of Services?

Regular health and safety screenings are in place as well as additional staff and observation added to help facilitate in-person learning.

#### Students’ Needs:

**Academic Needs**
- *Instructional coaching to ensure Tier 1 instruction is robust*
- *Testing Coordinator meeting with teams regarding data to drive Tier 1 instruction*
- *SST Coordinators meet quarterly with teachers to implement and track interventions for Tier 2/3 students*
- *Math interventionists for 2-5 and reading interventionists K-5*

**Social, Emotional, and Mental Health Needs**
- *On site school counselor available*
- *Behavior Interventionist leading lunch bunches to develop strategies for anxiety, depression, anger, and social skills*
- *Golden Eagle Society (by invitation only) after school club*

**Other Needs (which may include student health and food services)**
- *Hired additional nurse to have two full time nurses on staff*

#### Staff Needs:

**Social, Emotional, and Mental Health Needs**
- *Counseling services available through Great Hearts*
- *Staff training on anxiety and stress management*
- *Biweekly activities to support emotional needs and social connectedness of faculty and staff*

**Other Needs**

The LEA must regularly, but no less frequently than every six months (taking into consideration the timing of significant changes to CDC guidance on reopening schools), review and, as appropriate, revise its plan for the safe return to in-person instruction and continuity of services through September 30, 2023.

**Date of Revision**
August 23, 2023

**Public Input**

Describe the process used to seek public input, and how that input was taken into account in the revision of the plan:

Stakeholders sent responses to the plan via email or online form for reporting school problems.

### U.S. Department of Education Interim Final Rule (IFR)

**1) LEA Plan for Safe Return to In-Person Instruction and Continuity of Services**

(a) An LEA must describe in its plan under section 2001(i)(1) of the ARP Act for the safe return to in-person instruction and continuity of services—

(i) how it 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 policies, on each of the following safety recommendations established by the CDC:
(A) Universal and correct wearing of masks.
(B) Modifying facilities to allow for physical distancing (e.g., use of cohorts/podding)
(C) Handwashing and respiratory etiquette.
(D) Cleaning and maintaining healthy facilities, including improving ventilation.
(E) Contact tracing in combination with isolation and quarantine, in collaboration with the State, local, territorial, or Tribal health departments.
(F) Diagnostic and screening testing.
(G) Efforts to provide vaccinations to school communities.
(H) Appropriate accommodations for children with disabilities with respect to health and safety policies.
(I) Coordination with State and local health officials.

(ii) how it will ensure continuity of services, including but not limited to services to address students' academic needs and students' and staff social, emotional, mental health, and other needs, which may include student health and food services.

(b)(i) During the period of the ARP ESSER award established in section Start Printed Page 212022001(a) of the ARP Act, an LEA must regularly, but no less frequently than every six months (taking into consideration the timing of significant changes to CDC guidance on reopening schools), review and, as appropriate, revise its plan for the safe return to in-person instruction and continuity of services.

(ii) In determining whether revisions are necessary, and in making any revisions, the LEA must seek public input and take such input into account

(iii) If at the time the LEA revises its plan the CDC has updated its guidance on reopening schools, the revised plan must address the extent to which the LEA has adopted policies, and describe any such policies, for each of the updated safety recommendations.

(c) If an LEA developed a plan prior to enactment of the ARP Act that meets the statutory requirements of section 2001(i)(1) and (2) of the ARP Act but does not address all the requirements in paragraph (a), the LEA must, pursuant to paragraph (b), revise and post its plan no later than six months after receiving its ARP ESSER funds to meet the requirements in paragraph (a).

(d) An LEA's plan under section 2001(i)(1) of the ARP Act for the safe return to in-person instruction and continuity of services must be—

(i) In an understandable and uniform format;

(ii) To the extent practicable, written in a language that parents can understand or, if it is not practicable to provide written translations to a parent with limited English proficiency, be orally translated for such parent; an

(iii) Upon request by a parent who is an individual with a disability as defined by the ADA, provided in an alternative format accessible to that parent.