

Safe Return to In-person Instruction and Continuity of Services Plan Addendum Guidance 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 (**March 1 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:

Date: Sept 14, 2023

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

Meaningful consultation regarding this plan is discussed on a monthly basis at the Community Health Council meetings which are organized by the Local Health Department. The Council is comprised of community stakeholders from various areas of experience. Parents are members and involved in the meetings.

The plan is posted on our website and open to suggestions from parents.

The plan is discussed with parents at PTO meetings.

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

We utilized CDC guidance, the Regional Health Department, and the Local Health Department to update the revised plan.

The Coordinated School Health Director is a member of the health council and meets monthly with the local and regional health departments.

The Coordinated School Health Director is a member of the Statewide Health Advisory Council Board and sits on the subcommittee for health services

The Coordinated School Health has a working relationship with the local health department and has the local health educator/TDOH review the plan.

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.

<i>Appropriate accommodations for children with disabilities with respect to health and safety policies</i>
Modified the instructional environment where needed; rearranged schedules where needed; established areas for smaller group spaces to be used during social interaction times such as lunch.
<i>Physical distancing (e.g., use of cohorts/podding)</i>
Classrooms and cafeterias are structured in such a way as to facilitate distancing to the extent possible.
<i>Hand washing and respiratory etiquette</i>
Handwashing is still encouraged and reinforced at all schools. Hand sanitizer stations are available as well.
<i>Cleaning and maintaining healthy facilities including improving ventilation</i>
Common work areas are cleaned and disinfected on a regular basis. High contact areas are disinfected frequently throughout the day. Any classroom exposures are immediately shut down and deep cleaned before students and faculty are allowed to return to the exposed area.
<i>Contact tracing in combination with isolation and quarantine</i>
Contact tracing is no longer required per TDOH. Nurses continue to monitor cases as students are tested or report a positive case. The Health Services department maintains a district-wide documentation system in order to monitor cases in real time.
<i>Diagnostic and screening testing</i>
Bledsoe County Schools have an active testing strategy. While testing supplies are available, we test those students or faculty with symptoms.
<i>Efforts to provide vaccinations to educators, other staff, and students, if eligible</i>
Vaccination clinics occurred in Feb/March 2021. Various reminders are sent to staff regarding booster importance, location of available vaccines, etc.
<i>Universal and correct wearing of masks</i>
Masks are available and encouraged at all Bledsoe County Schools.

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.

In addition to supports funded through the ESSER grants, the District has also been awarded other grants that assist in meeting the social, emotional, mental, and physical health of our students and staff. Some of these programs include: The AWARE Grant (provides social workers and related services); Weekend

Back Pack Program (provides food for the weekend); Family Resource Center (assists families with basic needs); CDC/ELC Grant (provides additional nurses).
CSH is currently requesting additional funds from the ELC grant to enhance the overall health of our students and staff.