



RUSSELL COUNTY SCHOOLS

2021-2022 SAFE RETURN TO IN-PERSON INSTRUCTION AND CONTINUITY OF SERVICES PLAN

INTRODUCTION AND BACKGROUND:

On March 11, 2021, the American Rescue Plans (ARP) Act was signed into law. In it, the U.S. Department of Education is providing an additional \$121.9 billion for the Elementary and Secondary School Emergency Relief Fund (ESSER III Fund). This legislation will award grants to state educational agencies (SEAs) for providing local educational agencies (LEAs) with emergency relief funds to address the impact that COVID-19 has had, and continues to have, on elementary and secondary schools across the nation.

This plan describes how the LEA or district will provide the safe return to in-person instruction and continuity of services for all schools, including those that have already returned to in-person instruction. This report template complies with all reporting requirements of the ARP Act (Public Law 117-2), the ESSER III grant terms, conditions, and assurances (CFDA Number 84.425U), and the interim final rule established by the United States Department of Education, 86 FR 21195.

1. MAINTAINING HEALTH AND SAFETY

A. Universal Masking

As per CDC's public health order:

- Masks are required on public transportation, including school busses for all persons two years of age or older unless otherwise exempted. This includes transportation to and from school, field trips, athletic/extra-curricular activities, etc. A driver does not need to wear a mask if they are the only person on the bus.
- Staff and students will NOT be required to wear a mask indoors or outdoors. However, masks will be encouraged for those not vaccinated.
- School nurses will wear personal protective equipment (PPE), as per CDC guidelines, for medical clinics.

B. Physical Distancing

- Students and staff must remain socially-distanced to the greatest extent possible.
- Physical distancing of at least 3 feet is recommended between K-12 students in classrooms. If the physical space in the school does not allow for spacing students' desks 3 feet apart, desks will be spaced **as far away as possible**.
- Physical distancing of at least 6 feet is recommended between students and teachers/staff, and between unvaccinated teachers/staff.
- Cohorts or pods (a stable group with fixed membership that stays together through activities) will be utilized when possible as an additional strategy to facilitate more efficient contact tracing and to minimize opportunities for transmission.
- Each student will be assigned a seat in the classroom and on the bus.

C. Handwashing and Respiratory Etiquette

- Teach and reinforce handwashing with soap and water for 20 seconds or use of hand sanitizer containing at least 60% alcohol.
- Everyone will cough or sneeze into a tissue or elbow, covering mouth and nose. The tissue will be thrown away immediately and hands will be sanitized.

D. Cleaning and Maintaining Healthy Facilities

- Frequently, high-touched surfaces will be routinely cleaned using CDC approved disinfectant.
- Hand sanitizer will be provided at every building entrance and exit, in every classroom, throughout the halls, and in other common areas.
- CDC approved disposable wipes will be available to all staff to clean commonly used surfaces such as keyboards and desks.
- The district will ensure adequate supplies to support cleaning and disinfection practices, i.e. "fog" machine.
- Additional personnel will be acquired to improve facility cleaning to the greatest extent possible.

E. Improving Ventilation

- Air purifiers have been provided for all locations that had no air exchange with the outdoors.
- The usage of air handlers have been increased to optimize outdoor air exchange.

F. Contract Tracing with Isolation and Quarantine

- Investigation: Upon confirmation of a COVID diagnosis, the district will work with a patient to help them recall everyone with whom they have had close contact with during the time when they may have been infectious. For COVID-19, a close contact is defined as any individual who was within 6 feet of an infected person for at least 15 minutes starting from 48 hours before the person began feeling sick until, the time the patient is isolated.
- Quarantine: Contacts will be required to stay home and maintain social distance from others until 7-10 days after their last exposure to the infected patient, in case they become ill.

However, the most recent guidance for K-12 school operations for in-person learning (July 14, 2021) allows schools to implement a “test to stay” strategy. Russell County Schools, in partnership with the local health department and Healthy Kids Clinic, will utilize the “test to stay” strategy. This strategy will allow unvaccinated individuals who are exposed to COVID-19 at school to remain in school during the quarantine period with repeated negative COVID-19 tests. The parents/guardians of students would give prior permission to testing.

- The district will maintain logs for each building of contacts, dates of exposure and quarantine dates.

G. Diagnostic Screening

- All individuals coming into the building are required to self-monitor. Any individual with COVID symptoms (i.e. fever, new cough, difficulty breathing, muscle or body aches, new loss of taste or smell) should not report to school.

Protocols for Symptomatic Students and Staff

If a student or staff member becomes symptomatic during the school day, they will be:

- Safely and respectfully isolated from others.
- Testing will be available on-site through Healthy Kids Clinic.
- If the district becomes aware that an individual has spent time in the building and tests positive for COVID 19, the district will immediately notify the Russell County Health Department, the Superintendent of Schools, Director of Pupil Personnel, the district nurse and the family of the confirmed case while maintaining confidentiality.
- Contract tracing procedures will be initiated by the school district and/or the Russell County Department of Health.

- The district will request proof of a negative test or a doctor's note clearing the individual to return to school.

H. Vaccination Efforts

- The district will collaborate with Healthy Kids Clinic and disseminate vaccination information to all educators, staff and students.
- Vaccine clinics have been made available for any student or community member above the age of 12 in-county, as well as, neighboring counties.
- With parent consent, vaccines will be available for students on-site once the school year begins.

I. Appropriate Accommodations for Children with Disabilities

- All plans will continue to be followed for Individual Health Plans, 504 Plans, and Individualized Education Plans (IEPs).
- Homebound applications are available for students per a doctor order.

1. ENSURING CONTINUITY OF SERVICES

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

- For the 2021-2022 school year, Russell County School District will return to a pre-pandemic academic schedule inclusive of all extra-curricular activities.
- All K-12 students will be in-person, five days a week. Russell County School District will address learning loss among students and implement evidence-based interventions to meet the comprehensive needs of students.
- Five full-time, certified Intervention Specialists (one for each school in the district) will be hired to work with students one-on-one and/or in small groups.
- Eleven full-time Instructional Assistants for each First Grade classroom within the district will be hired to mitigate early childhood loss of learning.

- Russell County Schools provide a 1:1 device for each student. If a student is quarantined or unable to attend classes at school, assignments and academic support will be available through an online classroom format.
- The district will provide social/emotional support both during and after the school day.
- A School Mental Health Specialist has been hired to provide direct support to students who are potentially at-risk for social/emotional issues.
- Student and staff health services will be available on-site with Healthy Kids Clinic. A Memorandum of Agreement (MOA) has been established with other outside agencies to provide other medical services, as needed.
- Full, in-person food services will be available for students. Students will eat breakfast in the classroom and a supervised lunch will occur in the lunchrooms. Seating as cohorts/pods will be recommended as spacing allows.
- The district will follow all mandates of the Kentucky Department of Education, the Kentucky Department of Health, and the Center for Disease Control (CDC).

2. PUBLIC COMMENT

A. Before making its plan publicly available, school districts must seek public comment on the plan and develop the plan after taking into account public comment. The ARP Act requires that school districts make their Safe Return to In-Person Instruction and Continuity of Services Plan available to the public online and that the plans be in an understandable and uniform format; to the extent practical, are written in a language that parents can understand or, if not practical, orally translated; and upon request by a parent who is an individual with a disability, provided in an alternative format accessible to that parent.

- Russell County School District, in accordance with ESSER III guidelines, sought public input on the *Safe Return to In-Person Instruction and Continuity of Services* plan from all district stakeholders. The input was gathered in a combination of methods, including face-to-face meetings with the Russell County Chamber of Commerce and an Agency for Substance Abuse Policy. A public survey was posted on Russell County School District's website (www.russell.kyschools.us). The availability of the survey was made known by utilizing social media, a district

email and phone message, as well as, inviting public participation through visits at the local radio stations. A concerted effort was made to reach out individually to minority populations such as English Learner families due to their language barrier.

NOTE: This plan is fluid. Depending on national, state and regional guidelines, as well as, recommendations from public health experts, this plan may be revised. The plan will be reviewed at a minimum of every six months.