

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: Johnson County Schools

Date: January 6, 2023

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

The district continues to have numerous conversations with stakeholders to gain input as we proceed with in person learning and utilize ESSER funds to minimize learning loss in our district. We have sent surveys to all types of stakeholders to gain input. We have had follow up conversations as we reviewed survey data and shared the greatest needs identified through our surveys. Parents, teachers, and community members have been invited to board meetings to provide input. School leaders have had discussions with staff to identify needs in their individual school buildings and shared this with district administration and the school board. We have been in contact with SPED organizations, foster care organizations, and members that work with our homeless population to gather input. We have also surveyed students to gain their input about the greatest needs they see in their school buildings. We held an inperson meeting on August 2, 2022 to update all stakeholders on our current plans. This was advertised through callouts, the website, social media, and other media outlets. We have tried to give everyone a voice and listen to their ideas. We have sent out a survey in December 2022 that will continue into January 2023 to gather information about what still concerns parents as we move past the pandemic and continue in person learning.

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

We have a very strong partnership with our local health department. Our district Health Services Director (who is also a nurse practitioner) is in contact with our health department every day as we navigate through these difficult times. She provides them with needed information and they provide us with information about positive cases. Our school nurses also feel very comfortable contacting our health department with questions. They refer parents to the health department to get answers to questions as well. We involve our health department in the development of all plans and take their advice as to how we continue to combat the spread of illness in our schools. We are very appreciative of our local health department and the assistance they have given us throughout the pandemic.

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.

Appropriate accommodations for children with disabilities with respect to health and safety policies
SPED students are provided with needed accommodations to ensure that their academic needs are met while ensuring their health and safety. This is addressed through an IEP team meeting.
Physical distancing (e.g., use of cohorts/podding)
Social distancing of 3 feet is recommended when at all possible. While some teacher have students spaces apart in classrooms, others have went back to allowing students to sit in groups.
Hand washing and respiratory etiquette
Everyone is expected to wash hands frequently. Custodians ensure that soap and paper towels are available at sinks at all times.
Cleaning and maintaining healthy facilities including improving ventilation
We continue to put extra cleaning protocols in place (continue to fund extra custodians, fog each classroom/office at least monthly, sanitize buses daily and have cleaning products on hand to use as frequently as needed, teachers also have cleaning products in their classrooms to wipe down areas as often as they would like to). HVAC systems have been installed with ultraviolet lights. Additional water bottle filling stations have been installed and drinking fountains remain closed.
Our school nurses continue to provide information to our local health department as needed. The school works closely with our local health department and follows their guidance. The district health coordinator also submits a monthly report to the department of education with our case counts monthly.
Diagnostic and screening testing
The district continues to screen/test symptomatic individuals. We have ran low on rapid tests at times and our local health department has provided our clinics with tests to ensure we could continue testing as needed. It has been easier to obtain tests over the past several months. The district health coordinator also submits a monthly report to the department of education with our case counts monthly.
Efforts to provide vaccinations to educators, other staff, and students, if eligible
Employees are encouraged to be vaccinated. We have held vaccination clinics in conjunction with our local health department. We have provided release time for employees to be able to go get vaccinated (this includes 2 nd doses and boosters). We provided an incentive with ELC grant funds for gift cards for employees that are vaccinated.
Masks are strongly encouraged, but are not mandated in our district. Masks are available for anyone that requests one. There was an increase in the number of teachers and students wearing masks during November and December 2022 and illnesses were on the rise.

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.

The district has hired a virtual learning coordinator to assist virtual learners with any needs that they may have. The district has also hired an extra counselor and a school social worker to work with students that may be experiencing any social, emotional, mental health, or other needs. School counselors also work with students and address needs. Teachers have received training on ACES and youth mental health first aid so they know when they may need to refer students for additional supports. We have 2 schools that are receiving

additional training as a trauma informed school. We are meeting the academic needs of students by offering before/after school tutoring and summer learning opportunities. We are still serving students during the day with strong Tier I instruction and RTI services. We are able to provide additional resources to meet the academic needs of students that we have not been able to provide before. We are also able to meet students physical health needs by having a nurse practitioner on staff and by offering telehealth services. Our district is a CEP district which means that all students receive free breakfast and lunch. We also partner with our local 2nd Harvest Food Bank to provide additional food to those that are food insecure in our district. Our Family Resource Center uses Purposity to help families get things funded that they need such as clothes for their children. Our local Beta Theta and Rotary Clubs provides shoes and coats for families in need. We partner with PEAK, a local organization to help children in our community by providing them with individual mentors. We also help families with laundry needs through our Family Resource Center.