

# Safe Return to In-Person Instruction and Continuity of Services Plan (ARP Act)



Entity ID	CTDS	LEA NAME
4176	020323000	Naco Elementary School District

How the LEA 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 Centers for Disease Control and Prevention (CDC)

CDC Safety Recommendations	Has the LEA Adopted a Policy? (Y/N)	Describe LEA Policy:
Universal and correct wearing of masks	NO, we still have a mask recommendation for our students and staff who are still concerned about contacting COVID. The recommendation is still in place for the 2023 school year.	We started the mask mandate because of the drastic rise in cases in our area and county, we are following trends that seem to be nationwide right now. Thursday January 6 <sup>th</sup> , 2021 we had 7 staff members out and currently have 9, that is out of a total 38 staff numbers with Covid related absences. This is not counting non-Covid illnesses. Without the mask mandate we would not have been able to keep our doors open for another week as there are no substitute teachers available between being used at other schools and afraid to get Covid the supply for substitutes is very low. In the 2021-2022 school year we peaked with 13 staff members out sick for well over a week in November & December. That was difficult to staff, so we went back to a mandate for 3 months but are following the CDC and County recommendations to the best of our ability and following our situation.
Modifying facilities to allow for physical distancing (e.g., use of cohorts/podding)	No	We are distancing our students and staff to the best of our ability 4 feet apart, this has not been a problem, but when we had voluntary masking it was successful for 40-50% of our students, 80-90 % of our staff continued to mask but those who did not have been the first to fall ill and it has ballooned between staff because at staff meetings many members chose not to wear their masks and many time sat at rectangular or circular table which is not the best
Handwashing and respiratory etiquette	No	We have students wash their hands before and after recesses, lunch and going to Physical Education and computer room classes. Staff also are asked to wash their hands anytime the opportunity arises and they are by a sink. We also have hand sanitizer machines spread throughout our student areas all over campus to allow them to keep as clean and germ free as possible. Classrooms that alternate students are also using sanitary wipes to disinfect the chairs and desktops and we are spraying the rooms at least every other evening with disinfectant to clean and sanitize the rooms.

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Cleaning and maintaining healthy facilities, including improving ventilation	No	Classrooms that alternate students are also using sanitary wipes to disinfect the chairs and desktops and we are spraying the rooms at least every other evening with disinfectant to clean and sanitize the rooms.
Contact tracing in combination with isolation and quarantine, in collaboration with the State, local, territorial, or Tribal health departments	No	We work closely with our county health department to make sure we are following the latest CDC guidelines and walkthrough when we have to quarantine students or staff and because the standards seem to change monthly we always check to make sure what we are doing is the best thing we can for our kids and staff.
Diagnostic and screening testing	no	We no longer have this on site as the company felt they were not busy enough so we send everyone to 3 different sites in Bisbee which is 6-11 miles away from us, depending on the site they choose.
Efforts to provide vaccinations to school communities	No	We have had a couple vaccination day so far and have invited the pharmacy back again but they have been busy and unable to confirm any more days at this time. We also offered rides to students and parents to vaccination clinics last fall with no one choosing to take us up on the offer and we posted it online and with a letter going home and our Robo-calling system delivering a message as well. We also have had testing available for many months on-site.
Appropriate accommodations for children with disabilities with respect to health and safety policies	NO	We have no students with disabilities that require handicap accessible things but we are set up in case that is needed- we have done the extra cleaning and spraying to assure all of our kids are safe, and our students with immuno-deficiencies are safer here than anywhere else in the public.
Coordination with State and local health officials	No	As stated above we coordinate all cases and quarantines and tracing with our county partners at the Health department.

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?

**We have procedures in place to handle all the areas mentioned previously from cleaning the building and student areas, to documenting illnesses and contact tracing with help and advice from the county health Department. We have Bi-weekly meetings with all county Superintendents and the Health Department and include the medical facilities county wide to share information.**

### Students' Needs:

Academic Needs	Our student records procedures have never changed, the change happens when we go to online learning and when we have to make available taped classroom videos for students with big families who have to share a device or two between 4 or 5 kiddos. we have used
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	<p>the online learning in 2 situations where we had a cluster of COVID cases in the same room but we believe the cluster was due to the teachers in the room moving kids for different group interactions and not having kids stay in the same vicinity. That was done to group kids by their academic ability for different subjects but it was not in line with what we had for a procedure but they 2 individuals misunderstood once we had approved working with partners and groups they returned to their former class procedures and did not adhere to our plan. These 2 situations occurred in a 2 week period and it was restated again what our procedures were and we had no issues with having to quarantine classrooms again because of massive illnesses and procedure that were not understood completely.</p>
Social, Emotional and Mental Health Needs	<p>We have doubled our Counselor time this year and will continue to have increased time next year and as long as we can afford to pay for it. We also trained our entire staff for 4 days on Responsive Classroom which is a very good SEL program. This program helps remove anxiety of the unknown and has helped our staff understand some of the issues that face our students daily and their fears, which allows us to provide better and more immediate help for them.</p>
Other Needs (which may include student health and food services)	<p>We offered grab and go meals for 2 years and we also have made meals available to families in the community with kids from near age 1 to 18 years old, this has been discontinued. We have offered 1 to 1 devices for our students on campus to allow each student enough time with technology and we have reduced the size of our classrooms to smaller teacher to student numbers to allow for more help and 1 on 1 time with staff.</p>
<b>Staff Needs:</b>	
Social, Emotional and Mental Health Needs	<p>We have the counselor available for students but staff can visit with him as well if they feel the need. Unfortunately we have no other onsite services, but our Insurance program has a wellness component that we try to get everyone involved in for fitness and we did offer a free Yoga class this year for staff members as well to date.</p>
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** | **March 21, 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:	<p>We have a board meeting post it on the school website and Facebook page and have meeting with our upper level classes so they or their parents can give any input. Very few people choose to get involved or attend meetings for anything, of course Covid has had an extreme negative impact of parent engagement. The parental input was very positive that we had done our best to sanitize classrooms and protect their children and they appreciated our efforts.</p>
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## 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