<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>Optional Face/Mask Coverings: 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>Desks have been spread out as much as possible to prevent direct contact between students.</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>Facilities are cleaned on a daily basis. An additional day porter is assigned to continually wipe frequently touched surfaces throughout the day.</td>
</tr>
<tr>
<td>Contact tracing in combination with isolation and quarantine, in collaboration with the State, local, territorial, or Tribal health departments</td>
<td>Y</td>
<td>Symptomatic and positively tested individuals are asked to quarantine for a minimum of 5 days and until fever has been resolved for more than 24 hours, and respiratory symptoms are improving. We are no longer contact tracing unless asked by Maricopa County Health Department in specific cases.</td>
</tr>
<tr>
<td>Diagnostic and screening testing</td>
<td>Y</td>
<td>Staff is provided with a list of providers for testing and/or screening upon request.</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 safety policies</td>
<td>Y</td>
<td>All efforts will be made to accommodate children with disabilities in regards to implemented health and safety policies in the classroom. Should the student's IEP or physical or emotional well-being require it, the transfer status to Great Hearts online may be offered. Special Education and related services will be provided in accordance with students' IEPs, as is</td>
</tr>
</tbody>
</table>
Safe Return to In-Person Instruction and Continuity of Services Plan (ARP Act)

possible and feasible, utilizing alternative means if necessary. These methods may include:
- Zoom for groups
- Zoom for individuals
- Phone Call
As well as a combination of these methods. Considerations will be made as to what method of instruction and accommodations are necessary and will provide disabled students with access to a FAPE.

Coordination with State and local health officials | Y | Outbreaks are reported to the County 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?

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

Benchmark testing will take place within four weeks of the first day of school in both ELA and Math. Students who fall below the benchmark will receive interventions in the appropriate subject. Based on classroom observations and benchmarks, ELA and Math teachers will also provide intervention in the classroom on Wednesdays.

Social, Emotional, and Mental Health Needs

Staff will continue to build relationships with, listen to, and observe students for signs for emotional or mental health distress. Teachers will communicate with the parents when such needs arise. Consultation with the school counselor may be advised. Admin will also communicate regularly to staff about monitoring well-being of students and the process of referral to counseling.

Other Needs (which may include student health and food services)

All faculty will be trained in recognizing symptoms of illness specific to COVID and in appropriate respiratory hygiene procedures. They are instructed to take immediate action when students exhibit symptoms.

Staff Needs:

Social, Emotional, and Mental Health Needs

Observations, an administrative “open door policy”, creation of an avenue for staff to share personal feelings and experiences. Talking one-on-one with a school counselor, a referral to employee assistance, team-building opportunities, and self-care professional development. School will also build in time during normal PD/TLC for self-care activities, etc.

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 | 11/28/2022

Public Input
(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.