

Beech Grove City Schools

Return to School Plan

School Year 2021-2022



IT IS VERY IMPORTANT TO UNDERSTAND THAT THE ACTIONS INDICATED WITHIN THIS DOCUMENT MAY NEED TO BE CHANGED PER ORDER OF THE MARION COUNTY HEALTH DEPARTMENT, the INDIANA HEALTH DEPARTMENT, and/or the CENTERS FOR DISEASE CONTROL AND PREVENTION

Vision

Prioritize student engagement in a safe and supportive learning environment through in person instruction resulting in a positive impact on student achievement, mental health, and physical well being.

2021-2022 BGCS Operational Plan

100% In Person Instruction

All students will attend school five days per week (unless the school calendar indicates otherwise)

- Individualized remote learning options will be available for students with a physical or mental impairment that substantially limits one or more major life activities.
- Remote learning options will be available for students during any period of mandatory quarantine due to a positive test for Covid-19 or being identified as a close contact with a need for quarantine/isolation.

CDC Operational Strategy for K-12 Schools

Beech Grove City Schools will deploy the CDC's Operational Strategy for K-12 Schools. Additionally, local requirements will be deployed according to the Marion County Public Health Department (MCPHD). The most recent public health order from the MCPHD can be found here:

<https://drive.google.com/file/d/1cbke-0eT5pXYmpnTpW9Au4vtEOnJhh1J/view?usp=sharing>

CDC has developed guidance for prevention strategies that K–12 school districts can use to help protect students, teachers, and staff, and slow the spread of COVID-19. When prevention strategies are strictly adhered to, K–12 schools can safely open for in-person instruction and remain open. This document

provides an operational strategy for safe delivery of in-person instruction in K–12 schools through the integration of a package of prevention and control components:

1. Consistent implementation of layered prevention strategies to reduce Covid-19 transmission in school
2. Consideration of indicators of community transmission to reflect levels of community risk
3. Phased prevention strategies based on levels of community transmission

CDC Health Equity Considerations

Long-standing systemic health and social inequities have put many racial and ethnic minority groups at increased risk of getting sick and dying from COVID-19. People who identify as American Indian/Alaska Native, Black, and Hispanic are disproportionately affected by COVID-19; these disparities have also emerged among children.

The absence of in-person educational options might disadvantage children from all backgrounds, particularly children in low-resourced communities who might be at an educational disadvantage. These students might be less likely to have access to technology to facilitate virtual learning and more likely to rely on key school-supported resources such as school meal programs, special education and related services, counseling, and after-school programs. Some parents and caregivers might have less-flexible jobs that do not permit staying at home to provide childcare and aid with virtual learning if schools are closed to in-person instruction.

On the other hand, certain racial and ethnic groups have borne a disproportionate burden of illness and serious outcomes from COVID-19. These health disparities are evident even among school-aged children,¹ suggesting that in-person instruction might pose a greater risk of COVID-19 to disproportionately affected populations. For these reasons, health equity considerations related to in-person instruction are an integral part of this complex decision-making.

To enable in-person learning in schools that serve racial and ethnic groups disproportionately affected by COVID-19, school administrators and public health officials will continue to work together to help plan and implement comprehensive prevention strategies, engage community partners, and assist with referrals to medical care. We believe that our schools play a critical role in promoting equity in education and health for groups disproportionately affected by COVID-19.

Prevention Strategies to Reduce Transmission of SARS-CoV-2 in Schools

Regardless of the level of community transmission, it is critical that our schools use and layer prevention strategies. Five key prevention strategies are essential to safe delivery of in-person instruction and help to prevent COVID-19 transmission in schools:

1. Universal and correct use of masks
2. Physical Distancing
3. Handwashing and respiratory etiquette
4. Cleaning and maintaining healthy facilities
5. Contact tracing in combination with isolation and quarantine

All prevention strategies provide some level of protection, and layered strategies implemented at the same time provide the greatest level of protection. Our district will deploy prevention strategies to the largest extent practical and commit to a layered approach.

Universal and correct use of masks

Core principle for masks: Require consistent and correct use of well fitting face masks with proper filtration by all students, teachers, and staff to prevent Covid-19 transmission through respiratory droplets. The following guidelines are in place for mask wearing:

- **The current mask policy (Summer School 2021) for Beech Grove City Schools dictates that our students must wear a face mask covering their nose and mouth when social distancing is not possible, when riding a school bus, and when instructed to do so by their classroom teacher, principal, or other staff member. Please remember that this policy is subject to change based on health guidance from the Marion County Public Health Department and changes to the positivity rate of the virus within our schools.**
- **We expect to deploy a mask-optional plan for the school year 2021-2022, but are awaiting further guidance from the Marion County Health Department before the plan is approved by the Board of School Trustees of Beech Grove City Schools.**
- Federal/State guidelines require school bus drivers and all students who ride a school bus must wear a mask or face covering that covers the nose and mouth at all times.
- The most effective fabrics for cloth masks are tightly woven, such as cotton and cotton blends, breathable, and in two or three fabric layers. Masks with exhalation valves or vents, those that use loosely woven fabrics, and those that do not fit properly are not recommended.
- Most students, including those with disabilities, can tolerate and safely wear a mask. However, a narrow subset of students with disabilities might not be able to wear a mask or cannot safely wear a mask. Those who cannot safely wear a mask—for example, a person with a disability who, for reasons related to the disability, would be physically unable to remove a mask without assistance if breathing becomes obstructed—should not be required to wear one. For the remaining portion of the subset, the district will make individualized determinations as required

by Federal disability laws in order to determine if an exception to the mask requirement is necessary and appropriate for a particular student. If a child with a disability cannot wear a mask, maintain physical distance, or adhere to other public health requirements, the student is still entitled to an appropriate education.

Physical distancing

Core principle for physical distancing: School policies and structural interventions will be implemented to promote physical distance between people.

- All instruction is in person and students must remain socially distanced at least 3 feet within the classroom.
- Passing periods must be staggered.
- School meals must be served in the classroom, or students must be in cohorts in the cafeteria being disinfected after each cohort.
- Band, orchestra, and choir groups must limit the duration of practice and performance to no more than 45 minutes. Bands and orchestras must have spacing deployed according to the MCPHD public health order.
- All teacher lounges and break rooms must be closed unless all persons who enter are fully vaccinated.
- Permanent seating charts must be maintained in classrooms, cafeterias, school buses, and any other consistent gathering area.
- Use cohorting, and maintain 3 feet of distance between cohorts where possible. Limit contact between cohorts.
- Bus seating should keep children who do not share the same household spaced 3 to 6 feet apart, when feasible. Seats must be assigned. School bus windows should be opened to increase cross ventilation when weather permits.
- Remove nonessential furniture and make other changes to classroom layouts to maximize distance between students.
- Face desks in the same direction, where possible.
- Eliminate or decrease nonessential in-person interactions among teachers and staff during meetings, lunches, and other situations that could lead to adult-to-adult transmission.
- Visitors: Limit any nonessential visitors, volunteers, and activities. Require all visitors to wear masks and physically distance themselves from others.
- Transportation: Create distance between children on school buses, when possible. Masks are required by federal order on school buses and other forms of public transportation in the United

States. Open windows to improve ventilation when it does not create a safety hazard. More information about school transportation and prevention is available.

Handwashing and respiratory etiquette

Core principle for handwashing and respiratory etiquette: Through ongoing health education units and lessons, students will be taught proper handwashing, those behaviors will be reinforced, and students will be provided with adequate supplies. Ensure that teachers and staff use proper handwashing and respiratory etiquette.

- Teach and reinforce handwashing with soap and water for at least 20 seconds and increase monitoring to ensure adherence among students, teachers, and staff. If handwashing is not possible, hand sanitizer containing at least 60% alcohol should be used.
- Encourage students and staff to cover coughs and sneezes with a tissue when not wearing a mask and immediately wash their hands after blowing their nose, coughing, or sneezing.
- Some students with disabilities might need assistance with handwashing and respiratory etiquette behaviors.
- Adequate supplies: Support healthy hygiene behaviors by providing adequate supplies, including soap, a way to dry hands, tissues, and face masks (as feasible). If soap and water are not readily available, schools can provide alcohol-based hand sanitizer that contains at least 60% alcohol (for staff and older children who can safely use hand sanitizer).

Cleaning and maintaining healthy facilities

Core principle for cleaning and maintaining healthy facilities: Make changes to physical spaces to maintain a healthy environment and facilities, including improving ventilation. Routinely clean high-touch surfaces (such as doorknobs and light switches).

- Ventilation: Improve ventilation to the extent possible to increase circulation of outdoor air, increase the delivery of clean air, and dilute potential contaminants. This can be achieved through several actions.
 - Bring in as much outdoor air as possible.
 - Ensure Heating, Ventilation, and Air Conditioning (HVAC) settings are maximizing ventilation.
 - Filter and/or clean the air in the school by improving the level of filtration as much as possible.
 - Use exhaust fans in restrooms and kitchens.
 - Open windows in buses and other transportation, if doing so does not pose a safety risk.

- Modified layouts: Adjust physical layouts in classrooms and other settings to maximize physical space, such as by turning desks to face in the same direction.
- Cleaning: Regularly clean high touch surfaces and objects (for example, playground equipment, door handles, sink handles, toilets, drinking fountains) within the school and on school buses at least daily or between use as much as possible.
- Communal spaces: Close communal use of shared spaces, such as cafeterias, if possible; otherwise, stagger use and clean regularly. Consider use of larger spaces such as cafeterias, libraries, gyms for academic instruction, to maximize physical distancing.
- Food service: Avoid offering any self-serve food or drink options such as hot and cold food bars, salad or condiment bars, and drink stations.

Contact tracing in combination with isolation and quarantine

Core principle for contact tracing: Schools should collaborate with the health department, to the extent allowable by privacy laws and other applicable laws, to confidentially provide information about people diagnosed with or exposed to COVID-19. Students, teachers, and staff with positive test results should isolate, and close contacts should quarantine. Schools should report positive cases to the health department as soon as they are informed. School officials should notify families of close contacts as soon as possible after they are notified that someone in the school has tested positive (within the same school day).

- Staying home when appropriate: Educate teachers, staff and families about when they and their children should stay home and when they can return to school. Students, teachers, and staff who have symptoms should stay home and be referred to their healthcare provider for testing and care.
- Isolation should be used to separate people diagnosed with COVID-19 from those who are not infected. Students, teachers, and staff who are in isolation should stay home and follow the direction of the local public health authority about when it is safe for them to be around others.
- Case investigation and contact tracing: All students in grades PK - 2, fully vaccinated students in grades 3 - 12 regardless of age, all faculty, all staff, all vendors, all contractors, all volunteers, and all visitors will no longer be required to quarantine if identified as a close contact and remain asymptomatic.
- Quarantine should be used for students, teachers, and staff who might have been exposed to COVID-19. Close contacts, identified through contact tracing, should be quarantined, unless they are fully vaccinated, or have tested positive in the last 3 months, and do not have any symptoms. Students, teachers, and staff who are in quarantine should stay home and follow the direction of the local public health department about when it is safe for them to be around others. If a child with a disability is required to quarantine, the school is required to provide services consistent with federal disability laws.

Fully Vaccinated

CDC recently released guidance on the ability of fully vaccinated people to resume pre-pandemic activities without wearing a mask or physically distancing, except where required by federal, state, local, tribal, or territorial laws, rules, and regulations, including local business and workplace guidance.

Recommended Prevention Strategies for K-12 Schools and Levels of Community Transmission

Table 2. Recommended Prevention Strategies for K-12 Schools and Levels of Community Transmission

Prevention Strategies: All Schools			
<p>All schools implement 5 key prevention strategies:</p> <ul style="list-style-type: none">• Universal and correct use of masks required• Physical distancing• Handwashing and respiratory etiquette• Cleaning and maintaining healthy facilities• Contact tracing in combination with isolation and quarantine			
Prevention Strategies by Level of Community Transmission			
Low Transmission ¹ Blue	Moderate Transmission Yellow	Substantial Transmission Orange	High Transmission Red
Elementary Schools Physical distancing: at least 3 feet between students in classrooms		Elementary Schools Physical distancing: at least 3 feet of distance between students in classrooms Cohorting recommended when possible	

Middle and High Schools Physical distancing: at least 3 feet between students in classrooms		Middle and High Schools Physical distancing: at least 3 feet of distance Cohorting recommended when possible	Middle and High Schools at least 3 feet of distance Cohorting recommended when possible
Sports and extracurricular activities Sports and extracurricular activities occur with at least 6 feet of physical distance to the greatest extent possible	Sports and extracurricular activities Sports and extracurricular activities occur with at least 6 feet of physical distance required	Sports and extracurricular activities Sports and extracurricular activities occur only if they can be held outdoors, with more than 6 feet of physical distancing	

Testing

Viral testing strategies should be part of a comprehensive prevention approach. Testing should not be used alone, but in combination with other prevention to reduce risk of transmission in schools. When schools implement testing combined with prevention strategies, we can detect new cases to prevent outbreaks, reduce the risk of further transmission, and protect students, teachers, and staff from COVID-19.

Diagnostic Testing

At all levels of community transmission, schools should offer referrals to diagnostic testing to any student, teacher, or staff member who is exhibiting symptoms of Covid-19 at school. Diagnostic testing

for Covid-19 is intended to identify occurrence of Covid-19 infection at the individual level and is performed when there is a reason to suspect that an individual may be infected, such as having symptoms or suspected recent exposure. Examples of diagnostic testing strategies include testing symptomatic teachers, students, and staff who develop symptoms in school, and testing asymptomatic individuals who were exposed to someone with a confirmed or suspected case of COVID-19. Additional considerations for diagnostic testing:

- Schools should advise students, teachers, and staff to stay home if they are sick or if they have been exposed to Covid-19. Schools can encourage these individuals to talk to their healthcare provider about getting a COVID-19 test.
- If a student, teacher, or staff member becomes sick at school or reports a new COVID-19 diagnosis, schools should follow the following steps:
<https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/student-becomes-sick-diagnosis-flowchart.html>. This includes notifying a student's parent or guardian and initiating testing strategies. Notifications must be accessible for all students, parents, or guardians, including those with disabilities or limited English proficiency (for example, through use of interpreters or translated materials).

The presence of any of the symptoms below generally suggests a student, teacher, or staff member has an infectious illness and should not attend school, regardless of whether the illness is COVID-19. For students, staff, and teachers with chronic conditions, symptom presence should represent a change from their typical health status to warrant exclusion from school. Occurrence of any of the symptoms below while a student, teacher, or staff member is at school suggests the person may be referred for diagnostic testing.

- Temperature of 100.4 degrees Fahrenheit or higher
- Sore throat
- Cough (for students with chronic cough due to allergies or asthma, a change in their cough from baseline)
- Difficulty breathing (for students with asthma, a change from their baseline breathing)
- Diarrhea or vomiting
- New loss of taste or smell
- New onset of severe headache, especially with a fever

Students should not attend school in-person if they or their caregiver identifies new development of any of the symptoms above.

Schools can provide options to separate students with Covid-19 symptoms or suspected or confirmed COVID-19 diagnoses by, for example, placing students in isolation room/areas until transportation can be arranged to send them home or seek emergency medical attention.

If a COVID-19 diagnosis is confirmed, schools can support public health officials in determining which close contacts and other potentially exposed persons in the school setting could be tested and either isolated or quarantined. Schools can assist by providing information, where appropriate, to identify close contacts (for example, class rosters, seating charts, and information to facilitate outreach to contacts).

Vaccination for teachers and staff, and in communities as soon as supply allows

Vaccinations are an important tool to help stop the COVID-19 pandemic. Teachers and staff hold jobs critical to the continued functioning of society and are at potential occupational risk of exposure to SARS-CoV-2. Vaccinating teachers and staff is one layer of prevention and protection for teachers and staff. Strategies that minimize barriers to access vaccination for teachers and other frontline essential workers, such as vaccine clinics at or close to the place of work, are optimal. The following CDC resources are available to provide information about Vaccinations:

- The [COVID-19 Vaccines for Teachers, School Staff, and Childcare Workers](#) web page provides school and childcare staff with the latest information about where and how to book an appointment.
- The [COVID-19 Vaccine Toolkit for School Settings and Childcare Programs](#) provides schools and childcare programs with ready-made materials they can use to communicate with staff about COVID-19 vaccination.

School officials and health departments can work together to also support messaging and outreach about vaccination for members of school communities. School communication platforms can facilitate outreach to encourage vaccination of household members of school-age children as they become eligible. This should include outreach in a language that limited English proficient family members of students can understand and in alternate formats as needed to facilitate effective communication for individuals with disabilities.

Implementation of layered prevention strategies will need to continue until we better understand potential transmission among people who received a COVID-19 vaccine and there is more vaccination coverage in the community. In addition, vaccines are not yet approved for use in children under 16 years old. For these reasons, even after teachers and staff are vaccinated, schools need to continue prevention measures for the foreseeable future, including requiring masks in schools and physical distancing.

Accommodations for Students with Disabilities

Students with disabilities will be provided with individualized accommodations to address any health and safety needs. These accommodations will be addressed through the Child Find process, during the case conference committee meeting through an Individualized Education Plan, and/or through an Individualized Learning Plan under the Section 504 Rehabilitation Act of 1973.

Mental Health Supports

Beech Grove City Schools has expanded Counseling and Home School Advisor support through the addition of Full Time Employees to meet the growing mental health needs of the students we serve. Additionally, the district is engaged in the development of an articulated Multi-Tiered System of Supports where academic and behavioral health needs are met through a data driven and individualized series of interventions. Beech Grove City Schools engages with Adult and Child for an additional layer of school based behavioral and therapeutic resources for students with acute and chronic mental health needs.