LIPAN ISD



Lipan ISD COVID-19 Instructional Suspension Plan 20/21



Temporary Suspension School to In-Person Instruction

Purpose:

The purpose of developing this plan is to create a protocol for determining the necessity of temporarily suspending Lipan ISD to in-person instruction. It is critical to point out that there is absolutely no guidance from the state or the Texas Education Agency (TEA) for the temporary suspension of in-person. This plan will be followed as closely as possible in the event that LISD COVID-19 Task Force deem it necessary to suspend in-person instruction. The reality is that there will be exceptions that could supersede this plan in its entirety. It is our desire to be able to stay open for in-person instruction going forward. We all understand that the most rigorous, challenging, and effective teaching occurs when the student is with their teacher. The following is from the CDC and it discusses the importance of in-person schooling while at the same time demonstrating that in-person instruction is a higher risk and requires cooperation between the school, home, and community to be safe:

Considerations from the Center for Disease Control (CDC) https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/schools.html

The many benefits of in-person schooling should be weighed against the risks posed by COVID-19 spread. Of key significance, in-person learning is in the best interest of students, when compared to virtual learning. Application and adherence to mitigation measures provided in this document and similar to those implemented at essential workplaces can help schools reopen and stay open safely for in-person learning.

School officials should make decisions about school reopening based on available data including levels of community transmission and their capacity to implement appropriate mitigation measures in schools to protect students, teachers, administrators, and other staff. Schools should also consider other aspects of students' risk and wellbeing that arise when schools do not reopen for in-person classes. This includes the potential adverse impacts on students' social-emotional, behavioral, and mental health, as well as the critical services provided to students to help mitigate health disparities and serve children in need, such as school lunch programs, special education services, after-school programs and mental health services.

The unique and critical role that schools play makes them a priority for reopening and remaining open, enabling students to receive both academic instruction and enable the provision of other critical services and supports. By strictly implementing mitigation strategies, schools will be able to meet the needs of their students and community, while reducing the risk of COVID-19 spread.

In order to reach the goal of reopening schools as safely and as quickly as possible for in-person learning, and help schools remain open, it is important to adopt and diligently implement actions to slow the spread of COVID-19 inside the school and out in the community. This means that students,

families, teachers, school staff, and all community members take actions to <u>protect themselves and others</u> where they <u>live</u>, <u>work</u>, <u>learn</u>, and <u>play</u>.

In general, the risk of COVID-19 spread in schools increases across the continuum of virtual, hybrid, to in-person learning with the risk moderated for hybrid and in-person learning based upon the range of mitigation strategies put in place and the extent they are conscientiously followed.

While not exhaustive, this stratification attempts to characterize the risks of spread among students, teachers, and staff across this continuum:

Lowest Risk:

Students and teachers engage in virtual-only classes, activities, and events

Some Risk:

- Hybrid Learning Model: Some students participate in virtual learning and other students participate in in-person learning
- o Small, in-person classes, activities, and events
- o Cohorting, alternating schedules, and staggered schedules are applied rigorously
- o No mixing of groups of students and teachers throughout/across school days
- Students and teachers do not share objects
- o Students, teachers, and staff follow all steps to <u>protect themselves and others</u> at all times including proper use of face masks, social distancing, hand hygiene
- o Regularly scheduled (i.e., at least daily or between uses) <u>cleaning and disinfection</u> of frequently touched areas implemented with fidelity

Medium Risk:

- Hybrid Learning Model: Most students participate in in-person learning, some students participate in virtual learning
- o Larger in-person classes, activities, and events
- o Cohorting, alternating schedules, and staggered schedules are applied with some exceptions
- o Some mixing of groups of students and teachers throughout/across school days
- o Students and teachers minimally share objects
- o Students, teachers, and staff follow all steps to <u>protect themselves and others</u> such as proper use of face masks, social distancing, hand hygiene
- Regularly scheduled <u>cleaning and disinfection</u> of frequently touched areas largely implemented with fidelity

• Higher Risk:

- o Students and teachers engage in in-person only learning, activities, and events
- Students minimally mix between classes and activities
- Students and teachers share some objects
- Students, teachers, and staff follow some steps to <u>protect themselves and others</u> at all times such as proper use of face masks, social distancing, hand hygiene
- o Irregular <u>cleaning and disinfection</u> of frequently touched areas

COVID-19 is mostly spread by respiratory droplets released when people talk, cough, or sneeze. It may be possible that a person can get COVID-19 by **touching a surface or object that has the virus on it** and then touching their own <u>eyes, nose, or mouth</u>. Therefore, personal prevention practices (such as <u>handwashing, staying home when sick</u>) and environmental <u>cleaning and disinfection</u> are important principles that are discussed below. Fortunately, there are a number of actions school administrators can take to help lower the risk of COVID-19 exposure and spread during school sessions and activities.

Further Considerations for School Closure (CDC)

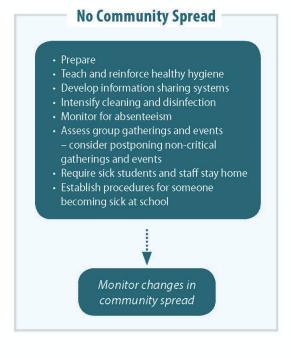
Recommendations on school closure based on available science, reports from other countries and consultation with school health experts.

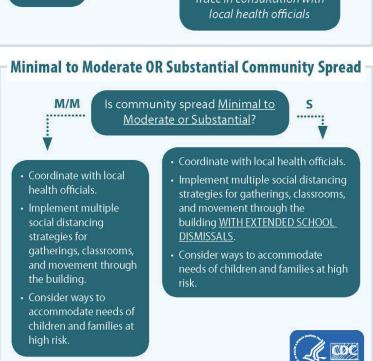
- 1. There is a role for school closure in response to school-based cases of COVID-19 for decontamination and contact tracing (few days of closure), in response to significant absenteeism of staff and students (short to medium length, i.e. 2-4 weeks of closure), or as part of a larger community mitigation strategy for jurisdictions with substantial community spread* (medium to long length, i.e. 4-8 weeks or more of closure).
- 2. Available modeling data indicate that early, short to medium closures do not impact the epi curve of COVID-19 or available health care measures (e.g., hospitalizations). There may be some impact of much longer closures (8 weeks, 20 weeks) further into community spread, but that modelling also shows that other mitigation efforts (e.g., handwashing, home isolation) have more impact on both spread of disease and health care measures. In other countries, those places who closed school (e.g., Hong Kong) have not had more success in reducing spread than those that did not (e.g., Singapore).
- 3. In places where school closures are necessary, the anticipated academic and economic impacts and unintended impacts on disease outcomes must be planned for and mitigated. Provision of academic support (e.g., tele-ed), alternatives for school-based meals as well as other services (e.g., behavioral and mental health services) for economically and physically vulnerable children, support for families for whom telework and paid sick leave is not available, ensuring that high risk individuals continue to be protected must all be addressed. Special consideration must be given for health care workers so that school closures do not impact their ability to work.

^{*}Substantial community spread is defined as large scale community transmission, health care staffing significantly impacted, multiple cases within communal settings.

School Decision Tree







Factors for Consideration for School Closure

Closing schools early in the spread of disease for a short time (e.g., 2 weeks) will be unlikely to stem the spread of disease or prevent impact on the health care system, while causing significant disruption for families, schools, and those who may be responding to COVID-19 outbreaks in health care settings. It may also increase impact on older adults who care for grandchildren. Waiting to enact school closures until at the correct time in the epidemic (e.g., later in the spread of disease) combined with other social distancing interventions allows for optimal impact despite disruption.

	Factors in favor of school closure	Factors against school closure	Further considerations
In response to school-based case (Less than 1-week closure)	Impact on disease Allows for decontamination Allows time for epidemical evaluation and contact tracing; further action can be scaled based on epi investigation.	Impact on disease Social mixing may still occur outside of school with less ability to monitor, especially among older students.	May occur frequently during a widespread outbreak
Short-term (2 weeks closure)	Impact on disease Allows time for further understanding of the local COVID-19 situation (e.g., community spread) Increases social distancing amongst immediate school community. Gives time for potentially exposed individuals to develop symptoms while not in school Impact on families Children may be less impacted by social isolation from their peers for shorter time frames Impact on school Schools are better prepared for short-term closures because they've been more likely to have experienced those (e.g., for weather) Given current timing, some schools may be able to take advantage of spring break closures Provides protection for older staff and students and staff with underlying medical conditions	 Impact on disease Modeling data for other respiratory infections where children have higher disease impacts, suggests that early short-term closures are not impactful in terms of overall transmission. Social mixing may still occur outside of school with less ability to monitor, especially among older students. Will increase risk to older adults or those with co-morbidities, as almost 40% of US grandparents provide childcare for grandchildren. School closures will likely increase this percentage. Impact on families Key services are interrupted for students (e.g., meals, other social, physical health, and mental health services, after school programs) Economic impact for families because of the costs of childcare and lost wages. There may be a loss of productivity even for parents who are able to telework. 	 Disproportionate impact of children being out of school whose parents/family members are hourly and low-wage workers Research from school staff tells us that schools find closures more acceptable when other events, gatherings, and facilities in the community are also closed or cancelled. Concerns about household mixing of sick and well family members needs to be addressed Consider non-closure social distancing first (e.g., staggering recess, cancelling assemblies and inter-school events.) Economic impact if school staff are not paid during school closure must be considered.

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		 Some families may not have capacity for students to participate in distance learning (e.g., no computers, internet access issues) even if provided by school. Impact on schools Potential academic impact because of the disruption to the continuity of learning Impact on health care Available health care workforce is decreased as HCW stay home with children. 	
Medium-term (4 weeks closure)	 Impact on disease Provides more protection for older staff and students and staff with underlying medical conditions Impact on schools Planned closures of longer periods may be easier for families to plan for than rolling closures with unexpected timing and duration, including possibly last-minute notice 	 Impact on disease Longer closures may result in more students congregating outside of school (e.g., other students' homes, shopping malls) Will increase risk to older adults or those with co-morbidities, as almost 40% of US grandparents provide childcare for grandchildren. School closures will likely increase this percentage. Impact on families Students who rely on key services (e.g., meals, other social, physical health, and mental health services, after school programs) are put at greater risk Economic impact grows with length of closure; furthermore, this may exacerbate disparities among families at different SES levels (e.g., parents with lower wage jobs may lose jobs) High school seniors likely to lose ability to participate in their prom, graduation etc. Some families may not have capacity for students to participate in distance learning (e.g., no computers, internet access issues) even if provided by school. Impact on schools Significant impact on academic outcomes may occur. Losing one month of learning may prevent students from meeting grade level knowledge and skill expectations and may jeopardize schools' ability to meet standardized testing requirements 	 Disproportionate impact of children being out of school whose parents/family members are hourly and low-wage workers If a school closes for this length of time, schools must consider ways to continue key services Research from school staff tells us that schools find closures more acceptable when other events, gatherings, and facilities in the community are also closed or cancelled. Consider coupling with other social actions to mitigate risk of increased social mixing in other community areas Because closures are likely to increase anxiety among students, families, and community members, excellent messaging is needed along with the school closure. Economic impact if school staff are not paid during school closure must be considered.

		 School staff may be differentially impacted (e.g., hourly workers may be less able to sustain longer closures) Impact on health care Available health care workforce is decreased as HCW stay home with children. 	
Long-term (8 weeks, 20 weeks closure)	Modeling data for other respiratory infections where children have higher disease impacts, suggests that longer closures are may have greater impact in terms of overall transmission. Provides substantial protection for older staff and students and staff with underlying medical conditions Impact on schools Schools without distance learning may see closures of this length as reason to implement distance learning approaches they may not have previously had or used	Impact on disease Longer closures may result in more students congregating outside of school (e.g., other students' homes, shopping malls) Will increase risk to older adults or those with co-morbidities, as almost 40% of US grandparents provide childcare for grandchildren. School closures will likely increase this percentage. Impact on families Students who rely on key services (e.g., meals, other social, physical health, and mental health services, after school programs) are put at substantial risk Economic impact grows with length of closure; furthermore, this may exacerbate disparities among families at different SES levels (e.g., parents with lower wage jobs may lose jobs) Student engagement with schools and peers diminishes, which could increase anxiety and other mental health and emotional problems. High school seniors likely to lose ability to participate in their prom, graduation etc. Impact on schools Significant impact on academic outcomes will likely occur; losing 2 months of learning is likely to prevent many students from meeting grade level knowledge and skill expectations and will jeopardize schools' ability to meet standardized testing requirements Loss of educational progress, even having to add an extra semester or year to graduate or move up a grade	 If a school closes for this length of time, schools must consider ways to continue key services Research from school staff tells us that schools find closures more acceptable when other events, gatherings, and facilities in the community are also closed or cancelled. Because closures are likely to increase anxiety among students, families, and community members, excellent messaging is needed along with the school closure. Given current timing, 20-week closures may not impact schools much more substantially than 8 week closures. Many schools end for the year in late May; some continue until mid-June. A 20-week scenario could still have substantial impact on parents who need to find summer care for students. If schools are dismissed, one would expect summer camps might be cancelled as well Economic impact if school staff are not paid during school closure must be considered.

 Staff within the schools may be differentially impacted (e.g., hourly workers may be less able to sustain longer closures) Maintaining communication with school staff, families, and students becomes substantially more difficult as the school
closure lengthens.
• Impact on health care
Available health care workforce is
decreased as HCW stay home with
children.

Points for further consideration, regardless of degree of spread or length of potential closure

- Clear rationale, decision-making and communication with all stakeholders is extremely important. Families need to know who is making decisions, what those decisions are and when school-based mitigation efforts are planned to start and end.
- While we have data that can contribute to decisions about when to dismiss schools, there is almost no available data on the right time to re-start schools. We would advise to plan for a length of time and then evaluate based on continued community spread.
- The relationship between state and local education agencies and state and local public health must be strong and communication must be clear and thorough.
- Critical academic infrastructure and service provision must be considered during school closure.

Instructional Transition Plan

In order to mitigate the issues faced with possible positive COVID-19 cases or state required self-isolation, The LISD COVID-19 Task Force will utilize the aides, reading specialist and administrators when possible to provide coverage for classroom instruction. The purpose in doing this is to continue in-person learning without interruption.

Decision Criteria:

When a specific grade level has >10% or an entire building is >4% of active confirmed positive COVID-19 cases among students, the Lipan ISD Task Force will work with the Hood County Medical Advisor and the Emergency Management Team to determine the most appropriate action to take. This action may result in a classroom, grade level, campus, or District closure to in-person instruction for a designated period of time. Additionally, if any extracurricular team/group has >20% or an entire program is >10% of active confirmed positive COVID-19 cases among its participants, the LISD Covid-19 Task Force will work with the Hood County Medical Advisor and the Emergency Management Team to determine the most appropriate action to take. Likewise, if our staff has >20% of active confirmed positive COVID-19, the Lipan ISD Task Force will work with the Hood County Medical Advisor and the Emergency Management Team to determine the most appropriate action to take. Any decisions made by the LISD COVID-19 Task Force will be communicated to the LISD School Board before any information is released to the staff or public.

For example: If 10% of our third-graders are reporting symptoms of COVID-19-like illness over a two-day period while attending class in-person, and there are no increasing reports outside of that group, then the condition level of our third grade could be moved online for remote learning for a two-week period. Monitoring for any concerns outside of that group or cohort and any isolated cases would continue to be handled, as appropriate. A 4% increase among those whose screenings indicate potential for illness across the entire elementary school could result in the elementary school being adjusted online only to break the transmission cycle of the virus. The same type of scenario will be applied to all other grade levels and all extracurricular activities. Daily scenarios in all areas and staff sickness will be reviewed as needed. If the health of LISD students and staff become a safety concern because of the above-mentioned percentages, and the lack of staffing make it where it becomes impossible to social distance, LISD Administration will begin to discuss suspending in-person instruction.

The overall purpose of this plan is to ensure the safety of all stakeholders at Lipan ISD, while at the same time continuing in-person instruction. The percentages mentioned above will begin the discussion between the LISD COVID-19 Task Force and county health officials to determine the best course to keep everyone safe. It is the intention of LISD to continue in-person instruction as long as we have available staff to ensure social distancing protocols. Please contact Dr. Ralph Carter with any questions or concerns with the above plan.