

North Dakota K-12 Smart Restart

HEALTHY RETURN TO LEARNING

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Definitions and Abbreviations

Definitions

CASE INVESTIGATION - When the NDDoH or other public health partner interviews someone who has COVID-19 to determine where or by whom the individual may have gotten infected, understand symptoms, obtain demographics and underlying health conditions, and to identify close contacts.

CLOSE CONTACT - Per the CDC being within 6 feet of a COVID-19 case for a prolonged period of time (15 minutes cumulatively within 24 hours). A [close contact](#) would also be someone who was directly coughed or sneezed on or a health care worker who was not wearing appropriate personal protective equipment.

COMMUNITY MITIGATION - Actions that people and communities can take to help slow the spread of viruses, including seasonal and pandemic influenza. This includes mask wearing, social distancing, hand washing, avoid large gatherings, and increased sanitizing.

CONTACT TRACING - People in close contact with someone who is infected with a virus, such as COVID-19, are at higher risk of becoming infected themselves, and of potentially further infecting others. The NDDoH and other public health partners follow-up with close contacts of COVID-19 cases to notify them of their exposure, check for symptoms/signs of infection, and advise them of their quarantine period.

HIGH-RISK - Those considered high-risk include older people or those with certain underlying health conditions. These include obesity, type 2 diabetes, cancer, immune deficiency after an organ transplant, serious heart conditions, chronic kidney disease, COPD, and sickle cell disease. Check with your health care provider to see if you are considered high-risk.

ISOLATION - When a person who is showing symptoms of a disease separates themselves from other people to prevent spreading the disease to others. People who test positive for COVID-19 must be isolated for at least 10 days after symptom onset and be fever free for 24 hours (without the use of medications) and have improvement in symptoms. People who are immunocompromised, hospitalized or health care workers may need to be isolated longer.

SELF-MONITORING - An individual self-checks or a care giver monitors twice daily for a fever of 100.4 F or above and for symptoms of COVID-19 for 14 days.

QUARANTINE - When a person who was exposed to a disease but does not have symptoms separates themselves from others for a period of time to prevent potentially spreading the disease to others. The current definition for quarantine period for COVID-19 is 14 days from the last time an individual was exposed to a case while the case was contagious.

SOCIAL DISTANCING OR PHYSICAL DISTANCING - When individuals voluntarily choose to stay home versus going out in public. This means keeping at least six feet between you and other people. Do not gather in small, crowded areas. If it is not an essential gathering, consider postponing or gathering virtually. Check local guidelines for recommendations or refer to the [North Dakota Smart Restart Guidelines](#).

Abbreviations

CARES - Coronavirus Aid, Relief, and Economic Security

EDGAR - Education Department General Administrative Regulations

ESSER - Elementary and Secondary School Emergency Relief Fund

FERPA - Family Educational Rights and Privacy Act

GEER - Governor's Emergency Education Relief Fund

HIPAA - Health Insurance Portability and Accountability Act

LEA - Local Education Agency

LPH - Local Public Health

LRE - Least Restrictive Environment

NDDoH - North Dakota Department of Health

NDDPI - North Dakota Department of Public Instruction

NDHSAA - North Dakota High School Activities Association

OCR - Office of Civil Rights

PHI - Personal Health Information

POC - Point of Contact

SCC - NDDoH School COVID Coordinators

SEL - Social Emotional Learning

STARS - State Automated Reporting System

UGG - Uniform Grant Guidance

Introduction to the North Dakota Healthy Return to Learning Team

The ND Healthy Return to Learning team is a diverse team of subject matter experts collaborating with state agencies and communities to provide resources, processes, and strategies that schools, local public health and the state need to keep schools operating in their dual mission of high quality education for all students while ensuring public health.

Subject matter experts include a local physician experienced in infectious disease, a local public health administrator, and an experienced K-12 school administrator being supported by the NDDPI and NDDoH.

The objective of this team is to ensure communication, preparation, and response activities are timely and effective. The goal is to protect students and staff from the virus so that educators can provide high quality service to all students.

North Dakota is fortunate to have skilled school administrators and health providers throughout the state who work in their capacity to optimize students return to school in a safe way. As the situation with COVID-19 evolves, we know there will be situations our education system has never experienced before. The ND Healthy Return to Learning team was created to help schools and local public health through these experiences.

The ND Healthy Return to Learning team collaborates with NDDPI and NDDoH to create resources and accompanying tools for schools to utilize as they work through the diverse scenarios they will encounter this school year.

Responsibilities

- Serve as Key Resource to School and LPH Administration
- Coordinate Across State & Regional Supports
- Support State Health & Education Officials
- Respond to Health and Epidemiology Questions as they relate to K-12 settings
- Facilitate Connections with NDDoH, LPH, NDDPI & LEAs
- Implement and Refine ND Healthy Return to Learning Smart School Response Guidance

Recommendations on School Opening

Foundation

1. Risks to children exist beyond the pandemic and should be factored in the decision-making process to include learning, socialization, nutrition, physical safety, school supports, etc.
2. Children and their parents are best served when schools are open full time.
 - a. Full-time school is the optimal learning environment for most students.
 - b. A full-time school schedule is consistent with many parents' work schedules.
 - c. Food service programs tailored to meet the nutritional needs of students are well established.
 - d. Children and families are struggling due to lack of access to school support services provided within the school (i.e., behavioral health issues benefit or special developmental needs).
3. Every student will have the opportunity to engage in a full year of learning, irrespective of the spread of COVID-19 in a community.
4. Children receiving optimal educational opportunities at school is equivalent to, or perhaps more important than, the function of other businesses that have been deemed "essential."
5. Children infected with COVID-19 have a low risk of severe illness. Based on our current understanding, those younger than age 10 may not become infected with COVID-19 as easily as adults. However, the risk for children transmitting the virus to other populations of the community is still a concern.
6. Education staff are considered [Essential Workers](#). School boards and superintendents should seek legal counsel to work through essential worker policies for their employees.
7. Mask wearing is similar to vaccinating populations. The more people who are masked or vaccinated, the higher benefit to the whole population.
8. The current hybrid system implemented by many local school boards as a mitigation strategy has been compromised by children participating in off-day school/childcare programs. At times, hybrid models have created more transmissible moments as children move from care point to care point. This may have increased their exposure risk as well as compromised many parents' ability to work outside of the home due to unsatisfied childcare needs.
9. Hybrid models are not the best long-term instructional model for K-12's primary mission of academic growth for all students and are no longer considered useful in the mitigation of community spread of the virus under current circumstances.
 - a. Schools should be cautious not to prolong the use of a model that, by its very design, predisposes students to fall further behind.
 - b. Many students have likely already fallen behind in their learning due to school closures in spring 2020, with **disproportionately negative effects** on students who

are economically disadvantaged, living in transition, who have a disability, or are English Learners, etc.

10. Each district will work in collaboration with local health professionals, including [LPH](#) (see also [local public health units overlaid with school districts](#)), faculty, students, staff, and families while planning for and addressing school needs.
11. School boards will play a vital role as this unprecedented event unfolds. With the situation changing daily, good policies and best practices are as important as ever and the public is looking to school district leadership teams to provide a unified message to employees, parents, students, and the general public.

Challenges to Returning to Face-to-Face Learning

1. The transition from the hybrid model to full-time in-person learning may increase the density of potential COVID-19 exposure in every given classroom.
2. The level of COVID-19 transmission in the community can have a direct impact on families and students. When a household family member tests positive for COVID-19, household contacts are unable to participate in face-to-face learning due to quarantine requirements.
3. Although children may not be at increased risk for severe outcomes due to COVID-19, parents and grandparents, teachers, and other school staff may be at an increased risk.
4. [High-risk](#) students and staff members are at risk for severe outcomes from COVID-19 and may need accommodations or to participate via distance learning.

Assumptions

Health and safety plans are in place and reflect the following modifications:

- Local decisions will be rooted in what is best for students, and school administrators will make reasoned judgments to limit the spread of COVID-19.
- School districts should prioritize state guidance and utilize national recommendations as a guide.
- School administrators will work with their school boards, faculty, staff, students, families, and community to communicate decisions and data guiding those decisions.
- Masks are worn when social distance cannot be maintained.
- Classrooms and other congregate settings have been modified to place as much space as possible, ideally 6 feet, between students for maximum social distancing.
- Increased handwashing requirements are in place.
- Schools have a supply of hand sanitizers, soap, paper towels, tissues, and other supplies that support healthy hygiene behaviors.
- Classroom surfaces are cleaned with appropriate disinfectants after every school day and between classes if student cohorts move to different classrooms.

- Ventilation systems are set to maximize air exchange, windows are opened when possible for increased air flow, and portable air cleaners with High Efficiency Particulate Air (HEPA) filters are considered during the winter months.
- Schools recommend daily home temperature and symptom screenings for students and staff.
- Schools have a dedicated room with staff available to ensure safety and reassurance while the student waits to be picked up should he/she become symptomatic.

Goals

- Support in-person learning in a way that is as safe and healthy as possible.
- Ensure a reasonable level of safety for students and staff for in-person learning.
- Minimize disruptions to education by facilitating timely responses to COVID-19 by creating cohorts of students and staff when possible, screening for symptomatic individuals, and coordinating closely with local and state public health agencies.
- Ensure equity in educational opportunity by considering learning and health needs of all students, including those with varying health conditions, economic backgrounds, language skills, or educational needs.
- Encourage flexibility, adaptation, and innovation as schools develop novel approaches to disease control appropriate to local contexts and as scientific knowledge about COVID-19 transmission and control evolves.

North Dakota School Expectations

1. Per the [Governor's Executive Order 2020-38](#) each public school will have a school board approved plan published on their district website that includes the following:
 - a. A Health and Safety Plan (see Health and Safety Plan Requirements, page 14) that meets the needs of each school and is created in consultation with local health professionals, faculty, staff, parents, and students.
 - i. Each district should review, monitor, and update Health and Safety Plans periodically.
 - b. A [Distance Learning Plan](#) that meets the needs of each school and is created in consultation with faculty, staff, parents, and students.
 - i. Each district should review, monitor, and update Distance Learning Plans periodically.
2. Schools must [report positive cases](#) to the NDDPI.
3. As districts review, monitor, and update local plans, the updated plans must be filed with NDDPI (per Executive Order 2020-38). If the district maintains the original URL originally reported in STARS, no additional action is needed. If the district posts the update plan at a new URL, this information needs to be updated in STARS.
4. Non-public, private, or parochial schools are strongly encouraged to create both a Health

and Safety Plan and a Distance Learning Plan tailored to each school and created in consultation with local health professionals, faculty, staff, parents, and students. It should be published on their publicly available website.

5. Each district required to conduct tribal consultations under the Every Student Succeeds Act will work in collaboration with the tribal leadership.
6. Residential education facilities should adhere to the NDDoH's [recommendations for group home/residential care settings](#).
7. Member schools will utilize the [NDHSAA](#)'s guidance for all decisions regarding school athletics, activities, and competitions. Decisions about operation of and participation in athletics, activities, and competitions will be made by the NDHSAA board and staff in consultation with their physicians' advisory committee.

Recommendations

1. Policies that define [vulnerable](#) children, teachers, and staff should be developed to identify those at risk for severe outcomes from COVID-19 and provide accommodations for distance learning (students), distance teaching (teachers), and other service provision in a lower risk environment.
2. Education staff exposed to a masked or unmasked positive case may choose to continue to work in person or remotely after exposure as long as they wear a mask, practice social distancing, and self-monitor twice daily for fever and other COVID symptoms for 14 days and have no symptom development (see **Education staff are considered Essential Workers**, page 6, and **Health and Safety Plan Requirements**, page 11).
3. , page 11).
4. Provide an option for classroom, face-to-face teaching, or distance teaching (i.e., teacher outside the classroom while students remain in the classroom with a para).
5. Schools should make **risk-informed decisions** as they consider transitioning from one learning model to another, weighing the relative health risks of COVID-19 transmission from in-person instruction against these factors impacting students:
 - a. Risks:
 - i. Educational
 - ii. Social-behavioral
 - iii. Emotional
 - iv. Physical safety
 - b. Access to:
 - i. School meal programs
 - ii. Social services
 - iii. Extended day childcare services
 - iv. Extra-curricular activities
 - v. Social-emotional support from peers and educators
 - vi. School transportation

- vii. Quality instruction meeting student needs
- c. The community’s level of participation in mask use, good hygiene practices, and social distancing with limiting of large gatherings.
- d. Current county and school transmission levels on the [COVID-19 School Information dashboard](#).
 - i. District or school case rate
 - ii. District or school absenteeism related to positives and close contacts
 - iii. Number of positive cases per 10,000 (14-day rolling average) in the community (aligns with [COVID-19 Smart Restart County Analysis](#))
 - iv. Percent positivity for diagnostic testing in the community
- e. A school self-assessment of compliance with mitigation strategies (See [CDC Indicators for Dynamic School Decision-Making](#)):

Mitigation Strategy	Low Risk Highest Risk				Implemented no strategies
	Implemented all 5 correctly and consistently	Implemented all 5 correctly but inconsistently	Implemented 3-4 correctly and consistently	Implemented 1-2 correctly and consistently	
Masks – consistent and correct use					
Social distancing to the largest extend possible					
Hand hygiene and respiratory etiquette					
Cleaning and disinfection					
Contact tracing in collaboration with LPH/NDDoH					

School Exposure and Face-to-Face Learning

In recognizing the value of in-person learning, the following aim at mitigating risks associated with alternative learning models.

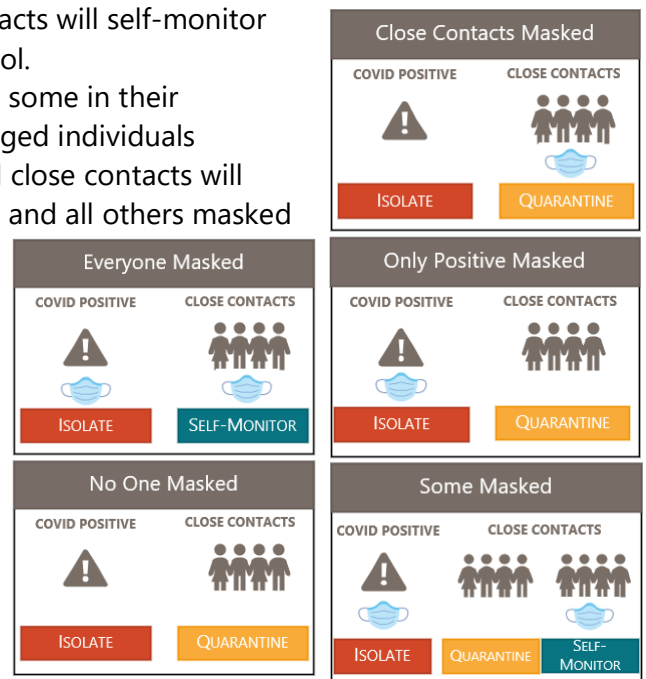
- In order to provide in-person learning, schools should require the use of masks by school-aged individuals and staff (See [How to Select a Mask](#)).
 - [Mask wearing](#) is similar to vaccinating populations. The more people who are masked or vaccinated, the higher benefit to the whole population.
 - Protection efforts applied collectively (for example social distancing AND masking AND cohorting) will provide stronger protection than any one effort in isolation as it will reduce the transmission of disease and minimize the disruption to in-person learning.
- **Positive cases**, whether symptomatic or asymptomatic, masked or unmasked, should isolate at home until 10 days have passed since symptoms began or testing occurred AND

they are fever free (<100.4 F) for 24 hours without the use of fever-reducing medications AND symptoms are improving (see [You Have a COVID-19 Infection, Now What?](#)).

- School-aged individuals and staff who are **household contacts** should quarantine at home for 14 days after last exposure. Because they have ongoing exposure, the *14 days does not start until after the positive case is released from isolation* (minimum of 24 days for a household contact).
- **Close Contacts** are individuals who have been within six feet of an infected person for a total of 15 minutes during a 24-hour period. Close contacts need to quarantine for 14 days from their last exposure with the infected person. However, when both the infected person and close contact were wearing a mask at all times during the exposure, the close contact can self-monitor in lieu of the 14-day quarantine (see [Guidance for Quarantine and Mask Use](#)).
- **School-aged individuals** who are deemed as **close contacts**, but both the parties were masked are required to wear a mask at school and should self-monitor symptoms while at home and in school in lieu of imposing quarantine for 14-days at home.

Example scenarios:

- If entire classroom is masked, including the positive case (student or staff), then all school-aged close contacts will self-monitor symptoms at home and in school.
- If a positive case is masked, but some in their classroom are not, the school-aged individuals without masks that are deemed close contacts will quarantine at home for 14 days and all others masked will self-monitor symptoms at home and in school.
- If the positive case is not masked, any school-aged close contacts will quarantine at home for 14 days.
- In classes where no masks were utilized, any school-aged individual who had close contact with the positive case will quarantine for 14 days at home.

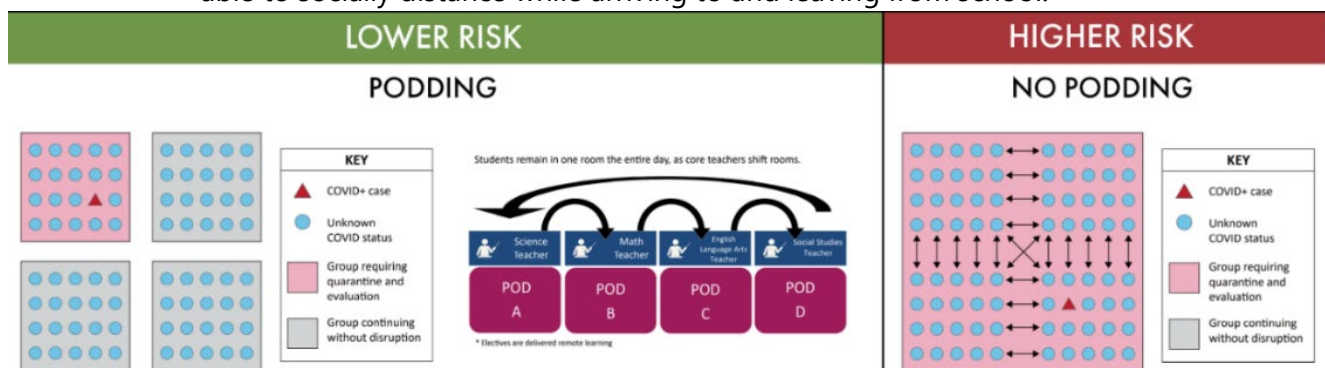


- **As essential workers, education staff** who are close contacts or possible close contacts, **regardless if the positive was wearing a mask or not**, may remain in school in lieu of quarantine if they:
 - Wear a mask AND
 - Practice social distancing AND

- Self-monitor twice daily for fever and other COVID symptoms for 14 days and have no symptom development ([See Implementing Safety Practices for Critical Infrastructure Workers Exposed.](#))
- Testing is recommended 7-10 days following exposure.
- Vulnerable teachers should have an option to distance teach.

Returning to Face-to-Face Learning

1. In order to provide in-person learning, schools should require the use of masks by children and staff.
2. Schools should monitor their data as students return to full-time, face-to-face learning. Two incubation periods or 28 days is a reasonable timeframe to monitor for any increase in positive cases (See **COVID-19 School Information Dashboard**, coming soon).
3. Schools can consider a phased approach on returning to full-time, face-to-face learning. A phased approach should bring grades K-5 back first followed by grades 6-8 and then grades 9-12 based on the most current data.
 - a. Early reports suggest the number of COVID-19 cases among children may vary by age and other factors (See section on [Impact of COVID-19 on Children](#)).
4. If school is in-person, the K-5 children should be in cohorts while maximizing social distancing to the extent possible. Pods should not mix or mingle together at any point during the day, including lunchtime, gym, music, etc. The incorporation of a podded structure to classrooms, keeping the same group of masked children together throughout the day is a very effective mitigation strategy.
 - a. Teachers rotating from one classroom to the next is a very effective mitigation strategy.
 - b. Schools should consider staggered start and end times, so children and staff are able to socially distance while arriving to and leaving from school.



Learning Model Options to Consider

There are many ways to return to face-to-face learning. Consider a phased approach, providing adequate notice to parents/guardians as learning models are adjusted. It is assumed that all models below will include social distancing to the greatest extent possible within the classroom/school.

- Traditional School Day
- Elementary School In-Person, Middle and High School Remote/Hybrid
- Re-open grades K-5 and in-person special education services at grades preK-8 (1st priority) and Grades 6-8 and in-person special education services at grade levels 9-12 (second priority) and next students in grades 9-12
- Bubble Strategy – The same group of students stay together for all or most of the day, with the same teacher(s)
- Utilize instructional learning spaces that accommodate small groups in a room at the same time to maintain social distance by accessing learning spaces that might be available in the community (i.e., office buildings, churches, etc.)
- Longer school days, flexible schedules (to allow for two smaller groups of students to attend throughout the day)
- Saturday School
- Year-round Schedule

Health and Safety Plan Requirements

Recognizing that each school district and individual building is unique and that all plans for the upcoming year must reflect local needs, each school district **must** create a written Health and Safety Plan. The Health and Safety Plan should meet the needs of each school and **must** be created in consultation with local health professionals, faculty, staff, parents, and students.

Health and Safety Plans **must** be approved by each school district's school board (in the case of Fargo, the Board of Education) in consultation with [local public health units](#). Those plans **must** also be published on the school or district's publicly available website prior to the reopening of schools and providing services to students.

Non-public, private, or parochial schools are strongly encouraged to create a Health and Safety Plan tailored to their needs and publish the Health and Safety Plan on their publicly available website prior to reopening.

Each district that is required to conduct tribal consultations under the Every Student Succeeds Act **must** consult with tribal leadership.

There are 15 residential education facilities in North Dakota. To ensure the maximum safety, health, and overall well-being of students, staff, and faculty in these situations, we encourage residential facility administrators to implement the North Dakota Department of Health's [recommendations for congregate settings](#) whenever possible.

Plans must include the following:

COVID-19 Response Plan

- **COVID-19 coordinator** and/or **COVID-19 Team** identified by name(s) with defined roles and responsibilities for health and safety preparedness and response planning.
- **District POC** – A named individual as a single school district POC for LPH to contact when a positive case within that district.
 - Must be available evenings and weekends to respond to phone calls from LPH.
 - This individual will be responsible for [notifying the state superintendent of cases](#) occurring in the school setting.
- **School POC** – A named individual at *each* school to interact with the district POC and/or LPH on positive cases within that school.
 - Must be available evenings and weekends to respond to phone calls from LPH.
 - Assist public health in identifying those potentially exposed and sending notification to school close contacts.
- Process to rapidly notify parents and staff of school close contacts.
- Processes for monitoring students and staff for symptoms, history of exposure, and absenteeism.

- Process to identify and protect [children and staff at higher risk](#) with an opportunity for continued distance teaching and learning.

Positive or Close Contact

Include the NDDoH protocols for:

- Process for [isolation](#) and [quarantine](#) when a staff member, student, or visitor becomes sick.
- Guidelines for when an [isolated](#) or [quarantined](#) staff member, staff, or visitor may return to school.

Communication and Training

- Train all faculty and staff on the implementation of the Health and Safety Plan.
- Train all faculty and staff on appropriate [use and wearing of facial coverings](#).
- Plan for ensuring ongoing communication with families around the elements of the local Health and Safety Plan, including ways that families can practice [safe hygiene in the home](#).

Hygiene and Cleaning

- Guidelines for hygiene practices for students and staff which include the manner and frequency of hand-washing and other best practices.
- Guidelines for when facial coverings should be worn by staff and students when social distancing is not possible.
- Protocols for cleaning, sanitizing, disinfecting, and ventilating learning spaces, surfaces, and any other areas used by students (e.g., restrooms, drinking fountains, hallways, and transportation).

Physical Distancing

- Protocols for classroom/learning space occupancy that allow for separation among students and staff throughout the day to the maximum extent feasible (e.g., A/B days, A/B weeks, ½ days, cohorts of smaller groups, consistent student groups, etc.).
- Protocols for the use of cafeterias, commons areas and other congregate settings for students, faculty, and staff.
- When weather permits, utilization of outdoor spaces is recommended.

Additional Safety Measures

Plan should include the following to the extent possible:

- Protocols for limiting the sharing of materials among students to the maximum amount feasible.
- Protocols for identifying and restricting non-essential visitors and volunteers.
- Protocols for adjusting space occupancy on buses that allow for separation among students to the maximum extent feasible.

Guiding Questions and Considerations

Academic Support

Learning is the primary purpose of schools, and the ability to resume in-person academic activities is essential to a school district's system recovery. The resumption of in-person teaching and learning begins to restore normalcy to the school environment, which can be very important to the psychological and emotional health of students, educators, staff, and administrators.

When developing school district building re-entry plans, districts should use these guiding questions and resources to develop programs, systems, and supports to address the unique needs of each school community. Districts are encouraged to establish a planning team in collaboration with community partners to consider how the school district will approach re-entry.

More information and guidance on restart service to students with disabilities, compensatory education and Extended School Year can be found at [NDDPI Covid-19 Updates and Guidance Special Education](#).

Academic Planning - District-Level Considerations

Staff, Student, and/or Classroom Restructuring

1. Has the district solicited feedback from stakeholders regarding effective strategies of communication and methods of instruction?
2. Has the district evaluated the effectiveness of district technology resources such as LMS, collaboration and communication tools?
3. Has the district explored strategies to help students and educators learn remotely, in the event of future restructuring or disruptions?
4. Has the school board approved policies and reviewed new operating procedures to respond to future disruptions to building access?
5. What options for new configurations might the district consider due to social distancing guidelines?
 - Examples to explore: blended learning, staggered reopening, alternate days such as A/B day, a.m./p.m. rotation, scheduling options, class size, etc.
6. How will the district provide additional support for student learning and transition?
 - Examples to explore: Acceleration Academies, Jump Start programs, summer programming, extended school day, before/after school programming, tutoring, etc.
7. How can the district rethink the use of staff that do not have classroom responsibilities to support student re-entry and meeting individual student needs?
 - Examples to explore: paraprofessionals, specialists, support staff, administration,

counselors, etc.

8. What planning needs to occur in order to meet the needs of courses with large populations and/or having close contact?
 - Examples to explore: physical education, band, choir, extra curriculars, CTE, etc.
9. What does the re-entry plan for the district staff look like (educators, staff, administration, paraprofessionals, etc.)?
10. What planning needs to occur to ensure continuation of the identification of students for additional support such as IEP/504s, English learners, levels of service, etc.?

Academic Planning - District-Level Considerations

Special Considerations for Specific Populations

1. How will the district sustain processes of identification of students needing specialized supports?
 - Examples to explore: students with health concerns or special needs, those experiencing homelessness, gifted, those living in poverty or foster care, English learners, migrant children, newly enrolled students, prekindergarten children, etc.
2. How will the district ensure it is meeting the needs of the specific populations of these students?
3. How will the district ensure it is meeting the needs of students with special needs and those requiring accommodations?
4. Has the district identified subpopulations of students needing specialized supports? How are these needs being identified and met?
 - Examples to explore: students living in poverty, special education, 504, English learners, new enrollees, Title I, health concerns, migrant, gifted, homeless, prekindergarten, etc.
5. What supports or interventions are provided to those students who were not responsive to the distance learning instructional model?
6. How will educational support be provided to vulnerable populations that continue to be high risk (or have family members who are high risk) and cannot physically reconvene? What might this alternate education programming look like?
7. How will policies and the system support educational staff that fall into a vulnerable population?
 - Examples to explore: allowing them to teach remotely and utilizing larger classroom space where social distancing can be maintained.
8. What accommodations will be made for students or staff who are required to quarantine due to exposure or potential exposure?

Family & Community Engagement

1. What strategies will the district take to build and/or maintain connections with families and the community?
2. How will the district communicate and support families who are unable to communicate in English (or whose native language is other than English)?

Academic Planning - Classroom-Level Considerations

Relationships, Connections, and Transitions

1. How will the school intentionally plan staff connections with students? What regular, frequent interactions can be facilitated between educators and students?
 - Examples to explore: mentoring, advisory time, group sessions, etc.)
2. What frameworks exist for educators to monitor how students are readjusting to school? How will they readily identify those having difficulty? What student-centered supports can be provided to aid those with minor adjustment problems? What specialized assistance may be needed for those who have major adjustment problems?
3. Based on the distance learning experience, what classroom practices might be obsolete? What new practices are promising or have contributed to learning?
 - Examples to explore: meaningful feedback on student learning, active student engagement, etc.
4. How will the district determine if students excelled or fell behind during distance learning?
 - Examples to explore: formative and summative diagnostic assessments, screeners, progress monitoring tools, etc.
5. How will student progress continue to be measured? How will this be communicated with fellow educators?
 - Examples to explore: special education, Title I, EL, other specialists, consecutive grade levels or subject areas, etc.
6. How will these results inform student-centered approaches to instruction and learning?
7. How will distance learning experiences influence change in current assessment practices?

Special Considerations for Specific Populations

1. What interventions are in place for all students? What interventions are in place for struggling students? What interventions are in place for vulnerable populations? Where do gaps exist?
2. What is the individualized intervention plan for each student? How will focused individual education be provided, especially for vulnerable populations?
 - Examples to explore: curricular tools, enhanced learning opportunities, support to address unfinished learning, supports for early grade reading, supports for students with specific needs, emotional, behavioral, and mental health screeners and services, etc.

Family and Community Engagement

1. What communication tools exist for educators to stay connected with families? Where are they effective? How will these resources be used to share information about school programming and expectations?
2. How can each classroom support parents with continued student learning? What tips and instruction strategies can be given to families?

Considerations for Special Populations

Schools and districts should consider how alternative schedules, extended periods of remote learning, and intermittent school closures may impact students receiving special education services. Schools and districts need to ensure that students have meaningful and effective access to the general education environment and instruction. Least restrictive environment (LRE) considerations should be central to decision-making. As risk levels change, below are questions to guide planning:

1. How will schools and districts ensure students with disabilities understand new expectations, such as social distancing?
2. How will schools and districts ensure social distancing expectations are met across all special education environments?
3. How will schools and districts effectively plan for, use, and supervise special education paraprofessionals?
4. How will schools and districts ensure backlogged IEP meetings, initial evaluations, reevaluations and special education referrals are implemented in a timely manner?
5. How will schools make data-driven instructional decisions, including recoupment of unfinished learning during the distance learning period for students with disabilities?
6. How will schools and districts ensure that special education evaluations and reevaluations continue without interruption?
7. How will schools and districts allow reasonable time for special education staff to collect data on students with disabilities' present levels of performance in order to determine the impact on progress that occurred during COVID-19?
8. How will schools and districts ensure students with Individual Education Programs (IEPs) are provided a free, appropriate public education?
9. How will schools and districts ensure students with developmental challenges or those who are?
10. Medically fragile are kept safe while in the school building.
11. How will schools and districts ensure individualized contingency plans meet students' needs when instruction needs to take place through an alternative learning situation (i.e. alternate schedules, periods of distance learning)?
12. How will schools and districts ensure that students with disabilities have meaningful and effective access to general education and instruction?
13. How will schools and districts accommodate social distancing requirements while providing services to students who require 1:1 assistance and supervision?
14. How will schools and districts ensure students who struggle with transitions are successful during sudden disruptions in routines and schedules?
15. How will schools and districts ensure all IEP teams and educators have access to assessments, supports and instructional supports to meet individual student's assistive technology needs?
16. How will students who are transition age continue to participate in work-based or

- community learning experiences?
17. How will schools and districts plan for positive behavior interventions and supports to be in place and clearly communicated to all staff before students return?
 18. How will schools and districts ensure staff and other students are kept safe when responding to a student's escalated or aggressive behaviors?
 19. How will schools and districts make sure students who utilize sensory spaces (trampolines, squeeze machines, swings, etc.) will be free to use them when needed?
 20. How will schools and districts ensure shared sensory space equipment is properly sanitized as each student uses the equipment?

Social Emotional Learning

SEL is the process through which youth and adults identify and regulate emotions, set and achieve positive goals, feel and show empathy for others, establish and maintain meaningful relationships, and make responsible decisions. SEL provides a teaching and learning process where youth and adults develop the necessary skills and attitudes that help them to engage in learning more successfully, build supportive relationships, engage civically, and have positive mental health. Thus, SEL provides a foundation for all students to thrive, where some students may need additional support (tier two and tier three) to achieve positive mental health.

Considerations have been made for what is appropriate for all, some, or a few, based on the unique experiences of how people experienced the pandemic, recognizing that each student possesses a unique combination of skills and environments which influence their development and well-being. Stakeholder layers include staff, students, families, and the community at large.

School-Wide Procedures

1. Who will serve as the school lead for SEL? Mental/behavioral health services?
2. Which data will inform decisions regarding social-emotional needs of stakeholders?
3. How will the district ensure the mental health and well-being/promote self-care for staff?
4. How will the district ensure that school counselors are only being asked to do what they are trained for? (Example: school counselors may do short term counseling or small group counseling but should NOT be doing long-term counseling.)
5. How will the district ensure coordination and collaboration between counselors, social workers, teachers and other staff?
6. How will counseling and/or psychological first aid be provided for those that need it?
7. How is the district ensuring that ALL STAFF (certified and classified staff) are prepared to be aware of students' social and emotional well-being?
8. What long-term plans will the district have for social emotional recovery as a result of the disruption to the regular routine? (For some, it may take months or years to recover.)

Curriculum and Materials

1. What instructional curriculum/supplements are available to explicitly teach social and emotional competencies? What is the evidence surrounding those materials, and for whom?
2. What instructional curriculum/supplements are needed to explicitly teach student social and emotional competencies?
3. How will the school district balance the social and emotional needs of youth to engage in learning with academic learning?
4. What additional resources for SEL are needed?

Classroom and Instruction

Classroom Environment

1. What classroom routines and procedures are in place/can be integrated to support SEL needs in the classroom? (i.e. classroom meetings and classroom management strategies.)
2. How do routines and procedures need to be modified to maintain physical safety and psychological safety while developing empathy and compassion for others?
3. What instructional practices support SEL in the classroom (i.e. classroom discussions, cooperative learning, and assessment and feedback)? How might those practices need to be modified per health and safety guidelines?
4. How will teachers create a calm and supportive environment for students?

Student Needs & Behavior

1. How will school district leaders help students reconnect with their peers in a learning environment? Socially? With their teachers? What will that look like in the “new normal”? (Especially for students that are more introverted.)
2. How will teachers be prepared to address a potential increase in anxiety, PTSD, etc. as a result of the disruption to students’ regular routine?
3. How will teachers be prepared to handle a potential increase in student behavioral issues as a result of the disruption to students’ regular routine?
4. How will teachers address potential bullying related to stigma associated with COVID-19 (i.e.. individuals who are sick (COVID-19 or other) and return to school, general coughing/sneezing, ethnicity, etc.)?
5. How will staff members identify students that may need immediate counseling?
6. How will the teachers assure that students are able to reconnect socially with their peers? (Especially students that are more introverted.)

Adult Social Emotional Learning

Adult Self-Care Needs

1. What types of supports do staff (certified and classified) need to reengage in the working environment? To feel physically and psychologically safe?
2. What types of school structures need to be put into place to support adults’ social and emotional development?

3. How will the school district ensure that adults are modeling good social and emotional competencies?
4. What employee assistance programs will be available for staff members experiencing mental health issues as a result of COVID-19?

Supports Needed by Adults to Serve Students

1. What types of training do adults need to fully support students and too identify signs of trauma and grief in students?
2. What types of school structures do adults need to fully support students?
3. How do we create an environment in which adults feel connected and engaged with one another? With students? With families?

Family and Community Partnerships

1. How will the school district ascertain what helps stakeholders feel safe at school?
2. What partnerships are needed/available to support student needs? Staff?
3. How will the school district ensure stakeholders are informed and accounted for in the decision-making process?
4. How will the school district provide emotional support to students and families that might have been directly impacted by COVID-19
5. How will the school provide emotional support to students and families that have experienced non-health related impacts as a result of the COVID-19 pandemic? (i.e. job loss, increase in domestic violence, etc.)
6. How will immediate, short-term, and long-term counseling options and outside referrals be addressed?

Child Nutrition

Through school closures, summer breaks, and re-opening, school nutrition programming remains a crucial support to students and families by providing meal services in normal and uncertain times. Districts should build on the experiences of the spring school closures in 2020 to inform strategies on how to ensure continuity of meal services through new and evolving contexts.

As districts map out goals for what school will look like in the upcoming academic year, these guiding questions and resources may be used to inform decisions related to how school nutrition may continue to meet student needs in a variety of settings, especially when students are unable to get meals. More [school nutrition](#) information is available on the NDDPI website.

District-Level Considerations

1. What training do school foodservice staff need before school starts? Have staff been trained on proper foodservice sanitation techniques, alternative serving models, food safety requirements, proper use of personal protective equipment, and social distancing?
2. Has the district communicated with local and state health departments to ensure schools

are adhering to the latest food service guidelines? Districts should familiarize themselves with the [safety and operation guidelines from the North Dakota Dept. of Health - Food and Lodging](#) for all statewide food service industries.

3. What strategies are in place for alternative serving models that promote social distancing and reduce contact? These may include:
 - a. Serving meals in the cafeteria (at reduced occupancy levels, consistent with statewide guidelines) with:
 - i. Spaced serving lines (marked on floors);
 - ii. Spaced seating (use outdoor space as practicable and appropriate); and
 - iii. Longer meal periods for more staggered meal delivery.
 - b. Classroom service/classroom dining
4. Are necessary supplies available to ensure that schools are prepared to operate alternative serving models (i.e., serving meals in the classroom, disposable food service items)? Have supply needs been communicated with distributors?
5. Have food service operations coordinated with teachers and administrators?
6. Are menus developed that adhere to United States Department of Agriculture (USDA) meal pattern regulations that do not rely on students self-serving (i.e., salad bar) items.
7. What meal service contingency plans are in place for remote learning scenarios? Establish procedures and protocols to ensure students have access to school meals during unanticipated school closures. School Districts should include at a minimum the following topics:
 - a. Procurement of food
 - b. Food distribution options
 - c. Staffing and volunteers
 - d. Transportation
8. What guidelines are in place regarding food from home (i.e. classroom celebrations, guardians dropping off food during the school day for individual student consumption)? Note: this is not meant to regulate food from home in student lunch boxes for individual student consumption. Policies concerning outside food brought into the building and any restrictions on outside persons during the meal service should be communicated with families.
9. What is the district's plan for disseminating information regarding free or reduced-price meal benefits, including supports available to assist families in completing forms?
10. How will this information be provided to families that don't speak English as a first language and/or with disabilities?

School-Level Considerations

1. How will potable water be made available with all meals without relying on the water fountain or beverage containers to meet the requirement?
2. What point-of-service model is available that does not rely on students entering their own lunch number?
3. How will staff and students practice social distancing during food preparation and meal

- service periods?
4. Are procedures in place to:
 - a. Ensure all highly touched surfaces are cleaned and sanitized throughout the meal service times.
 - b. Prevent students from sharing food or eating utensils.
 - c. Utilize disposable plates, cups, cutlery, etc., if necessary.
 - d. Ensure all students have adequate time to obtain and consume meals.
 - e. Limit unnecessary staff and visitors from foodservice areas.
 5. How will the district ensure that USDA Civil Rights requirements (i.e., special diets, protected classes) are followed?

Assessment

Many different assessments are administered throughout a typical school year. Each has a slightly different intent or reasoning behind it. The purpose of this section is to share information on the different types of assessments, as well as share suggestions and resources for schools to consider when planning re-entry. Please consider the guidance in this CCSSO document dealing with [Assessment Considerations for Fall 2020](#) along with information provided below. More [assessment](#) information is available on the NDDPI website.

Research indicates that learning gaps will widen and become more prevalent due to the effects of COVID-19 on instruction. Assessments can be used to help identify learning gaps; however, if not all learning gaps can be addressed, a prioritization of target gaps and instruction should be utilized to re-align the student on a grade-level path. Creating or administering an assessment that is closely aligned to target gaps, or essential standards, is a suggested practice. Assessments that are specific, can be administered in a timely fashion, and provide valuable/instant feedback for teachers will be most beneficial in finding and addressing learning gaps.

1. Is there an assessment plan in place to help identify where students are at academically and to help identify learning gaps/drive instruction?
2. Does the assessment plan include the use of interim and/or formative assessments or screeners?
3. Will an assessment or pre-assessment be administered within the first weeks of school?
4. Does the assessment plan concentrate on informing instruction rather than larger scale, evaluation outcomes, or to predict predetermined goals?
5. Do the assessments that are planned for the upcoming school year concentrate on diagnosing academic, cognitive, or social-emotional strengths and weaknesses, and provide timely, yet useful, instructional information?
6. In the event instruction is conducted via distance learning or a hybrid model, does this change how students will be assessed?
7. Does the assessment plan account for unique needs of students?
8. Are teachers prepared to use the information and data from your planned assessments and

able to adjust curriculum accordingly?

Summative Assessments

Out of the three groups of assessments discussed in this section, summative assessments are the least helpful in a re-entry situation. They do not provide a detailed source of diagnostic information to help drive instruction. Experts are discouraging the use of standardized summative assessments to be given upon re-entry (i.e., administering the Spring NDSA of 2020 during the fall of 2020). Summative assessments serve a valid role in education, but there are better solutions when it comes to identifying and targeting learning gaps with timely feedback. Instruction time is a valuable resource, and it is best not to use it on a standardized, summative assessment. NDDPI is preparing for the administration of the statewide summative assessments for 2020-2021 school year, and we are currently working on remote options for, or flexibilities in, administration.

Interim Assessments

There is a strong possibility that useful information can be gleaned from previously administered interim assessments. Administering an early interim assessment in the beginning of the school year is becoming a practice suggested by experts. Ideally, if multiple interim assessments were administered in the previous school year, administering an additional interim assessment in the fall could help identify problem areas for an entire group of students. This could also reveal trend data on specific concepts, or areas that need to be re-taught. Other interim assessments, such as semester exams or unit tests, may also provide beneficial information.

Formative or Diagnostic Assessments

Formative assessments typically offer immediate feedback, can be given quickly, and are generally specific in meeting students' different needs. This type of assessment can play a vital role in identifying specific learning gaps of each individual student. **A priority should be placed on guidance for using, creating, selecting, administering, and interpreting key formative assessments early in the 2020-21 school year.**

Formal

- Vendor provided diagnostic assessments (iReady, ACT Aspire, NWEA-MAP, etc.) (see [COVID-19 Response: Diagnostic Assessment](#) for further examples and information)
- Assessments given within instructional/support programs (DLM, Read Right, My Foundations lab, MyACT, etc.)
- Textbook/teacher created unit test
- Textbook/teacher created chapter or section test
- Grades, results, scores from previous school year
- Any teacher created test/online test (standards based)

Informal

- Quizzes, oral Q/A, flashcards
- Student self-evaluation
- Pair and Share with classmate
- Brainstorming or Brain dump
- KWL Chart
- Sticky note response to question on board
- Mastery checklist of concepts/standards from previous grade
- Presentations or debates

Funding

In the wake of the COVID-19 pandemic, Congress has approved a number of emergency support measures to provide [education funding](#).

The [CARES Act](#) was signed by President Trump on March 27, 2020. This emergency funding is a relief package intended to provide school districts with additional funding to provide support and services for K-12 education. It includes two grant programs to help educational entities prevent, prepare for, and respond to coronavirus: ESSER and GEER.

Find more information about [Covid-19 funding opportunities](#) on the NDDPI website. To date, the following funding exists in North Dakota:

- [ESSER Funding](#)
- [GEER Funding](#)
- [Broadband Assistance Grant](#)
- [Education Corps Funding](#)

LEAs should make informed and strategic decisions about the use of available funds.

Federal education funds are subject to both the Education Department General Administrative Regulations (EDGAR) and the Uniform Grant Guidance (UGG).

ESSER and GEER funding require [equitable services for non-public schools](#). LEAs must ensure compliance with these requirements.

LPH Decision-Making Protocol to Assist School Districts

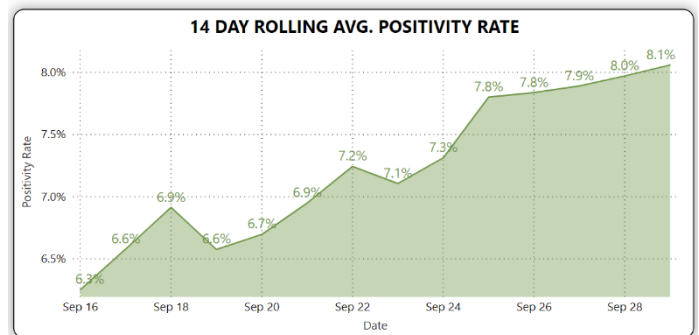
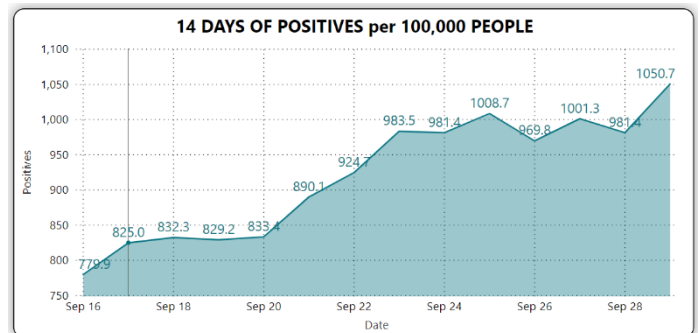
School district/Building COVID POCs should contact LPH for guidance, as needed. Both teams, along with the NDDoH SCC support a coordinated response and communication efforts. Schools should make risk informed decisions regarding return to learning, changes in learning model and school classroom/wing/building closures (see **risk-informed decisions** page 9).

Parameters to Consider

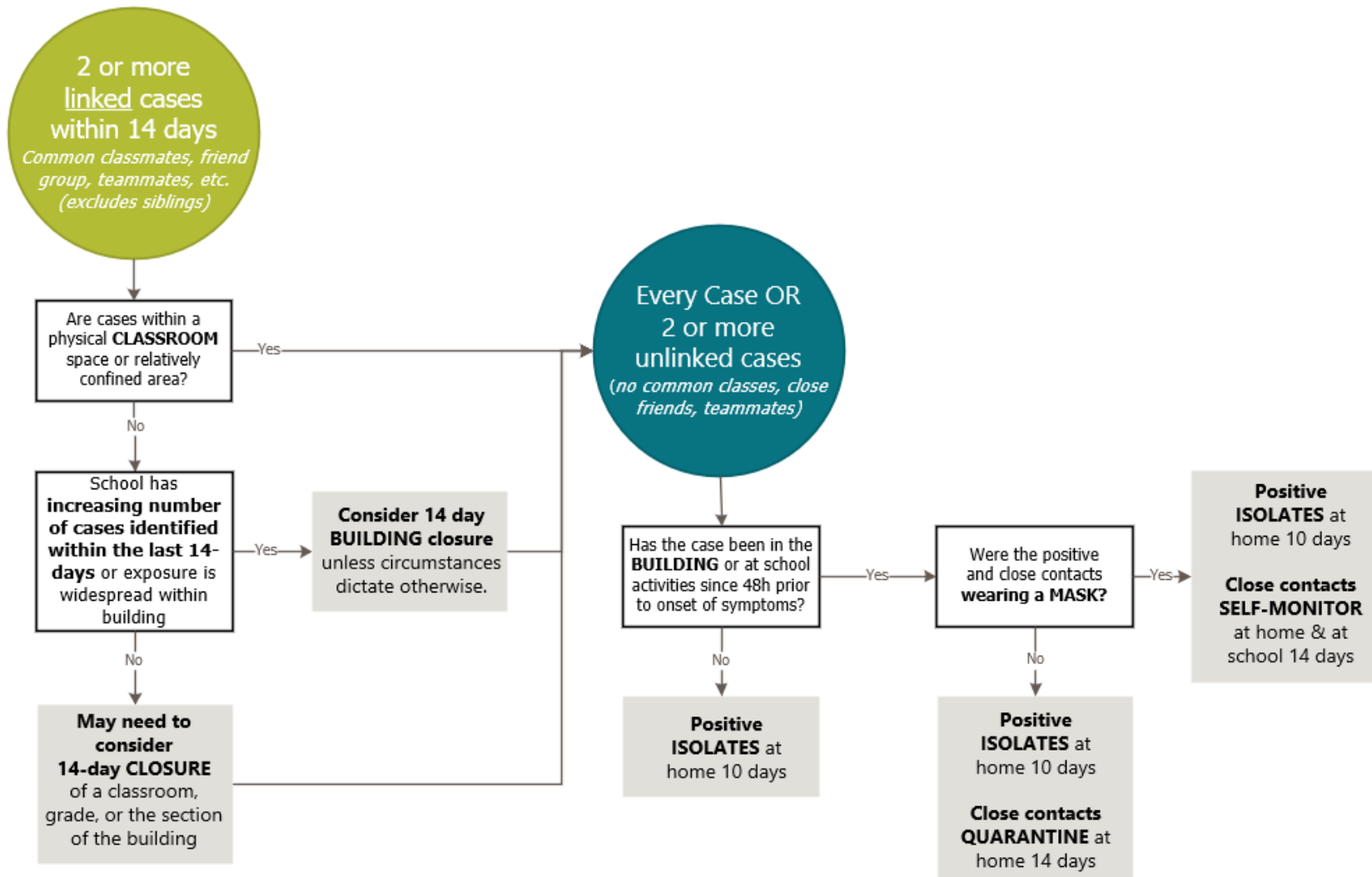
The most current county transmission level calculations can be found on [NDDoH COVID-19 dashboard](#) and soon under a [COVID-19 School Information dashboard](#).

1. District or school case rate
2. District or school absenteeism related to positives and close contacts
3. Number of positive cases per 10,000 (14-day rolling average) in the community (aligns with [COVID-19 Smart Restart County Analysis](#))
4. Percent positivity for diagnostic testing in the community

See the next page for a diagram to use in decision-making.



LPH Decision-Making Protocol to Assist School Districts



Outside of state, county, or local executive order, district-wide closures should occur under only the most extreme circumstances. The use of "percent active cases" as a sole determinant of district-wide closure is strongly discouraged. Every effort should be made to make school-level decisions that allow schools that are not impacted by active cases to conduct in-person instruction at some level. District administrators are strongly encouraged to include local, regional, and/or state public health officials in any discussions regarding district closure.

Reasonable Communication Between LPH and Schools

HIPAA

The OCR issued guidance on how covered entities may disclose PHI about an individual who has been infected with or exposed to COVID-19 to public health authorities and other first responders in compliance with the HIPAA Privacy Rule. Covered entities include medical providers who are reimbursed by Medicare and Medicaid.

Circumstances under which a covered entity may disclose PHI such as the name or other identifying information about individuals, without their HIPAA authorization, includes:

- When first responders may be at risk of an infection;
- When disclosure is necessary to prevent or lessen a serious and imminent threat;
- When needed to provide treatment; and
- When required by law.

Covered entities must make reasonable efforts to limit the PHI disclosed to that which is the “minimum necessary” to accomplish the purpose of disclosure.

HIPAA, the federal privacy law, only applies to medical providers releasing identifying information. Standing guidance from the US Department of Health and Human Services says that HIPAA does not apply to elementary and secondary schools.

Non-disclosure agreements between the NDDoH and the school districts ensure HIPAA compliance.

See the [US Department of Health and Human Services](#) for more information.

FERPA

Schools can share information about students while protecting their privacy during a public health emergency, such as a pandemic. FERPA does not apply when schools disclose that a student may have COVID-19 as long as the school does not directly or indirectly identify that student. Schools should only disclose the minimum amount of information required to address the issue at hand.

See the [Department of Education FAQ's regarding FERPA, Student Privacy and COVID-19](#) for more information.

Disease Control Records

Information contained in disease control records is strictly confidential. N.D.C.C. § 23-07-20.1 and N.D.A.C. 33-06-03-04. Information contained in disease control records includes:

All information, records of interviews, written reports, statements, notes, memoranda, or other data procured by the department in connection with disease control, or carried on by the department jointly with other persons, agencies, or organizations, or procured by such other persons, agencies, or organizations, for the purpose of disease control or for such purposes of reducing the morbidity or mortality from any cause or condition of health.

Records related to the 2019-nCoV/COVID-19 pandemic that an entity receives from the Department of Health, or Local Public Health, are disease control records.

The Department *may* release disease control records related to the 2019-nCoV/COVID-19 pandemic as otherwise provided by statute. See N.D.A.C. 33-06-03-04(5). Pursuant to N.D.C.C. § 23-01.3-07, the Department *may* disclose confidential information or protected health information to a health care provider or the public if disclosure of the information is required to prevent the spread of disease, identify the cause or source of disease, or allay fear and aid the public in understanding the risk of its exposure to disease.

The Department has determined that disclosure of specific disease control records related to the 2019-nCoV/COVID-19 pandemic is necessary in order to prevent the spread, identify the cause or source, and allay fear and aid the public in understanding the risk of its exposure to 2019-nCoV/COVID-19.

Pursuant to N.D.C.C. § 44-04-18.10(5), confidential records that are authorized by law to be disclosed to another entity continue to be confidential in the possession of the receiving entity, except as otherwise provided by law. As a result, an entity that receives disease control records related to the 2019-nCoV/COVID-19 pandemic must maintain the confidentiality of the records and limit disclosure as is necessary to carry out its duties related to responding to the 2019-nCoV/COVID-19 pandemic. Such disclosure must be limited to those employees or agents where the disclosure is necessary to assist with case investigations and contact tracing related to 2019-nCoV/COVID-19.

Any unauthorized disclosure of disease control records related to the 2019-nCoV/COVID-19 pandemic is a criminal violation and is a Class C Felony.

Supporting Resources

North Dakota

- [NDDPI Updates and Guidance on COVID-19](#)
- [NDDPI School Resource Center](#)
- [School Positive Case Reporting Form](#)
- [North Dakota Education Map](#)
- [COVID-19 School Information Dashboard](#)
- [NDDoH COVID-19 resources](#)
- [NDDoH Guidance for Schools](#)
- [NDHSAA Guidelines and Recommendations for Sports/Activities](#)
- [Local Public Health Units in North Dakota](#)
- [North Dakota Smart Restart Guidelines](#)

External Guidance

- [CDC Guiding Principles for Youth Sports](#)
- [Additional Youth Sports Resources](#)
- [Back-to-school Parents Lead resources for parents and caregivers](#)
- [National Federation of State High School Associations](#)
- [CDC Guidance for Cleaning, Disinfecting, and Hand Hygiene](#)
- [CDC Guidance for Cloth Face Coverings](#)
- [CDC COVID Resources in Other Languages](#)
- [Mask Guidance for School-Aged Children](#)