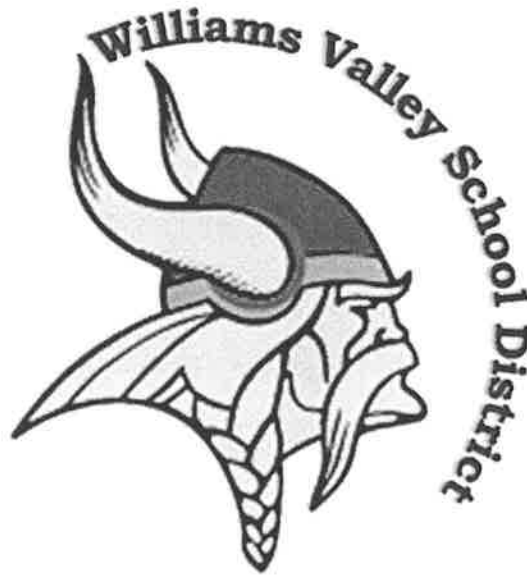


# Williams Valley School District Health and Safety Plan

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## 2021 – 2022 School Year



Drafted July 2021  
Community Input Survey June 11 – 18, 2021  
Community Virtual Sessions June 24, 2021 (10 AM and 6 PM)  
Board approved July 15, 2021  
Copy to PDE and uploaded in ESSER grant application  
\_\_\_\_\_ (send to  
[RA-EDContinuityofED@pa.gov](mailto:RA-EDContinuityofED@pa.gov))

Based on the  **pennsylvania**  
DEPARTMENT OF EDUCATION ARP ESSER Health and Safety Plan  
Guidance & Template



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**Initial Effective Date: August 1, 2021**

**Date of Last Review: Reviewed by the Governing Board on July 15, 2021 and approved at the July 15, 2021 Williams Valley School Board meeting**

**Date of Last Revision: Last revised by the Governing Board on \_\_\_\_\_, 2021 and approved at the July 15, 2021 Williams Valley School Board meeting**

LEAs eligible to apply for and receive this portion of the ARP ESSER funding must submit a Health and Safety Plan that meets ARP Act requirements to the Pennsylvania Department of Education (PDE) by Friday, July 30, 2021, regardless of when the LEA submits its ARP ESSER application.

### **Summary**

Section 2001(i)(1) of the American Rescue Plan (ARP) Act requires each local education agency (LEA) that receives funding under the ARP Elementary and Secondary School Emergency Relief (ESSER) Fund to develop and make publicly available on the LEA's website a *Safe Return to In-Person Instruction and Continuity of Services Plan*, hereinafter referred to as a *Health and Safety Plan* which will serve as the local guidelines for all instructional and non-instructional school reopening activities.

The Health and Safety Plan, once School Board approved, will be posted on the District website. The plan outlines guidelines for the Williams Valley Elementary School and the Williams Valley Junior/Senior High School to continue to operate and provide educational services as normally and as effectively as possible, while balancing the health and safety needs of our students and staff and takes into account public comment related to the development of the Health and Safety Plan through a Community Input Survey and Community Virtual Meetings.

The overall purpose of this plan is to communicate to our students, parents, faculty, staff, and our community the safety precautions for the 2021-2022 school year and includes the following components:

1. How the LEA will, to the greatest extent practicable, implement prevention and mitigation policies in line with the most up-to-date guidance from the Centers for Disease Control and Prevention (CDC) for the reopening and operation of school facilities in order to continuously and safely open and operate schools for in-person learning;

Our number one priority is the health and safety of our students and staff. Williams Valley School District will analyze and consider all guidance and recommendations/requirements related to prevention and mitigation from the Center of Disease Control (CDC), American Pediatric Association, as well as the PA Department of Health (PA DOH). Our administrative team in conjunction with the school board of directors will consider data that would require a pivot of instructional models. We plan to open our buildings for in-person instruction and continue to offer a fully virtual option as well through the Williams Valley Virtual Academy

(WVVA). Consideration will be given for other instructional learning options if needed and as outlined in the PDE 520.1 emergency template.

This document provides an operational strategy for safe delivery of in-person instruction through the integration of a package of prevention and control components:

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

The following public health efforts provide additional layers of COVID-19 protection in schools:

- Encourage testing to identify individuals with a SARS-CoV-2 infection to limit transmission and outbreaks
  - Encourage vaccination for teachers and staff as soon as possible
2. How the LEA will ensure continuity of services, including but not limited to services to address the students' academic needs, and students' and staff members' social, emotional, mental health, and other needs, which may include student health and food services;

A successful and equitable school reopening strategy requires engaging the entire school community to establish a safe environment for all educators, school staff, and students and promote trust and confidence. School reopening planning should include:

- Administrators
- Teachers
- Technology Staff
- Student and parent representatives
- Specialized instructional support personnel (such as school counselors, school social workers, school psychologists, and nurses)
- Facilities managers and custodial staff
- Transportation personnel, school nutrition professionals, and family services representatives.

At the beginning of the school year, we will assign and deploy a technological device to each student to ensure that all students have continual access to instruction, regardless of the instructional format. We will ensure that any family who needs assistance in accessing the internet at their home, receives it. Our district will continue to offer mental health, student health, and food service regardless of instructional format to our students.

Consistent with health equity considerations, schools and school districts should conduct active and specific outreach to underserved families – including parents/guardians of students of color, students from low-income backgrounds, students with disabilities, English learners, students experiencing homelessness, and students in foster care. This communication should be conducted in families' home languages or mode of communication and in alternate formats as

needed to facilitate effective communication for individuals with disabilities and, where appropriate, in partnership with trusted community-based organizations.

3. Use the table below to understand how the Williams Valley School District will maintain and health and safety of students, educators, and other staff and the extent to which it has adopted policies, and a description of any such policy on each of the following safety recommendations established by the CDC:

<b>ARP ESSER Requirement</b>	<b>Strategies, Policies, and Procedures</b>
<p><b>a. Universal and correct wearing of <u>masks</u>;</b></p> <p>As per the Health and Safety Plan requirements for ARP ESSER, each LEA will, to the greatest extent practicable, implement prevention and mitigation policies in line with the most up-to date guidance from the CDC. (The most recent updated guidance for CDC as of May 15, 2021).</p> <p>See link below.</p> <p><a href="https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/operation-strategy.html?CDC_AA_refVal=https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/schools.html">https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/operation-strategy.html?CDC_AA_refVal=https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/schools.html</a></p>	<p>Universal and correct use of masks:</p> <p>The Williams Valley School District will recommend to follow the CDC’s guidance on universal mask wearing, however, will allow individual choice based on the Pennsylvania Department of Health (PA DOH) lifting of the face mask mandate on June 28, 2021.</p> <p>As mandated, masks must be worn on school transportation.</p>

b. Modifying facilities to allow for physical distancing (e.g., use of cohorts/podding);

**Core principle for physical distancing:** Establish school policies and implement structural interventions to promote physical distance between people.

- Between students in classrooms
  - In elementary schools, students should be at least 3 feet apart.<sup>1</sup>
  - In middle schools and high schools, students should be at least 3 feet apart in areas of low, moderate, or substantial community transmission. In areas of high community transmission, middle and high school students should be 6 feet apart to the maximum extent feasible if cohorting is not possible.<sup>1,2, 4-6</sup>
- Maintain to the maximum extent feasible 6 feet of distance in the following settings:
  - Between adults (teachers and staff), and between adults and students, at all times in the school building. Several studies have found that transmission between staff is more common than transmission between students and staff, and among students, in schools.<sup>1</sup>
  - When masks cannot be worn, such as when eating.
  - During activities when increased exhalation occurs, such as singing, shouting, band, or sports and exercise. Move these activities outdoors or to large, well-ventilated space, when possible.
  - In common areas such as school lobbies and auditoriums.
- Use cohorting, and maintain 6 feet of distance to the maximum extent feasible between cohorts where possible. Limit contact between cohorts. In areas of substantial (orange) and high (red) levels of community transmission, schools that use less than 6 feet between students in classrooms, cohorting is recommended, with at least 6 feet maintained to the maximum extent feasible between cohorts.
- 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 involving external groups or organizations as much as possible—especially with people who are not from the local geographic area (for example, not

	<p>from the same community, town, city, county). Require all visitors to wear masks and physically distance from others</p> <ul style="list-style-type: none"> <li>• <b>Transportation:</b> Create distance between children on school buses (for example, seat children one child per row, skip rows), when possible. <u>Masks are required</u> 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.</li> </ul> <p>Additional suggestions for physical distancing:</p> <ul style="list-style-type: none"> <li>• <b>Staggered scheduling:</b> <u>Stagger</u> school arrival and drop-off times or locations by cohort, or put in place other protocols to limit contact between cohorts, as well as direct contact with parents.</li> </ul> <p><b>Alternate schedules with fixed cohorts</b> of students and staff to decrease class size and promote physical distancing.</p>
<p>c. <u>Handwashing and respiratory etiquette;</u></p>	<p><b>Core principle for handwashing and respiratory etiquette:</b> Through ongoing health education units and lessons, teach children proper handwashing and reinforce behaviors, and provide adequate supplies. Ensure that teachers and staff use proper handwashing and respiratory etiquette.</p> <ul style="list-style-type: none"> <li>• <b>Teach and reinforce <u>handwashing</u></b> 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.</li> <li>• 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.</li> <li>• Some students with disabilities might need assistance with handwashing and respiratory etiquette behaviors.</li> <li>• <b>Adequate supplies:</b> Support <u>healthy hygiene</u> behaviors by providing adequate supplies, including soap, a way to dry hands, tissues, face masks (as feasible), and no-touch/foot-pedal trash cans. If soap and water are not readily available, schools can provide alcohol-based</li> </ul>
<p>d. <u>Cleaning and maintaining healthy facilities, including</u></p>	<p><b>Core principle for cleaning and maintaining healthy facilities:</b> Make changes to physical spaces to maintain a healthy environment and facilities, including improving</p>

<p>improving <u>ventilation</u>;</p>	<p>ventilation. Routinely clean high-touch surfaces (such as doorknobs and light switches).</p> <ul style="list-style-type: none"> <li>• <b>Ventilation:</b> Improve <u>ventilation</u> 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. <ul style="list-style-type: none"> <li>○ Bring in as much outdoor air as possible.</li> <li>○ Ensure Heating, Ventilation, and Air Conditioning (HVAC) settings are maximizing ventilation.</li> <li>○ Filter and/or clean the air in the school by improving the <u>level of filtration</u> as much as possible.</li> <li>○ Use exhaust fans in restrooms and kitchens.</li> <li>○ Open windows in buses and other transportation, if doing so does not pose a safety risk. Even just cracking windows open a few inches improves air circulation.</li> </ul> </li> <li>• <b>Modified layouts:</b> Adjust physical layouts in classrooms and other settings to maximize physical space, such as by turning desks to face in the same direction.</li> <li>• <b>Cleaning:</b> 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.</li> <li>• <b>Communal spaces:</b> Close communal use of shared spaces, such as cafeterias, if possible; otherwise, stagger use and <u>clean</u> regularly (for example, daily or as often as needed). Consider use of larger spaces such as cafeterias, libraries, gyms for academic instruction, to maximize physical distancing.</li> <li>• <b>Food service:</b> Avoid offering any self-serve food or drink options such as hot and cold food bars, salad or condiment bars, and drink stations.</li> <li>• <b>Water systems:</b> <u>Take steps</u> to ensure that all water systems and features (for example, sink faucets, decorative fountains) are safe to use after a prolonged facility shutdown.</li> </ul>
<p>e. <u>Contact tracing</u> in combination with <u>isolation</u> and <u>quarantine</u>, in collaboration with State and</p>	<p><b>Core principle for contact tracing:</b> 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 <u>isolate</u>, and <u>close contacts</u> should <u>quarantine</u>. Schools should report positive cases to the health department</p>



<p>local health departments;</p>	<p>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).</p> <ul style="list-style-type: none"> <li>• <b>Staying home when appropriate:</b> Educate teachers, staff and families about when they and their children should <u>stay home</u> and when they can return to school. Students, teachers, and staff who <u>have symptoms</u> should stay home and be referred to their healthcare provider for testing and care. Schools may need to consider Federal Guidelines concerning <u>flexible sick leave policies and practices</u> that enable teachers and staff to stay home when they are sick, have been exposed, or are caring for someone who is sick. School systems should recruit and train sufficient substitute educators to ensure that teachers can stay home when they are sick or have been exposed to someone who is confirmed or suspected of having COVID-19.</li> <li>• <b>Isolation</b> should be used to separate people diagnosed with COVID-19 from those who are not infected. Students, teachers, and staff who are in <u>isolation</u> should stay home and follow the direction of the local public health authority about when it is safe for them to be around others.</li> <li>• <b>Case investigation and contact tracing:</b> Schools should work with the local health department to facilitate, to the extent allowable by applicable laws, systematic case investigation and <u>contact tracing</u> of infected students, teachers, and staff, and consistent isolation of cases and quarantine of <u>close contacts</u>. Schools can prepare and provide information and records to aid in the identification of potential contacts and exposure sites, consistent with applicable laws, including those related to privacy and confidentiality. Collaboration between the health department and K-12 school administration to obtain contact information of other individuals in shared rooms, class schedules, shared meals, or extracurricular activities will expedite contact tracing. For schools to remain open, health departments should ensure they have enough contact tracers to complete case investigation and notify contacts within 48 hours of a positive test result. Prompt identification, quarantine, and monitoring of those contacts exposed to SARS-CoV-2 can effectively break the chain of transmission and prevent further spread of the virus. <ul style="list-style-type: none"> <li>○ The definition of a <u>close contact</u> is someone who was within 6 feet of a person diagnosed with COVID-19 for a total of 15 minutes or more over a 24 hour period. The definition of a close</li> </ul> </li> </ul>
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	<p>contact applies regardless of whether either person was wearing a mask.</p> <ul style="list-style-type: none"> <li>○ For schools that use less than 6 feet between students in classrooms, the definition of close contacts should not change. Students sitting less than 6 feet next to another student or person diagnosed with COVID-19 for a total of 15 minutes or more should quarantine at home and be referred for testing.</li> </ul> <p><b>Quarantine</b> should be used for students, teachers, and staff who might have been exposed to COVID-19. Close contacts, identified through contact tracing, should <u>quarantine unless they are fully vaccinated, or have tested positive in the last 3 months, and do not have any symptoms</u>. 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.</p>
<p>f. <u>Diagnostic and screening testing;</u></p>	<p>Diagnostic Testing</p> <p><b>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.</b> <u>Diagnostic testing</u> for SARS-CoV-2 is intended to identify occurrence of SARS-CoV-2 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 <u>suspected recent exposure</u>. 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.</p> <p>Additional considerations for diagnostic testing:</p> <ul style="list-style-type: none"> <li>• Schools should advise students, teachers, and staff to <u>stay home</u> if they are sick or if they have been exposed to SARS-CoV-2. Schools can encourage these individuals to talk to their healthcare provider about getting a COVID-19 test.</li> <li>• If a student, teacher, or staff member becomes sick at school or reports a new COVID-19 diagnosis, schools should follow the steps of the <u>COVID-19 Diagnosis flowchart</u> on what to do next. 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</li> </ul>

	<p>disabilities or limited English proficiency (for example, through use of interpreters or translated materials).</p> <p>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 <u>symptoms</u> below while a student, teacher, or staff member is at school suggests the person may be referred for diagnostic testing.</p> <ul style="list-style-type: none"> <li>• <u>Temperature</u> of 100.4 degrees Fahrenheit or higher</li> <li>• Sore throat</li> <li>• Cough (for students with chronic cough due to allergies or asthma, a change in their cough from baseline)</li> <li>• Difficulty breathing (for students with asthma, a change from their baseline breathing)</li> <li>• Diarrhea or vomiting</li> <li>• New loss of taste or smell</li> <li>• New onset of severe headache, especially with a fever</li> </ul> <p>Students should not attend school in-person if they or their caregiver identifies new <u>development</u> of any of the symptoms above.</p> <p>Schools can provide <u>options to separate students with COVID-19 symptoms</u> 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.</p> <p>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 (see Table 3). 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).</p>
<p>g. <u>Efforts to provide COVID-19 vaccinations to school communities;</u></p>	<p><u>Vaccines</u> 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. To address this important public health priority, the <u>Health and Human</u></p>

	<p><u>Services Secretary issued a Secretarial Directive on March 2, 2021, that directs all COVID-19 vaccination providers administering vaccine purchased by the US government to make vaccines available to those who work in K–12 schools. This means that in addition to existing state and local COVID-19 vaccination sites, teachers and staff in schools across the nation can sign up for an appointment at more than 9,000 pharmacy locations participating in the <u>Federal Retail Pharmacy Program</u> for COVID-19 Vaccination.</u></p> <p>New CDC resources are available to provide information about this directive:</p> <ul style="list-style-type: none"> <li>• The <u>COVID-19 Vaccines for Teachers, School Staff, and Childcare Workers</u> web page provides school and childcare staff with the latest information about where and how to book an appointment.</li> <li>• The <u>COVID-19 Vaccine Toolkit for School Settings and Childcare Programs</u> provides schools and childcare programs with ready-made materials they can use to communicate with staff about COVID-19 vaccination.</li> </ul> <p>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.</p> <p>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 12 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.</p>
<p>h. Appropriate accommodations for children with disabilities with respect to health and safety policies; and</p>	<p>Federal and state disability laws, to the extent applicable, require an individualized approach for students with disabilities consistent with the student’s IEP or Section 504 plan. Educators and school leaders must remain aware of their obligations under federal and state disability laws and should also consider adaptations and alternatives to prevention strategies, while maintaining efforts to protect students, teachers, and staff from COVID-19.</p>

i. Coordination with state and local health officials.	The Williams Valley School District will continue to work with state and local health officials as well as the Pennsylvania Department of Education as they continue to provide guidance and direction related to not only the pandemic but also any future health, safety and welfare matters that are beyond the scope of the District.
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The LEA’s Health and Safety Plan must be approved by its governing body and posted on the LEA’s publicly available website by July 30, 2021.\* The ARP Act requires LEAs to post their Health and Safety Plans online in a language that parents/caregivers can understand, or, if it is not practicable to provide written translations to an individual with limited English proficiency, be orally translated. The plan also must be provided in an alternative format accessible, upon request, by a parent who is an individual with a disability as defined by the Americans with Disabilities Act.

Each LEA will upload in the eGrants system its updated Health and Safety Plan and webpage URL where the plan is located on the LEA’s publicly available website.

The ARP Act requires LEAs to review their Health and Safety Plans at least every six months during the period of the LEA’s ARP ESSER grant. LEAs also must review and update their plans whenever there are significant changes to the CDC recommendations for K-12 schools. Like the development of the plan, all revisions must be informed by community input and reviewed and approved by the governing body prior to posting on the LEA’s publicly available website.

\* The July 30 deadline applies only to school districts and charter schools that received federal Title I-A funds in FY 2020-2021 and intend to apply for and receive ARP ESSER funding.

## Additional Resources

- [CDC K-12 School Operational Strategy](#)
- [PDE Resources for School Communities During COVID-19](#)
- [PDE Roadmap for Education Leaders](#)
- [PDE Accelerated Learning Thorough an Integrated System of Support](#)
- [PA Department of Health - COVID-19 in Pennsylvania](#)

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Health and Safety Plan Governing Body Affirmation Statement

The Board of Directors/Trustees for **Williams Valley School District** reviewed and approved the Health and Safety Plan on **July 15, 2021**.

The plan was approved by a vote of:

7 Yes

0 No

Affirmed on: **July 15, 2021**

By:

  
\_\_\_\_\_  
(Signature\* of Board President)

James Monger  
\_\_\_\_\_  
(Print Name of Board President)

\*Electronic signatures on this document are acceptable using one of the two methods detailed below.

**Option A:** The use of actual signatures is encouraged whenever possible. This method requires that the document be printed, signed, scanned, and then submitted.

**Option B:** If printing and scanning are not possible, add an electronic signature using the resident Microsoft Office product signature option, which is free to everyone, no installation or purchase needed.