**Strong Foundations Charter School LEA Plan on the Safe Return to In-Person Instruction and Continuity of Services**

This document is intended to meet the federal statutory requirement that, within 30 days of receiving ARP ESSER LEA allocation (anticipated May 24th), an LEA shall publish an LEA Plan on the Safe Return to In- Person Instruction and Continuity of Services, which is often called a “school district reopening plan.”

Note, if an LEA developed a plan before *The American Rescue Plan Act* (ARPA) was enacted on 03/11/2021 that complied with the federal statutory requirements for public posting and comments but does not meet all of the requirements below, then the LEA must revise its plan no later than six months after receiving ARP ESSER funds

For further context, please reference ARPA (https://www.congress.gov/bill/117th-congress/house- bill/1319/text) or the Interim Final Requirements of ARP ESSER (https://www.govinfo.gov/content/pkg/FR- 2021-04-22/pdf/2021-08359.pdf).

I. **General Information**

1. LEA Name: Strong Foundations Charter School

2. Date of Publication: June 23, 2021. Revised Aug. 25, 2021. Revised Dec. 17, 2021. Revised Feb. 18, 2022

II. **Transparency and Accessibility**

1. This plan for the safe return to in-person instruction and continuity of services was published and made publicly available online here:
Description: On the school’s website (www.sfnh.org) and through email

2. Before making the plan publicly available, the LEA sought public comment on the plan and took such comments into account in the development of the plan.

Yes
Description: Reviewed at parent information session on June 15, 2021, on June 23, 2021 at the Board meeting, and on February 16, 2022 at the Board meeting

3. The plan is in an understandable and uniform format:

Yes
Description: It plainly and simply outlines the school’s policies and procedures.

4. The plan, to the extent practicable, is written in a language that parents can understand or, if not practicable, orally translated.

Yes

Description: The plan, to the extent practicable, is written in a language that parents can understand or, if not practicable, orally translated.

5. The plan, upon request by a parent who is an individual with a disability, is provided in an alternative format accessible to that parent

Yes

Description: Alternate formats are available when requested, such as text to speech.

**III. Health and Safety**

1. How the LEA will maintain the health and safety of students, educators, and other school and LEA staff:

Description during SY 20-21: cohorting, social distancing, promoting good hygiene, masking, enhanced cleaning, air purifiers, dedicated entrances, not using lockers.

Description during SY 21-22: Began the year with social distancing when possible, promoting good hygiene, enhanced cleaning, air purifiers, cohorting (at least at the beginning of the year as long as we are doing contact tracing and quarantining), not using lockers, and contact tracing if mask wearing is not consistent. As of March 7, 2022, mask wearing became optional and cohorting was relaxed in some circumstances.

2. The LEA’s adoption of the following CDC health and safety strategies are described below:
(Note federal regulation on this plan requires such reporting but does not require adoption of CDC safety recommendations. The NH DOE recognizes schools will implement localized safety measures based on the guidance provided by the CDC, NH Public Health, and local public health officials.)

a. Universal and correct wearing of masks

During SY 20-21: Yes

During SY 21-22: Somewhat

Description of both SY’s: 20-21: Universal masking indoors, but by the end of the year we were not masking outdoors.

21-22: Revised Aug. 25, confirmed Dec. 17, 2021: Universal mask wearing indoors when substantial community transmission in Merrimack and Hillsborough counties.

Revised to change to masks optional indoors as of March 7, 2022.

b. Physical distancing (e.g., use of cohorts/podding and modifying facilities):

During SY 20-21: Yes

During SY 21-22: Somewhat

Description of both SY’s: 20-21: barriers, cohorts

21-22: No barriers, seating 3 feet apart when possible, cohorts if possible

c. Handwashing and respiratory etiquette:

During SY 20-21: Yes

During SY 21-22: Yes

Description of both SY’s: 20-21: Students asked to wash hands 20 sec. or more before eating, after using tissues, after bathroom use

21-22: same - Students required to wash hands 20 sec. or more or use hand sanitizer before eating, after using tissues, after bathroom use

d. Cleaning and maintaining healthy facilities, including improving ventilation:

During SY 20-21: Yes

During SY 21-22: Yes

Description of both SY’s: 20-21: frequent cleaning of high-touch surfaces, air purifiers, window ventilation

21-22: same - frequent cleaning of high-touch surfaces, air purifiers, window ventilation, deep cleaning of rooms that have had a positive case.

e. Contact tracing in combination with isolation and quarantine, in collaboration with the State, local, territorial, and/or Tribal health departments:

During SY 20-21: Yes

During SY 21-22: Yes

Description of both SY’s: 20-21: Followed NH Public Health guidelines

21-22: Continue following NH Department of Public Health guidelines

Revised Feb. 18, 2022 to no longer contact trace

f. Diagnostic and screening testing:

During SY 20-21: No

During SY 21-22: No

Description of both SY’s: 20-21: Referred symptomatic individuals for diagnostic testing. No screening testing

21-22: same - Refer symptomatic individuals for diagnostic testing. No screening testing

g. Efforts to provide vaccinations to school communities:

During SY 20-21: Yes

During SY 21-22: Yes

Description of both SY’s: 20-21: Encourage flu vaccine for all and COVID vaccines as they became available

21-22: Encourage flu vaccine, booster shots for vaccinated eligible individuals, COVID vaccine for younger students, hosted a COVID vaccine clinic.

h. Appropriate accommodations for children with disabilities with respect to health and safety policies:

During SY 20-21: Yes

During SY 21-22: Yes

Description of both SY’s: 20-21: Provided mask breaks, provided remote learning for students at risk due to medical risks per ADA guidelines.

21-22: Same plus provide an alternate learning space for students who need extended mask breaks.

Revised to change policy to masks optional as of March 7, 2022.

i. Coordination with state and local health officials

During SY 20-21: Yes

During SY 21-22: Somewhat

Description of both SY’s: 20-21: Followed NH Public Health guidelines

21-22: Following state and local guidelines and coordinating with state and local health officials. Reporting cases and testing results.

IV. **Continuity of Services**

1. The LEA has provided continuity of services in addressing student academic needs:
Description during SY20-21: Provided remote, hybrid, and fully in-person learning. Flexed between fully remote learning and hybrid or in-person for individuals who were quarantining.

Description during SY21-22: In-person instruction unless a person is quarantining. Would provide paper materials or online instruction if an individual needed to quarantine.

2. The LEA has provided continuity of services in addressing student social, emotional, mental, and other health needs, which may include student health and food services:
Description during SY20-21: Provided guidance services, live check-ins for students with their teachers, communicated with families when there were concerns, provided food for remote school days

Description during SY21-22: Provide guidance services, “Choose Love,” and Second Step social/emotional learning curriculum for social/emotional needs, communicate with families when there are concerns. Food provided for breakfast and lunch to all students if requested.

3. The LEA has provided continuity of services in addressing staff social, emotional, mental, and other health needs:

Description during SY20-21: Guidance counselors provided sessions with staff to discuss ways to cope, socially and emotionally to maintain good mental health. Nurse available for health questions.

Description during SY21-22: Guidance counselor will provide some sessions with staff and meet with them individually as needed. Nurse available for health questions. Schoolwide staff wellness program made available.

**V. Plan Review**

1. The LEA will meet the federal regulatory requirement to review and, as appropriate, revise its Safe Return to In-Person Instruction and Continuity of Services Plan at least every six months through September 30, 2023 (the award period including the Tydings period). (Note an LEA that developed a plan before ARPA was enacted on 03/11/2021 that complied with the federal statutory requirements for public posting and comments but does not meet all of the requirements above must revise its plan no later than six months after the LEA receives LEA ESSER funds.)

Yes

Description: COVID Task Force met to revise plan in August 2021, December 2021, February 18, 2022 and will continue to meet to revise every six months at a minimum.

2. In doing so, the LEA will meet the federal statutory requirement to seek public input and take such input into account in determining whether to revise the plan and, if revisions are determined necessary, on the revisions it makes to its plan.

Yes

Description: When the original reopening plan was developed, the LEA held public information sessions and invited the public to board meetings to offer input. Prior to revising the plan, send out the current plan along with a link to a survey seeking input for the Task Force to consider during the revision process.

3. In doing so, the LEA will also meet the federal regulatory requirement to address CDC safety recommendations and, if the CDC has updated its safety recommendations at the time the LEA is revising its plan, each of the updated CDC safety recommendations.
(Note federal regulation on this plan requires such reporting, but does not require adoption of CDC safety recommendations. The NH DOE recognizes schools will implement localized safety measures based on the guidance provided by the CDC, NH Public Health, and local public health officials.)

Yes

Description: The school nurse is part of the COVID Task Force and is keeping the Task Force informed of any changing CDC recommendations.

VI. **Authorization**

LEA Superintendent’s Signature: Date:

 December 17, 2021

**VIII. Appendices**

**Appendix A. ARPA Statutory Excerpt**

“(i) Safe return to in-person instruction. —
(1) IN GENERAL. —A local educational agency receiving funds under this section shall develop and make

publicly available on the local educational agency’s website, not later than 30 days after receiving the allocation of funds described in paragraph (d)(1), a plan for the safe return to in-person instruction and continuity of services.

(2) COMMENT PERIOD.—Before making the plan described in paragraph (1) publicly available, the local educational agency shall seek public comment on the plan and take such comments into account in the development of the plan.

(3) PREVIOUS PLANS.—If a local educational agency has developed a plan for the safe return to in-person instruction before the date of enactment of this Act that meets the requirements described in paragraphs (1) and (2), such plan shall be deemed to satisfy the requirements under this subsection.”

**Appendix B. Interim Final Requirements of ARP ESSER Excerpt**

“(3) *LEA Plan for Safe Return to In-Person Instruction and Continuity of Services.*(a) An LEA must describe in its plan under section 2001(i)(1) of the ARP Act for the safe return to in-person instruction and continuity of services—

(i) how it will maintain the health and safety of students, educators, and other staff and the extent to which it has adopted policies, and a description of any such policies, on each of the following safety recommendations established by the CDC:

(A) Universal and correct wearing of masks.
(B) Modifying facilities to allow for physical distancing (*e.g.,* use of cohorts/ podding). (C) Handwashing and respiratory etiquette.
(D) Cleaning and maintaining healthy facilities, including improving ventilation.
(E) Contact tracing in combination with isolation and quarantine, in collaboration with the State, local, territorial, or Tribal health departments.
(F) Diagnostic and screening testing.
(G) Efforts to provide vaccinations to school communities.
(H) Appropriate accommodations for children with disabilities with respect to health and safety policies.
(I) Coordination with State and local health officials.

(ii) how it will ensure continuity of services, including but not limited to services to address students’ academic needs and students’ and staff social, emotional, mental health, and other needs, which may include student health and food services.

(b) (i) During the period of the ARP ESSER award established in section 2001(a) of the ARP Act, an LEA must regularly, but no less frequently than every six months (taking into consideration the timing of significant changes to CDC guidance on reopening schools), review and, as appropriate, revise its plan for the safe return to in person instruction and continuity of services.

(ii) In determining whether revisions are necessary, and in making any revisions, the LEA must seek public input and take such input into account.
(iii) If at the time the LEA revises its plan the CDC has updated its guidance on reopening schools, the revised plan must address the extent to which the LEA has adopted policies, and describe any such policies, for each of the updated safety recommendations.

(c) If an LEA developed a plan prior to enactment of the ARP Act that meets the statutory requirements of section 2001(i)(1) and (2) of the ARP Act but does not address all the requirements in paragraph (a), the LEA must, pursuant to paragraph (b), revise and post its plan no later than six months after receiving its ARP ESSER funds to meet the requirements in paragraph (a).
(d) An LEA’s plan under section 2001(i)(1) of the ARP Act for the safe return to in-person instruction and continuity of services must be—

(i) In an understandable and uniform format;
(ii) To the extent practicable, written in a language that parents can understand or, if it is not practicable to provide written translations to a parent with limited English proficiency, be
orally translated for such parent; and
(iii) Upon request by a parent who is an individual with a disability as defined by the ADA, provided in an alternative format accessible to that parent.”