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.

Support for Schools: Describe how the LEA will support its schools in safely returning to in-person instruction and sustaining safe operation. This description must include:

For each mitigation strategy listed below, please describe how the LEA 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.

LEA Response Table

1) Universal and correct wearing of masks
([count] of 1000 maximum characters used)
In June 2020, Governor Murphy announced that mask wearing in schools will be up to individual districts. As of July 1, 2021, the District shifted to optional mask wearing for students and staff. Masks will be available for individuals exhibiting symptoms in the health office. Masks may be required for all individuals if there is an increase in positive COVID cases. In such an instance, proper mask wearing protocol will be adhered to.

2) Physical distancing (e.g., including use of cohorts/podding)
([count] of 1000 maximum characters used)
The District provided social distancing within the classroom and other spaces/areas to the maximum extent possible. Student schedules were reviewed in order to balance classes. The District monitored common areas in order to minimize contact and ensure appropriate social distancing, when possible. At this time Social Distancing is no longer necessary but, if the District experiences an uptick in COVID 19 cases, all options from prior plans will be reviewed and implemented as necessary.

3) Handwashing and respiratory etiquette
([count] of 1000 maximum characters used)
Multiple hand sanitizing stations with alcohol-based hand sanitizers are available throughout the buildings for staff and students to utilize (classrooms, entrances/exits of buildings, near large common areas, near bathrooms, etc.).

4) Cleaning and maintaining healthy facilities, including improving ventilation
([count] of 1000 maximum characters used)
The District continues to monitor all COVID 19 cases. Cleaning procedures are in place to minimize the spread of viruses. Procedures and protocols are reviewed and adjusted as needed. HVAC repairs and maintenance have been continued and filter changes are still implemented earlier than required to ensure air quality.
5) Contact tracing in combination with isolation and quarantine, in collaboration with the State, local, territorial, or Tribal health departments
([count] of 1000 maximum characters used)

Parents/Guardians serve as the primary daily screening mechanism for COVID-19 symptoms. Students and staff exhibiting symptoms should remain home. Students are expected to stay home if they exhibit symptoms of COVID-19. The District will provide a checklist of symptoms and other guides to families. If staff or students are found to exhibit symptoms, they will be sent to the health office for screening by the school nurse. Isolation space will be provided. The nurse will assess the individual and may send them home for medical attention and testing. The District may require additional screening such as temperature checks and daily questionnaires depending on the current COVID climate in the District or community. Diagnostics will be conducted within the guidance provided by the Office of the Governor, NJDOE, CDC and the Monmouth County Health Commission.

6) Diagnostic and screening testing
([count] of 1000 maximum characters used)

Testing is no longer required by the State of NJ, however, if staff or students are found to exhibit symptoms, they will be sent to the health office for screening by the school nurse. Isolation space will be provided. The nurse will assess the individual and may send them home for medical attention and possible testing. If testing becomes required again, the District will put previous protocols and procedures in place. Diagnostics will be conducted within the guidance provided by the Office of the Governor, NJDOE, CDC and the Monmouth County Health Commission.

7) Efforts to provide vaccinations to educators, other staff, and students, if eligible
([count] of 1000 maximum characters used)

The District had collaborated with the Community YMCA, the VNA and local Peninsula school districts. As part of our recruitment efforts, staff were emailed surveys and provided resources on the benefits of the vaccine. As a result of these efforts, over most of our staff are currently fully vaccinated. The District will continue to promote local vaccines as necessary.

8) Appropriate accommodations for children with disabilities with respect to health and safety policies
([count] of 1000 maximum characters used)

In effort to ensure the general well-being, health and safety of all students, the following protocols will be implemented. Maintain clear lines of communication between families and school staff, especially Nurses, Counselors and Leadership Team members. This will be done via phone, email, surveys and meetings (in person and virtual) as necessary. Seek information from families regarding their child’s specific medical needs. Encourage all families to keep their children home when appropriate; promote the practice of hand hygiene and respiratory etiquette; post signs and messages in and around school buildings. Reasonable accommodations will be provided based on a child’s IEP, 504 Plan or individual medical needs in order to maximize student learning in a safe manner. Encourage frequent communication between building based medical professionals and high risk students.