

# Creve Coeur District #76

## Back to School Planning

### PROPOSAL



July 16, 2020

ACKNOWLEDGEMENTS

The work contained within this document reflects the work of eight plus hours of committee meetings; document review outside of the meeting, collaboration and open discussions.

We would like to acknowledge the contributions to this proposal made by the following individuals:

**Parents:**

Kerry Grove  
Jean Carlson  
Mary Kiertanis

**Teachers:**

Taylor Andrews (Kindergarten)  
Chrystal Durand (Parkview Title I/RtI)  
DeeAnná Guerra (Parkview SPED)  
Toleia Hill (SPED teacher and President of Teacher's Association)  
Paul Nettles (Parkview PE/Health, Athletic Director, Warrior War coordinator)

**Administrators:**

Steve Johnson (Superintendent)  
Tatia Beckwith (LaSalle Principal)  
Dustin Bevard (Parkview Principal)  
Jake Yocum (Parkview Assistant Principal)  
David Roehrig (Director of Special Education)

**Board of Education members:**

Amber Pilkington  
Valerie Ragon  
Randy L. Giddings  
Brenda Keogel

**Support Staff:**

Patty Smallberger (Paraprofessional and Support Staff Union President)  
Angie Thatcher (Nurse)  
Michelle Davis (Director of Food Services)  
Becky Kern (Transportation)

**Other:**

Donna S. McCaw

## MISSION STATEMENT

It is the mission of Creve Coeur School District 76, in partnership with home and the community, for all students to obtain the necessary knowledge, skills, and self-motivation to become life-long learners, socially responsible citizens, and active participants in their ever-changing world.

The Purpose of the committee:

*To collaboratively develop an outline of suggestions for the administration to use in their proposal to the Creve Coeur Board of Education.*

*To represent your role identified group and not just your individual thoughts or needs.*

*To be critical thinkers and to push-back on ideas, mandates, procedures.... Open and honest dialogue is needed for the development of the best possible plan.*

Non-Purpose of the committee meetings:

*Develop the final Back to School Plan.*

**The CHALLENGES for this committee and the development of any policies and/or procedures are the long list of UNKNOWNNS**

The constantly changing information from the State of Illinois (ISBE, IDPH...)

- Student enrollment numbers which will determine space utilization
- Numbers of students with IEPs selecting home/remote learning
- Numbers of staff with health concerns selecting to stay home
- Availability of PPE
- How long, if at all, will we be in attendance?
- **ALL of the other factors that, try as hard as we could, we cannot foresee.** It is imperative that everyone realize that this process is a WORK in PROGRESS. No one wants to operate in an environment of unknowns, yet that is exactly what we are being asked to do. We realize that in doing so, we have added stress to already stressful job – for our students, staff, administration, and community. We apologize for doing so but must follow the mandates of the State of Illinois.

AS needs, state policies, CDC policies change so will this document.

### Documents Used in Creating These Recommendations

The following documents were used to give background and current information to every committee member. Recommendations came from these documents and much discussion within the committee.

#### July 1, 2020

1. *Starting the 2020-21 School Year*; Illinois State Board of Education and Illinois Department of Public Health, June 23, 2020

#### July 7, 2020

1. *Press & ISBE/IDPH Reopening Guidelines*
2. *Illinois State Board of Education: Part 3 Transition Guidance: Starting the 2020-21 School Year FAQ*; Last updated June 30, 2020
3. Data from the results of the Parent Survey

As a result of using these documents, the recommendations within this document are based upon the Illinois State Board of Education, the Illinois Public Health Department and the Center for Disease Control.

Many of these recommendations focus on student safety AND on management systems for contact tracing, should we have a member of our school community test positive for COVID-19.

#### **SCHOOL SCHEDULE:**

1. Students will be placed into either an A attendance cohort or B attendance cohort.
  - a. A cohort students will attend Monday and Tuesday. Thursday and Friday will be assigned homework completion and practice days. Wednesdays will be e-learning.
  - b. B cohort students will attend Thursday and Friday. Monday and Tuesday will be assigned homework completion and practice days.
2. Every effort will be made to schedule all siblings on the same cohort days.
3. Some Wednesdays have been scheduled in the calendar for half-day SIP and Data Days. These will continue, but on those Wednesdays NOT on the calendar for SIP or Data Days, teachers will work on lesson plans and e-learning plans
4. Students would be able to log-on and receive support from their grade-level paraprofessional.
5. Attendance days will be 5 hours in length – teachers will eat lunch after students have left and then have their planning period. Teachers will adhere to the length of the contract day.
6. IEP students will be attendance Monday, Tuesday, Thursday and Fridays for 5 hours: unless their IEP states otherwise.

**STUDENT SAFETY** was viewed by all present as the number one priority for students and staff. Under the State of Illinois Phase 4 Plan there may not be more than 50 individuals in any space at one time. No event or classroom will allow more than a total of 50 to be in attendance.

Given that priority and the State of Illinois guidelines the following are recommended:

**Health care personnel in each building.**

**a. ALL individuals, including all visitors, will have their temperature taken prior to entering district transportation OR district facilities.**

Staff will be checking for temperature greater than 100.4 degrees Fahrenheit/38 degrees Celsius and currently known symptoms of COVID-19, such as fever, cough, shortness of breath or difficulty breathing, chills, fatigue, muscle and body aches, headache, sore throat, new loss of taste or smell, congestion or runny nose, nausea, vomiting, or diarrhea. Individuals who have a temperature greater than 100.4 degrees Fahrenheit/38 degrees Celsius or one known symptom may not enter buildings.

Individuals who exhibit symptoms should be sent home and referred to a medical provider for evaluation and treatment and be given information about when they can return to school.

Students will be placed into a designated quarantined area while waiting for pick-up.

Students at the bus stop will be placed into the isolated seating section; exit the bus first and immediately enter the quarantine area – waiting to be picked up by a parent or guardian.

An individual must self-quarantine when:

- have tested positive for COVID-19
- or who are suspected of having COVID-19 infection should seek medical attention, self-isolate, and follow [CDC guidelines](#) (see appendix A) for discontinuation of isolation.

Individuals who have had close contact (within 6 feet of the individual for more than 15 minutes) with an individual who has tested positive for COVID-19 or is suspected of having COVID-19 infection should isolate at home and monitor for symptoms for 14 days.

Individuals who did not have close contact can return to school immediately after disinfection.

**b. All individuals, including all visitors, entering a school building and or using district transportation are required to wear a face covering at all times.**

EXCEPTIONS to this rule include but may not be limited to:

- a) except while eating and during band
- b) unless they have a medical contraindication
- c) are under 2 years of age
- d) are unconscious, incapacitated, or unable to remove the face covering without assistance.
- e) face coverings are not required outside if social distance is maintained (if individuals remain 6 feet apart from each other
- f) Face shields are **not** to be used in lieu of face masks. Face shields are not effective protection

against coronavirus and should only be used in situations when other methods of protection are not available or for small minority of individuals who have a medical contraindication to using face coverings

#### Face Coverings

- **Clear window masks** – understanding that these are not as social distancing is a must for K-2 and SPED teachers (during reading instruction), counselor, school psychologist and social workers—to give emotional support and reassurance; speech therapist – in order to conduct articulation therapy. <https://safenclear.com/product/communicator-case/> (400 single use \$540)
- Buses will have new unused face coverings to give to students that enter the bus without one.
- Recess will be structured to support 6 feet of play; identified assigned areas with playground equipment access rotations
- Students will use antibacterial before going out for recess and upon entering the playground area

#### CONSEQUENCES for Refusing to Wear a Mask

1. Anyone not wanting to wear a mask will not be allowed to stay or enter the building.
2. Student refusing to wear a mask to get on the bus will be given a mask – and asked to sit in one of the first rows – isolating him/her from the rest of the bus – as much as possible
3. Students refusing to wear a mask while inside any district sanctioned area will be placed into an isolation area until their parent/guardian can pick them up. Students will be sent home and will not be allowed to return until the student agrees to wear a mask.

#### STUDENTS/STAFF with TEMP or Other COVID-19 SYMPTOMS

- Students discovered to have a temperature or displaying any COVID-19 symptoms will be placed into an area deemed “Quarantine Area” and monitored by a staff person until a parent/guardian can pick them up. If students are capable, remote learning will be encouraged while the Isolation student waits.
- Staff will be sent home, using sick days, until symptoms are gone.

**STUDENT CONFIDENTIALITY IS A MUST!** Violating it can cost an employee their employment status and result in litigation. If a student asks why “Joey” isn’t wearing a mask, we CANNOT say it is because he has a medical condition!!!! We cannot say ANYTHING specific to that student. This will make it even more difficult to keep other students’ masks on their faces 😊

All buses will be disinfected at the end of every route.

ALL areas within district facilities that have human contact will be cleaned and disinfected at the END of the attendance day.

Every classroom and public spaces will have disinfectant bottles.

Hall monitors will be responsible for making sure students (walking to the restroom or the office...) does not come into direct contact with anyone or remove their mask. This person will also monitor the one-person per restroom and use of sanitizers upon entering and leaving the restroom.

4. **All individuals, including all visitors, will maintain social distancing (6 feet) at all times.**

To increase the potential student occupancy numbers, staff / teacher non-essential personal items/equipment may need to be removed from the classrooms. Storage of non-essential personal items will be the responsibility of the staff/teacher. Storage of district purchased items / equipment that may need to be removed from the classroom will be the responsibility of the District to locate storage.

To minimize student to student contact, as often as is possible, teachers will move and not students.

Mark hallway floors for direction of travel

Maintain social distancing when in the hallway or common areas

Breakfast and Lunches will be eaten in the classroom UNLESS attendance numbers allow students room to eat in the cafeteria while maintaining 6 feet of social distancing.

Depending upon the size of the reading table, no more than 3 students will be engaged in small group reading.

Recess/Playground – 1 CLASS at a time in an assigned playground area – EVERYONE will apply disinfectant before going to recess and upon re-entering the building

No Locker Use – students will keep their materials and supplies in book bags or tubs under their chair.

ALL VISITORS must legibly sign in and identify purpose of their visit. (contact tracing)

Restroom breaks – rotation for bathroom breaks; 1 class at a time will be scheduled for each bathroom; Hand sanitizer before going in and coming out

Close classroom restrooms – minimizes the spread – can't clean everything as often as required so we must reduce the number of areas requiring cleaning. Teachers cannot monitor every student going to the bathroom – ensuring that hands are washed AND sanitized after restroom break – but in a whole class setting teacher can dispense sanitizer

Where possible, markings on the floor, bleachers, or concrete should inform students/adults of a 6 foot space.

Arrival and Dismissal from School – students will be released from the bus one student at a time

Students will enter the bus – filling the back seats first – families will be assigned seats together

All students will have assigned seats in classroom AND on the bus.

### **Someone testing positive**

We will follow the CDC/IDPH/ISBE guidelines for quarantining. We will contact the local Public Health Department with a contact list.

- a. How do we meet the needs of our medically at-risk students and adults?

Teacher will – Zoom in to teach

Students can learn from home

Teachers that can't come to work because of health issue will do the zoom teaching to students that are homebound due to health issues. Multi-grade teaching will occur.

## **2. ATTENDANCE**

- a. REGISTRATION will be conducted utilizing social distancing. Parents or guardians will be expected to make appointments. EVERYONE involved in registering or conducting the registration will adhere to social distancing AND wear a face mask. Large spaces will be used with tables spread 12 feet apart.
- b. Parents or guardians will be given the choice of full-time e-learning or in-school learning. Once the choice is made, the student cannot change until the end of the semester. E-learning/remote learning will be available for students with doctor identified health issues or quarantined students.
- c. Under PA 101-0643, attendance must be taken everyday. Students will be expected to complete the equivalence of 5 hours of instructional time – which will include homework assignments for non-attendance days. This may be with a certified teacher or a para professional. Students not logging in or zooming during their designated times or have made arrangements for other points of contact; will be marked as absent. **Illinois TRUANCY LAWS 2020 requires a student to miss no more than 5% of the average school year or about nine days. Beyond that, according to state law, a parent or guardian can be charged "with a Class C misdemeanor in Illinois, which can result in either 30 days in jail, a fine of up to \$500 or both."**

### 3. CURRICULUM and INSTRUCTION

The state and federal governments are recognizing that this year student summer loss has taken on a different meaning. Teachers are given permission to differentiate as needed to meet student needs and that might mean not focusing on grade level standards. Those students ready for grade-level materials will receive it. This may mean reconfiguring groups or classes in order to facilitate meeting student needs.

Reading and Math will be viewed as having a higher priority than Science & Social Studies. Teachers are encouraged to integrate Science and Social Studies into ELA as much as possible.

Band – Parkview 1:1 maintaining social distancing

PE curriculum will be modified.

Social Emotional curriculum will be scheduled into the instructional day.

Second Step plans to continue their weekly work with students. Schedules to be worked out.

- a. **Technology:** 1:1 Google Chromebooks and protective cases for every K-8 student  
Hot Spots will be provided so that all students will have high-speed internet access  
Google Classroom PD for teachers and paraprofessionals  
Every student will have an email address.  
DOJO/Remind (Communication)  
Zoom/Google Meet will be used for e-learning or

Where and when possible, webcams will be used in classrooms to record instruction or to allow students to zoom in for review or support. Student privacy must be recognized.

- b. **Grades** will be given K-8.  
1-8<sup>th</sup> will continue to use the grading scales used prior to COVID-19  
5-8 Traditional model (teachers' discretion on the flexibility of due dates)



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c. **Testing for gaps**

MAP test for Math will be administered as soon as possible.

READING: Fountas and Pinnell reading levels from last March will be used to calculate a starting place for instruction. Teachers will back-up two reading levels from the student's March F&P level.

New students will be administered a Benchmark assessment within the first 5 days of attendance.

All special education students will take MAP ELA and MAP Math – as soon as possible at the beginning of the school year.

A viable plan for progress monitoring will be developed upon the start of school and with the input of teachers, administrators, and ISBE.

Kindergarteners will be tested as soon as possible to determine their reading skills.

b. **SPED**

Move to all remote IEP meetings

c. After school learning – K-2 and 5-8 (summer school dollars carried over into the school year)

Face to face with social distancing and face masks will be required

Curriculum focus – reading and math practice

Parkview – will provide a teacher for special education students wanting extended learning help and one teacher for either math or reading.

d. Teen Reach Grant for Extended Day – LS & PV

4. **Breakfast and Lunch**

a. Closed disposal trays and other food service items (e.g. utensils, dishes...)

b. ALL STUDENTS will be provided breakfast and lunch.

c. Cohorts will receive hot meals when in attendance.

d. The food service will provide sack breakfasts and lunches for those not on site AND those homebound due to medical reasons for non-attendance or e-learning.

**Where?** CAFETERIA is the preferred location – If a grade level can safely social distance in LaSalle's cafeteria then meals can be served in the cafeteria. Parkview might need the space for instructional purposes. Thus, lunches may be served in classroom.

5. **Transportation**

a. Bus driver will submit attendance sheet to central office at the end of pick-up run.

b. Students, if possible, will spray hands with disinfectant at the front of the bus before taking their seat

c. Bus monitor will step off of the bus to take temperatures

d. Students will be encouraged to walk down the bus aisles with hands to their sides

e. Bus passenger count will be limited to 40. This will allow for empty seats in the front of the bus for transporting students with a fever, refuse to wear a mask, or were not supposed to attend school due to previous events or temperature.

f. 2 clear acrylic dividers be hung/placed in each bus. One between the 1<sup>st</sup> row and the rest of the bus and the second behind the driver to minimize exposure to others.

g. Spraying disinfectant – used to sanitize bus (between runs) and all facilities daily.

## 6. ATHLETICS/Extra curricula

Pending IESA findings

Limit numbers of students participating in clubs (i.e. 3 reps per class)

## 7. PD

a. Covid

b. Tech and Teaching Remote training for Certified and Para-professionals

### COMMUNICATION PLAN

- Back to School Night? (will not happen as it has in the past)
- Video will 4-5 minute infomercial on the requirements for masks, etc. Posted on Facebook, District webpage and each building's website, link sent via Skyward
- Multiple community meetings – at LaSalle and Parkview – 25 minute sessions; (6 PM and 7:15 PM). These meetings will need to be limited to 50 individuals at a time. Social distancing requirements will be honored. These meetings will be videotaped to reach out to parent that are not able to attend.

### APPENDIX A

As of July 8, 2020 at 12:27 PM the following information was taken from the Center for Disease Control <https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-in-home-patients.html>

#### **For Persons with COVID-19 Under Isolation:**

The decision to discontinue home isolation for persons with confirmed or suspected COVID-19 should be made in the context of local circumstances. Options include a symptom-based (i.e., time-since-illness-onset and time-since-recovery strategy) or a test-based strategy. Of note, there have been reports of prolonged detection of RNA without direct correlation to viral culture.

#### **1). Symptom-based strategy**

**Persons with COVID-19 who have symptoms** and were directed to care for themselves at home may discontinue isolation under the following conditions:

- At least 3 days (72 hours) have passed *since recovery* defined as resolution of fever without the use of fever-reducing medications **and** improvement in respiratory symptoms (e.g., cough, shortness of breath); **and**,
- At least 10 days have passed *since symptoms first appeared*.

**2). Test-based strategy** Previous recommendations for a test-based strategy remain applicable; however, a test-based strategy is contingent on the availability of ample testing supplies and laboratory capacity as well as convenient access to testing.

**Persons who have COVID-19 who have symptoms** and were directed to care for themselves at home may discontinue isolation under the following conditions:

- Resolution of fever **without** the use of fever-reducing medications **and**

- Improvement in respiratory symptoms (e.g., cough, shortness of breath), **and**
- Negative results of an FDA Emergency Use Authorized COVID-19 molecular assay for detection of SARS-CoV-2 RNA from at least two consecutive respiratory specimens collected  $\geq 24$  hours apart (total of two negative specimens)\*. See [Interim Guidelines for Collecting, Handling, and Testing Clinical Specimens from Persons for Coronavirus Disease 2019 \(COVID-19\)](#). Of note, there have been reports of prolonged detection of RNA without direct correlation to viral culture.

**For Persons Who have NOT had COVID-19 Symptoms but Tested Positive and are Under Isolation:** Options now include both a 1) time-based strategy, and 2) test-based strategy.

### 1). Time-based strategy

**Persons with laboratory-confirmed COVID-19 who have not had any symptoms** and were directed to care for themselves at home may discontinue isolation under the following conditions:

- At least 10 days have passed since the date of their first positive COVID-19 diagnostic test assuming they have not subsequently developed symptoms since their positive test. If they develop symptoms, then the symptom-based or test-based strategy should be used. Note, because symptoms cannot be used to gauge where these individuals are in the course of their illness, it is possible that the duration of viral shedding could be longer or shorter than 10 days after their first positive test.

**2). Test-based strategy** A test-based strategy is contingent on the availability of ample testing supplies and laboratory capacity as well as convenient access to testing.

**Persons with laboratory-confirmed COVID-19 who have not had any symptoms** and were directed to care for themselves at home may discontinue isolation under the following conditions:

- Negative results of an FDA Emergency Use Authorized COVID-19 molecular assay for detection of SARS-CoV-2 RNA from at least two consecutive respiratory specimens collected  $\geq 24$  hours apart (total of two negative specimens)\*. See [Interim Guidelines for Collecting, Handling, and Testing Clinical Specimens from Persons for Coronavirus Disease 2019 \(COVID-19\)](#). Note, because of the absence of symptoms, it is not possible to gauge where these individuals are in the course of their illness. There have been reports of prolonged detection of RNA without direct correlation to viral culture.

### Other Considerations

The symptom-based, time-based, and test-based strategies may result in different timeframes for discontinuation of isolation post-recovery. For all scenarios outlined above, the decision to discontinue isolation should be made in the context of local circumstances.

Note that recommendations for discontinuing isolation in persons known to be infected with COVID-19 could, in some circumstances, appear to conflict with recommendations on when to discontinue quarantine for persons known to have been **exposed** to COVID-19. CDC recommends 14 days of quarantine **after exposure** based on the time it takes to develop illness if infected. Thus, it is possible that a person *known* to be infected could leave isolation earlier than a person who is quarantined because of the *possibility* they are infected.

This recommendation will prevent most, but cannot prevent all, instances of secondary spread. The risk of transmission after recovery is likely substantially less than that during illness; recovered persons will not be shedding large amounts of virus by this point, if they are shedding at all. Employers and local public health authorities can choose to apply more stringent criteria for certain persons where a higher threshold to prevent transmission is warranted.

For certain populations, a longer timeframe after recovery may be desired to minimize the chance of prolonged shedding of replication-competent virus. Such persons include:

- healthcare personnel in close contact with vulnerable persons at high-risk for illness and death if those persons get COVID-19 and
- persons who have conditions that might weaken their immune system which could prolong viral shedding after recovery.

Experience from other respiratory viral infections, in particular influenza, suggests that people with COVID-19 may shed detectable viral materials of unknown infectious potential for an extended period of time after recovery. The best available evidence suggests that most persons recovered from illness with detectable viral RNA (either persistent or recurrent) are likely no longer infectious, but conclusive evidence is not currently available. Prolonged viral shedding has been demonstrated without direct correlation with replication competent virus. Although persons may produce PCR-positive specimens for up to 6 weeks, it remains unknown whether these PCR-positive samples represent the presence of infectious virus. Such persons should consult with their healthcare provider; strategies to address this might include additional PCR testing. When a test-based strategy is not feasible or desired, consider consultation with local infectious disease experts about discontinuing home isolation for patients who might have prolonged viral shedding, including those who are immunocompromised.