ALASKA SMART START 2020

Restart & Reentry Framework Guidance for K-12 Schools 2020-2021 School Year

Mission: An excellent education for every student every day.

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Last revised July 15, 2020 – revised language noted in red
A Message from the Commissioner

The only expectation of public education that eclipses its responsibility to provide an excellent education for every student every day is to take all necessary steps to ensure the health and safety of every student every day.

DEED is committed to continuing to work closely with district leadership, teachers, staff, and communities as they create plans to deliver education to their students for the upcoming school year.

Sincerely,
Dr. Michael Johnson
Commissioner

Considerations and Recommendations for Alaska’s Schools

The Department of Education and Early Development (DEED), in partnership with the Department of Health and Social Services (DHSS), developed this guidance document to support planning and strategies for reopening schools. Alaska’s ‘Smart Start 2020’ framework for K-12 schools provides a tiered approach based on COVID-19 pandemic risk levels per community. School districts and communities will work together to develop clear, actionable steps that are necessary for teaching and learning to continue throughout the 2020-2021 school year. These health parameters provide a basis for plans that are specific, actionable, and broad enough to be adaptable.

Alaska’s Smart Start 2020 is built upon the guidance and recommendations of health officials and collaborative conversations with education stakeholders; it is aligned to the reopening guidelines that have been provided by our state and federal leaders; and it is designed to help districts prioritize the health and safety of students and teachers as they deliver instruction for the 2020-2021 school year.

DEED will continue to work with educators and partner organizations to provide guidance, recommendations, and resources to districts and schools navigating the academic, social, and emotional effects of the COVID-19 pandemic on students, families, and employees.

Please Note: Alaska’s ‘Smart Start 2020’ framework provides considerations, recommendations, and best practices to ensure a safe and successful 2020-2021 school year. This guidance is not mandated, or state required. Local school districts have the authority, responsibility, and flexibility to make decisions to be responsive to their communities.

DEED is requesting each district use this framework to build a comprehensive plan for teaching and learning in the upcoming school year and submit the plan to the department. DEED will post district plans online for the public to view.
Introduction

DEED, in partnership with DHSS, has developed a framework for Alaska’s K-12 districts to plan for the restart of the 2020-2021 school year.

Using this framework, DHSS established health parameters for how schools can safely operate in a low, medium, and high risk environment.

With the support of DEED, districts will then build modular plans for how they will deliver education under each of these environments – focusing on three primary areas:

1. **Conditions for Learning**
   - Health and Safety Protocols
   - Parent and Family Engagement
   - Wraparound Support and Community Services
   - Transportation
   - Trauma-Informed Practices and Social-Emotional Needs
   - ‘Welcome Back’ Planning

2. **Continuity of Learning**
   - Learning Gaps
   - Interventions
   - School Schedules
   - Delivery Methods
   - Professional Learning for Educators
   - Staffing

3. **Capacities for Learning**
   - Connectivity
   - Federal Funding and Flexibility
   - Student Activities and Travel
   - Facilities Use and Sanitation Funding
   - Considerations Related to Negotiated Agreements

Each primary area has common elements (noted above in bullets), determined by education stakeholders, that districts will need to address in their plans they submit to DEED. DEED will publish district plans online for the public to view.
Below is an illustration of the framework districts will use to plan for the delivery of education. Listed under each primary area are the common elements districts will need to address in their plans.

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Below are sample illustrations of how district plans can be modular to allow for flexibility in meeting the needs of each school/community’s situation throughout the school year.
NEW! The average daily per capita incidence is useful to reflect the amount of COVID-19 transmission that is occurring in a community; however, no one measure can fully capture the complex dynamics of the epidemic in Alaska. Averaging the per capita incidence of COVID-19 over 14 days reduces the influence of day-to-day fluctuations in the number of cases identified in a region. Therefore, DHSS strongly encourages focusing on trends and patterns over time, rather than the number of cases on any given day.

Moreover, DHSS does not recommend using Alaska COVID-19 Alert Levels that were published for long-term care facilities and populations over 100,000. Most communities have smaller population numbers, which would result in unstable and fluctuating differences in incidence rates of positive cases over time.

Lastly, decisions about whether to open or close a school cannot be made solely on epidemiological grounds. These decisions inherently entail complex tradeoffs and judgements about a community’s unique vulnerability to COVID-19, such as socioeconomic factors, household composition and disability, minority status and language, housing type and transportation, and healthcare infrastructure. All of these factors may need to be considered when making such decisions.
School Parameters for Safely Operating in a Low, Medium, and High Risk School Environment

**High Risk**
- Establish and maintain communication with local and state authorities to determine current mitigation levels in your community.
- Implement multiple social distancing strategies with EXTENDED SCHOOL DISMISSALS, closing school buildings to students.
- Cancel all field trips, inter-group events, sports events and extracurricular activities.
- Implement distance learning until minimal community spread and local health officials recommend school re-opening.
- Follow guidelines from local and state health authorities on school re-opening.

**Medium Risk**
- Implement multiple social distancing strategies for gatherings, classrooms, and movement through school buildings.
- Limit the number of students per class and attendees per gathering to maintain six feet social distancing.
- Alter schedules to reduce mixing of students (ex: stagger recess, entry/dismissal times).
- If feasible, conduct daily health checks (e.g. temperature screening and/or symptoms checking) of staff and students safely, respectfully, as well as in accordance with any applicable privacy laws or regulations. Confidentiality should be maintained.
- Consider distance learning in some settings or with vulnerable students and staff.
- Intensify cleaning and disinfection plan.
- Implement social distancing strategies on buses and other transportation of students.
- Have a plan to protect vulnerable students and staff, those with chronic conditions, special health care needs or disabilities.

**Low Risk**
- Consider ways to accommodate needs of children and families at high risk, including supports for at-home learning.
- Follow cleaning and disinfection plan.
- Follow local community health guidelines for guidance on social distancing and group size for classrooms based on community spread.

**ALL Schools**
- Coordinate with local health officials and monitor changes in community spread.
- Teach and reinforce healthy hygiene. Ensure hand hygiene supplies are readily available in school buildings.
- Designate a staff person to be responsible for responding to COVID-19 concerns.
- Monitor health clinic traffic. School nurses and other healthcare providers play an important role in monitoring health clinic traffic and the types of illnesses and symptoms among students.
- Establish and implement a cleaning and disinfection plan following CDC guidance.
- Train all teachers and staff in the above safety actions. Consider conducting the training virtually, or, if in-person, ensure that social distancing is maintained.
Health Guidelines for Schools

Opening Schools

In all levels:

- Establish and continue communication with local and state authorities to determine current COVID-19 disease mitigation in your community.
- Determine the school’s readiness to protect and support staff and students who are at higher risk for severe illness and provide options for telework and virtual learning for these students and staff.
- Determine the school’s readiness to screen students and employees upon arrival for symptoms and history of exposure.
- Follow CDC’s guidance for Schools and Childcare Programs.
- Ensure that external community organizations that use the facilities will also follow the school’s guidance.
- Students and staff at high-risk for COVID-19 include, but are not limited to, those with lung disease, moderate to severe asthma, heart disease, immune deficiency, diabetes, and that are over 60 years of age. Using this definition:
  - Allow parents to make the best decision for their families regarding attendance and provide remote learning options.
  - Make decisions about school attendance for high risk individuals on a case by case basis in collaboration with the student’s parent/guardian, medical provider and appropriate school staff.
  - Consider how to support staff who may be a high risk and who may feel more comfortable supporting students with remote learning options.

Safety Actions

Promote healthy hygiene practices in all levels:

- Teach and reinforce washing hands and covering coughs and sneezes among children and staff.
- Teach and reinforce the use of face coverings among all staff. Face coverings may be challenging for students (especially younger students) to wear in all-day settings such as school. Face coverings should be worn by staff and encouraged in students (particularly older students) if feasible. Face coverings are most essential in times when physical distancing is difficult. Cloth face coverings are not the same as surgical masks, respirators, or personal protective equipment.
- Information should be provided to staff and students on proper use, removal, and washing of cloth face coverings. Face coverings are not recommended for babies or children under the age of 2, or for anyone who has trouble breathing, is unconscious, incapacitated or otherwise unable to remove the covering without assistance. Cloth face coverings are meant to protect other people in case the wearer is unknowingly infected (some people are infected with COVID-19 but do not have symptoms).
- Determine what type of PPE should be worn by school staff who interact closely with children who cannot wear face coverings. For example, children who experience developmental challenges and require physical assistance with daily activities.
• Obtain adequate supplies to support healthy hygiene behaviors, including soap, hand sanitizer with at least 60 percent alcohol (for staff and older children who can safely use hand sanitizer), tissues, and no-touch trash cans.
• Post signs on how to stop the spread of COVID-19, properly wash hands, promote everyday protective measures, and properly wear a face covering.

All Schools: Intensify cleaning, disinfection, and ventilation
• Clean and disinfect frequently touched surfaces within the school and on school buses at least daily (for example, playground equipment, door handles, sink handles, drinking fountains) and shared objects (for example, toys, games, art supplies, and sports equipment) between uses.
• For cleaning and disinfecting school buses, please see guidance for bus transit operators.
• Ensure safe and correct application of disinfectants and keep products away from children.
• Ensure ventilation systems operate properly and increase circulation of outdoor air as much as possible by opening windows and doors, using fans, or other methods. Do not open windows and doors if they pose a safety or health risk (e.g., allowing pollens in or exacerbating asthma symptoms) to children using the facility.
• Take steps to ensure that all water systems and features (for example, drinking fountains, decorative fountains) are safe to use after a prolonged facility shutdown to minimize the risk of Legionnaires’ disease and other diseases associated with water.

Promote Social Distancing
High Risk: Recommend distance learning for all students. In certain circumstances it may be possible for schools to make special arrangements for students with special needs for whom distance learning would not meet their needs. This would allow some students to receive in person learning or other services. This should be done in consultation with local health officials.
Low and Medium Risk:
• Ensure that student and staff groupings are as static as possible by having the same group of children stay with the same staff (all day for young children, and as much as possible for older children).
• Allow minimal mixing between groups.
• Limit gatherings, events, and extracurricular activities to those that can maintain social distancing, support proper hand hygiene, and restrict attendance of those from higher transmission.
• Maintain social distancing on van and bus transportation. One student per seat (siblings can sit together) and if possible maintain 6 feet of social distancing while entering and exiting buses. Bus drivers, attendants, and children should wear face coverings when entering the bus and while on the bus.
• Restrict nonessential visitors, volunteers, and activities involving other groups at the same time.
• Space seating/desks to at least six feet apart. If not possible, cohort children to groups of six or fewer and maintain six feet between cohorts. If cohorting is used keep cohorts consistent for all activates.
• Limit classroom based on six feet of social distancing per classroom where possible.
• If possible, consider keeping communal spaces such as cafeterias closed. Otherwise, stagger use and disinfect in between use.
• If a cafeteria is typically used, serve meals in classrooms instead. Serve individually.
plated meals and hold activities in separate classrooms. Stagger arrival and drop-off times or locations, or put in place other protocols to limit direct contact with parents as much as possible.

**Limit sharing: All Levels**
- Keep each child’s belongings separated from others’ and in individually labeled containers, cubbies, or areas.
- Ensure adequate supplies to minimize sharing of high touch materials to the extent possible (art supplies, equipment, etc. assigned to a single student) or limit use of supplies and equipment by one group of children at a time and clean and disinfect between uses.
- If food is offered at any event, have pre-packaged boxes or bags for each attendee instead of a buffet or family-style meal. Avoid sharing of foods and utensils.
- Avoid sharing electronic devices, toys, books, games, **musical instruments**, and learning aids.

**Special Considerations for music: All Levels**
- Choir practice and singing can be a high risk activity. Masks should be worn whenever possible. Consider holding rehearsals outside or in well ventilated spaces. Singers should have ten feet of distance in front of them as singing tends to project respiratory droplets.
- The use of Plexiglas or other barriers when masks are not possible (for instance, brass and woodwind musicians) to shield people in front of the musician may reduce the risk of transmission. Musicians who play other instruments should wear masks.
- Brass and saxophone musicians must have a plan for emptying water keys in a sanitary way.

**Special considerations for staff working in special education: High and Medium Risk Levels**
- Provide appropriate PPE for school physical therapists, occupational therapists, aides, and others who must have physical contact with students to do their jobs.
  - They should wash their hands before and after each student and wear face coverings.
  - When working with children who have difficulty controlling their secretions or who cannot wear masks for medical reasons, staff coming within 6 feet for more than 10 minutes should wear face shield, gown, and gloves. These may be reusable but should be changed or cleaned between students.
- Speech therapists could consider wearing face coverings with clear windows, but should wear a face covering when around students and staff. Face shields are excellent eye protection and may be worn with a cloth face covering, but are not a substitute for a cloth face covering.
- Districts should consider community transmission rates and PPE availability when deciding which services they can offer in person versus online and with what frequency.

**Special considerations for inhaled medications: All Levels**
- Inhaled medications such as albuterol from a metered dose inhaler may be used in school during the pandemic, but nebulized medications should not be used at school. If a student needs a nebulized medication, they should seek a higher level of medical care this school year. Peak flow meters should be used in well ventilated spaces and pointed away from others.

**Train All Staff**
- Train all teachers and staff in the above safety actions. Consider conducting the training virtually, or, if in-person, ensure that social distancing is maintained.
Monitoring and Preparing

Check for signs and symptoms:
- If feasible, conduct daily health checks (e.g., temperature screening and/or symptoms checking) of staff and students safely, respectfully, as well as in accordance with any applicable privacy laws or regulations. Confidentiality should be maintained. Or require parents do temperature screening before sending to school, keeping any child home if showing symptoms of COVID-19.
- School administrators may use examples of screening methods in CDC’s supplemental Guidance for Child Care Programs that Remain Open as a guide for screening children and CDC’s General Business FAQs for screening staff.
- Staff should stay home if they are sick and parents should keep sick children at home.

Plan for when a staff, child, or visitor becomes sick:
- Work with school administrators, nurses, and other healthcare providers to identify an isolation room or area to separate anyone who exhibits COVID-like symptoms. School nurses and other healthcare providers should use Standard and Transmission-Based Precautions when caring for sick people. See: What Healthcare Personnel Should Know About Caring for Patients with Confirmed or Possible COVID-19 Infection.
- Establish procedures for safely transporting anyone sick home or to a healthcare facility.
- Notify local health officials, staff, and families immediately of a possible case while maintaining confidentiality as required by the Americans with Disabilities Act (ADA).
- Close off areas used by a sick person and do not use before cleaning and disinfection. Wait 24 hours before you clean and disinfect. If it is not possible to wait 24 hours, wait as long as possible. Ensure safe and correct application of disinfectants and keep disinfectant products away from children.
- Advise sick staff members not to return until they have met CDC criteria to discontinue home isolation.
- Inform those who have had close contact to a person with COVID-19 to stay home, self-monitor for symptoms, and follow CDC guidance if symptoms develop. Provide options for virtual learning. If a person does not have symptoms follow appropriate CDC guidance for home isolation.

Maintain Healthy Operations
- Implement flexible sick leave policies and practices.
- Monitor staff absenteeism and have a roster of trained back-up staff.
- Monitor health clinic traffic. School nurses and other healthcare providers play an important role in monitoring school health clinic traffic and the types of illnesses and symptoms among students.
- Designate a staff person to be responsible for responding to COVID-19 concerns. Employees should know who this person is and how to contact them.
- Create a communications system for staff and families for self-reporting of symptoms and notification of exposures and closures.
Closing Schools

- Any decision about school dismissal or cancellation of school events should be made in coordination with your local health officials. Schools are not expected to make decisions about dismissals on their own.
- Check state and local health department notices daily about transmission in the area and adjust operations accordingly.
- In the event a person diagnosed with COVID-19 is determined to have been in the building and poses a risk to the community, programs may consider closing for a short time (2-5 days) for cleaning and disinfection.

Additional Information
Recognizing that experts are continuing to learn more about COVID-19 and the conditions surrounding the crisis are continually evolving, this guidance may change, be amended, or augmented. School districts should coordinate with local authorities, such as state and local health departments, health centers, consulting physicians, and health-care providers, and apply this guidance in accordance with the guidance they receive from these stakeholders. School districts should always adhere to the most recent recommendations from the Centers for Disease Control and Prevention (CDC).

For additional information please go to:

**Department of Education and Early Development**
- COVID-19 School Resources and Information
- Teaching & Learning Support
- Alaska Statewide Virtual System

**Department of Health and Social Services**
- COVID-19 in Alaska
- Alaska COVID-19 Response Hub
- COVID-19 Testing
- Sign-up for DHSS Alerts

**Centers for Disease Control and Prevention (CDC)**
- COVID-19 Guidance
- Schools Decision Tool
- Guidance for K-12 Schools and Child Care Programs
- Guidance for Schools and Day Camps