



KPBSD Smart Start 2020

District Guidance

Goal: all children are back in school with equitable support, and emotional and health security

Dear KPBSD students, parents, and staff members,

The State of Alaska Department of Education has mandated that each school district submit a plan to safely start the 2020-2021 school year, by July 31. After a two-month process, the 20 members of the KPBSD 2020 Smart Start Work Group prepared this plan for the safe and prudent reopening of KPBSD schools in August 2020.

This KPBSD plan addresses how K-12 education and activities in our diverse schools will take place depending on low (green), medium (yellow), or high (red) risk COVID19 community transmission scenarios. It is important that everyone is aware that the KPBSD plan will continue to be revised as medical information, science, and the pandemic situation evolves throughout the 2020-2021 school year.

I thank every member of the KPBSD 2020 School Start Work Group, as well as all of the students, staff, parents, and community members who provided input during this planning process. Working together, with respect and mutual well-being in mind, we

will have a successful school year that will provide stability, safety, and a meaningful educational benefit to all of our students.

Sincerely,

Clayton Holland
Assistant Superintendent of Instruction

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Committee Members

Health & Safety	Staffing	Schedules	Instruction
Facilitator - Iris Wertz KPBSD Nursing Supervisor	Facilitator - Nate Crabtree Director of Human Resources	Facilitator - Clayton Holland Assistant Superintendent of Instruction	Facilitator - Christine Ermold Director of Professional Learning & Federal Programs
Dave Jones Assistant Superintendent of Instructional Support	David Brighton President - KPEA	Eric Soderquist Director of Information Services	Angie Nelson Lead School Psychologist
Pegge Erkeneff Director of Communication, Community and Government Relations	Kari Dendurent Representing middle schools + athletics Principal Homer Middle School	Doug Hayman Representing small schools Principal Tustumena Elementary, Hope, Cooper Landing, and Moose Pass schools	Amanda Adams Lead Innovation Designer
Natalie Bates Administrative Secretary	Liz Hayes Director of Finance	Rich Bartolowits Representing alternative programs Principal Connections Homeschool Coordinator Distance Education	Penny Vadla President - KPBSD School Board
Kevin Lyon Director of Planning and Operations	John O'Brien KPBSD Superintendent of Schools	Tony Graham Representing large high schools Principal Soldotna High School	
	Anne McCabe President - KPSEA	Eric Pederson Representing elementary schools Principal Paul Banks Elementary	

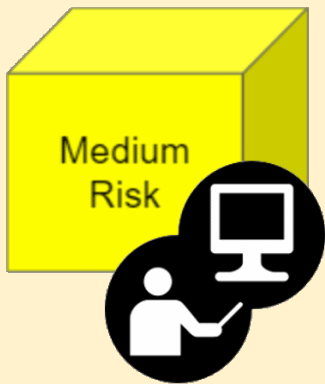
RISK LEVEL DESCRIPTIONS



SCENARIO 1 - LOW RISK

Low Risk: Average daily incidence over the past 14 days: <5 cases per 100,000 population
Minimal community transmission

Buildings are open and learning is conducted with additional protocols for health, safety, and continuity. Parents may select for students to learn remotely.



SCENARIO 2 - MEDIUM RISK

Medium Risk: Average daily incidence over the past 14 days: 5-10 cases per 100,000 population
Moderate community transmission with some undetected cases and infrequent discrete outbreaks

Buildings are open with possible social (physical) distancing protocols in place. Parents may select for students to learn remotely.



SCENARIO 3 - HIGH RISK

High Risk: Average daily incidence over the past 14 days: 10 cases per 100,000 population
Widespread community transmission with many undetected cases and frequent discrete outbreaks

Buildings are closed to students and learning is 100% remote. Possible exception for “vulnerable populations” of students individually or in small groupings.

Notes:

1. Risk Level descriptions do not include travel related or business specific (e.g. seafood plant)
2. Determinations of risk levels will be made by the school district in conjunction with the KPBSD COVID-19 Community Risk Level Medical Advisory Group, which includes Alaska State Public Health, DHSS, a member of the Kenai Peninsula Borough Office of Emergency Management, and a member from each of the regional Kenai Peninsula hospitals.

DEFINITION OF TERMS

ASYNCHRONOUS - Learning that does not happen at a specific time

BLENDED INSTRUCTION - Learning is a blend of online resources in conjunction with onsite teaching

CLASSROOM - Space where a teacher provides students with direct instruction and learning materials. There are two parts: virtual (online learning environment) and physical (the room within a school building). The virtual classroom is a digital parallel or extension of the activities that take place in a physical classroom

COMMUNITY TRANSMISSION - No clear source of origin of the infection in a new community

CONTINUITY OF LEARNING -The school day and on-going schedule is predictable for students and families

DISTANCE EDUCATION - KPBSD Distance Learning Program and courses

EQUITY FOR LEARNING - Each student receives what they need

HOMESCHOOL - The KPBSD Connections Homeschool Program

ONSITE INSTRUCTION - Student is physically in the classroom for instruction

PERSONALIZED LEARNING - A learning experience that is driven by individual needs, interests, and goals. The student has a significant role in the design of the learning process

PHYSICAL DISTANCING - Maintaining a space of at least six feet between yourself and anyone outside your home or extended social group. Also commonly known as “social distancing”

PROTOCOL - A rule or procedure to follow

REMOTE INSTRUCTION - Enrollment in classes through a school where the learning occurs off campus

SYNCHRONOUS - Learning that is happening at a specific time

VULNERABLE POPULATION - A group that is identified with a high potential for diminished educational experience. This includes students who have medically fragile family members

HEALTH & SAFETY

Overarching Guidance

- Clear guidance for schools with and without full-time nurses
- Meeting the health safety needs of even the most medically fragile students and staff
- [Symptom-Free Schools Protocol](#)

Facilities

New Norm	Low Risk	Medium Risk	High Risk
	<p>Physical barrier for office staff, plus markings on floors for physical distancing visual cues</p> <p>Determine physical boundaries for classroom(s) including furnishings within the confines of existing facilities and enrollment</p> <p>Space identified for treating ill students separate from medically fragile students</p> <p>Volunteers and visitors will be limited to parents and guardians. Volunteers and visitors must wear masks when working within six feet of students and staff</p>	<p>Room and facility occupancy may be adjusted or reduced to allow for additional physical distancing where necessary</p> <p>Volunteers and visitors wear masks and are limited to specific areas or classrooms</p> <p>Volunteers and visitors will be limited to parents and guardians. Volunteers and visitors must wear masks when working within six feet of students and staff</p>	<p>Facilities will be closed to students. Possible exception for “vulnerable populations” of students in small groupings</p>

Cleaning & Sanitizing

New Norm	Low Risk	Medium Risk	High Risk
<p>Increased frequent sanitation efforts and procedures</p>	<p>Extra sanitizing of desks, and common touch areas</p> <p>Students clean their desks and personal items with approved cleaning supplies</p> <p>If a student or staff is diagnosed with COVID-19, school may close for cleaning and sanitizing</p> <p>Possible two-hour delay start or early release</p>		<p>If a building is closed for 72 hours or more, no extra cleaning is needed</p>

Student Contact Records

New Norm	Low Risk	Medium Risk	High Risk
<p>All student contact information will be up to date and accurate</p> <p>All staff will be asked to sign a consent to release information between Public Health and District Leadership regarding</p>	<p>Online student registration for new and returning students</p> <p>Staff verify all student contact information, phone, and email</p>		<p>Nurses will contact families of medically fragile and high-risk students</p>

<p>COVID19.</p> <p>All parents will be asked to sign a consent to release information for their student between Public Health and District Leadership regarding COVID19.</p>			
Symptom Free Environment			
New Norm	Low Risk	Medium Risk	High Risk
<p>Symptom-Free Schools Protocol</p> <p>Daily Screening Parents will take their child's temperature and assess how they feel before determining if they should go to school that day.</p> <p>No rewards for physical "perfect attendance" (This past practice may have encouraged sick students to attend school, which is unhealthy and exposes others to potential exposure)</p>	<p>Educate public, staff, students, and parents or guardians about symptom free protocols</p> <p>To reduce contamination risk of a school nursing office, a student who does not feel well must wear a fabric mask before being sent to the nurse office</p> <p>Cloth or clear face coverings are required in all risk levels (low, medium, high) for all staff and for students in third grade and older whenever 6' physical distancing is not possible. If a cloth or clear face covering is medically inappropriate or cannot be worn, a face shield that extends at least to the chin and around the sides of the face will be allowed. Students in grades Pre-K through 2 will still need to have cloth face coverings in their school supplies, and will be directed when and if they need to wear them. Handwashing and physical distancing will be emphasized in all grades.</p> <p>A cloth or clear face covering is included in student school supply list (needed in certain situations, such as when a student is ill and going to the nurse's office)</p>	<p>Staff who access the building will continue to be Symptom-Free</p> <p>Staff who access the building are required to wear a cloth face covering whenever 6't physical distancing is not possible.</p>	
Transportation			
New Norm	Low Risk	Medium Risk	High Risk
<p>Symptom-Free Schools Protocol</p> <p>Students must be symptom free when riding a bus</p> <p>Seating charts in place</p>	<p>Normal bus seating is in place</p> <p>Buses cleaned between morning and afternoon routes, and buses that have multiple morning and afternoon routes or deliveries to multiple schools will follow guidelines for most stringent classification</p> <p>Students will wash hands prior to leaving school and upon arrival at school</p> <p>Parent and guardian communication: choose what is best for your family - that may be transportation of children in your</p>	<p>In order to reduce the number of students on a bus, no transportation will be provided to students who live within 1.5 miles walking boundaries of school</p> <p>In order to reduce the number of students on a bus, there will be no transportation for Out-Of-Area Attendance students</p> <p>All special education busing will continue to be provided</p> <p>Increased parent and guardian communication: choose what is best for your</p>	<p>If special education (sped) classes in school are open, and transportation is allowed, strict physical (social) distancing of 6' minimum between students must occur</p>

	<p>own vehicle, instead of bus transportation</p> <p>Due to the nature of close physical proximity and an enclosed space, signs in every bus state that all students are required to wear fabric masks, and when possible, sit one person in every seat or with siblings</p>	<p>family - that may be transportation of children in your own vehicle, instead of bus transportation</p> <p>August parent and guardian communication: In "Medium" or "Yellow" risk, all out of attendance area students and students living within 1.5 miles walking distance will need to be transported to school by parent or guardian. Bus transportation will not be an option.</p> <p>Due to the nature of close physical proximity and an enclosed space, signs in every bus state that students are required to wear fabric masks, and when possible, sit one person in every seat or with siblings</p> <p>Students will wash hands prior to leaving school and upon arrival at school</p>	
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Care for Medically Fragile Staff & Students

New Norm	Low Risk	Medium Risk	High Risk
	<p>Offer remote learning options to students who can't physically attend school due to a high risk medical condition</p> <p>Provide a separate place in the nurse office for fragile student care</p>	<p>Continue protocols for low risk</p> <p>Communication: School nurse will contact families of students at higher risk to ensure they are aware of a change in risk status</p>	<p>Staff who enter buildings will be required to adhere to 6' physical distancing protocols</p>

Education for Staff & Students

New Norm	Low Risk	Medium Risk	High Risk
<p>Communication to communities about risk levels is frequent, timely and ongoing</p>	<p>COVID19 Awareness Canvas course and video at districtwide welcome back orientation. Topics include: physical distancing, cloth mask use, handwashing, and Symptom Free Schools Protocol</p> <p>Substitutes: Access to COVID19 staff training or video for understanding and awareness</p>	<p>Continue protocols for low risk status</p> <p>Students 3rd grade and older and all staff are required to wear cloth masks when not able to maintain physical distancing guidelines (Music and other</p>	<p>Staff and families will be informed of changes and protection measures</p>

	<p>about: physical distancing, cloth mask use, handwashing, and Symptom Free Schools Protocol</p> <p>Students 3rd grade and older and all staff are required to wear cloth masks when not able to maintain physical distancing guidelines (Music and other classes may have greater distancing than standard classrooms)</p>	<p>classes may have greater distancing than standard classrooms)</p> <p>Office and website signage stating current risk level and safety options</p>	
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Communications

New Norm	Low Risk	Medium Risk	High Risk
	<p>Regular communications about risk levels and protocols</p>	<p>KPBSD website shows real-time graphic representation for all 42 schools risk status by color</p> <p>Communications to staff and families when shifts between risk areas occur, similar to weather closures or two-hour delays</p>	<p>KPBSD website update when in school status when risk level changes</p> <p>KPBSD communications when risk level changes</p>

STAFFING

Overarching Guidance

- Kenai Peninsula Education Association (KPEA) Collective Bargaining Agreement
- Kenai Peninsula Educational Support Association (KPESA) Collective Bargaining Agreement
- All other applicable negotiated agreements
- Alaska State Statute and Alaska Administrative Code
- Federal and State Leave Guidelines
 - Families First Coronavirus Response Act (FFCRA)
 - Emergency Family and Medical Leave Expansion Act (EMFLEA)
 - Emergency Paid Sick Leave Act (EPSLA)
 - Family and Medical Leave Act (FMLA)
 - Alaska Family and Medical Leave

Onsite Staff

New Norm	Low Risk	Medium Risk	High Risk
<p>Employees should contact HR for guidance on appropriate leave, if necessary</p>	<p>Staffing levels and additional hours for custodians may be adjusted to increase hygiene and sanitation</p> <p>Custodial: principals will submit requests and specific needs for custodial staff to the Director of Planning and Operations</p> <p>Nurses: principals will submit requests and specific needs for nursing staff to the Health Services Coordinator</p> <p>Student Nutrition Services (SNS): additional hours for SNS if schools in session require physical distancing, and thus an increase in time needed to serve meals. Principals will submit requests to the District SNS Manager</p>	<p>Leave: Employees will have access to leave as needed, and will work with Human Resources to ensure proper process and documentation</p>	<p>Possibility of relocating staff to support other sites if their home work site is closed</p> <p>Remote work agreements approved by HR</p>

Teleworking Staff

New Norm	Low Risk	Medium Risk	High Risk
<p>Human Resources staff revising the current teleworking document. Consultation will occur with Associations</p>	<p>Employees are expected to be at their designated work site</p>	<p>Employees are expected to be at their designated work site</p>	<p>Make any necessary revisions to the current teleworking document</p>

<p>Teleworking document online approval form</p>			<p>Make the teleworking document an online approval form (much like extra curricular contracts)</p> <p>Make any necessary revisions to the work log</p> <p>Provide opportunities for professional development for new teachers to the district</p>
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Leave Protocols

New Norm	Low Risk	Medium Risk	High Risk
<p>Families First Coronavirus Response Act (FFCRA)</p> <p>Emergency Family and Medical Leave Expansion Act (EMFLEA)</p> <p>Emergency Paid Sick Leave Act (EPSLA)</p> <p>In-person Career Development, Conferences, and out of district trainings are not allowed until further notice. (Some site level in-person in-service will occur)</p>	<p>Leave outlined in:</p> <ul style="list-style-type: none"> - Collective Bargaining Agreements -FMLA -FFCRA <p>-Case by Case Review by Human Resources Department</p> <p>Follow State of Alaska mandates or guidelines for both Intrastate (out-of-state) travel and Interstate travel, including how to address mandatory quarantine situations that are in control of the employee, and situations that are beyond the employee's control</p> <p>Train substitutes about enhanced hygiene and sanitation practices (online), and Symptom Free School Protocol</p>		<p>Leave outlined in:</p> <ul style="list-style-type: none"> - Collective Bargaining Agreements -FMLA -FFCRA <p>-Case by Case Review by Human Resources</p> <p>Train substitutes how to instruct in a remote learning setting</p> <p>Follow State of Alaska mandates or guidelines for both Intrastate (out-of-state) travel and Interstate travel, including how to address mandatory quarantine situations that are in control of the employee, and situations that are beyond the employee's control</p>

Negotiated Agreement Points

New Norm	Low Risk	Medium Risk	High Risk
	<p>Modified duties as applicable and necessary to each building site</p> <p>Site based administrators will work with Human Resources to follow the negotiated agreement if or when staff need to be reassigned or transferred</p>		

SCHEDULING

Overarching Guidance

- Equity: Every student will experience a safe environment, and have access to what they need instructionally and emotionally
- Continuity of Learning: The school day and schedule is predictable for students and families
- Parent Choice of Instructional models (throughout all risk levels)
- Opportunities for some site-based decisions on scheduling (physical distancing, transitioning, etc.)
- Responsive to the situation

Flexible & Alternate Schedules

New Norm	Low Risk	Medium Risk	High Risk
<p>Create protocols to schedule pick up and drop off of materials by students who are learning remotely</p> <p>Equitable accommodations for learners with limited or no connectivity</p> <p>Site based remote learning options through the neighborhood school available for parents. (Not Connections Homeschool, but through the neighborhood school)</p> <p>Protocols established for tracking of parental choice of instructional delivery model. (remote vs. onsite)</p> <p>Remote learning with the neighborhood school will be available for medically fragile students</p> <p>To the extent that is feasible, schools will create schedules which limit mixing of multiple classrooms or groups. (ie: playground, lunch, bus lineup, etc) “rolling schedules”</p>	<p>Parents will have a choice to:</p> <ul style="list-style-type: none"> -Keep their student enrolled in the regular brick and mortar school building and participating in person on-site; -Keep their student enrolled in the the neighborhood school with remote learning options through a digital parallel or through hands-on materials <p>Schools will accommodate the needs of children and families at high risk, this will include supports for at-home learning</p> <p>One way hallways when feasible</p> <p>Lockers assigned by cohort or in a manner that limits mixing and reinforces distancing</p>	<p>Parents will have a choice to:</p> <ul style="list-style-type: none"> -Keep their student enrolled in their regular brick and mortar school and participating in person on-site; -Keep their student enrolled in the the neighborhood school with remote learning options through a digital parallel or through hands-on materials <p>Field trips, inter-group events, sport events, and extracurricular activities may be limited or modified in yellow-medium risk</p> <p>One-way hallways when feasible</p> <p>Lockers assigned by cohort, or in a manner that limits mixing and reinforces distancing</p>	<p>Remote learning is taking place for all students (with possible exception of vulnerable student populations who may attend school onsite in small physically distanced groups)</p> <p>Create digital instruction schedules that allow for collaboration between multiple “area” schools including elementary, middle, and high schools</p> <p>Collaborate with schools in the same area to create instructional times and opportunities that work for families</p> <p>Cancel all field trips, inter-group events, sports events, and extracurricular activities</p> <p>Remote options can include Connections Homeschool, the Distance Program (HS), or from the classroom or content area teacher</p>

Physical Distancing

New Norm	Low Risk	Medium Risk	High Risk
All school assemblies will occur in a manner by which classrooms participate virtually	<p>Limit mixing between classes as much as possible</p> <p>Provide as much spacing as possible between groups of students during class transitions</p>	<p>Attempt to have student and staff groups as static as possible: the same group of children stay with the same staff (all day for young children, and as much as possible for older children)</p> <p>Minimal mixing between groups of students</p> <p>Space seating and desks six feet apart if possible, or to the maximum distance allowable</p>	<p>Schools are closed to students, and Remote Learning is in place</p> <p>Remote learning is taking place for all students (with possible exception of vulnerable student populations who may attend in small physically distanced groups)</p> <p>Staff in buildings must maintain strict physical distancing</p>
Transitioning			
New Norm	Low Risk	Medium Risk	High Risk
Decrease the amount of transitions within the school building	<p>Limit number of student groups or classrooms when transitioning in hallways and in the cafeteria</p> <p>Limit bathroom occupancy</p>	<p>Minimal number of student groups or classrooms when transitioning in hallways and in the cafeteria</p> <p>Limit bathroom occupancy</p> <p>Attempt to adjust schedules to reduce mixing of students (ex: stagger recess, entry and dismissal times)</p>	<p>Schools are closed to students, and Remote Learning is in place</p> <p>Remote learning is taking place for all students (with possible exception of vulnerable student populations who may attend in small physically distanced groups)</p> <p>Staff in buildings must maintain strict physical distancing</p>
Record Keeping			
New Norm	Low Risk	Medium Risk	High Risk
	See guidance on record keeping (PowerSchool Student Management System) for students who are participating with a regular classroom remotely, or in a hybrid model		

INSTRUCTIONAL REDESIGN

Overarching Guidance			
<ul style="list-style-type: none"> • A “classroom” is defined as having two parts: Virtual + Physical • Learning is designed to offer continuity regardless of location • Equity: Lesson planning is tiered for high/low/no connectivity • Relationships are prioritized over content • Vulnerable populations have extra support in place and are prioritized for access to share resources - including time on campus with skilled staff • Feedback to students is used as a teaching tool • Grades are based on demonstration of knowledge 			
Curriculum Essentials			
New Norm	Low Risk	Medium Risk	High Risk
<p>Relationship, Relevance, Rigor</p> <p>Curriculum is grounded in standards, not based on progressing through adopted materials</p> <p>Progression along the standards is outcome driven and performance based</p> <p>Addressing gaps or needs for remediation <i>while simultaneously</i> advancing student learning in on or above grade level standards. Students do not live in remediation- they receive access to on or above level standards</p> <p>Assessment of learning is embedded in instructional practices</p>	<p>Relationship establishment first</p> <p>Relevance, Rigor underpins all instructional planning</p> <p>Regular scope and sequence of instruction as outlined in curriculum documents, with a focus on Essential Standards</p>	<p>Relationship maintenance first</p> <p>Relevance of Super Standards</p> <p>Focus primarily on Super Standards, with Essential Standards as supplemental</p> <p>Address remedial needs primarily when they surface in the spiraled relationship to new standards, content, skills</p>	<p>Relationship maintenance and social emotional support first</p> <p>When possible, focus any activities or instruction and demonstration of learning exclusively on previously introduced Super Standards (vs. Essential Standards)</p> <p>Minimize introduction of new standards, content, or learning tools</p>
Instruction Practices			
New Norm	Low Risk	Medium Risk	High Risk
<ul style="list-style-type: none"> • Identify the most vulnerable students (identified in sections below) to prioritize for targeted planning • Embed culturally relevant teaching strategies in lessons • Develop sustainable equity and cultural practices and support systems • Provide equitable educational access through technological and instructional models, and through equal participation protocols and guidelines • Strengthen student, staff, family, and community engagement practices 			

<p>Develop a variety of plans to assess student's learning progress</p> <p>Develop in-class, virtual, and blended instructional practices and schedules that offer continuity and equity regardless of the location of the learning</p> <p>Track academics on a weekly basis</p> <p>Maintain "Week-at-a glance" lessons structure</p> <p>Check-in regularly with students through regular and consistent use of healthy SEL Observation Tool</p> <p>Inventory available intervention programs and services. (District, community, state, and federal). Identify gaps and solutions</p> <p>Identify both strengths and needs in each community that support culture, equity, and wellness</p> <p>Engage in culturally responsive communication that values each individual</p>	<p>Assessment of learning is embedded in instructional activities with support from Benchmark Assessments administered on a regular timeline</p> <p>On Site with Blended Delivery:</p> <ul style="list-style-type: none"> Virtual parallel of classroom is designed for a week-at-a-glance and kept up-to-date Classroom is paperless as much as possible + photos submitted for paper artifacts Minimize shared materials Physical and Virtual classroom layout designed for inclusion of virtual participants Student expectations for engagement when attending onsite or virtual Established and published Office Hours for students not on site (e.g. after school, or when class is attending specials) Established <u>teacher led lesson</u> schedule (max 2/3 whole class times + small group or individual meeting times) Strategic + intentional use of synchronous and asynchronous time <p>Plan for accessibility for low or no connectivity</p> <ul style="list-style-type: none"> Lesson Plans have 3 tiers = high/low/no connection options Use USB Flash Drive for sharing digital resource files <p>Cloth face coverings are required in all risk levels (low, medium, high) for all staff and for students in third grade and older whenever 6' physical distancing is not possible. If a cloth or clear face covering is medically inappropriate or cannot be worn, a face shield that extends at least to the chin and around the sides of the face will be allowed. Students in grades Pre-K through 2 will still need to have cloth face coverings in their school supplies, and will be directed when and if they need to wear them. Handwashing and physical distancing will be emphasized in all grades.</p>	<p>No assessment occurs separately from instructional activity</p> <p>Remote:</p> <ul style="list-style-type: none"> Outline Student expectations for engagement with examples Established and published Office Hours Offer opportunity to try new types of tasks penalty free Classroom is paperless + photos submitted for paper artifacts Established <u>Virtual</u> synchronous schedule (max 2 whole class times + small group or individual meeting times) Strategic + intentional use of synchronous and asynchronous time Actionable feedback is utilized as a teaching tool Predictable response cycle (i.e. emails will be responded to within 24 hours) Grade level workloads adhered to (source): <ul style="list-style-type: none"> Pre-K : 30 minutes (Elem additional resource) K-1: 45 minutes 2-3: 60 minutes 4-5: 90 minutes 6-12: 30 minutes per teacher (3 hours max in a day) Strategic inclusion of specials into elementary schedule <p>Determine viability of hands-on content areas. (e.g. ceramics) and make alternative delivery plans</p>
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Assessment			
New Norm	Low Risk	Medium Risk	High Risk
<p>Emphasis on formative assessments that provide students with immediate and actionable feedback</p> <p>The focus of RTI is to accelerate learning to fill in gaps rather than as a way to</p>	<p>Identify key standards in Power Teacher to support teacher planning and record-keeping</p> <p>Benchmarking periods (Aimsweb+, MAP, and W-APT) through traditional calendar</p>	<p>Identify key standards in Power Teacher to support teacher planning and record-keeping AND develop grading guidance</p> <p>Benchmarking periods (Aimsweb+, MAP, and W-APT)</p>	<p>Identify key standards in Power Teacher to support teacher planning and record-keeping AND Develop grading guidance - clearly communicate this as a change from no-harm grading</p> <p>Benchmarking periods</p>

<p>determine if a student has a disability. A student's need for SEL trumps academic needs if a student is not responding to interventions</p> <p>Use of non-traditional assessments for measurement of student progress, emphasis on performance assessments evaluating actual student skills</p> <p>Students that were in the special education eligibility process will be first priority for assessment when it can be done safely</p> <p>Regular and consistent use of healthy <i>SEL Observation Tool</i></p> <p>Adherence to BOE policy that prohibits including effort in calculation of a student's grade and requires academic grades be based on academic knowledge and skill</p>	<p>Continue the RTI process with careful consideration to Tier 1. If a class has less than 80% in the average range, then classroom (Tier 1) interventions start to boost core instruction before pull-out interventions with targeted students. (NASP Resource)</p>	<p>through modified calendar depending on schedules</p> <p>Continue the RTI process with careful consideration to Tier 1. The focus of RTI is to accelerate learning to fill in gaps rather than as a way to determine if a student has a disability</p>	<p>(Aimsweb+, MAP, and W-APT) and formal assessments such as PEAKS are suspended</p> <p>Continue the RTI process with careful consideration to Tier 1. The focus of RTI is to accelerate learning to fill in gaps rather than as a way to determine if a student has a disability. A student's need for SEL trumps academic needs if a student is not responding to interventions</p> <p>New referrals for special education are done with caution (cannot rule out lack of instruction as cause for delay)</p>
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Vulnerable Populations

New Norm	Low Risk	Medium Risk	High Risk
<p style="text-align: center;">SPED</p> <p>Consider amendments of IEPs to reflect programming</p> <p>Utilize Universal Design for Learning (UDL) Identify and utilize, as appropriate, free video recording programs and captioning</p> <p>Design of instruction is focused on structure and continuity across levels for minimizing disruption</p> <p>High level of collaboration with general education teachers to ensure modifications or accommodations are working</p> <p>Due to the disruption of learning in FY20Q4, new referrals for Learning Disabled should be refocused to provide enriched and accelerated Tier 1 instruction</p> <p>Targeted Resources for Interventionists SPED, Title 1</p>	<p>Utilize evidence-based practices</p> <p>Connect with families and students on plans and strategies for shifts to medium or high risk</p> <p>Identify key benchmark and Beginning of Year assessments to support student placement, and to identify gaps</p>	<p>Identify common formative assessment strategies with which to monitor student understanding and adjust teaching along with reporting out in progress reports</p> <p>Identify key dates and points in the instructional cycle to administer progress monitoring assessments</p> <p>Physically distant and protective strategies in place</p> <p>Intentional technology supports replace traditional support strategies</p>	<p>When possible, individual students should be offered on-site support and connection with their KPBSD mentor or case manager</p> <p>Specific supports in place via virtual or phone connection</p> <p>Opportunities for voice and choice and interest-based activities are prevalent</p>

<p>Homeless & Students in Transition</p>	<p>Give first priority to students who are identified by the program as “homeless youth” (as defined by the federal McKinney-Vento Homeless Assistance Act) at the time that they apply for enrollment, or at any time during the school year, and to students who are identified by the program as being homeless or in foster care</p> <p>Remember “connection before content” – staff should be starting with a basic needs assessment: food, shelter, hygiene, immediate health concerns</p> <p>Students will identify a KPBSD adult who is their mentor or anchor. Identify multiple phone numbers or ways to communicate to ensure ongoing connections are happening</p> <p>When possible, individual students should be offered on-site support and connection with their KPBSD mentor</p> <p>“Learning Team” Approach - Students Identify their Learning Team (family member or friend + anchor teacher + counselor at minimum). Communications are copied to the team for awareness and to offer support</p> <p>Consider preloaded content on a device (iPad, thumb drive for Chromebook, etc.) for students without internet access. In theory, a student could complete coursework for an entire class and only need to be “online” once a month</p> <p>Implement flexibility in delivery methods; if a student had internet access but for some reason this is interrupted, be open to fluidly move to paper packet delivery method</p>	
<p>At-Risk of Dropout</p>	<p>Every at risk student in grades 6-12+ has identified a KPBSD adult who is their mentor or anchor</p> <p>Identify multiple phone numbers or ways to communicate to ensure ongoing connections</p> <p>“Learning Team” Approach - Students Identify their Learning Team (family member or friend + anchor teacher + counselor at minimum). Communications are copied to the team for awareness and to offer support</p> <p>Ideas to implement where possible:</p> <ul style="list-style-type: none"> ● Alternative High School Strategy = smaller number of classes in shorter time frames to focus on acquiring credit (e.g. 2 classes in 7 weeks = 1 credit) ● Alternative Credit opportunities ● School-within-a-school scenario to connect students with single mentor and expedited credit acquisition (like GradPoint) 	
<p>English Learners</p>	<p>Utilize digital translation tools and supports for students when social distancing protocols are needed</p>	<p>Ensure that all digital communication is in home language of parents, including instructions about how to support their child at home</p> <p>If possible, use team-teaching structure so that teachers can collaborate and monitor students across content classes and collaborate for family communication as needed between face-to-face and hybrid settings</p> <p>Group English Learners (EL) students flexibly by areas of need which may include EL proficiency levels, but can include social engagement grouping so that EL students have a chance to use language with other students in a synchronous setting</p> <p>Identify and prioritize EL student needs for distance learning such as basic needs, student stressors or barriers, and academic settings</p> <p>Identify if there is a household member available to supervise and support learning and determine the household member's availability to support EL student learning</p>

<p>Non-Engaged Families</p>	<p>Identify families that were not engaged in FY20 Q4</p> <p>Intentionally connect with these families to prepare for any shifts over the school year</p>	<p>Identify staff that connected well with particular families to be primary point of contact</p>	<p>Identify staff that connected well with particular families to be point of contact (ask student to identify a trusted staff member)</p> <p>Conduct socially distant home visits</p>
<p>Low or No Connectivity</p>	<p>Add communication and resource support guidance by using cell phone apps and email (paper versions where needed)</p>	<p>Devices and MiFi's provided where possible and feasible</p> <p>Utilize phone contact for connecting with students (utilize phone connection into zoom meetings for lessons, social interaction, and small or individual group work)</p> <p>Identify "Learning Coach" or person at home who is responsible to assist student with school work or to track their progress (does NOT have to have to be parent)</p>	
<p>PreK and Kindergarten Building relationships with teachers and school for first-time-to-school students is paramount</p> <p>Limit shared materials</p>	<p>Providing frequent feedback to families regarding progress</p> <p>Establish solid communication methods with each family</p>	<p>Ensure that communication to parents includes instructions about how to support their child academically and socially at home</p> <p>Prioritize this group for Face to Face (F2F) instruction</p>	
<p>Classroom Redesign</p>			
<p>New Norm</p>	<p>Low Risk</p>	<p>Medium Risk</p>	<p>High Risk</p>
<p>All classrooms have two layers: physical + virtual (image)</p> <p>Schools select one virtual classroom platform: Google Classroom Or Canvas (Virtual Classroom - Informed Selection Guide *Primary grades in a school may select SeeSaw</p> <p>Schools select one communication tool for classrooms to use with parents, guardians, and families</p> <p>All staff have online presence (example)</p> <p>Virtual Classrooms are mobile-friendly (Test here)</p> <p>Follow all health and safety guidelines</p>	<p>All classrooms have two layers: physical + virtual (image)</p> <p>Physical If virtual participants, then physical room is designed for equity of participation</p> <ul style="list-style-type: none"> • placement of camera & monitors so virtual participants can see the class and the instructor • Consistent virtual participants younger than 3rd grade not recommended <p>Opportunities for both synchronous and asynchronous learning</p> <p>Utilize strategies such as flipped learning to deliver direct instruction</p> <p>Furniture in physical room is spread out and minimized</p> <p>Barriers or dividers are used for group work</p> <p>Elementary Centers: mark physical space in room for centers and diminish the high touch points and shared materials</p> <p>Virtual All lessons and materials reflect what is happening in the classroom, and are the source for all student materials</p> <p>Utilize collaborative online tools for group work and targeted teaching</p> <p>Use Backchannel to include virtual participants</p> <p>Limited Paper - Paperless classroom (i.e. work is submitted online)</p>	<p>All classrooms are 100% remote</p> <p>Opportunities for both synchronous and asynchronous learning regardless of connectivity</p> <p>Weekly plan + Checklist given</p> <p>Online Students:</p> <ul style="list-style-type: none"> • Exclusively utilized Virtual Classroom • Paperless classroom (i.e. all work is submitted online) <p>Low connectivity students:</p> <ul style="list-style-type: none"> • Virtual classrooms offer mobile friendly options and levels of material (text, image, video) • Provide work packets tailored to individual need • Mobile App strategies are used (e.g. Canvas, Flipgrid) • Record lessons on thumb drives, and provide student with a device that can play them 	

	Weekly-at-a-glance plan shared + Checklist given Navigation is streamlined and well-organized .	<u>No connectivity students:</u> <ul style="list-style-type: none"> • Phone schedule is set up • Provide work packets tailored to individual need • Record lessons on thumb drives, and provide student with a device that can play them
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Professional Learning

New Norm	Low Risk	Medium Risk	High Risk
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Similar to FY20 Quarter 4

- A new Professional Development (PD) website is launched as the one-stop shop for all professional learning opportunities
- Learning options are driven by staff needs and district priorities
- Until further notice, all professional learning opportunities will be delivered virtually

New in Fall 2020

The [Professional Learning Cycle](#) of Learn + Apply + Share in place: professional learning has three components to offer opportunities to continue the culture of innovation and collaboration experienced in Q4

- Professional Learning opportunities at the school level (early release, in-service days, etc.) will be [selected from a track](#) to guide learning (District supported, Building Driven-Expertise + Collaboration, or PLC Structure)

COMMUNICATION

Overarching Guidance

- Transparent and timely internal and external district level communications, updates, and alerts
- Coordinated school messaging to parents or guardians, and students
- Collaboration with public health, community partners, Kenai Peninsula Borough (KPB), municipalities, law enforcement, tribal leadership, elected officials, agencies, cooperators, Kenai Peninsula media
- [School websites](#) and communication platforms are easily accessible to parents and guardians

information: Usual process for news distribution from KPBSD:

[Communication blog](#) post; email to all staff, Key Communicators, and Kenai Peninsula media; Digital platform distribution which may include @KPBSD [Mobile App](#), [Facebook](#), [Instagram](#), [Twitter](#); [KPBSD website](#) and [COVID-19 designated webpages](#)

Districtwide or school communication may include use of SchoolMessenger* via phone call, email, SMS text to contacts connected to a school, group of schools in a region, or the entire district.

**SchoolMessenger is an internal KPBSD notification platform linked to student contacts in PowerSchool, and staff contacts in the employee portal*

Some communication actions are embedded within Health & Safety; Staffing; Scheduling; and Instructional Redesign sections

District Level Communications

New Norm	Low Risk	Medium Risk	High Risk
<p>Weekly communications from KPBSD via broad digital distribution channel</p> <p>Timely critical communications when COVID-19 risk levels for schools change between low-medium-high risk</p> <p>District and School Risk Level map at KPBSD.org homepage</p>	<p>Website up-to-date with COVID-19 in KPBSD; Low-Medium-High Risk Protocols; Smart Start 2020 Plan; Symptom Free School Protocols; Sports and Activities; Resources for Parents; Professional Development for Staff; School Registration</p> <p>District and School Risk Level map at KPBSD.org homepage</p> <p>Determine feasibility and implementation by mid-August for regular Facebook Live; podcast; PSAs; news release list subscribe; enhancement of mobile app</p> <p>August Campaign: verify accurate contact details for student, parent-guardian, staff; SMS SchoolMessenger text opt-in</p>	<p>District communication through all available platforms to specific school staff, parents and guardians, students, and community partners when risk level changes</p> <p>Risk level change, possible options: media conference; Facebook Live Q&A</p>	<p>District communication through all available platforms to specific school staff, parents and guardians, students, and community partners when risk level changes</p> <p>Risk level change, possible options: media conference; Facebook Live Q&A</p>

School Communications

New Norm	Low Risk	Medium Risk	High Risk
<p>Contact every student prior to the first day of school with a welcome-back to school message</p> <p>Schools maintain consistent use of previous (familiar) communication tools (i.e. SchoolMessenger)</p> <p>School Websites are updated regularly and offer connection to staff, contact information, virtual classrooms, news and important dates</p> <p>Schools have a specific communication social media platform for parents (e.g. Facebook page)</p> <p>Secondary Schools have a specific communication social media platform for students (e.g. Instagram page)</p> <p>Schools select a single classroom level communication tool. (e.g. Remind, What'sApp, Class Dojo, SeeSaw)</p>	<p>Identify primary methods of communication with families (School website, plus?: newsletter, social media, mobile app, electronic message board, SchoolMessenger, Remind, WhatsApp, etc.)</p>		
Staff and Class Communications			
New Norm	Low Risk	Medium Risk	High Risk
<p>Regular outreach to vulnerable student population; teachers communicate with hard-to-reach families and students</p> <p>All staff that have contact with students and families have a static online presence.</p> <p>Classroom Teachers have a single communication tool for parents that is used consistently and predictably. (e.g. Newsletters on Monday, End of the week summary)</p>	<p>School administrator approves teacher chosen method and plan for communication with students</p> <p>Teacher informs parent or guardian how they will communicate with child</p>		



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](#)
- [Preparing a safe return to school](#)
- [Cloth face coverings in schools](#)
- [Checklists for going back to school](#)
- [Screening students for symptoms](#)

NEW! Appendix

1. School plan risk mitigation checklist
2. Return to school flow chart
3. Sample daily symptom screening questions
4. Sample return to school flyer for parents
5. CDC flyer - COVID-19 information for parents
6. Sample parental agreement for in-person education form
7. Sample parental information release form
8. Sample staff information release form
9. Smart Start PPE guidelines
10. CDC flyer on what to do if you are sick
11. AK-specific mask flyer
12. AK-specific hand hygiene flyer
13. DHSS Plans for Families with Children
14. Stop the spread of germs flyer for younger ages



Appendix 1: School Plan Risk Mitigation Checklist

Health and Safety in a Pandemic: checklist for school risk mitigation plans

Plan for operational zones

Plans should make a distinction between the nursing home alert levels on the DHSS dashboard (yellow, orange, red) and school district operational zones (green, yellow, red). While the nursing home alert levels can be part of the data that goes into determination of an operational zone, they should not be the only factor in that decision. Nursing home alert levels can represent community transmission over a relatively large community in the last two weeks, but are less useful for predicting what will happen next week, showing true community transmission levels in communities under 20,000 people, or showing a spike in cases or a new outbreak in the last few days. Operational zones will take into account community transmission levels, recent cases or outbreaks, suspected cases and other local factors. Districts may have schools in different operational zones.

- Low risk, medium risk and high risk operational zones defined
- Low risk operational zone includes no or minimal community transmission
- Schools and districts have a plan to decide which operational zone they are in
- It may be helpful to specify both district-wide determination factors and school specific ones
- Threshold for closing school for deep cleaning

Communication plan

- Schools and districts specify who public health will notify for a student testing positive and being in school during the time they were infectious for COVID-19. Public health is only allowed to share this information with a health care provider, (school nurse, community health aide, etc.) This may be a health care provider from your local health team/authority.
- Parents have been informed of the staff member to notify if their child has tested positive for COVID-19.
- Notification pathway for any positive case among students or staff
- Notification process if there is a case in school e.g. notifying parents

Physical distancing, face covering and hygiene plan

- Face coverings are recommended or required in the low risk operational zone and required or at least strongly recommended in the medium risk operational zone per CDC guidance
- If face coverings are not required, there should be a description of other plans for risk mitigation, such as cohorting staff and students who do not wear face coverings away from staff and students who do
- Exceptions to a face covering requirement, if applicable, should be described
- Plan for making face coverings readily available for students and staff who lost or forgot theirs
- Hand hygiene plan

School grounds and classroom cohorting plan

- Cohorting plan for primary schools
- Traffic and contact mixing minimization plan (especially for students entering more than one classroom in a day)
- Lockers eliminated
- School cleaning plan

- Bus cleaning plan
- Seating plan
- Visitor and parents plan
- Ventilation plan
- Activity, lunch, recess and transportation risk mitigation plan
- Music plan
- Sports plan
- Clear how activity will be a constant in all three operational zones
- Bus masks and distancing plan
- Food and eating plan
- Recess plan
- Minimizing sharing of high touch materials plan
- Communal space plan
- Gatherings specific limits

Remote learning plan

- Plan for virtual education if a student cannot attend class while in person class is in session
- Plan for families opting out of in person school
- School is not held in person unless in limited, carefully thought out circumstances when in high risk operation zone. Schools should specify which students would be considered for in-person schooling and details on what that would look like, as well as how staff would be determined

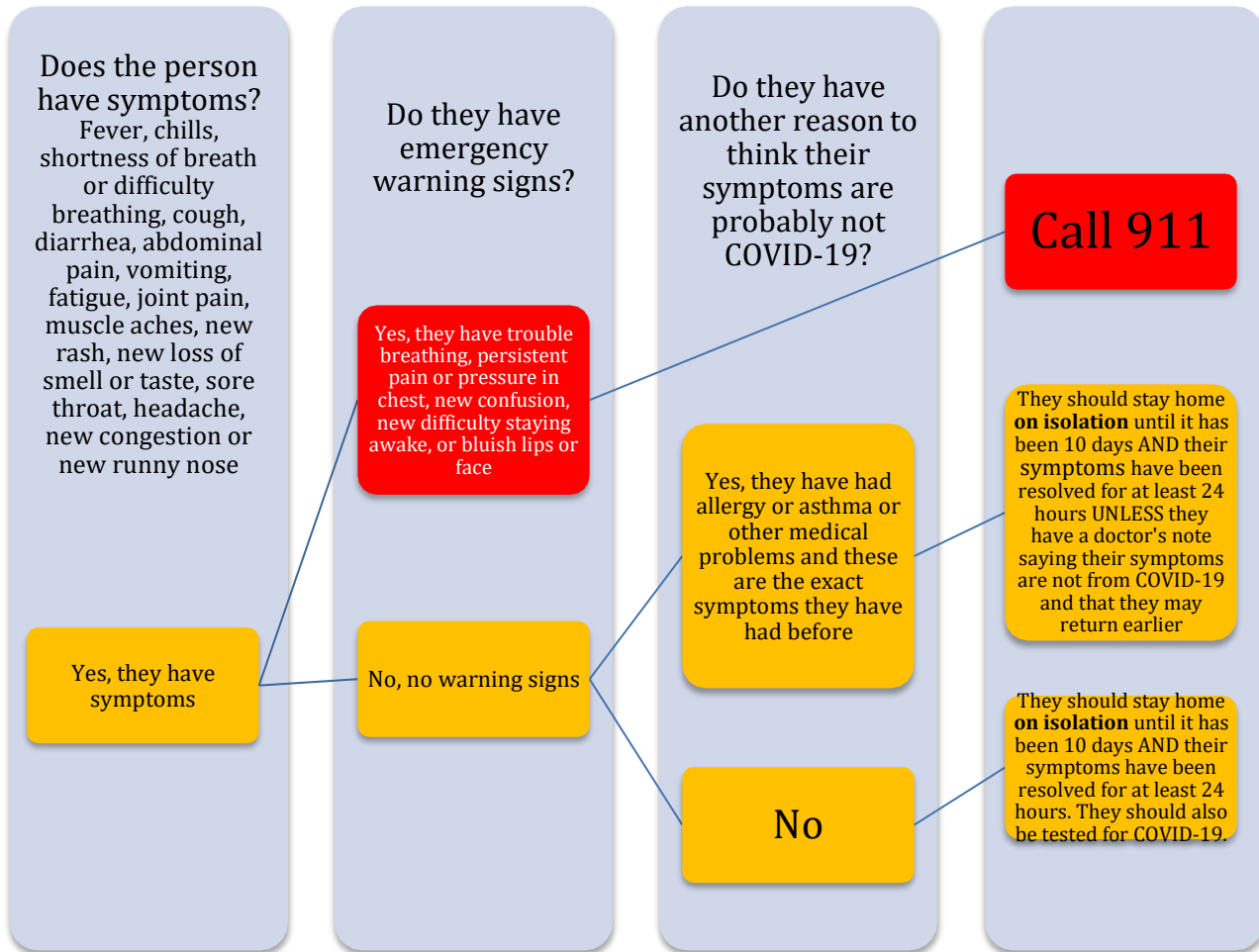
Screening and prevention

- Plan for high risk staff
- Plan for staff screening daily
- Plan for student screening daily
- Plan for PPE for staff who must have contact with students
- Note that students and staff on minimal interaction status because of interstate travel should not attend school, school sports or any other school activity in person

Sick/quarantined plans

- Plan for if teachers are out sick and how they will return
- Plan for how teachers will work remotely if they are well enough to work but cannot work in person for other reasons, e.g. quarantine or in isolation
- Plan for if students get sick at school
- Plan for if students get sick at home and how they will return
- Schools should not require a note from a doctor; instead students should follow CDC guidance if they are excluded from school for presumed or confirmed COVID-19
- Schools could require a note from a doctor if a student has symptoms that their doctor attributes to something other than COVID-19 and wishes to return before 10 days has elapsed
- Plan for if students or staff are contacts and need to quarantine

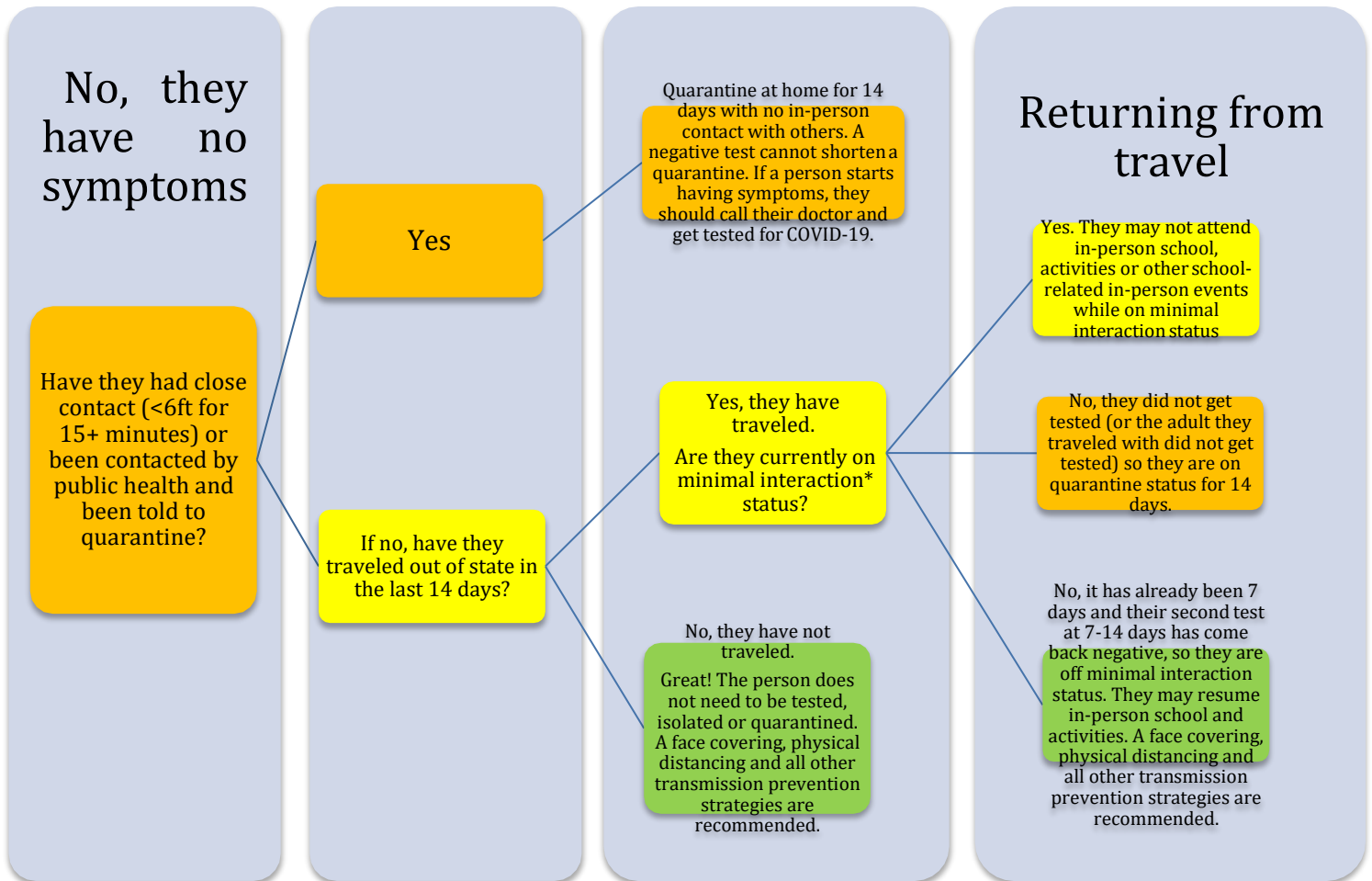
Appendix 2: Return to school flow chart



Two examples:

1. Hezekiah is a 9 year old boy with pollen allergies. He takes allergy medicine but still has a runny nose every day of pollen season. Hezekiah should see his doctor, who can write him a note that he may be in school with a runny nose as long as he doesn't have any new symptoms. Hezekiah does not need a COVID-19 test to return to school unless his doctor says it is necessary, and he should be allowed to attend school with a runny nose but should be coached on keeping his mask on and washing his hands often. If Hezekiah gets a cough, a sore throat, or any other new symptoms, though, he may need to be checked for COVID-19 and should stay home from school.
2. June is seven. Yesterday, she felt fine and was playing with her little brother. Last night, she was more tired than usual. Her father took her temperature and it said 100.5F. Today, June's temperature is 99.9F and she says her tummy hurts. June must stay home and may not attend school. If June's father has her tested for COVID-19 and the test comes back negative, June may come back to school once she has had no symptoms for 24 hours. If the test is positive or June does not get tested, she must stay home the full ten days.

*Minimal interaction status happens when a staff member or student travels out of state and decides to get tested rather quarantine strategy when they return. If they choose testing, a student or staff member will be tested for COVID-19 within 72 hours before arriving in Alaska or on arrival. Once they get the first test back, they are off of quarantine and on “minimal interaction” status, meaning that they may leave their home for necessary activities such as grocery shopping, but may not attend school, school sports, or other school-related activities. To get off of minimal interaction status, the negative test results from a second test performed 7-14 days after returning to Alaska are needed. Students under age 10 do not have to take a test on their return from travel, but if they do not, they are on minimal interaction status for 14 days. If the adult(s) they traveled with elected to quarantine, they will quarantine for 14 days.



For more information, see Alaska Health Mandate 10 and <http://dhss.alaska.gov/dph/Epi/id/Pages/COVID-19/travel.aspx>.

Appendix 3: Sample daily symptom screening questions

AK Smart Start 2020 Recommended Health Screening for Students and Staff

Ask these questions. Anyone who answers “yes” to one or more of these questions must not be permitted to enter the school or participate in a school sport or activity.

1. Within the last 14 days, have you been diagnosed with COVID-19 or had a positive test for the virus?
2. Do you live in the same household or have you had close contact in the last 14 days with someone who has been told they had COVID-19 or tested positive for COVID-19? Close contact counts if you have been within 6 feet for more than 10 minutes, or if someone from public health contacted you to let you know you are a contact.
 - a. Note: If a child or staff member lives with someone else who was named as a contact, it is okay for the child or staff member to go to school. We do not quarantine contacts of contacts.
3. Have you had any of these symptoms in the last 3 days?
 - a. Fever (defined as a temperature over 100.3F)
 - b. New cough
 - c. New trouble breathing or shortness of breath
 - d. Chills
 - e. Night sweats
 - f. Sore throat
 - g. Body aches
 - h. Muscle aches
 - i. Joint pain
 - j. Loss of taste or smell
 - k. Headache
 - l. Confusion
 - m. Vomiting
 - n. Diarrhea
 - o. Abdominal pain

If a person answers YES to one or more questions, they should STAY HOME or go home immediately. Their next step is to get tested for COVID-19. They should call their doctor or other health care provider if they have questions or concerns. They should not go to their doctor’s office without calling first. If they have worsening difficulty breathing, chest pain, confusion, sleepiness, or other severe problems, they should seek emergency care.

They do NOT need a doctor’s note to return to school. Instead, they should follow the RETURN TO SCHOOL pathway. A doctor’s note is only needed to allow someone back to school if they have NOT had COVID-19 and there is another reason that they had symptoms.

Appendix 4: Sample return to school flyer for parents



When can my child go back to school?

If your child has a fever, chills, nausea, vomiting, new rash, diarrhea, cough, sore throat or other new symptoms

- Get tested
- Come back when the test is negative AND symptoms are gone
- If your child does not get a test, come back in 10 days

Call your doctor, nurse practitioner, physician assistant or community health aide if:

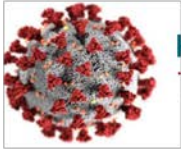
- Your child has worsening symptoms
- You think it could be something other than COVID-19
- If your doctor, nurse practitioner, physician assistant or community health aide says this is not COVID-19, your child does not necessarily need a test to return to school, just a note from them. If your child has symptoms all the time from other medical issues (for example allergies), a note will be needed for them to attend school.

FOR MORE INFORMATION, ASK YOUR SCHOOL NURSE OR PRINCIPAL OR SEE THE CDC FAQ AT [HTTPS://WWW.CDC.GOV/CORONAVIRUS/2019-NCOV/COMMUNITY/SCHOOLS-CHILDCARE/SCHOOLS-FAQ.HTML](https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/schools-faq.html)



Appendix 5: CDC flyer- COVID-19 information for parents

What you should know about COVID-19 to protect yourself and others



Know about COVID-19

- Coronavirus (COVID-19) is an illness caused by a virus that can spread from person to person.
- The virus that causes COVID-19 is a new coronavirus that has spread throughout the world.
- COVID-19 symptoms can range from mild (or no symptoms) to severe illness.



Know how COVID-19 is spread

- You can become infected by coming into close contact (about 6 feet or two arm lengths) with a person who has COVID-19. COVID-19 is primarily spread from person to person.
- You can become infected from respiratory droplets when an infected person coughs, sneezes, or talks.
- You may also be able to get it by touching a surface or object that has the virus on it, and then by touching your mouth, nose, or eyes.



Protect yourself and others from COVID-19

- There is currently no vaccine to protect against COVID-19. The best way to protect yourself is to avoid being exposed to the virus that causes COVID-19.
- Stay home as much as possible and avoid close contact with others.
- Wear a cloth face covering that covers your nose and mouth in public settings.
- Clean and disinfect frequently touched surfaces.
- Wash your hands often with soap and water for at least 20 seconds, or use an alcohol-based hand sanitizer that contains at least 60% alcohol.



Practice social distancing

- Buy groceries and medicine, go to the doctor, and complete banking activities online when possible.
- If you must go in person, stay at least 6 feet away from others and disinfect items you must touch.
- Get deliveries and takeout, and limit in-person contact as much as possible.



Prevent the spread of COVID-19 if you are sick

- Stay home if you are sick, except to get medical care.
- Avoid public transportation, ride-sharing, or taxis.
- Separate yourself from other people and pets in your home.
- There is no specific treatment for COVID-19, but you can seek medical care to help relieve your symptoms.
- If you need medical attention, call ahead.



Know your risk for severe illness

- Everyone is at risk of getting COVID-19.
- Older adults and people of any age who have serious underlying medical conditions may be at higher risk for more severe illness.



CS 314937A 06/01/2020

[cdc.gov/coronavirus](https://www.cdc.gov/coronavirus)



Appendix 6: Sample parental agreement for in-person education form

Alaska Smart Start 2020: 2020-2021 school year

In-person school choice:

I have received information on COVID-19, the pandemic coronavirus. I understand that attending school and school activities means an increased risk that my child and my family get the virus. I understand that my child's school will do what they can to prevent spread of the virus, including switching to remote learning when necessary. Other things may be riskier than going to school, for example going to events where there are a lot of people close together indoors, and I can choose whether I want my family to go to any crowded events this year where they might get the virus. I have received information that the virus is passed by people coughing, breathing or touching each other, or by touching things other people have touched. I have received information that keeping at least six feet of distance from people outside of my household, wearing a cloth face covering, washing my hands frequently, and staying home when I am sick can help prevent spread of the virus, and I will help my children understand these things.

I know that there are options for my child to learn and stay home this year. I want my child to participate in in-person school this year.

Child's name: _____

Parent or legal guardian signature & date: _____, / /2020



Appendix 7: Sample parental information release form

Alaska Smart Start 2020: 2020-2021 school year

Information release:

Student's name _____

Given the seriousness of exposure to COVID-19 and the desire to keep schools as safe as possible:

I agree to tell the school principal or school nurse if my student:

- has been tested for COVID-19 and is awaiting results, or
- has received a positive result for COVID-19 in the last 14 days, or
- has been in close contact to someone with COVID-19 in the last 14 days.

I understand that in disclosing this information, _____ School District will take reasonable measures to keep my student's name and identity confidential but that privacy can never be fully guaranteed. I understand that the school will be mandated to share the information with the State of Alaska, Department of Public Health. To that end, I authorize _____ School District and the State of Alaska, Department of Public Health to share information as necessary and appropriate for the situation.

This authorization expires on the last day of the school year or sooner if I submit a written request to withdraw my consent.

Yes, I agree and give permission as described above.

Parent/guardian signature and date _____

No, I do not agree and do not give permission.

Parent/guardian signature and date _____



Appendix 8: Sample staff information release form

Alaska Smart Start 2020: 2020-2021 school year

Information release:

Given the seriousness of exposure to COVID-19, I agree to immediately inform my supervisor and/or Human Resources if any of the following circumstances occur: (1) I test positive for COVID-19, or (2) I have been tested for COVID-19 and am awaiting the results, or (3) I reasonably believe I may have been exposed to or have come into contact with someone with COVID-19. I understand that this disclosure is completely voluntary and that there are numerous laws which not only protect my privacy, but also prohibit my employer from disclosing my medical/health information. However, because I understand the seriousness of COVID-19 and desire to protect the health and welfare of those around me, I authorize the _____ School District's senior management to disclose to all necessary persons whom I may have been in contact with that they may have been exposed to the COVID-19 virus. In providing this information I understand that _____ School District will take reasonable measures to keep my name and identify private but that my privacy can never be fully guaranteed. To that end, I authorize _____ School District and the State of Alaska, Department of Public Health to share information as necessary and appropriate for the situation.

In giving this consent, I acknowledge that it has been given freely and voluntarily and was not coerced or pressured by anyone at _____ School District. I acknowledge that _____ School District has made it clear to me that there will be no adverse employment action if I choose not to sign this consent and that I am not required to sign this consent as a condition of employment or continued employment. This authorization shall expire on the last day of the school year or sooner if I submit a written request to withdraw my consent. I have been made aware that I may receive a copy of this authorization at any time simply by requesting a copy.

Signature of individual

Date

Printed name of the individual

SIGNING THIS CONSENT FORM IS VOLUNTARY

Appendix 9: Smart Start PPE guidelines

Smart Start Personal Protective Equipment (PPE) Guidance

Background

Personal protective equipment (PPE) is designed to protect the wearer and/or those nearby from the spread of illness-causing germs such as SARS-CoV-2 (the virus that causes COVID-19). The need for PPE and the type of PPE needed varies by situation and it is important to thoughtfully and correctly utilize these often limited resources.

Intent of Guidance

These are general guidelines and are not comprehensive. They are not a substitute for any existing employee health policies, or for safety and health-related requirements such as those mandated by OSHA or other regulatory agencies. It is important to remember that the use of PPE is only one tool in an overall COVID-19 mitigation plan.

General principles for reducing COVID-19 transmission:

- **Maintain physical distancing by minimizing close contact (<6 feet) with other people**
- **Conduct all activities in small cohort groups that remain together with minimal mixing of groups**
- **Outdoor activities are generally safer than indoor activities**
- **Wash hands with soap and water or hand sanitizer frequently**
- **Use personal protective equipment (face coverings, face shields, etc.)**
- **Regularly clean and disinfect high-touch surfaces**
- **Isolate sick people and quarantine exposed people**

PPE types mentioned in this guidance:

<p>Cloth face covering</p> 		<p>Medical Mask</p> 	<p>N95 Respirator</p> 
<p>Face Shield</p> 	<p>Eye Protection</p> 	<p>Gloves</p> 	<p>Gown</p>  <p>OR</p> 

Guidance for Use of PPE in Alaska School Settings

All situations

- **Everyone (teachers, staff, bus drivers, students, visitors)** is strongly recommended to wear a **cloth face covering** at all times per CDC guidance, if feasible, while at school or in shared transportation. It is especially recommended in situations in which physical distancing (>6 feet apart) cannot be maintained.
 - Exceptions: face coverings should **not** be worn by:
 - children under age 2
 - anyone with difficulty breathing or confusion
 - anyone who is sleeping or unconscious
 - anyone who cannot remove the face covering without assistance
 - anyone with a medical condition that makes them unable to safely do so
 - Information should be provided to all staff and families on proper use, removal, and washing of cloth face coverings. CDC has helpful [guidance](#) on this.
 - A clear plastic **face shield-mask combination** that extends from the forehead to the chin and wraps around the sides of the face, and also has a droplet guard at the bottom, may be an acceptable substitute for a cloth face covering. A face shield also functions as eye protection and allows others to see facial expressions and lip movements more clearly, while the droplet guard may reduce the amount of respiratory droplets in circulation.



- **Food service and custodial staff:**
 - **cloth face covering, gloves**
 - Custodial staff should use other PPE as appropriate based on routine health and safety policies.

Situations requiring close contact (within 6 feet for 15 or more minutes)

- **Staff performing duties involving close or physical contact with students** (e.g., physical therapy, toileting assistance) should consider using:
 - **Cloth face covering and/or face shield**
 - **Eye protection, gown, and gloves as appropriate** (i.e., if exposure to bodily fluids is likely)
 - Hand hygiene should be performed before and after any contact

- **Situations with increased risk of exposure to COVID-19 and/or respiratory secretions**
 - School nurse, medical personnel, or other staff who are involved with providing medical care should consider:
 - Following **Standard and Transmission-Based Precautions** per routine policies
 - Use of a **medical mask** during all patient care encounters for source control
 - Use of **medical mask plus eye protection** during all patient care encounters if there is moderate-substantial COVID-19 transmission in the community.
 - Use of **full COVID-19-specific PPE (medical mask or N95 respirator*, eye protection, gown, gloves)** when providing medical care for an individual who has [symptoms](#) compatible with COVID-19

***Notes:**

- A **medical mask** (rather than an N95 respirator) should provide an acceptable level of protection for medical staff in most school settings.
- N95 or equivalent respirators are a limited resource nationwide and should **only** be used if adequate supplies are available and they are part of an overall respiratory protection plan that includes [regular fit-testing](#) of staff that will use them
- Potential aerosol-generating medical procedures which pose a higher risk of COVID-19 transmission (e.g., open suctioning, nebulizer treatments, etc.) should be avoided in school settings during the COVID-19 pandemic to the extent possible. If such procedures must be performed, full COVID-19 PPE **including fit-tested N95 respirator** should be utilized by staff performing them.
- **Situation in which a student or staff member becomes ill**
 - A student or staff member who is identified to have possible COVID-19 symptoms should immediately put on a **medical mask** to help prevent further transmission. Anyone who is accompanying them should also wear a **medical mask**.
 - Staff involved in caring for a child who has developed symptoms of COVID-19 while at school, for example while waiting for a parent to arrive to pick them up, should wear a **medical mask and eye protection**. If they are within 6 feet of the child, they should also wear a **gown and gloves**.
- **Other considerations**
 - If used, gloves and gowns should be changed between students and face shields should be disinfected and cleaned, for example with an antiviral wipe.
 - Any staff member who may need to use PPE other than a cloth face covering should receive training on taking off PPE without contaminating themselves, for example by viewing this video <https://www.youtube.com/watch?v=cCzwH7d4Ags>.
 - Staff who regularly interface with students requiring increased PPE may want to consider having an easily washed set or sets of clothing that they change into when they arrive at work and change out of before leaving work. Clothing that becomes soiled while at work should be changed.
 - Staff who have close contact with students with potential for bodily fluid exposure may want to wear a washable head covering (such as a scrub cap) as face shields typically do not prevent secretions from contacting hair when bending over. Clothing and head coverings should be washed after each work day.
 - Some staff may also want to designate a set of shoes for work.



- **Further resources**

- Free refresher course for school nurses on PPE (includes CME)
<https://catalog.icrsncsbn.org/>
- CDC instructions for using PPE <https://www.cdc.gov/coronavirus/2019-ncov/hcp/using-ppe.html>
- CDC flyer for using PPE when COVID-19 is suspected (good to post in nurse's office)
https://www.cdc.gov/coronavirus/2019-ncov/downloads/A_FS_HCP_COVID19_PPE.pdf
- CDC strategies on optimizing PPE supply <https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html>

Appendix 10: CDC flyer on what to do if you are sick

Prevent the spread of COVID-19 if you are sick

Accessible version: <https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/steps-when-sick.html>

If you are sick with COVID-19 or think you might have COVID-19, follow the steps below to care for yourself and to help protect other people in your home and community.

Stay home except to get medical care.



- **Stay home.** Most people with COVID-19 have mild illness and are able to recover at home without medical care. Do not leave your home, except to get medical care. Do not visit public areas.
- **Take care of yourself.** Get rest and stay hydrated. Take over-the-counter medicines, such as acetaminophen, to help you feel better.
- **Stay in touch with your doctor.** Call before you get medical care. Be sure to get care if you have trouble breathing, or have any other emergency warning signs, or if you think it is an emergency.
- **Avoid public transportation, ride-sharing, or taxis.**

Separate yourself from other people and pets in your home.



- **As much as possible, stay in a specific room** and away from other people and pets in your home. Also, you should use a separate bathroom, if available. If you need to be around other people or animals in or outside of the home, wear a cloth face covering.
 - See **COVID-19 and Animals if you have questions about pets:** <https://www.cdc.gov/coronavirus/2019-ncov/faq.html#COVID19animals>
 - Additional guidance is available for those **living in close quarters.** (<https://www.cdc.gov/coronavirus/2019-hj-ncov/daily-life-coping/living-in-close-quarters.html>) and **shared housing** (<https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/shared-housing/index.html>).

Monitor your symptoms.



- **Symptoms of COVID-19 include fever, cough, and shortness of breath but other symptoms may be present as well.**
- **Follow care instructions from your healthcare provider and local health department.** Your local health authorities will give instructions on checking your symptoms and reporting information.

When to Seek Emergency Medical Attention

Look for **emergency warning signs*** for COVID-19. If someone is showing any of these signs, **seek emergency medical care immediately:**

- Trouble breathing
- Persistent pain or pressure in the chest
- New confusion
- Bluish lips or face
- Inability to wake or stay awake

*This list is not all possible symptoms. Please call your medical provider for any other symptoms that are severe or concerning to you.

Call 911 or call ahead to your local emergency facility:

Notify the operator that you are seeking care for someone who has or may have COVID-19.

Call ahead before visiting your doctor.



- **Call ahead.** Many medical visits for routine care are being postponed or done by phone or telemedicine.
- **If you have a medical appointment that cannot be postponed, call your doctor's office,** and tell them you have or may have COVID-19.

If you are sick, wear a cloth covering over your nose and mouth.



- **You should wear a cloth face covering over your nose and mouth** if you must be around other people or animals, including pets (even at home).
- You don't need to wear the cloth face covering if you are alone. If you can't put on a cloth face covering (because of trouble breathing for example), cover your coughs and sneezes in some other way. Try to stay at least 6 feet away from other people. This will help protect the people around you.
- Cloth face coverings should not be placed on young children under age 2 years, anyone who has trouble breathing, or anyone who is not able to remove the covering without help.

Note: During the COVID-19 pandemic, medical grade facemasks are reserved for healthcare workers and some first responders. You may need to make a cloth face covering using a scarf or bandana.

Cover your coughs and sneezes.

- **Cover your mouth and nose** with a tissue when you cough or sneeze.
- **Throw used tissues** in a lined trash can.
- **Immediately wash your hands** with soap and water for at least 20 seconds. If soap and water are not available, clean your hands with an alcohol-based hand sanitizer that contains at least 60% alcohol.



- **Clean and disinfect areas that may have blood, stool, or body fluids on them.**

- **Use household cleaners and disinfectants.** Clean the area or item with soap and water or another detergent if it is dirty. Then use a household disinfectant.

- Be sure to follow the instructions on the label to ensure safe and effective use of the product. Many products recommend keeping the surface wet for several minutes to ensure germs are killed. Many also recommend precautions such as wearing gloves and making sure you have good ventilation during use of the product.

- Most EPA-registered household disinfectants should be effective.

Clean your hands often.

- **Wash your hands often** with soap and water for at least 20 seconds. This is especially important after blowing your nose, coughing, or sneezing; going to the bathroom; and before eating or preparing food.
- **Use hand sanitizer** if soap and water are not available. Use an alcohol-based hand sanitizer with at least 60% alcohol, covering all surfaces of your hands and rubbing them together until they feel dry.
- **Soap and water are the best option**, especially if your hands are visibly dirty.
- **Avoid touching** your eyes, nose, and mouth with unwashed hands.



When you can be around others after you had or likely had COVID-19

When you can be around others (end home isolation) depends on different factors for different situations.



- **I think or know I had COVID-19, and I had symptoms**

- You can be with others after

- 3 days with no fever

AND

- symptoms improved

AND

- 10 days since symptoms first appeared

- Depending on your healthcare provider's advice and availability of testing, you might get tested to see if you still have COVID-19. If you will be tested, you can be around others when you have no fever, symptoms have improved, and you receive two negative test results in a row, at least 24 hours apart.

Avoid sharing personal household items.

- **Do not share** dishes, drinking glasses, cups, eating utensils, towels, or bedding with other people in your home.
- **Wash these items thoroughly after using them** with soap and water or put them in the dishwasher.



Clean all "high-touch" surfaces everyday.

- **Clean and disinfect** high-touch surfaces in your "sick room" and bathroom. Let someone else clean and disinfect surfaces in common areas, but not your bedroom and bathroom.
- **If a caregiver or other person needs to clean and disinfect** a sick person's bedroom or bathroom, they should do so on an as-needed basis. The caregiver/other person should wear a cloth face covering and wait as long as possible after the sick person has used the bathroom.



- **I tested positive for COVID-19 but had no symptoms**

- If you continue to have no symptoms, you can be with others after:

- 10 days have passed since test

- Depending on your healthcare provider's advice and availability of testing, you might get tested to see if you still have COVID-19. If you will be tested, you can be around others after you receive two negative test results in a row, at least 24 hours apart.

- If you develop symptoms after testing positive, follow the guidance above for "I think or know I had COVID, and I had symptoms."

High-touch surfaces include phones, remote controls, counters, tabletops, doorknobs, bathroom fixtures, toilets, keyboards, tablets, and bedside tables.

Appendix 11: AK-specific mask flyer



Appendix 12: AK-specific hand hygiene flyer



BE A HAND HYGIENE HERO!

- 

Wash hands with soap and water frequently for at least 20 seconds. Rinse and dry well.
- 

Alcohol-based sanitizer is a quick alternative.
- 

Avoid touching eyes, nose, and mouth.

Keeping hands clean and away from your face is one of the most important steps you can take to avoid getting sick and spreading germs to others.

Made by Foundation Health Partners, Alaska Department of Health and Social Services, and Alaska Department of Commerce, Community, and Economic Development.

Appendix 13: DHSS Plans for Families with Children

COVID-19: Plans for Families with Children

Families with children should create a plan for what will happen if the caregiver or caregivers in the family become ill with COVID-19. A Covid-19 Family Plan should establish a Circle of Support which includes family members, friends, and other trusted people who can help care for children.

What to do if you are sick

COVID-19 is a very infectious disease and those with COVID-19 should limit how much they interact with others. The State of Alaska recommends that individuals with any symptoms, even mild, get tested as quickly as possible (by calling their provider or local public health or tribal health clinic). Those who test positive, or [who have symptoms and are waiting for COVID-19 test results](#), should self-isolate from others in their household (in a separate room and with a separate bathroom, if possible).

Single parents, households in which the other parent/caregiver is away, households in which both parents/caregivers are sick, parents who are breastfeeding an infant, and others can have difficulties self-isolating. The CDC recommends that when a household member with COVID-19 cannot self-isolate, that they wear a cloth face covering or mask around others, and that they wash hands and disinfect surfaces and door handles often.

If the children have health conditions that put them at greater risk, or if the parent/caregiver becomes too sick to care for the children, it is important to have a plan for alternate care of the children, which includes a Circle of Support.

1 Identify your Circle of Support

A Circle of Support is a group of people that a parent or caregiver can call upon to provide short- or long-term child care in case they become sick, or have other complications which restrict them from caring for their child.

For many families, grandparents are the go-to people to help with children. But people over the age of 60 are at a high risk of severe illness from COVID-19. Other go-to caregivers in a family's life may also have [health issues](#) that put them at a greater risk of having severe illness if they contract COVID-19.

During COVID-19, parents need to identify a Circle of Support that includes people who are NOT at a higher risk of developing severe illness from COVID-19. Family members like aunts, uncles, cousins and older siblings may be included in the Circle of Support. Family friends the child is familiar and comfortable with can be part of the Circle of Support, or the parents of your children's friends. What is important is that:

- Your child feels safe and comfortable with them
- You trust them
- They are not in a high-risk category for COVID-related complications (page 3)
- They are close by

Symptoms of COVID-19

Fever



Sputum



Cough



Muscle pain



Fatigue



Shortness of breath



Loss of appetite



Reduction in sense of smell or taste



2 Plan ahead with your Circle of Support

- Practice communication, decide how to get in touch
- Share a key or door code with a trusted person
- Share location of your child's COVID go-bag
- Share copies of emergency plan
- Have a list of support network members visible in your home
- Check in on a regular basis with your Circle of Support to make sure they can continue to support

3 Know when to activate your plan

In addition to the issues discussed above about when to contact your Circle of Support, it's important to stay in regular contact with your health care provider and/or the Public Health Nurse if you have tested positive or have symptoms.

Also, if you develop emergency warning signs for COVID-19, you need to get medical attention immediately—meaning call 911 or go to an emergency room. Emergency warning signs include*:

- Trouble breathing
- Persistent pain or pressure in the chest
- New confusion or inability to arouse
- Bluish lips or face

*This list is not all inclusive. Please consult your medical provider for any other symptoms that are severe or concerning.

4 Find help outside your Circle of Support

If no one in your Circle of Support can help, there are other resources in your community that may be available to provide support.

First, think about places you are already connected to, such as your child's school or sports teams, your local faith community, or your family's tribal community. There may be people beyond your initial circle who would be willing to step in to care for your child.

There are other community resources that may be an option:

Safe Families for Children Alaska offers volunteer host families who are trained to take care of children during a family emergency. Available in Anchorage, Mat-Su, Soldotna, Homer, and Fairbanks. 24 hr. helpline 907-277-0925 or safefamilies@beaconhillak.com

[Choosing Our Roots](#) provides safe homes and supportive communities for LGBTQ youth in Anchorage and the Mat-Su, and is working to make them available in other regions. There are also youth shelters in a few communities in Alaska, including [Covenant House](#) in Anchorage, [My House](#) in the Mat-Su Valley, and [The Door](#) in Fairbanks.

For other regions of Alaska and other resources, including temporary shelters for children, [call 211](#) or, if it's after hours, call Safe Families for Children Alaska at 907-277-0925.

COVID-19 go-bags

- **Child's identification**—School ID, birth certificate, other
- **List of emergency contacts**—Close relatives, teachers, doctors, or other caregivers
- **List of contact information**—People the child may communicate with on a regular basis to help the child feel connected and alleviate the stress of separation
- **Phone and device chargers**
- **Multiple outfits**—Two or more days' worth of clothing, undergarments and appropriate outdoor wear
- **Comfort items**—Blankets, stuffed animals, family pictures, or items that will bring the child comfort
- **Medications and other medical or disability-related supplies/equipment**
- **School supplies**—A description of at-home assignments, and a list of online education platforms. Include online education platforms usernames and passwords
- **Breastmilk or formula**—Or instructions on where to find this in the fridge/freezer, and other infant feeding items, if applicable
- **Additional instructions**—Dietary restrictions, allergy information, behavioral strategies, routines, and other relevant information

During the COVID-19 crisis children may be feeling overwhelmed. In addition to all of the other changes occurring, some kids may feel scared by the thought that their caregiver/s may not be able to care for them. Others will be reassured that their caregiver/s have a plan in case they become sick. Every parent should determine what is the best course of action for when and whether to talk with their child about this plan. Parents and caregivers may find this guide helpful: [Tips for how to talk to kids about the Coronavirus](#)

Grandparents or other elders raising children

Many children in Alaska are being raised by grandparents and others who are at higher risk with COVID-19. It is important to protect all members of these families from the virus by sheltering at home, making sure that the children do not physically interact with other children, and asking neighbors or others for help for grocery shopping and other errands. If an older caregiver begins to have symptoms of COVID-19, they may want to notify their Circle of Support at an even earlier point.



High risk individuals

- People with chronic lung disease or moderate to severe asthma
- People who have serious heart conditions
- People who are immunocompromised
- Many conditions can cause a person to be immunocompromised, including cancer treatment, smoking, bone marrow or organ transplantation, immune deficiencies, poorly controlled HIV or AIDS, and prolonged use of corticosteroids and other immune weakening medications
- People with severe obesity (body mass index [BMI] of 40 or higher)
- People with diabetes
- People with chronic kidney disease undergoing dialysis
- People with liver disease



Co-parenting situations

For families in which there is a shared custody agreement and where children live in multiple homes, this plan will likely need to be set up between the two homes. Some things to consider:

- The regular co-parenting plan may need to change based on the symptoms, test results, and level of medical care needed by one or both of the parents
- The Circle of Support may begin with the other parent but should include other options as well
- Make sure that the health, well-being, and safety of the children are at the center of your plan
- Make sure that your children do not have to witness or be involved in conflict about the plan
- For guidance on co-parenting during this stressful time, see the new Alaska [webpage on families and COVID](#)

More information

For more discussion of these issues, including how to assign temporary guardianship:

- Article in the New York Times: [“When Parents Get Sick, Who Cares for the Kids?”](#)
- Helpful emergency planning documents: [Fillable form—General Family Emergency Planning](#)
- [Fillable form—Medical Summary](#)

Appendix 14: Stop the spread of germs flyer for younger ages

Stop the spread of germs that can make you and others sick!



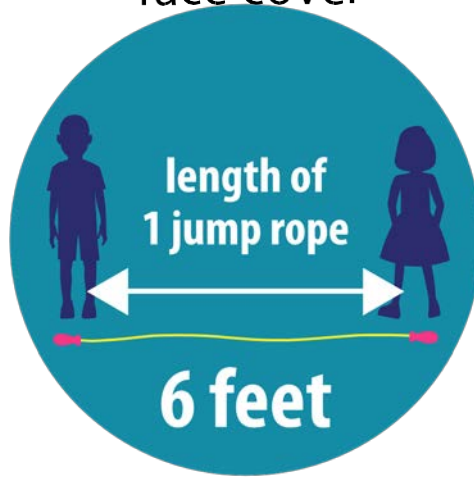
Wash your
hands often



Wear a cloth
face cover



Cover your coughs
and sneezes



Keep **6 feet** of space
between you and
your friends

RESOURCES

Alaska Department of Education & Early Development Resources:

- [Alaska Smart Start 2020 Framework Guidance](#)

Alaska Department of Health and Social Services:

- [Alaska COVID-19 Alert Levels](#)

Alaska PTA

- Statewide Survey

Alaska School Activities Association

- [ASSA Return-To-Activities Protocols](#)

American Academy of Pediatrics

- [COVID-19 Planning Considerations: Guidance for School Re-entry](#)

Centers for Disease Control and Prevention

- [Coronavirus \(COVID-19\)](#)

KPBSD:

- Parent and Student Survey
- Staff Survey

U.S. Department of Labor

- [Families First Coronavirus Response Act: Employer Paid Leave Requirements](#)

National Association of School Nurses

- [Considerations for School Nurses Regarding Care of Students and Staff that Become Ill at School or Arrive Sick](#)