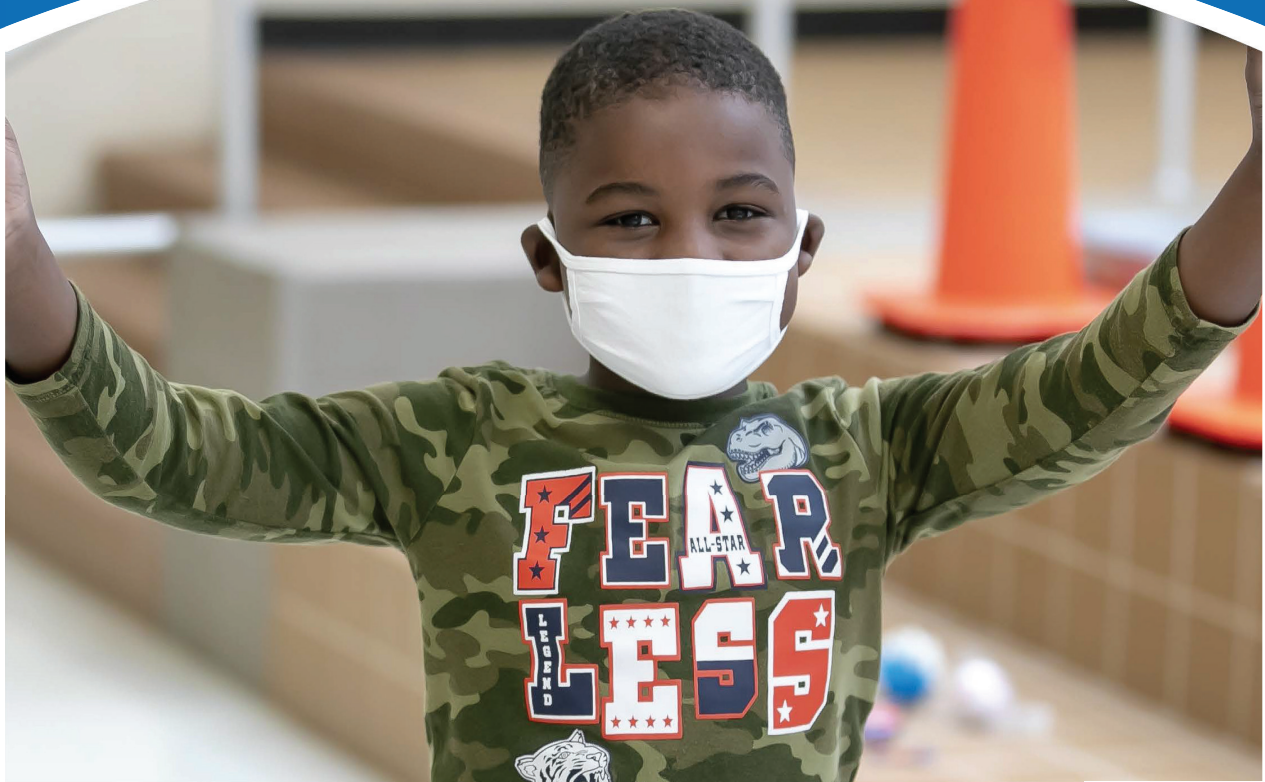




**Howard
County**
Public School System

REOPENING PLAN

2021–2022



Ellicott City, Maryland, 21042 | www.hcpss.org



REOPENING PLAN 2021-2022

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August 2021

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Executive Summary

As the coronavirus pandemic continues to impact education, work and daily life throughout our state, nation and world, the Howard County Public School System (HCPSS) is preparing to welcome all students and staff back into school buildings for in-person instruction. In alignment with guidance and expectations provided by the Maryland State Department of Education, all students have the opportunity to receive fully in-person instruction for the 2021-2022 school year. Additionally, HCPSS has developed a fully-digital option called the Digital Education Center (DEC) to serve students in grades K-6 who committed to participate this past spring. The DEC will serve approximately 500 students this school year.

The efforts of all HCPSS staff will continue to be grounded in the equity that embodies the HCPSS [Strategic Call to Action](#), with decisions guided by three primary priorities: safety and well-being of our students and staff members; high-quality instruction for all students, including those most vulnerable, for academic recovery and acceleration; and resource availability, including staffing and funding.

Student well-being is an ongoing priority, especially as many students have not been in the physical classroom for over 17 months, or may continue to face personal or family struggles that have intensified during the pandemic. Student support staff in schools will leverage the resources provided by HCPSS, partner organizations and community providers to monitor student well-being and respond to instances where students require assistance. It is anticipated that a significant number of students will require supports, including many who have not required them in the past.

Additionally, HCPSS will continue to implement measures to safeguard physical well-being, making decisions on masking and other health and safety protocols with careful consideration for the Howard County Health Department (HCHD) guidance.

A comprehensive communications program continues to ensure parents/guardians, staff, students, and community members are fully informed about fall instruction and changes during an evolving pandemic. The HCPSS website serves as a one-stop hub for complete information and updates, augmented by systemwide email, social media and selective in-person outreach, as well as communications support for school administrators. Translated versions are provided for key documents, and families needing language services are served by the HCPSS international services team and direct outreach via family liaisons.

While HCPSS is focused on returning to fully in-person instruction for the start of the 2021-2022 school year, the school system is simultaneously building on the lessons learned during the pandemic and new technological capabilities to enhance digital offerings available in the future. The technology acquired leveraging CARES act funding opens many innovative possibilities for expanding and enhancing equitable instructional opportunities for all students.

During the widespread return to fully in-person instruction, the focus will be on the physical and mental health of all students and staff; providing professional learning to staff to support students and accelerate their learning; continuing all safety measures to ensure school buildings may remain open;

and communicating plans with families. By continuing to build on a strong foundation of trust, we can ensure that all stakeholders feel safe and prepared for the return to school buildings.

Guiding Principles for HCPSS Reopening

HCPSS Reopening Priorities

- Safety and well-being of our students and staff members
- Equitable access to high-quality instruction for all students, including those most vulnerable
- Resource availability, including funding

MSDE Reopening Requirements

	MSDE Reopening Requirement	Evidence
✓	1. All requirements are posted on the website for the school system.	Link
✓	2. Educational equity is reflected through the Reopening Plan.	Pg 24
✓	3. A successful reopening plan must include the input and collaboration of diverse stakeholders.	Pg 6
✓	4. Collect and use data to develop systems to recover learning loss and accelerate learning to support student success.	Pg 7
✓	5. State standards are taught in all content areas.	Pg 7
✓	6. Educational services for students are protected under IDEA, Section 504, and ADA federal programs guaranteeing services continue during any extended school closure.	Pg 11
✓	7. Safety, prevention, and mitigation elements, as recommended by the CDC are included in the plan.	Pg 13
✓	8. Protocols are established for mitigating the spread of COVID-19 on school busses or other modes of transportation for students.	Pg 14
✓	9. School systems must develop a process to track attendance.	Pg 10
✓	10. A communication plan is established with a clear coordination process.	Appendix D
✓	11. Interscholastic athletics and activities during COVID-19 are addressed in the plan and show the integration of national, state, and local health and safety recommendations.	Pg 18

As evidenced in the chart above, HCPSS has addressed the MSDE reopening requirements.

Summer Programming

During the second semester of the 2020-2021 school year, the HCPSS transitioned to a hybrid instructional model. A [Bridge to Normalized Instruction Plan](#) was developed to document the instructional shift. The plan attended to schedules, professional development and distance learning activities for HCPSS staff and students. As the school year ended, HCPSS offered summer programming to assist with academic support, enrichment, and acceleration.



Students in grades K-8 who had been underperforming academically were invited to the school's Academic Intervention Summer Program. These 4-week programs, open to students at all HCPSS elementary and middle schools, provided academic supports in mathematics and reading through morning instruction by certified teachers. Parents of struggling students were also provided access to online tutoring services. The tutoring program had certified teachers that provided small-group tutoring in core academic subjects throughout the summer.

Parents of high school students who had failed or were likely to fail a course were offered credit recovery opportunities as part of the Innovative Pathways High School summer program. Credit recovery courses were free to students who have taken but not successfully earned credit for the course.

In addition, HCPSS offered summer programs for enrichment and to earn original credit. Details on the BSAP Summer Institute (K-9), Gifted and Talented (GT) Summer Institutes for Talent Development (1-8), Innovative Pathways High School (9-12) original credit, and STARTALK Chinese Language Summer Camp (3-8) programs can be found on the [HCPSS Summer Programs website](#).

Stakeholder Input

Stakeholder concerns and priorities have been carefully considered in all fall planning decisions. To obtain feedback from stakeholders on the 2020-2021 reopening plan, HCPSS Central Office staff organized four primary channels: (a) a dedicated email address (fall-input@hcpss.org), (b) Superintendent's advisory groups, (c) the HCPSS Recovery Plan Stakeholder Group and (d) Distance Learning and Fall Planning student, staff, and parent/guardian surveys. The input on the 2020-2021 school year was used to inform planning and priorities for the 2021-2022 school year.

Students, parents/guardians, and staff members were invited to provide input through online surveys and email. To ensure that input provided was inclusive and broadly representative of the entire school system community, several advisory groups were asked to share recommendations. The 38-member Recovery Plan Stakeholder group, which represented a diverse cross-section of stakeholders including community groups and health organizations, carefully assessed all input and other relevant data and

provided recommendations. A full list of Recovery Plan Stakeholder group participants can be found in Appendix B. The HCPSS will structure a new stakeholder group and additional feedback options for the 2021-2022 school year reopening plan. Based on the stakeholder input, adjustments will be made to the plan every six months.

Existing feedback pointed to three major themes that guided the planning for fall reopening:

1. Ensure the safety of staff and students
2. Provide high-quality instruction for all students
3. Support the well-being of staff and students

Curriculum and Assessment

Based on stakeholder feedback and guidance from MSDE, the Howard County Board of Education is proceeding with a fully in person instructional model for the 2021-2022 school year. In accordance with HCPSS Policy 8000 - Curriculum, the 2021-2022 HCPSS instructional model is designed to ensure that all Maryland College and Career Ready Standards (MCCRS) are taught within each course and that students are engaging in required course instruction, as outlined by COMAR.

Assessing Instructional Needs

With an extended school building closure and hybrid instruction, students may experience gaps in background knowledge and understanding. Assessing instructional needs will serve as a critical data point to provide students with appropriate supports during instruction to mitigate these learning gaps. Multiple measures will be used by teachers to determine instructional needs and supports for student success.

Mathematics

At the elementary level, grade-level standards-based data, centered on numbers and operations as well as algebraic thinking and problem solving, will be provided through the use of DreamBox, adaptive instructional software for mathematics. Teachers will administer number readiness assessments when considering a change in students' instructional placement. Number readiness assessments are detailed, interview-based assessments that provide information about number sense, operational sense and problem-solving skills. Teachers also will collect and use formative assessment information through daily synchronous instruction, including standards-based exit tickets and weekly progress checks. Readiness assessments for major content within each unit of study have been created and can be given prior to the start of the unit.

At the secondary mathematics level, staff will administer pre-diagnostic and end-of-unit assessments to students in mathematics courses, Mathematics 6 through Algebra II. At the start of each unit is a pre-unit diagnostic assessment, designed to address readiness for course-level concepts and skills taught within each unit. Teachers can use the results of these assessments to identify students with particular below-grade needs or topics to carefully address during the unit. These assessments may include problems that assess what students already know of the upcoming unit's key ideas, which teachers can use to pace or tune instruction. In certain cases, this may signal the opportunity to move more quickly through a topic to optimize instructional time. Teachers address below- course-level skills while continuing to work through the course-level tasks and concepts of each unit, instead of abandoning the current work in favor of material that only addresses below course-level skills. End-of-unit assessments are provided as a summative measure of student understanding after each unit. These assessments have a specific length and breadth, with problem types that are intended to gauge students' understanding of the key concepts of the unit while also preparing students for state-mandated, end-of-



course assessments. Problem types include multiple choice, multiple response, short answer, restricted constructed response and extended response. Problems vary in difficulty and depth of knowledge.

The measures will also include Measures of Academic Progress (MAP), which is a norm-referenced assessment for determining proficiency and student growth in elementary and middle schools.

Language Arts

Elementary Language Arts will use a variety of formative data, including mClass Dibels 8 for K-5, CommonLit assessments for grades 3-5, Lexia Core 5, and in-class assessments to determine instructional readiness and gaps. Elementary students in grades K-5 will participate in asynchronous reading experiences in Lexia Core5. Lexia Core5 placement assessment and real-time performance data will be used to analyze student progress and determine progress toward year-end benchmarks. Teachers can utilize Lexia Core5 data to ensure continuous progress in reading standards with a focus on foundational skills, comprehension and vocabulary. Elementary kindergarten - grade two teachers will utilize Being a Reader mastery assessments, reading performance tasks, writing tasks and formative assessments to assess the reading progress of individual students in grades K-2 to determine instructional gaps in literacy standards. Classroom teachers will review formative and summative assessments aligned to reading instruction to determine students' progress toward grade-level expectations.

Secondary Language Arts instructional levels will be determined by using diagnostic samples for reading and writing at each grade level. Teachers will use these diagnostic samples to address learning needs within instruction. The progress of all secondary students will be measured using common assessments at each grade.

The measures also include Measures of Academic Progress (MAP), which is a norm-referenced assessment for determining proficiency and student growth in elementary and middle schools. MAP provides teachers with accurate and actionable evidence to help target instruction for each student.

Other Content Areas

For other content courses, staff will administer a variety of formative assessments, including but not limited to pre-assessments, checks for understanding, and performance assessments to assess student readiness and determine potential gaps in understanding. Teachers can use these assessments to identify students with particular below-grade and course-level needs or topics to carefully address during the unit. These assessments may include problems that assess what students already know of the upcoming unit's key ideas, which teachers can use to pace or tune instruction. In certain cases, this may signal the opportunity to move more quickly through a topic to optimize instructional time. Teachers address below-grade skills while continuing to work through the on-grade tasks and concepts of each unit, instead of abandoning the current work in favor of material that only addresses below-grade skills. At the end of each unit, staff administer end-of-unit assessments, which may include, but are not limited to, tests, performance assessments, and culminating writing assignments. These assessments are intended to gauge students' understanding of the key concepts of the unit while also preparing students for state-mandated assessments and/or end-of-course assessments. In each content area/grade level, instructional staff are engaging in professional learning to gain a deeper understanding of how to use the formative and summative tools to inform instruction and student supports.



Student Acceleration

The HCPSS has established a variety of intervention programs for students struggling. At all elementary schools, students can also receive beyond school day academic interventions through the 21st Century Community Learning Center grant-funded Bridges programs, Title I programs or ESSER Funds and American Rescue Plan Act of 2021 Coronavirus State Fiscal Recovery funds.

Students at all elementary and middle schools are also eligible for selection for Academic Intervention Summer School, based on academic underperformance and/or extended school year time in their IEPs. Students in grades 3-12 may also attend the BSAP (Black Student Achievement Program) Math Academy on Saturdays to receive additional assistance strengthening their skills and becoming more confident of their mathematical abilities. Additional resources are available for students with IEPs and students receiving ESOL services.

Students at all middle schools and high schools can attend the Academic Intervention Beyond School Day program and receive additional assistance in mathematics and/or reading/English language arts. These programs have been supplemented with ESSER Funds and American Rescue Plan Act of 2021 Coronavirus State Fiscal Recovery funds. Middle and high school students who underperform can also receive additional instruction through seminars, in addition to their on grade level English and

mathematics courses. High school students may also take credit recovery or original credit courses during Evening School. More information is outlined in the Additional Supports section of this plan.

Attendance and Grading

Students will be returning to a normalized instructional model in which they attend in-person five days each week. Students enrolled in the Digital Education Center will also engage in virtual instruction five days each week. Student attendance will follow traditional attendance practices outlined in HCPSS Policy 9010 - Attendance. If a student must quarantine or be absent for an extended period of time, they will access assignments and instructional resources online through Canvas. Staff will post all assignments in Canvas for each class or subject in a timely manner at the start of each unit. Additionally, absent students will have access to synchronous supports during designated times of the week. These times will be scheduled during teacher program implementation periods that occur before or after school during the teacher duty day.

Student grading will follow traditional grading practices outlined in HCPSS Policy 8010 – Grading and Reporting: Pre-Kindergarten Through Grade 5 and HCPSS Policy 8020 - Grading and Reporting: Middle and High School.



Career and Technical Education (CTE)

Career and Technical Education (CTE) career academies will be offered both through classes typically based at our technology center located at the Applications and Research Laboratory (ARL) and the individual high schools. Each career academy may provide the opportunity to earn postsecondary and/or industry credentials and participate in work-based learning experience.

The national certification exams which must be offered at an approved testing center will continue to be offered to small groups of students throughout the year. Work-based learning experiences that are associated with career academies will resume as students are physically returning to the classroom environment.

Career and Technical Education (CTE) graduation requirement courses will be offered at the middle schools and high schools.

Dual Enrollment

Dual enrollment opportunities will continue to be available to students. Students can continue to enroll in courses based at Howard Community College (HCC), HCPSS' primary partner for dual enrollment, and earn college credits in an inclusive and nurturing environment. Courses at HCC can be taken for dual credit (reciprocal HCPSS and HCC credit) or dual enrollment (HCC credit only). Details on how students can request to take HCC-based courses can be found at <http://www.hcpss.org/f/connect/request-jumpstart-guide.pdf>. Pre-approved courses can also be taken for HCPSS credit at other institutes of higher education based on individual student requests (these requests require at least eight weeks processing time).

High-school based college credit will also be available for the 2021-2022 school year. These will be high school courses infused with college content taught by HCPSS teachers who are also approved HCC adjunct faculty. All course materials have been developed and approved by both HCPSS and HCC. Students will be required to complete an HCC application for admission as well as register and pay for college credit in the high school-based course. Credit will be awarded by both HCPSS and HCC upon successful completion of the course. HCPSS and HCC academic requirements still apply for students seeking to earn college credit in high school-based dual enrollment courses.

Implementation of Early Intervention and Special Education Services

Implementation of Early intervention and Special Education Services in accordance with IDEA, COMAR, and MSDE Guidance

Early intervention and special education services will be provided to children and students from birth to age twenty-one. For children with Individualized Family Service Plans (IFSPs), services will be provided to the children and families as documented. The Office of Early Intervention Services will work with families on the mode of service delivery that fully addresses the child and family needs. For students' with Individualized Education Programs (IEPs), in-person specially designed instruction and related and support services will be delivered in accordance with what is documented on the IEP. All instructional and assistive technologies the students need will be provided. Additional staff training (e.g., interventions, progress monitoring) as well as student/family supports (e.g., masking strategies, behavioral and social/emotional supports) to ensure students can access, be involved, and make progress will be provided. IFSP and IEP teams will follow all legal procedures to implement services and/or convene required IFSP or IEP team meetings to make adjustments based on data as necessary.

The following services and supports are being provided as part of the HCPSS continuum to implement early intervention and special education services in accordance with IDEA and COMAR:

- Early Intervention Services
 - Infant and Toddlers Ages Birth-4 (IFSP)
 - Early Intervention Services Ages 3-5 (IEP)
- School-based Services for Elementary, Middle, and High
- Countywide Services
 - Related Services - Occupational Therapy, Physical Therapy, and Speech-Language Therapy
 - Support Services - Vision, Hearing, and Adapted Physical Education
- Public Separate Day Schools

To access the Digital Education Center option for students in grades K-6, IEP teams will meet to determine if the student's IEP can be fully implemented. IEP teams will consider the student goals, objectives, supplementary aids and services, service areas, and service hours in making a determination. Using the current IEP and other available data, IEP teams may consider minor adjustments to expand

accessibility where appropriate (e.g., replacing in-person staff proximity strategy with visual cue). Training is required for school teams to complete this process.

Implementation of Section 504 Plans

The HCPSS will ensure that students with qualifying Section 504 disabilities have equal access to the same HCPSS educational and extracurricular activities that all HCPSS students are afforded through individual student plans in compliance with federal guidelines. Initial eligibility, reevaluations, and annual reviews will be completed as required in a manner consistent with the health and safety needs of students and staff. Section 504 meetings will occur with the option of virtual/telephonic meetings should parents request. Students with 504 plans who have experienced gaps in background knowledge and understanding due to extended school building closures will have instructional needs assessed to provide appropriate support during instruction to mitigate these learning gaps or through necessary recovery services. Should there have been a denial of a Free and Appropriate Public Education during the extended school building closure, compensatory services will be provided with parental input.

Implementation of Instruction for English Learners

HCPSS put several supports in place in order to provide instruction to English learners and make communications accessible to families. Educators have received training to ensure that they understand expectations for supporting English learners (EL) by reviewing EL plans including student accommodations.

The following instructional plans are designed for English learners:

Elementary

English learners will receive on grade level and differentiated content and targeted English language proficiency (ELP) instruction from certified content teachers and ESOL teachers with appropriate accommodations. English Learners will receive small group instruction differentiated at their current academic and ELP levels. The ESOL teacher will collaboratively plan and co-teach with classroom teachers to ensure that English learners receive simultaneous classroom and academic language instruction, as well as necessary accommodations and targeted language support. English language and content appropriate EL accommodations will be provided by certified content teachers and ESOL teachers. In addition, some English learners may receive evidence-based interventions for any unfinished learning as indicated in current language proficiency and academic data.

Secondary (Middle & High)

English learners will receive on grade level, differentiated content instruction and targeted English language proficiency (ELP) instruction from certified content teachers and ESOL teachers with appropriate accommodations. English learners who receive English Language development (ELD) instruction through an ELD course will participate in learning assignments to target their current ELP and target ELP levels. English learners who receive ELD instruction through mixed classes with ELD support will have co-taught lessons with an ESOL teacher and certified content

teachers that include differentiated learning assignments with targeted language supports. Classes will address MCCRS speaking and listening standards to ensure that language development continues to be a focus. In addition, some English learners may receive evidence based interventions for any unfinished learning based on current language proficiency and academic data.

Health and Safety

All staff and students entering HCPSS locations are expected to follow health protocols as indicated by the CDC, Maryland Department of Health (MDH), and the HCHD. As guidelines are updated by these organizations, the protocols for staff and students in HCPSS buildings will also be updated. Signage will be placed at the entry and throughout buildings to alert staff and students of the need to wear face coverings; maintain social distancing; perform proper, frequent handwashing and hand sanitizer usage; to return home if experiencing symptoms; and alert school administrators of symptoms.

Building Preparation:

Physical and operational changes to support safe and healthy learning environments for the education of Howard County students are currently being implemented by the Division of Operations.

As school resumes in a normalized format, HCPSS Custodial Services are committed to adhering to all necessary cleaning protocols and precautionary guidelines outlined by the Maryland Department of Health and CDC. School buildings will be routinely cleaned and disinfected on a daily basis and will include, but are not limited to, classrooms, offices, restrooms, public areas, health suites, and isolation rooms. Handwashing will continue to be encouraged by students and staff, and hand sanitizing stations will be strategically placed in areas where handwashing is not available.

The front office of each school is being provided with freestanding clear Plexiglas barriers or guards for office desks and other public-facing staff member areas.

Heating, ventilating, and air conditioning (HVAC) systems serving all HCPSS buildings will continue to operate in accordance with the Centers for Disease Control and Prevention (CDC) and the American Society of Heating, Refrigerating, and Air-Conditioning Engineers (ASHRAE) guidelines for reopening schools. The following is a summary of the enhanced operating parameters for HVAC systems:

1. Air filters having a minimum efficiency reporting value (MERV) rating of MERV 13 have been installed in all HVAC units where possible.
2. Proper operation of outdoor air dampers for all HVAC units has been confirmed.
3. Proper operation of airside economizers (which allow up to 100% outdoor air to be delivered to the areas served when weather conditions allow) has been confirmed. This ensures that the maximum outdoor air ventilation allowed by the HVAC system design is being delivered to the areas served by the HVAC units.
4. Proper operation of all exhaust fans has been confirmed to ensure that areas such as restrooms, the kitchen, and the health suite in schools are properly exhausted.

5. Air bypass around air filters in all HVAC units has been addressed to ensure that air passes through the filter media and does not bypass around the filter media.
6. The run times of HVAC systems have been extended to two hours before school occupancy to two hours after school occupancy. This provides additional “flushing” of schools with outdoor air ventilation prior to the students’ arrival and after their departure.
7. Demand-controlled ventilation (an energy saving measure which reduces outdoor air ventilation to spaces within school buildings during periods of low occupancy) has been disabled to ensure that 100% of the outdoor airflow designed for each space will be continuously delivered while the schools are occupied.
8. Energy recovery units in HVAC systems have been disabled during times of non-extreme summer and winter conditions to eliminate the small percentage of exhaust air that can be re-entrained into the outdoor air ventilation provided by these units.
9. High-efficiency particulate air (HEPA) air purifiers have been installed in the isolation room in each school’s health suite.
10. Carbon dioxide (CO₂) sensors with data logging capabilities have also been installed in all school cafeterias. The level of CO₂ in the room air, measured in parts per million (ppm) CO₂, provides an indication of the effectiveness of the outdoor air ventilation in diluting airborne contaminants.

Transportation of Students

The Maryland State Department of Education (MSDE) issued guidance to all local school systems to continue to follow current federal, state, and applicable local health department requirements regarding students wearing masks on school buses. MSDE cited that the federal Center for Disease Control’s (CDC) Order issued on February 1, 2021, remains in effect for mask-wearing on all forms of public transportation, including school buses, in the United States. MSDE also provided guidance under presidential Executive Order No.13998 in which mask-wearing does not apply to children under two years of age or a person with a disability who cannot wear a mask or cannot safely wear a mask. This information was shared with all school bus contractors.

Circulation of air through the bus is paramount, therefore all driver and passenger windows and the roof hatches will be fully open, weather permitting, on buses not equipped with air conditioning. On buses equipped with air conditioning, the driver’s window and at least three passenger windows on both sides of the aisle and the roof hatches must be opened slightly. If weather is an issue, the driver’s window and at least three windows on each side of the aisle must be opened slightly on all buses. The roof hatches may be opened to the extent possible on all buses. To reduce cross contamination, students shall not operate the windows. Only the driver or bus attendant shall operate the windows.

Buses will use a “drop and go” approach to unload students at the school sites. This will alleviate any idle time in the bus loop and get the students off the bus quickly and safely. This will also assist in getting the buses to their next location sooner to account for the changes in schedule and load.

Bus cleaning will be performed in compliance with CDC guidelines:

- If less than 24 hours have passed since the person who is sick or diagnosed with COVID-19 has been in the space, clean and disinfect the space.

- If more than 24 hours have passed since the person who is sick or diagnosed with COVID-19 has been in the space, cleaning is enough. Disinfecting is not required, but may also be performed.
- If more than 3 days have passed since the person who is sick or diagnosed with COVID-19 has been in the space, no additional cleaning (beyond regular cleaning practices) is needed.

Vaccinations:

HCPSS employees will be required to provide proof of full vaccination or undergo regular COVID-19 testing for the 2021-2022 school year. As vaccines are approved for students under the age of 12, HCPSS will partner with the Howard County Health Department to determine distribution options.

Prior to Entry:

Staff must complete the online training module for COVID-19 through the HCPSS SafeSchools platform, which will include training on many topics including proper use of face coverings, hand washing, social distancing and symptoms of COVID-19. Staff will be asked to complete a health status questionnaire ([similar to the CDC version](#)) to assess their [symptoms](#) related to COVID-19 and their general health status.

If a staff member has any symptoms, they are to stay home, except to get medical care, and avoid any public areas. They are to remain home until cleared to return:

- By their primary care physician or contact tracer,
- At least 10 days since symptoms first appeared AND until no fever for at least 24 hours without medication AND improvement of other symptoms, or
- If they received a negative COVID-19 test and are free from symptoms.

Parents/Guardians will be given information to share with their children regarding hand washing, face coverings and social distancing. Once students access the building, they will be educated on those same aspects again. Parents/guardians will assess their children for [symptoms](#) of COVID-19 illness and refrain from sending/transporting them to school until after they have been symptom-free at least 10 days after the onset of symptoms, have no fever for at least 24 hours without the aid of fever-reducing medication, and have continued improvement of symptoms and/or medical consult with their primary care physician.

Upon Entry:

The Howard County Health Department strongly recommends the use of universal masking in all school buildings regardless of vaccination status. Face coverings are not considered personal protective equipment (PPE), however the face covering does offer protection to others from expelled, viral droplets. To prevent the spread of the COVID-19 virus, the CDC recommends the use of cloth face coverings in schools. Visit the [CDC Mask Type](#) website for more information on mask selection and proper usage.



HCPSS Staff will wear a cloth face covering, over their nose and mouth while approaching and inside school and office facilities. Face coverings may be removed while an employee is alone in an enclosed office or classroom. Face covering must immediately be put back on whenever another individual enters the space. Face covering should not be worn if a person is experiencing difficulty breathing. Staff that are unable to wear a mask will need to cover their coughs and sneezes. Staff will maintain social distancing of at least 6 feet whenever possible. When close interactions are required or when working with students who are unable to wear a face covering, additional staff PPE will be required. For example, it may be necessary for a staff member to wear eye protection or gloves.

HCPSS Students over the age of 2 will wear face coverings while receiving services in the buildings. Some students will be unable to wear face coverings due to developmental or medical complications. In these cases we will emphasize social distancing between individuals whenever feasible. All students will be reminded of proper hand washing techniques and social distancing practices from other students and staff members. The school cafeteria is one area where masking at all times will not be possible. Students will be required to wear masks at all times when they are not eating or drinking, including when entering and exiting the cafeteria, in the lunch line, throwing trash away, and sitting at their table after finishing their meal. Where possible and when weather permitting, students may have the opportunity to eat lunch outside to lessen the number of students in the cafeteria.

Health Services staff will be available in the building to assess students and staff as needed and will be provided appropriate PPE for evaluating ill students and staff members and will follow isolation protocols per the CDC, MDH and HCHD. MSDE has provided guidance for assessing students and staff with symptoms within the document labeled K-12 School and Childcare COVID-19 Guidance - Appendix C.

Coordination with Health Department Including Notifications/Contact Tracing

HCHD performs contact tracings on all Howard County residents who test positive for COVID-19. Any staff member who resides outside Howard County will have contact tracing through their local health department. HCPSS will be notified of a positive case if there is a public health risk to the school community through the contact tracing process. A Health Department Investigator will call a patient to help them remember everyone they had close contact with during the time they may have been infectious. The investigator will call each of the contacts. (To protect patient privacy, contacts are not told the identity of the patient who may have exposed them.) All information is kept confidential. Contacts are provided with education about the infection and key information and support to understand their risk, monitor their symptoms and health, and to prevent the spread of the infection in their households, workplaces and community by staying home and maintaining social distance or wearing appropriate personal protection.

When an HCPSS staff member becomes ill and alerts a supervisor, the supervisor will contact the HCPSS school health services department. HCPSS School Health Services will discuss with the supervisor to follow necessary protocols for alerting close contacts and necessary medical follow-up and give direction to send the employee home.

When a student develops symptoms, the staff member will alert the school health staff of a sick student arriving in the health room. The School Health Services team will assess the student and contact the parent/guardian to pick-up the student for testing. Areas of a school or office that have been used by a sick student or staff member will be cleaned by building services.

Digital Education Center

The HCPSS is launching a full-time blended virtual option for new and returning students entering grades K-6 who enrolled in the Digital Education Center (DEC) to learn virtually for the 2021-2022 school year. The DEC program will give students the opportunity to take classes and earn credits virtually, while receiving support services from both the DEC and their designated home school. DEC staff have reviewed student's existing course requests and have communicated the schedules with the student and parent/guardian before finalizing their enrollment. Students will remain enrolled in their designated home school for the 2021-2022 school year but will have a concurrent enrollment for instruction with the DEC. As a separate K-6 center, DEC students will be able to participate in extracurriculars and receive services at their designated home school.

DEC courses meets the same standards as all HCPSS curricula. The main difference between traditional, in-person, courses and the DEC is the delivery of instruction which is a blended virtual model. The DEC has synchronous virtual instruction with some asynchronous blocks of work time built into the schedule. Approved curricula has been developed by HCPSS curriculum staff which are outlined in the HCPSS Curriculum Guides and Course Catalogs. The courses taken at the DEC will be a subset of the courses in the catalogs and include all core course offerings and electives determined by the course requests of enrolled students. Student supports and extensions will be provided for all instructional levels, including ESOL, reading and math seminars, special education and GT enrichment. Curricula is delivered through the Canvas learning management system. Canvas provides student and staff access to submit assignments, deliver assessments, take attendance and record assessments through the gradebook. All DEC course sections and enrollments are listed and reported through the Synergy Student Information System.

Regular attendance and active participation is essential for student growth, and students will be expected to engage in learning synchronous learning activities every day. Students enrolled in the DEC will follow the same attendance processes outlined in Policy 9010- Attendance. Students in the DEC, like their peers attending in-person instruction, will follow the same HCPSS school calendar for SY21-22.

The DEC will provide regular assessments in all courses consistent with how learning is assessed in all HCPSS curricula which includes national, state and local assessments. Typical local assessments for DEC students includes MAP testing (Grades 1-6) and CogAT testing (Grades 3 and 5). While DEC students may elect to take some standardized tests and assessments at home during the fall semester, HCPSS will provide access to all standardized tests and assessments, including Maryland State Assessments, through a testing center housed at the HCPSS Application and Research Laboratory (ARL).

DEC students will have the same complement of supports as their peers attending in-person instruction. DEC teachers, paraeducators, school counselors, and administrators will be in daily communication with students through synchronous instruction and will provide students with assignments, proctor exams, keep attendance, report grades and arrange for tutoring and other interventions, as needed. They will mentor and support the students. Students will have access to DEC staff for assistance with time management and troubleshooting technical issues.

Fall Sports

Fall sports started practicing on August 11, 2021 for competitions that begin on September 3, 2021.

In the indoor environment, all student-athletes, coaches, officials, game management staff and spectators will wear face coverings. The exceptions include student-athletes actively participating in athletic contests, athletic practices, other organized training activities, and weight training exercises - face coverings are optional during these activities. Face coverings must be worn on the sidelines/bench and in locker rooms at all times. Officials may remove face coverings when competitions begin.

While outdoors, All student-athletes, coaches, officials, game management staff and spectators are recommended to wear face coverings when physical distancing cannot be maintained. The exceptions include student-athletes actively participating in athletic contests, athletic practices, and other training activities. Officials may also remove face coverings when competitions begin. All individuals are encouraged to wear face coverings in any setting whenever they would feel more safe. All student-athletes and coaches are required to wear face coverings when students are on the bus.

In preparation for fall sports, student-athletes and parents must complete the COVID-19 Information and Sign-off as part of the Online Athletic Registration (OAR) process. If someone is identified as COVID-19 positive, staff will coordinate with HCPSS Health Services to determine specific actions. Refer to the Health and Safety section of this document for information on COVID like illness and quarantine procedures. It is important to note that student-athletes and coaches who have been determined to have been in close contact with a COVID-19 positive individual will NOT need to quarantine if they are fully vaccinated and asymptomatic.

The following MPSSAA-recommended Return to Play (RTP) form will be required for student-athletes who test positive for COVID-19. HCPSS/Pivot athletic trainers will work with student-athletes to complete the gradual return to play steps. [MPSSAA RTP COVID-19 Infection Medical Clearance Form](#)

Additional Supports

Tiered System of Supports for Mathematics and Language Arts

Mathematics

A system of tiered supports for elementary and secondary mathematics will be provided. Assessment tools mentioned in the “Assessing Instructional Needs” section will be used to identify student entrance and exit from these interventions. First instruction (Tier I) will feature standards-based, grade-level tasks taught by classroom teachers.

In elementary schools, Tier I will also include 10-15 minutes of DreamBox Learning (highest evidenced-based intervention rating, www.evidenceforessa.org) and teacher-assigned tasks. Supplemental intervention (Tier II) will be small-group, instruction focused on fragile or incomplete understanding of prior grade skills and concepts. Tier II asynchronous instruction will include additional time on DreamBox Learning for assigned lessons focusing on targeted, prior-grade level content. Grades 2-5 Tier II support will also focus on basic fact recall and computational fluency. Intensive intervention (Tier III) will focus on previous grade level(s) skills and concepts. Instruction will use focusMATH, which also receives the highest rating for evidence-based intervention programs. FocusMATH will be taught in small groups. Tier III instruction will include small-group tutoring and assignments on DreamBox.

In addition to utilizing the Tier I curriculum support materials from Illustrative Mathematics/Kendall Hunt (delivered via Canvas and receiving the highest ratings from www.edreports.org), secondary mathematics teachers will use ASSISTments (Tier I) and DreamBox Learning (middle school) online programs, to give students immediate support and compile data to help inform and improve instructional support. These programs receive the highest evidence-based intervention rating (www.evidenceforessa.org) and show strong evidence for meeting ESSA standards. Staff will use Illustrative Mathematics/Kendall Hunt curriculum resources (including teacher guides and consumable and non-consumable materials) to support Tier I mathematics instruction and for small group/individual support (Tier II and III), as needed. When appropriate, students needing Tier III support will be provided with Illustrative Mathematics/Kendall Hunt print versions of student instructional materials.

Additionally, secondary mathematics staff will provide small group tutoring (Tier III support) for students enrolled in Mathematics 6 through Algebra 2. Middle and high schools will enlist the support mathematics tutors to work with students over an 8-week tutoring program. Each week, students will engage in two, one-hour tutoring sessions. Sessions will focus on essential skills and concepts for the grade/course level.

Language Arts

A system of tiered supports for elementary language arts will be provided. First instruction (Tier I) will feature standards-based, grade-level reading and writing experiences taught by classroom teachers.

Reading Specialists will provide targeted interventions to students in grades K-12. Student success is contingent on a consistent match of effective explicit instruction to student needs. Intensity varies with group size, the frequency and duration of intervention, and the expertise of the professionals providing instruction. These services and interventions are provided in small-group or individual settings in addition to instruction in the general curriculum. Student progress is monitored on a regular basis with clear entrance and exit criteria.

In Kindergarten to Grade 5 elementary classrooms, Tier I supports will also include independent reading and writing experiences, 20 minutes of Lexia Core5 eLearning and teacher-assigned tasks. Students participate in daily small group reading instruction that is differentiated to meet the needs of the individual student. Reading Specialists, Title I interventionists and Special Educators will provide reading intervention (Tier II and Tier III) to individual and small-groups of students. This synchronous instruction will focus on specific reading deficiency by providing direct instruction utilizing focused interventions. There will be specific entrance and exit criteria and data collection for each student to monitor interventions.

Students who are identified as struggling readers participate in interventions based on their identified needs. Interventions are typically incorporated into the daily reading rotation and differ based on the aspect of reading that particular students find most challenging. Some of the reading interventions that are available are SIPPS (Systematic Instruction in Phonological Awareness, Phonics, and Sight Words), Really Great Reading, LLI (Leveled Literacy Intervention) and Lexia Core5 supplemental resources.

In middle and high schools, students who are enrolled in a scheduled period for reading interventions (seminar) for comprehension or decoding will have direct instruction, weekly check-ins and learning assignments with their reading seminar teacher. ELA teachers, special educators and ESOL teachers will consider the reading needs of their learners as they plan instruction. Students who are enrolled in middle school reading seminar courses are provided with targeted support to address their specific needs in the areas of decoding, fluency and comprehension. Reading seminars focus on eliminating achievement gaps by accelerating student growth.

The middle school reading intervention to support students who need assistance with decoding and comprehension is Seminar D. It provides explicit and systematic instruction in critical foundational skills using a multi-sensory approach using a blended learning model. Instruction focuses on phonological automaticity, reading fluency, comprehension, vocabulary and writing. System 44 is the primary curricular program used in this seminar. Reading specialists address phonemic fluency in small group instruction with an individualized software component, which includes multiple texts, video and daily guided instruction. Students needing more intensive instruction may use Really Great Reading or Lexia Power Up Reading, which have lessons that explicitly teach phonemic awareness, phonics concepts and word attack skills.

The middle school reading intervention course provided for students who need support with comprehension is Seminar C. It is designed to help students read independently with understanding and to develop the comprehensive skills and strategies of vocabulary, fluency, independent reading and writing techniques. Seminar C primarily utilizes the Read 180 curricula in a blended learning model.

Read 180 meets the needs of at-risk reading students through its innovative use of computer software and small group teacher-guided instruction. The technology component of Read 180 offers differentiated reading instruction to students in an engaging framework. The teacher instructional model of Read 180 provides a balanced literacy program of reading, writing, vocabulary and language. This program will also support a seamless transition for students who progress in Seminar D, with System 44, to Seminar C.

High school strategic reading allows for targeted reading instructional support in the areas of vocabulary, fluency, metacognition and comprehension in all content areas to eliminate achievement gaps. Instruction occurs in a small group setting utilizing research-based instructional strategies. Students are provided with relevant technologies, including collaborative online environments that enhance learning in areas of reading, writing, listening and speaking.

The newly updated version Achieve 3000Literacy is being used in all 12 high schools. Achieve 3000Literacy uses a Level Set Lexile assessment tool and software that provides teachers opportunities to teach the same topic with differentiated text at individual student Lexile levels. In addition, the program supports secondary students who need to strengthen their foundational literacy skills. The program aligns with Maryland College and Career-Ready Standards in reading and writing and addresses literacy across content areas.

Students Engaged in Gifted and Talented Programming

The HCPSS strives to meet the academic needs of a variety of learners. Students engaged in gifted and talented (GT) programming will receive the following supports:

Elementary

GT teachers will provide instruction for fourth and fifth grade GT mathematics classes. GT Resource teachers will also provide differentiated instruction through Curriculum Extension Units in grades 2-5. All students in Kindergarten and Grade 1 will participate in Primary Talent Development on a monthly basis throughout the school year. GT Resource teachers will offer GT Instructional Seminars, open to all students, to provide additional enrichment and talent development opportunities.

Middle

Students enrolled in GT classes will receive weekly instruction for the designated classes. GT resource teachers are teachers of record for grade 6 GT research classes. Students enrolled in this class will receive instruction during their designated class periods. GT resource teachers will also offer a variety of humanities and STEM-based Instructional Seminars to provide enrichment and talent development opportunities for all interested students.

High

Students enrolled in GT and AP classes will receive weekly instruction. In addition, GT Resource teachers are teachers of record for the GT Intern/Mentor classes and for GT Research. Students enrolled in these classes will also receive weekly instruction during their designated class period.

Students Experiencing Homelessness

The HCPSS strives to connect all students to instruction including the most vulnerable populations. Pupil Personnel Workers (PPWs) case manage all students experiencing homelessness. This includes ensuring that homeless students receive the protections of the federal McKinney Vento Act, helping students and families access socioeconomic resources, making referrals to community and school-based services, and coordinating with school SST Teams to provide academic, attendance and behavioral supports. Since the closure began in March of 2020, PPWs have also assisted with device and internet hotspot deployment to ensure that all students have equitable access to virtual instruction.

Given the recent economic impact of the pandemic, we believe there is likely an increase rather than a decrease in students experiencing homelessness. HCPSS will take additional measures to ensure we are

identifying the students and meeting their needs. This will include expanded training for all staff and additional case management efforts from PPWs to foster regular communication with families.

The Education for Homeless Children & Youth Program staff (including Title I) will continuously collaborate in meeting the needs of homeless families. The Homeless Advisory Committee will also continue to hold fall and winter meetings. Guidance from these stakeholder groups will assist in how we reallocate EHCY funding to support areas of increased need for students experiencing homelessness.

Child Care

The HCPSS hosts multiple child care providers for day care and before/after care. Providers are working with the Division of Operations to determine the feasibility for expanding capacity and service hours. HCPSS Food and Nutrition Services will work with the child care providers to supply/purchase nutritious meals for their programs. The Division of Operations is evaluating the child care providers safety and health protocol plans, the availability of space (giving priority to HCPSS use for teaching and small group) and the use of existing provider locations. Child care providers are working to determine their capacity based on availability of staffing. Families and HCPSS staff members seeking child care should utilize [The Howard County Child Care Resource Center](#) to connect with resources.

Students with Academic and Behavior Needs

The HCPSS strives to address a variety of student learning needs. HCPSS recognizes that there cannot be a “one size fits all” approach to address learning gaps and academic needs, so a variety of approaches were employed to support students. Particular attention was given to students who were engaged in interventions to address reading difficulties and/or mathematics challenges.

HCPSS will utilize a tiered support system to clearly define the instructional materials, data and tools available at each level of need. This system begins with quality first instruction that includes strategies and tools for general education teachers to differentiate and meet the needs of all of their students. Tier two supports may be provided in a small group format to students with similar areas of need. Tier three supports are more individualized and may be provided by a special educator, academic specialist or tutor.

School teams will work to support student academic and behavioral growth, while ensuring access to needed resources. [Student Support Teams \(SSTs\)](#) at all schools throughout HCPSS will provide a structured process for identifying students’ mental health, academic and/or behavioral needs and connect students/families with appropriate resources. At the elementary level, [Instructional Intervention Teams \(IITs\)](#) will continue to work with teachers to improve student outcomes using a structured problem-solving model. During distance learning, the IIT will focus on supporting teachers to meet the needs of their students through engaging first instruction that builds on student strengths, while creating opportunities for additional instruction and/or practice as needed.

School Teams

	Academic Support Process	Behavior Support Process
Elementary	<p>All students: <u>Interventionists:</u> Resources/ideas to support differentiated instruction. IIT may support.</p> <p>For additional support: <u>IIT Process:</u> Collaborate with the teacher to identify root cause and develop strategies for use by the general educator.</p> <p><u>Intervention with specialist*:</u> Address skill need.</p> <p>*IIT may support students in interventions with classroom-based strategies that <i>match</i> the intervention.</p>	<p>All students: <u>Student Services Staff:</u> Resources/ideas to support classroom strategies.</p> <p>For additional support: <u>IIT Process:</u> Collaborate with the teacher to identify root cause and develop strategies for use by the general educator.</p> <p><u>SST Process:</u> Address student/family resource needs, including mental health. May refer student to intervention with specialist (School Counselor, Social Worker, Alt Ed Teacher, etc) or refer student and/or family to community agency.</p> <p><u>Attendance Team:</u> Provide supports to facilitate attendance. (In some schools this is part of SST.)</p>
Middle	<p>All students: <u>Interventionists:</u> Resources/ideas to support differentiated instruction. IIT may support.</p> <p>For additional support: <u>IIT Process:</u> Collaborate with the teacher to identify root cause and develop classroom-based strategies. (<i>only some schools</i>)</p> <p><u>Intervention with specialist:</u> Address skill need (e.g., Reading Specialist).</p> <p><u>SST Process:</u> Adjust class placement and supports to facilitate instructional match</p>	<p>All students: <u>Student Services Staff:</u> Resources/ideas to support classroom strategies.</p> <p>For additional support: <u>IIT Process:</u> Collaborate with the teacher to identify root cause and develop classroom-based strategies. (<i>only some schools</i>).</p> <p><u>SST Process:</u> Address student/family resource needs, including mental health. May refer student to intervention with specialist (School Counselor, Social Worker, Alt Ed Teacher, etc) or refer student and/or family to community agency.</p> <p><u>Attendance Team:</u> Provide supports to facilitate attendance. (In some schools this is subsumed by SST.)</p>

High	<p>All students: <u>Interventionists:</u> Resources/ideas to support differentiated instruction.</p> <p>For additional support: <u>Intervention with specialist:</u> Address skill need (Reading Specialist, Tutorial, etc.)</p> <p><u>SST Process:</u> Adjust class placement and supports to facilitate instructional match problem solving to meet students' changing needs.</p>	<p>All students: <u>Student Services Staff:</u> Resources/ideas to support classroom strategies.</p> <p>For additional support: <u>SST Process:</u> Address student/family resource needs, including mental health. May refer student to intervention with specialist (School Counselor, Social Worker, Alt Ed Teacher, etc) or refer student and/or family to community agency. <i>Note: Some high schools have an additional process for students who have been supported by SST for a period of time and require more intense intervention for dropout prevention.</i></p> <p><u>Attendance Team:</u> Provide supports to facilitate attendance.</p>
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Diversity, Equity and Inclusion Supports

HCPSS' Strategic Call to Action, Learning and Leading with Equity provides the framework for guiding the school system's equity strategy throughout the reopening of school. A crucial part of the reopening centers on the work of the Office of Diversity, Equity and Inclusion (ODEI). The current health crisis has not only exposed distinct gaps in equity, but has also placed a spotlight on many structural racism concerns that must also be examined going forward.

In concert with the Strategic Call to Action, ODEI is guided by the frame: "Building a climate of belonging and a culture of dignity with a racial equity lens throughout the Howard County Public School System."

This frame allows the office to coordinate systemic diversity, equity and inclusion work without elimination of the racial implications of the work. It also applies a racial equity lens that will enhance choices, decision making and allocation of resources; examine any unintended harm; and allow an added layer of anti-racist education to the anti-bias work already underway in the district. This work will be crucial in ensuring that every student within HCPSS is provided the best quality education HCPSS can offer under these unique circumstances. The office will work with system leaders and staff in four areas: professional development, district leadership collaboration, support to schools, and community engagement and partnerships. The following diversity, equity and inclusion activities will coincide with district reopening:

Professional Development

ODEI is working in close connection with the Office of Leadership Development, Office of Teacher and Paraprofessional Development, the Division of Academics, and Division of School Management and Instructional Leadership to provide professional development that focuses on equity, dignity, structural racism, belonging and restorative justice practices, with emphasis on how these show up in our transition back to in-person instruction and best practices during these unprecedented times. In addition, ODEI is offering professional development on belonging, cultural responsiveness, institutional racism and anti-racist education, and implicit bias.

District Leadership Collaboration

The Director of Diversity, Equity and Inclusion is a sitting member of the Superintendent's cabinet and will continue to be involved in the decision-making process around reopening. ODEI will collaborate with the Office of Program Innovation and Student Well-Being to provide not only social-emotional supports to students during reopening, but also assist in monitoring the engagement of families and outreach as it pertains to digital devices, translation of documents, outreach to families, and other key components to the reopening of school and throughout the year. Additionally, ODEI will work closely with the Office of Curriculum, Instruction and Assessment to ensure curriculum aligns with the district commitment to being diverse and inclusive during this time, and will work with the Offices of Special Education and Program Innovation and Student Well-Being to address the needs of students with disabilities.

Support to Schools

ODEI facilitators are assigned to work with each of the individual schools and school leaders to assist in promoting, developing and addressing diversity, equity, and inclusion issues. This work will continue during reopening. Additionally, each school has a diversity, equity and inclusion liaison within the school to assist school leaders in this work. These liaisons are in close contact with ODEI, and proper supports are given to meet the unique needs of each school. Additionally, extensive work will be done with schools around creating positive school climates and culture that promote a sense of belonging, value relationships, and honor diversity, particularly among students of color or those who have been traditionally marginalized. This will be extremely crucial at this time.

Community Engagement and Partnership

The Superintendent's Diversity, Equity and Inclusion Advisory Committee is a vital partner in advising the Superintendent on how issues related to diversity, equity and inclusion are showing up during reopening and beyond. The committee consists of representatives from over 30 community, family and civic organizations, and meets on a monthly basis. The group receives updates on current work, and makes recommendations and/or raises concerns that need to be addressed throughout the process. Additionally, ODEI works closely with the Executive Director of Family and Community Engagement, the Community Superintendents and Performance Directors on proactive engagement opportunities, addressing concerns, and troubleshooting diversity, equity and inclusion issues raised by the community and families.

Supporting Student and Staff Well-Being

Mental Health Screening and Services

HCPSS will continue to strive to identify students who may be experiencing emotional and/or mental health concerns. The Mental Health Screening subgroup developed protocols to assist teachers in recognizing students who may need additional supports beyond the established school-wide approaches to creating safe and nurturing environments and infusing content instruction with social and emotional learning (SEL).

Teachers will then refer students about whom they have concerns to the Student Support Team, who will connect students to in-school and community resources, as appropriate, to address their emotional and/or mental health needs. These supports may include counseling services provided through HCPSS student services staff or one of HCPSS' community mental health providers. HCPSS will continue to work with the Horizon Foundation to cover treatment costs for students whose families neither qualify for

Medicaid nor have private insurance that can cover these mental health services, to ensure equitable supports for all students.

Classroom Supports

A workgroup consisting of diverse stakeholders, including school counselors, school social workers, classroom teachers and Central Office staff from various divisions/departments, developed classroom supports. This group developed a yearlong plan to address student well-being; specifically social-emotional learning (SEL) supports that will be put in place to ease transitions, increase positive relationships and a feeling of belonging in classroom communities, and help to alleviate and/or provide tools for dealing with stress, anxiety and/or trauma. The work of this group is strategically aligned to many other groups working on related initiatives within the frame of “building a climate of belonging and a culture of dignity with a racial equity lens.”

The plan includes opportunities for direct instruction and relationship building that are being built into the elementary, middle and high school schedules. During these blocks of time, teachers will utilize provided resources that will assist them with delivering lessons and facilitating daily (elementary) or weekly (secondary) class meetings. These lessons and class meetings will focus on a cohesive scope and sequence of skills/topics that are developmentally appropriate and based on the [five core competencies](#) of SEL as defined by CASEL.

Additionally, resources will be provided to all teachers to support them with building a classroom community and integrating SEL skills into their specific content area curriculum. Instructional resources have been created for school counselors to use in classroom settings. Professional learning opportunities will be provided for all staff before students return to school and will continue throughout the year.

Student Services Supports

The Student Services Support workgroup identified resources for student services staff members to fortify their skills in response to student and staff mental health amidst the ongoing pandemic. The resources and professional learning will include secondary trauma, collective trauma, and racial trauma to better inform student services on supporting their schools.

The Student Services Well-Being workgroup focused first on secondary trauma and self-care resources to support Student Services staff as we begin the school year. Student Services staff members learned more about secondary trauma and had an opportunity to participate in “healing spaces.” An optional self-care activity was offered for Student Services staff who would prefer to not participate in the healing spaces. A second presentation took place with all Student Services staff members to review self-care during the school year as well as self-care resources.

Family Supports

The Family Engagement and Support workgroup developed resources to assist families with encouraging positive mental health and well-being of their children and within their family during the pandemic and social unrest. This workgroup created professional learning opportunities for school staff to engage and support families as needed. Membership of the workgroup included school-based and Central Office-

based staff representing student services, special education and instruction. This team will continue to meet and strategically plan for family supports throughout the coming school year.

Staff Supports

A workgroup—consisting of student services staff (both school-based and Central Office), school-based well-being representatives, and members of the benefits office—cultivated resources for mental health and well-being for staff to utilize during the return to school, whether virtual or in-person, in the midst of the COVID-19 pandemic and racial/social unrest.

Planned initiatives included:

- A re-introduction and further exploration of Counseling and Support Services (formerly EAP)
- Robust support for school and department well-being representatives
- The formation of facilitated small-group “safe space” discussions for staff to share concerns, worries, triumphs, etc.

This subgroup will continue to meet and work together throughout the year to adapt and adjust to needs of staff to best support their mental, emotional and social well-being. Members will determine those changing needs through feedback from staff, needs assessment surveys and discussions with administrators.

Administrator Supports

A workgroup composed of school-based administrators and Central Office leaders developed supports for administrators. The purpose of this group is two-fold: to share resources and strategies to help support the mental health and well-being of school-based administrators and Central Office leaders; and to provide resources and opportunities to strengthen their leadership skills to better support the mental health of their school and office communities.

Food and Nutrition Program

As most students return to in-person learning, it is important to ensure they receive high-quality meals that help them succeed in the classroom. HCPSS Food and Nutrition Services will continue to ensure the seamless and continuous feeding of students during the 2021-2022 school year by providing free breakfast and lunch to all students regardless of their eligibility status, consistent with United States Department of Agriculture (USDA) child nutrition program nationwide waivers and flexibilities to support a successful school reopening in school year 2021-2022.



The food services program will serve meals through USDA’s National School Lunch Program Seamless Summer Option (SSO), which is typically only available during the summer months. This option maintains the nutrition standards of the standard school meal programs - including a strong emphasis on providing

fruits and vegetables, fluid milk, whole grains, and sensible calorie levels - while allowing schools to serve free meals to all children.

During the 2021-2022 school year, Food and Nutrition Services will continue to comply with all food safety, employee safety, including using disposable food service items and cleaning and sanitizing tables/surfaces between each meal service. Food and Nutrition Services will also fully accommodate specific food service requirements, including food allergies. All meals will be served in the cafeteria and some schools may elect to have students eat breakfast in classrooms. Share tables will not be permitted and self-service items will not be offered in school year 2021-2022. Continuing COVID-19 safety protocols may require Food and Nutrition Services to use alternative meal service models from time to time.

In addition to serving free meals for all in-person students, HCPSS Food and Nutrition services will also provide free meals for students enrolled in the Digital Education Center (DEC). Breakfast and lunch may be picked up only on Mondays and Thursdays. Meals picked up on Mondays will include three (3) days of meals, and those picked up on Thursdays will include meals for two (2) days. Meals can be picked up at the high school closest to the student's residence between 7:00 am and 8:00 am. In addition, meals can be picked up by HCPSS DEC students, parents/guardians on behalf of their child(ren) who do not need to be present, or a designee of choice. Meals for DEC students must be pre-ordered via the HCPSS [Nutrislice website](#) or by downloading the Nutrislice mobile app from the [App Store](#) or [Google Play](#). Users should select the Pre-Order Menu, then choose a High School meal site location and order meals by the day. There will be no walkups available and meals must be pre-ordered. Parents/guardians may authorize a designee to pick up meals for their child(ren) by completing a meal pre-order form at least two days in advance. Families may also pre-order meals and name a designee by going to the HCPSS [Nutrislice website](#) or by using the Nutrislice mobile app. Meal sites and pickup times for DEC students are subject to change based on participation.

Although breakfast and lunch will be free during the 2021-2022 school year for all children, eligible families are urged to still apply for Free and Reduced-Price Meals (FARMS). Applications are available online or as a paper application. Parents must **submit a new application** every school year to maintain their student's eligibility. Translated versions of the application are available within the online application. Participation in the Free and Reduced-Price Meal program provides children with a wide range of benefits including testing and application fees, academic and athletic program fees and many others in addition to free or discounted meals. FARMS participation rates directly impact schools' eligibility to receive valuable Federal Title I funding, which provides resources that play a key role in student success. Students with prior year FARMS benefits will expire on October 8, 2021. Although FARMS applications are accepted all school year, families are encouraged to apply for FARMS benefits before October 31, 2021.

Appendices

- Appendix A: Reopening Plan Evaluation Rubric
- Appendix B: Stakeholder Group Participants
- Appendix C: K-12 School and Childcare COVID-19 Guidance
- Appendix D: Communication Plan



Appendix A: Reopening Plan Rubric

Safe Return to In-Person Instruction and Continuity of Services Plan (Reopening Plan) Rubric

Name of Local School System:

Date Submitted:

Reviewers:

Background Information

School systems are required to develop a Safe Return to In-Person Instruction and Continuity of Services Plan (Reopening Plan) that addresses the reopening of Maryland schools for the 2021-2022 year. According to the American Rescue Plan Elementary and Secondary School Emergency Relief (ARP ESSER) Fund, local school systems must submit a plan to reopen schools that will ensure the continuity of services that address and maintain the health and safety of students, educators, and staff. The reopening plan rubric will be used to evaluate the level of completeness and the degree to which content meets requirements of the reopening plan.

Rating Guidelines:

Teams of trained reviewers will rate each component in Reopening Plans. Reviewers will provide descriptive feedback justifying a rating as:

Comprehensive- Evidence exceeded component requirements. The component contains a high level of specificity.

Acceptable- Evidence met component requirements. The component was clear and specific.

Developing- Evidence did not meet component requirements. The component is vague or incomplete.

Unable to Be Rated - The component was not included in the submitted plan.

Components rated as *Developing* or *Unable to Be Rated* must be revised and submitted to the MSDE for a second review.

Initial Review

Each school system will submit the link to their Reopening Plan to the Maryland State Department of Education (MSDE) for initial review in August 2021. The initial review of the Reopening Plans will be conducted by a panel of MSDE reviewers. All reviewers participate in training to identify evidence that is both objective and accurate and to calibrate reviews. Reviewers form a consensus on the rating of the Reopening Plan.

Second Review:

A second review will only be conducted on items rated as *Developing* or *Unable to Be Rated*. A school system must submit revisions to the MSDE within two weeks of receiving the initial rating. The MSDE is available to provide support to the school system to address feedback provided in the rubric. Submitted revisions will be reviewed and rubrics will be updated to reflect a revised rating.



Safe Return to In-Person Instruction and Continuity of Services Plan (Reopening Plan) Rubric

Requirement 1:

Local school systems must post their Reopening Plan on their website by July 30, 2021.

Requirement 1: All requirements are posted on the website for the school system.	Component is Included in the Plan Yes No	Areas of Promise Include Evidence Examples: Links and/or page number(s) from plan	Reviewers' Consensus Rating: <ul style="list-style-type: none"> ● Comprehensive ● Acceptable ● Developing ● Unable to be Rated
Reopening Plan is posted to and easy to locate on the school system's website.			
Reopening Plan is in an understandable and uniform format.			
Reopening Plan is available in an accessible and translatable format for all stakeholders.			

Requirement 1 Areas for Improvement and Recommendations- Areas marked *Developing* or *Unable to be Rated* must be submitted to the MSDE for a Second Review



Safe Return to In-Person Instruction and Continuity of Services Plan (Reopening Plan) Rubric

Requirement 2:

Local school systems must reflect their equity plan throughout the Reopening Plan.

Local school systems must prioritize equity as schools reopen. Local school systems can use the [Equity and Excellence: The Guide to Educational Equity in Maryland](#), as a resource to develop equity goals and strategies.

Requirement 2: Educational equity is reflected through the Reopening Plan.	Component is Included in the Plan Yes No	Areas of Promise Include Evidence Examples: Links and/or page number(s) from plan	Reviewers' Consensus Rating: <ul style="list-style-type: none"> ● Comprehensive ● Acceptable ● Developing ● Unable to be Rated
Reopening Plan demonstrates that all students have equitable access to educational rigor, resources, and support designed to maximize academic success and social/emotional well-being.			
Reopening Plan describes procedures and practices to ensure that there are no obstacles to accessing educational opportunities for any student.			
Reopening Plan prioritizes the use of data and focuses on students who face obstacles in engagement in the learning process.			

Requirement 2 Areas for Improvement and Recommendations- Areas marked *Developing* or *Unable to be Rated* must be submitted to the MSDE for a Second Review.



Safe Return to In-Person Instruction and Continuity of Services Plan (Reopening Plan) Rubric

Requirement 3:

Local school systems must consult with a variety of stakeholders in the development of the Reopening Plan.

Reopening schools require collaboration and support of a diverse stakeholder group. The stakeholder group must be aware of the school system’s student population, strengths, and challenges. The stakeholder group must collaborate on the development of the plan.

Requirement 3: <i>A successful reopening plan must include the input and collaboration of diverse stakeholders.</i>	Component is Included in the Plan Yes No	Areas of Promise Include Evidence Examples: Links and/or page number(s) from plan	Reviewers’ Consensus Rating: <ul style="list-style-type: none"> ● Comprehensive ● Acceptable ● Developing ● Unable to be Rated
Reopening Plan identifies a diverse stakeholder group, as stated in the federal requirement, and is representative of schools and communities within the school system (e.g. parents, teachers, students, educators, and community members).			
The stakeholder group participates in an iterative cycle to review and provide feedback on the strategies incorporated in the Reopening Plan every six months.			

Requirement 3 Areas for Improvement and Recommendations- *Areas marked **Developing** or **Unable to be Rated** must be submitted to the MSDE for a Second Review*



Safe Return to In-Person Instruction and Continuity of Services Plan (Reopening Plan) Rubric

Requirement 4:

Local school systems must establish a process to determine student instructional readiness early in the school year and a plan is established for student success.

School systems must identify the process to gather evidence of student readiness for new learning and baseline and projected student outcome data. Plans must identified how data-informed decision will be used to enable students to recover learning losses and/or accelerate learning to experience success.

Requirement 4: Collect and use data to develop systems to recover learning loss and accelerate learning to support student success.	Component is Included in the Plan Yes No	Areas of Promise Include Evidence Examples: Links and/or page number(s) from plan	Reviewers' Consensus Rating: <ul style="list-style-type: none"> ● Comprehensive ● Acceptable ● Developing ● Unable to be Rated
Reopening Plan determines the process (including the metrics) to identify readiness, learning gaps, by grade level and course, early in the school year.			
Reopening plans includes baseline and projected student outcomes data, broken down by race, service group and gender.			
Reopening Plan includes a plan for instructional success.			

Requirement 4 Areas for Improvement and Recommendations- Areas marked *Developing* or *Unable to be Rated* must be submitted to the MSDE for a Second Review



Safe Return to In-Person Instruction and Continuity of Services Plan (Reopening Plan) Rubric

Requirement 5:

Local schools systems must ensure that Maryland College and Career Ready Standards (MCCRS) and other State standards are taught in content areas. Content standards are essential to ensuring that PreK-12 students have a strong command of the essential skills and knowledge expected with each content area and course.

Requirement 5: State standards are taught in all content areas.	Component is Included in the Plan Yes No	Areas of Promise Include Evidence Examples: Links and/or page number(s) from plan	Reviewers' Consensus Rating: <ul style="list-style-type: none"> ● Comprehensive ● Acceptable ● Developing ● Unable to be Rated
Reopening Plan sets the expectation that PreK-12 MCCRS and State Standards , which include career and technical education (CTE), must be taught in all content areas.			
Reopening Plan sets the expectation for and establishes guidance on the use and integration of the PreK-12 MCCRS Curriculum Frameworks for applicable content areas across schools.			

Requirement 5 Areas for Improvement and Recommendations- Areas marked *Developing* or *Unable to be Rated* must be submitted to the MSDE for a Second Review



Safe Return to In-Person Instruction and Continuity of Services Plan (Reopening Plan) Rubric

Requirement 6:

Local school systems must follow the Individuals with Disabilities Education Act (IDEA), Section 504 of the Rehabilitation Act (Section 504), and Title II of the Americans with Disabilities Act (ADA).

This requirement makes clear that federal guidance is upheld at all levels of the school system. The rights of students with disabilities to a Free and Appropriate Public Education (FAPE) and equal opportunity to educational services are not abridged during a national health crisis or any extended school closure.

Requirement 6: Educational services for students are protected under IDEA, Section 504, and ADA federal programs guaranteeing services continue during any extended school closure.	Component is Included in the Plan Yes No	Areas of Promise Include Evidence Examples: Links and/or page number(s) from plan	Reviewers' Consensus Rating: <ul style="list-style-type: none"> ● Comprehensive ● Acceptable ● Developing ● Unable to be Rated
Reopening Plan provides guidance on ensuring schools comply with IDEA, 504, and Title II.			
Reopening Plan provides clear direction on compliance with local, state, and federal guidelines for the development, or changes, and implementation of a student's special education program within the context of distance learning.			
Reopening Plan provides considerations for school operations, teaching, learning, technology, and the social-emotional needs of students.			
Reopening Plan specifies health and safety strategies for providing			



Safe Return to In-Person Instruction and Continuity of Services Plan (Reopening Plan) Rubric

Requirement 6: Educational services for students are protected under IDEA, Section 504, and ADA federal programs guaranteeing services continue during any extended school closure.	Component is Included in the Plan Yes No	Areas of Promise Include Evidence Examples: Links and/or page number(s) from plan	Reviewers' Consensus Rating: <ul style="list-style-type: none"> ● Comprehensive ● Acceptable ● Developing ● Unable to be Rated
appropriate and reasonable accommodations for students with disabilities.			

Requirement 6 Areas for Improvement and Recommendations- Areas marked *Developing* or *Unable to be Rated* must be submitted to the MSDE for a Second Review



Safe Return to In-Person Instruction and Continuity of Services Plan (Reopening Plan) Rubric

Requirement 7:

Local school systems must follow procedures and safety protocols consistent with current guidance from the Centers for Disease Control and Prevention (CDC).

Local school systems and schools must include elements that are consistent with current CDC guidance.

Requirement 7: Safety, prevention, and mitigation elements, as recommended by the CDC are included in the plan.	Component is Included in the Plan Yes No	Areas of Promise Include Evidence Examples: Links and/or page number(s) from plan	Reviewers' Consensus Rating: <ul style="list-style-type: none"> ● Comprehensive ● Acceptable ● Developing ● Unable to be Rated
Reopening Plan describes the policies and procedures adopted for following health and safety strategies.			
Reopening Plan specifies health and safety strategies on universal and correct wearing of masks, physical distancing, handwashing, and respiratory etiquette.			
Reopening Plan specifies health and safety strategies for cleaning, disinfecting, and maintaining healthy facilities, including improving ventilation.			
Reopening Plan specifies health and safety strategies for contact tracing in combination with isolation and quarantine, in			



Safe Return to In-Person Instruction and Continuity of Services Plan (Reopening Plan) Rubric

Requirement 7: Safety, prevention, and mitigation elements, as recommended by the CDC are included in the plan.	Component is Included in the Plan Yes No	Areas of Promise Include Evidence Examples: Links and/or page number(s) from plan	Reviewers' Consensus Rating: <ul style="list-style-type: none"> ● Comprehensive ● Acceptable ● Developing ● Unable to be Rated
collaboration with State, local, territorial, and Tribal health.			
Reopening Plan specifies health and safety strategies for diagnostic and screening testing, and efforts to provide vaccinations for educators, staff, and students (if eligible).			
Reopening Plan promotes health equity for groups disproportionately affected by COVID-19.			

Requirement 7 Areas for Improvement and Recommendations- *Areas marked **Developing** or **Unable to be Rated** must be submitted to the MSDE for a Second Review*



Safe Return to In-Person Instruction and Continuity of Services Plan (Reopening Plan) Rubric

Requirement 8:

Local school systems must follow protocols for the safe transportation of students to and from school.

Requirement 8: Protocols are established for mitigating the spread of COVID-19 on school busses or other modes of transportation for students.	Component is Included in the Plan Yes No	Areas of Promise Include Evidence Examples: Links and/or page number(s) from plan	Reviewers' Consensus Rating: <ul style="list-style-type: none"> ● Developing ● Acceptable ● Comprehensive ● Unable to be Rated
Reopening Plan describes safety protocols (protective equipment, seating, face coverings, etc.) for transporting students.			
Reopening Plan describes school bus safety which must include regular and routine inspections, cleaning and disinfection, and school driver training.			
Reopening Plan addresses transportation options and suggestions for students traveling to and from school (see Transportation Consideration, Department of Education COVID-19 Handbook, p.15-16).			

Requirement 8 Areas for Improvement and Recommendations- Areas marked *Developing* or *Unable to be Rated* must be submitted to the MSDE for a Second Review



Safe Return to In-Person Instruction and Continuity of Services Plan (Reopening Plan) Rubric

Requirement 9:

Local school systems must develop a system for tracking attendance when students are engaged in distance learning.

Requirement 9: School systems must develop a process to track attendance.	Component is Included in the Plan Yes No	Areas of Promise Include Evidence Examples: Links and/or page number(s) from plan	Reviewers' Consensus Rating: <ul style="list-style-type: none"> ● Comprehensive ● Acceptable ● Developing ● Unable to be Rated
Reopening Plan describes the platform used to manage and track attendance.			
Reopening Plan identifies the process utilized to collect and monitor attendance data.			
Reopening Plan describes a process to engage students that are consistently marked absent.			

Requirement 9 Areas for Improvement and Recommendations- Areas marked *Developing* or *Unable to be Rated* must be submitted to the MSDE for a Second Review



Safe Return to In-Person Instruction and Continuity of Services Plan (Reopening Plan) Rubric

Requirement 10:

Local school systems must continue to implement or enhance their communication plan.

School systems must establish regular channels of communication as schools reopen.

Requirement 10: A communication plan is established with a clear coordination process.	Component is Included in the Plan Yes No	Areas of Promise Include Evidence Examples: Links and/or page number(s) from plan	Reviewers' Consensus Rating: <ul style="list-style-type: none"> ● Comprehensive ● Acceptable ● Developing ● Unable to be Rated
Reopening Plan describes the communication plan.			
Reopening Plan identifies a process to coordinate communications through a communication officer, point person, or small team.			

Requirement 10 Areas for Improvement and Recommendations- *Areas marked **Developing** or **Unable to be Rated** must be submitted to the MSDE for a Second Review*



Safe Return to In-Person Instruction and Continuity of Services Plan (Reopening Plan) Rubric

Requirement 11

Local school systems must implement the Maryland Public Secondary Schools Athletic Association (MPSSAA) Athletic Program.

Requirement 12: Interscholastic athletics and activities during COVID-19 are addressed in the plan and show the integration of national, state, and local health and safety recommendations.	Component is Included in the Plan Yes No	Areas of Promise Include Evidence Examples: Links and/or page number(s) from plan	Reviewers' Consensus Rating: <ul style="list-style-type: none"> ● Comprehensive ● Acceptable ● Developing ● Unable to be Rated
Reopening Plan includes evidence that the school system is implementing the MPSSAA Athletic Program.			

Requirement 11 Areas for Improvement and Recommendations- *Areas marked **Developing** or **Unable to be Rated** must be submitted to the MSDE for a Second Review*

Appendix B: Stakeholder Group Participants

HCPSS Recovery Plan Stakeholder Group

NAME (Last, First)	ORGANIZATION	STAKEHOLDER TYPE
Awan, Zunaira	Howard County Muslim Council	Parent
Condron, Neysa	UniServe Director	Teacher
Dohner, Natalie (alternate)	ARC of Howard County	Parent
Drasin, Joshua	Long Reach HS Student	Student
Fortier Ardila, Yeidy	Wilde Lake HS Student	ESOL Student
Goldman, Dina	SECAC	Parent
Hilliard, Danielle	Council of Elders	Parent
Hmung, Zo Tum	Chin Integration and Advocacy Network USA	Community Member
Hobson, Sharon (alternate)	HC Health Department	Community Member
Johnson, Joan	Early Childhood Specialist, HC Office of Children & Families	Community Member
Johnson, Laura	NAACP	Parent
Jones, Carmen	Lime Kiln MS Student	Student
Kitchen, Maleeta	Murray Hill MS Teacher	Teacher
Kromm, Dr. Elizabeth	HC General Hospital, VP of Population Health and Advancement	Community Member
Lee, Seon Ok	Howard County Korean American Parent Association	Parent
LeMon, James	HCPSS Div. of School Management & Instructional Leadership	Staff
Lidgard, Mikaela	Burleigh Manor MS Principal	Administrator
Liggett-Creel, Stephen	HC Dept. of Social Services/DHS	Community Member
Lins Silva, Patricia	Conexiones	Parent
Moe, Colin	Centennial HS Teacher	Teacher
Morales, Marcia	SECAC	Parent
Morris, Colleen	HCEA President (ES Teacher)	Teacher
Novak, Nick	Howard HS Principal (HCAA President)	Administrator
Otradovec, Susan	FIRN Deputy Director	Community Member
Parr, Cindy (July 1 only)	ARC of Howard County	Parent
Ponnuri, Praven	Indian Origins Network	Parent
Pringle, Monica	HCPSS Division of Operations - Transportation Office	Staff
Ralph, Brian	HCPSS Division of Operations - Food Services Office	Staff
Randall, Dawn	Owner of Good Beginnings, Laurel	Childcare Provider
Ricks, Meg (alternate)	PTACHC	Parent
Robinson, Nan (alternate)	Howard County Korean American Parent Association	Parent
Rossmann, Dr. Maura	HC Health Department	Community Member
Scott, Jackie	HC Dept. of Community Resources and Services	Community Member
Seldon, Anais	Oakland Mills HS Student	Student
Shiplet-Katemkamp, Angela	PTACHC	Parent
Sonnier, Yolanda	African American Comm. Roundtable; HC Office of Human Rights	Parent
Stenzler, Yale	Jewish Federation of Howard County	Parent
Troy Todd	Hanover Hills ES Principal	Administrator
Walker, Caroline	HCPSS Program Innovation & Student Wellbeing (CO)	Staff
Wise, Darria	SECAC	Parent
Xu, Jean	Chinese American Parent Association of Howard County	Parent
Zaidi, Nooreen	Howard County Muslim Council	Parent
MEETING DATES/TIME		
6/23/2020, 4-6 p.m.		
6/25/2020, 4-6 p.m.		
6/29/2020 4-6 p.m.		
7/1/2020, 4-6 p.m.		



Appendix C: K-12 School and Child Care COVID-19 Guidance

DEPARTMENT OF HEALTH

Dennis R. Schrader, Secretary

STATE DEPARTMENT OF EDUCATION

Mohammed Choudhury, Superintendent

K-12 School and Child Care COVID-19 Guidance

Revised August 13, 2021

The following guidance is provided by the Maryland Department of Health (MDH) and the Maryland State Department of Education (MSDE) to assist local school systems, nonpublic schools, and child care programs to respond to the COVID-19 pandemic. The COVID-19 pandemic continues to rapidly evolve. It is important to frequently check this document and its links for updated information.

By law, each local school system, nonpublic school, and child care program may set their own policies and procedures for their schools, students/children, teachers, and staff. **However, MDH and MSDE strongly recommend that these entities work with local health departments to determine the [layered prevention strategies](#) (e.g., using multiple prevention strategies together consistently) needed to protect students/children, teachers, and staff in their setting and adopt policies consistent with the recommendations in this guidance.**

For schools, the recommendations in this document are aimed to support opening for in-person learning at full capacity, as recommended by the CDC. Schools should not limit a return to in-person learning at full capacity due to the inability to implement a certain prevention strategy, but rather focus on other layered prevention strategies that can be implemented to keep students and staff safe and ensure continuous full-time, in-person instruction.

Where applicable, and for items not discussed in this document, such as cleaning and disinfection practices, sports and other extracurricular activities, and considerations for those with special health care needs, schools and child care programs should refer to their local health departments and [CDC Guidance for COVID-19 Prevention in K-12 Schools](#) or [CDC COVID-19 Guidance for Operating Early Care and Education/Child Care](#) for further guidance.

A. Layered Prevention Strategies to Reduce Transmission of SARS-CoV-2 in Schools and Child Care Programs

Schools and child care programs have mixed populations of both vaccinated and unvaccinated people, and elementary schools and child care programs primarily serve children under age 12 years who are not yet eligible for vaccination. This makes it critical that schools and child care programs work with local health departments to determine the [layered prevention strategies](#) needed in their area to protect students/children, teachers, and staff. [As recommended by the](#)

[CDC](#), decisions about layered prevention strategies should be informed by monitoring levels of community transmission, COVID-19 vaccine coverage, use of screening testing to detect cases in K-12 schools, ages of children served, and the associated factors that may impact the risk of transmission and feasibility of different prevention strategies. There is no single strategy that, implemented alone, will create a safer school and child care environment. Instead, MDH and MSDE, in alignment with the CDC, recommend that schools and child care programs consider implementation of the following layered prevention strategies which should minimize the need to close entire school and child care buildings, further disrupt learning, and compound the adverse health and emotional stress on children:

- Promoting vaccination among teachers, staff and students
- Consistent and correct mask use
- Physical distancing
- Screening testing to promptly identify cases, clusters and outbreaks
- Ventilation
- Handwashing and respiratory etiquette
- Staying home when sick and getting tested
- Contact tracing, in combination with isolation and quarantine
- Cleaning and disinfection

When a school or child care program cannot implement a certain strategy (ex. vaccination for children under 12 years), it is even more important that other strategies such as consistent and correct mask use and physical distancing be utilized.

B. Promoting Vaccination

MDH and MSDE strongly recommend that all eligible Marylanders receive a COVID-19 vaccine.

Schools and child care programs can promote vaccinations among teachers, staff, eligible students/children, and their families; schools and child care programs interested in learning more about vaccine promotion strategies should refer to their local health departments and [CDC guidance](#). While vaccination is one of the most critical strategies to help schools resume regular operations, decisions about in-person education should not be based on the level of vaccination of teachers, staff, or eligible students/children.

Policies or practices related to requesting, providing, or receiving proof of COVID-19 vaccination should comply with all relevant laws and regulations. The protocol to collect, secure, use, and further disclose this information should comply with relevant statutory and regulatory requirements, including Family Educational Rights and Privacy Act (FERPA). Existing state law and regulations already require certain vaccinations for children attending school and child care, and designated school and child care staff regularly maintain documentation of these immunization records. Similarly, designated staff who maintain documentation of student/child

and staff COVID-19 vaccination status can use this information, consistent with applicable laws and regulations, to inform prevention strategies, school-based testing, contact tracing efforts, and quarantine and isolation practices. Schools and child care programs that plan to request voluntary submission of documentation of COVID-19 vaccination status should use the same standard protocols that are used to collect and secure other immunization or health status information about students/children.

C. Consistent and Correct Mask Use

MDH and MSDE, in alignment with [CDC guidance](#), strongly recommend the following:

- Indoor masking for all individuals age 2 years and older, including students/children, teachers, staff, and visitors, regardless of vaccination status.
- Outdoor masking for people who are not fully vaccinated when they are in crowded outdoor settings or during activities that involve sustained close contact with other people.

Schools and child care programs should be aware that the [federal order](#) that face masks be worn by all people while on public transportation conveyances, including public and private school buses, is still in effect.

School and child care programs should refer to [CDC guidance](#) for important exceptions and additional safety considerations related to the use of masks.

D. Physical Distancing

Local school systems, nonpublic schools, and child care programs should follow CDC guidance for physical distancing. Schools should implement physical distancing to the extent possible, but should not exclude students from in-person learning to keep a minimum distance requirement.

For schools, [CDC guidance](#) recommends maintaining at least 3 feet of physical distance between students within classrooms, combined with indoor mask wearing to reduce transmission risk. When it is not possible to maintain a physical distance of at least 3 feet, it is especially important to layer multiple other prevention strategies, such as screening testing, cohorting, improved ventilation, handwashing and respiratory etiquette, staying home when sick, and regular cleaning to help reduce transmission risk. A distance of at least 6 feet is recommended between students and teachers/staff, and between teachers/staff who are not fully vaccinated. Mask use by all students, teachers, staff, and visitors is particularly important when physical distance cannot be maintained.

In child care programs, maintaining physical distance is often not feasible, especially during certain activities (e.g., diapering, feeding, holding/comforting, etc.) and among younger children in general. When it is not possible to maintain physical distance, it is especially important to layer multiple prevention strategies such as those noted above to help reduce transmission risk. Mask use is particularly important when physical distance cannot be maintained, especially for unvaccinated people. A distance of at least 6 feet is recommended between adults who are not fully vaccinated and between children and staff from different cohorts.

Cohorting is one of the layered prevention strategies that schools and schools and child care programs can use to limit mixing between children and staff, especially when it is challenging to maintain physical distancing. A cohort is a distinct group of children and staff that stays together throughout the entire day and remains the same every day, so that there is minimal or no interaction between groups. The use of cohorting can limit the spread of COVID-19 between cohorts but should not replace other prevention measures within each group. MDH and MSDE recommend that child care programs follow [CDC guidance](#) on specific strategies for cohorting in child care programs.

E. Screening Testing

MDH and MSDE recommend that schools consider the use of screening testing as part of a layered prevention approach, in accordance with [CDC guidance](#). Screening testing can help promptly identify and isolate cases, quarantine those who may have been exposed to COVID-19 and are not fully vaccinated and identify clusters to reduce the risk to in-person education.

Screening testing may be most valuable in areas with substantial or high community transmission levels, in areas with low vaccination coverage, and in schools where other prevention strategies are not implemented. The use of diagnostic testing in the school setting should also be considered; at minimum, schools and child care programs should offer referrals to diagnostic testing for any student/child, teacher, or staff person who develops symptoms of COVID-19 at school or child care and to any identified close contacts in the school or child care setting.

MDH and MSDE have grant support to offer screening and diagnostic testing services in K-12 schools. Schools that are interested in onsite testing operations should contact the MDH COVID-19 Testing Task Force at MDH.K12Testing@maryland.gov. Schools should refer to [CDC guidance](#) for specific testing recommendations when developing their testing plans.

F. Ventilation

Improving ventilation is an important COVID-19 prevention strategy for schools and child care programs. Along with other preventive strategies, including wearing a well-fitting, multi-layered

mask, bringing fresh outdoor air into a building helps keep virus particles from concentrating inside. This can be done by opening multiple doors and windows, using child-safe fans to increase the effectiveness of open windows, making changes to the HVAC or air filtration systems, , and selective strategic use of portable filtration. The [U.S. Department of Education](#) has specifically noted the use of American Rescue Plan education funds to improve indoor air quality for in-person instruction in schools.

MDH strongly recommends that school facilities personnel carefully evaluate all classrooms and occupied areas for adequacy of ventilation prior to or as schools reopen, and monitor ventilation adequacy on an ongoing basis.

Strategies to improve air quality in school and child care facilities include but may not be limited to:

- Avoiding the use of poorly ventilated spaces as much as possible
- Cleaning and properly installing air filters so that air goes through the filters, rather than around them, with as high a MERV rated filter as can be accommodated by the HVAC system
- Implementing a strict preventive maintenance program focused on air handling units and exhaust fans to ensure they are working properly
- Disabling demand-controlled ventilation systems
- Maximizing outside air by using the highest outside air setting possible for the equipment
- Opening windows and doors as much as safely possible
 - A couple of inches can significantly increase the number of air changes in the room
- Using measured CO₂ levels as a good proxy of ventilation. In occupied areas, the IAC [COVID-19 Risk Reduction Strategies for Reopening School Facilities](#) set the CO₂ maximum for occupied spaces at 1,200 PPM, although levels should mostly be below 1,000 PPM, and levels in the 600-800 PPM range are preferred indicating very good ventilation. If available, inexpensive portable CO₂ meters can be used to evaluate areas where there is a question of ventilation adequacy
- Utilizing portable HEPA or other high efficiency air filtration units, which can be effective in small spaces such as offices, health suites/nursing suites, and isolation rooms (particularly if they are poorly ventilated), though they are usually less effective for larger areas.
- Minimizing time in enclosed spaces, and maximizing time outdoors as much as possible (when appropriate)
- Avoiding the use of temporary barriers, particularly desk partitions, because they reduce ventilation and have not been shown to protect the users from COVID infection.

MDH and MSDE recommend that schools and child care programs refer to CDC guidance [Ventilation in Schools and Child Care Programs](#) for additional strategies to improve indoor air quality in their settings.

G. When to Stay Home and Get Tested

It is important for schools and child care programs to stress and reinforce frequently that students/children, teachers, and staff who are sick or have any COVID-19 symptoms should not attend or work in a school or child care program and should be referred to their healthcare provider for evaluation and testing.

In addition, students/children, teachers, and staff should stay at home if they:

- Have not completed quarantine after having been in close contact with someone diagnosed with COVID-19 or suspected of having COVID-19;
- Are waiting for a COVID-19 test result; or
- Have been diagnosed with COVID-19 and have not completed isolation.

Schools and child care programs should communicate procedures for notifying the school or child care program of absences due to illness related to COVID-19 symptoms and the requirement for timely pick up of a student/child or staff who has a fever or exhibits symptoms while at school or child care. Each school and child care program should identify a room or other space for isolation of persons who become ill during the day that is separate and distinct from spaces that are used for other purposes and provides the appropriate level of safety and supervision for an ill student/child.

Schools and child care programs should follow the MDH/MSDE guidance entitled "*Response to Confirmed Case of COVID-19 and Persons with COVID-19 Symptoms in Schools and Childcare*" (attached to this document) for exclusion, isolation, and quarantine recommendations as well as communication and notification processes.

H. Contact Tracing in Combination with Isolation and Quarantine

Local school systems, nonpublic schools, and child care programs should continue to collaborate with state and local health departments to report and provide information about COVID-19 cases and people exposed to COVID-19 within these settings in accordance with applicable laws and regulations. This allows contact tracing to identify which students/children, teachers, and staff with positive COVID-19 test results should isolate, and which close contacts should quarantine.

Isolation

Persons with COVID-19 should **isolate** and may return to school or child care when they have completed isolation in accordance with [CDC guidance](#). This applies regardless of presence of symptoms or vaccination status.

Quarantine

[Close contacts](#) of a person with COVID-19 who was in the school or child care building should be identified for the purpose of making [quarantine](#) recommendations.

Close contacts who are not [fully vaccinated](#) should not attend, work in or visit a school or child care program until completing quarantine. A quarantine period of 14 days remains the safest option for close contacts of persons with COVID-19 who are not fully vaccinated. Based on [guidance](#) from the CDC, the following options to shorten quarantine may be an acceptable alternative depending upon local circumstances and resources:

- Quarantine can end after Day 10 if NO symptoms have been reported during daily monitoring; OR
- Quarantine can end after Day 7 if a diagnostic specimen (collected on Day 5 or later) tests negative and if NO symptoms have been reported during daily monitoring. The specimen may be collected and tested within 48 hours before the time of planned quarantine discontinuation, but quarantine cannot be discontinued earlier than after Day 7.

When a person meets these criteria and quarantine is ended early, all of the following must be implemented:

- Daily symptom monitoring continues through Day 14; AND
- Persons are counseled regarding the need to adhere strictly to all recommended mitigation strategies including correct and consistent face mask use, physical distancing, and self-monitoring for symptoms of COVID- 19 through Day 14; AND
- Persons are advised that if any symptoms develop, they should immediately self-isolate and contact their health care provider to determine if they need to be tested and how long they should be excluded from work or school/child care.

Note: For persons that are unable to comply with correct and consistent face mask use such as young children and persons with a disability or medical condition that makes wearing a mask unsafe, a shorter quarantine option may NOT be used and these persons must quarantine for a full 14 days.

[Fully vaccinated](#) persons who have come into close contact with someone with COVID-19 should be tested 3-5 days following the date of their last exposure and wear a mask in public indoor settings for 14 days or until they receive a negative test result. If they remain asymptomatic and can correctly and consistently wear a mask, they do not need to be excluded from school or child care unless they test positive.

Schools should note the important [exception](#) to the CDC's close contact definition specifically for K-12 schools, which states that students who were within 3 to 6 feet of an infected student (if both the infected student and the exposed student correctly and consistently wore well-fitting masks the entire time) do not have to quarantine. MDH and MSDE recommend that schools consider application of this exception in the school setting as it can decrease student and staff absences due to the need to quarantine after an exposure in school.

Local school systems, nonpublic schools, and child care programs should refer to [CDC guidance](#) for additional recommendations regarding quarantine of close contacts and work with their local health departments to determine the appropriate quarantine options for their population of students/children, teachers, and staff.



DEPARTMENT OF HEALTH

Dennis R. Schrader, Secretary

STATE DEPARTMENT OF EDUCATION

Mohammed Choudhury, Superintendent

Response to a Confirmed Case of COVID-19 and Persons with COVID-19 Symptoms in Schools and Child Care

August 13, 2021

This guidance applies to persons with confirmed COVID-19, regardless of whether they have symptoms, and persons with symptoms of COVID-19 (including probable cases who have symptoms and exposure) and is to be implemented by schools and child care programs in collaboration with the local health department (LHD). This guidance is meant to supplement, where necessary, current communicable disease and outbreak investigation processes, current child care and school health services illness management processes, and current LHD COVID-19 response processes. Schools and local health departments should also refer to the CDC guidance, [Considerations for Case Investigation and Contact Tracing in K-12 Schools and Institutions of Higher Education](#).

Communication and Notification

- Schools and child care programs should develop processes to inform staff and parents that they are expected to notify the school or child care program as soon possible about absences due to illness, when a staff person or student/child has tested positive for COVID-19, and when a staff person or student/child has had close contact with a person with confirmed or probable COVID-19;
- Schools and child care programs should communicate to parents the expectation that students/children who become ill at school or child care MUST be picked up within a specified period of time;
- Schools and child care programs must follow existing procedures for reporting communicable diseases (COMAR 10.06.01) and notify the LHD when a student/child or staff member has tested positive for COVID-19. Child care programs should also notify their licensing specialist;
- While the LHD should lead the processes of case investigation and contact tracing, schools and child care programs play a key role in obtaining and communicating critical information and should have a plan to collaborate and coordinate with the LHD for case investigation and contact tracing procedures including determining the role of the school or child care administrator, school nurse, and the LHD;
- Schools and child care programs should provide written notification to all identified close contacts. The notification should make it clear that the contact should expect a call from health department contact tracers. The notification may also include the following information:

- When to seek medical care
- How to monitor for symptoms
- Who to contact and how to contact them if they develop symptoms of COVID-19 while under quarantine
- The projected length of quarantine if they remain asymptomatic based on MDH and local quarantine guidance
- Information about local COVID-19 testing sites.

Exclusion, Isolation, Quarantine, and Return to School and Child Care

- If a student/child or staff member develops symptoms of COVID-19 while they are at school or child care, the school or child care program should:
 - Safely isolate the person in the designated isolation area with appropriate supervision;
 - If it is safe to do so, place a face covering/mask on the person if they are 2 years of age or above and not wearing one;
 - If at school, the school health services staff member should don the appropriate PPE and conduct the appropriate determination of the student's condition based on presenting symptoms;
 - Begin the process for the person to vacate the school or child care program as soon as possible;
 - Follow [CDC guidance](#) for cleaning and disinfecting the facility when someone is sick.
- The school or child care program should follow the “Decision Aid: Exclusion and Return for Persons with COVID-19 Symptoms and Close Contacts in Child Care, Schools, and Youth Camps” (attached to this document);
- The school or child care program should also follow the instructions from the LHD for all matters regarding exclusion, isolation, quarantine, and return to school or child care for persons with confirmed or probable COVID-19 and close contacts; and
- If the number of laboratory confirmed cases of COVID-19 meets the definition of an outbreak, the response decisions, including possible classroom or school/child care program closure and recommendations for COVID-19 testing of staff and students/children will be made by the LHD.

Decision Aid: Exclusion and Return for Persons with COVID-19 Symptoms and Close Contacts in Child Care, Schools, and Youth Camps

For the purposes of this decision aid, **COVID-19 symptoms** are any ONE of the following: fever of 100.4° or higher, sore throat, cough, difficulty breathing, diarrhea or vomiting, new onset of severe headache (especially with fever), or new loss of taste or smell. For persons with chronic conditions such as asthma, the symptoms should represent a change from baseline.

Exclude all persons (child, care provider, educator, other staff) with COVID-19 symptoms and recommend evaluation by a health care provider and testing for COVID-19 ¹	Recommendations for the person with symptoms who is NOT FULLY VACCINATED Individuals are fully vaccinated 2 weeks after receiving either 1) both doses of a 2-dose vaccine series or 2) a single dose vaccine.	Recommendations for close contacts of the person with symptoms
Person has symptoms and positive test for COVID-19 or clinical diagnosis of COVID-19	May return when it has been at least 10 days since symptoms first appeared AND no fever for at least 24 hours without fever-reducing medication AND improvement of other symptoms.	All close contacts should quarantine according to MDH and local guidance <i>except</i> those who are fully vaccinated ² OR have been infected with COVID-19 in the past 90 days AND are asymptomatic.
Person has symptoms and negative test for COVID-19	If no known exposure, may return when symptoms have improved, no fever for 24 hours without fever-reducing medication, AND applicable criteria in the Communicable Diseases Summary have been met. If known exposure, may return when quarantine completed according to MDH and local guidance.	Close contacts do not need to quarantine.
Person has symptoms and health care provider documents symptoms are due to a specific alternative diagnosis (ex. strep throat, otitis media, pre-existing condition such as asthma)	If no known exposure, may return when symptoms have improved, no fever for at least 24 hours without fever-reducing medication, AND applicable criteria in the Communicable Diseases Summary have been met. If known exposure, may return when quarantine completed according to MDH and local guidance.	Close contacts do not need to quarantine.
Person has symptoms with no negative test for COVID-19 AND no specific alternative diagnosis	If no known exposure, may return when it has been at least 10 days since symptoms first appeared AND no fever for at least 24 hours without fever-reducing medication AND improvement of other symptoms.	Household members ³ should not attend or work in a child care, school, or youth camp until the person with symptoms is able to return <i>except</i> those who are fully vaccinated OR have been infected with COVID-19 in the past 90 days AND are asymptomatic.
	If known exposure, may return when it has been at least 10 days since symptoms first appeared AND no fever for at least 24 hours without fever-reducing medication AND improvement of other symptoms.	All close contacts should quarantine according to MDH and local guidance <i>except</i> those who are fully vaccinated ² OR have been infected with COVID-19 in the past 90 days AND are asymptomatic.

¹For persons with symptoms who were previously infected with COVID-19 and recovered, follow [CDC guidance](#).

²Fully vaccinated persons who are exposed to someone with COVID-19 should follow [CDC guidance](#).

³These persons should not be reported to the local health department as contacts. The child care, school, or youth camp should inform the household members of these recommendations.

Decision Aid: Exclusion and Return for Persons with COVID-19 Symptoms and Close Contacts in Child Care, Schools, and Youth Camps

For the purposes of this decision aid, **COVID-19 symptoms** are any ONE of the following: fever of 100.4° or higher, sore throat, cough, difficulty breathing, diarrhea or vomiting, new onset of severe headache (especially with fever), or new loss of taste or smell. For persons with chronic conditions such as asthma, the symptoms should represent a change from baseline.

Exclude all persons (child, care provider, educator, other staff) with COVID-19 symptoms and recommend evaluation by a health care provider and testing for COVID-19 if indicated ¹	Recommendations for the person with symptoms who is FULLY VACCINATED Individuals are fully vaccinated 2 weeks after receiving either 1) both doses of a 2-dose vaccine series or 2) a single dose vaccine.	Recommendations for close contacts of the person with symptoms
Person has symptoms and positive test for COVID-19 or clinical diagnosis of COVID-19	May return when it has been at least 10 days since symptoms first appeared AND no fever for at least 24 hours without fever-reducing medication AND improvement of other symptoms.	All close contacts should quarantine according to MDH and local guidance <i>except</i> those who are fully vaccinated ² OR have been infected with COVID-19 in the past 90 days AND are asymptomatic.
Person has symptoms and negative test for COVID-19	May return when symptoms have improved, no fever for 24 hours without fever-reducing medication, AND applicable criteria in the Communicable Diseases Summary have been met.	Close contacts do not need to quarantine.
Person has symptoms and health care provider documents symptoms are due to a specific alternative diagnosis (ex. strep throat, otitis media, pre-existing condition such as asthma)	May return when symptoms have improved, no fever for at least 24 hours without fever-reducing medication, AND applicable criteria in the Communicable Diseases Summary have been met.	Close contacts do not need to quarantine.
Person has symptoms and no negative test for COVID-19 AND no specific alternative diagnosis	If no known exposure, may return when symptoms have improved, no fever for 24 hours without fever-reducing medication, AND applicable criteria in the Communicable Diseases Summary have been met. Person should have written health care provider assessment that COVID-19 testing is not indicated and risk of COVID-19 is low.	Close contacts do not need to quarantine.
	If known exposure, may return when it has been at least 10 days since symptoms first appeared AND no fever for at least 24 hours without fever-reducing medication AND improvement of other symptoms.	All close contacts should quarantine according to MDH and local guidance <i>except</i> those who are fully vaccinated ² OR have been infected with COVID-19 in the past 90 days AND are asymptomatic.

¹For persons with symptoms who were previously infected with COVID-19 and recovered, follow [CDC guidance](#).

²Fully vaccinated persons who are exposed to someone with COVID-19 should follow [CDC guidance](#).

Returning to Fully In-Person Instruction



2021-2022 School Year Communication Planning Document

PURPOSE

This communication and engagement strategy sets clear expectations for cultivating awareness, understanding, support, and confidence in the planning and implementation efforts of the school system to welcome back all students for the 2021-2022 school year in a transparent and comprehensive manner.

OVERVIEW

HCPSS schools will open their doors to all students to begin the 2021-2022 school year following over 17 months of fully virtual and hybrid instruction. The implementation of the Digital Education Center will provide virtual instruction for approximately 500 students in grades K-6 who chose to participate.

There continues to be an evolving health landscape in Howard County, the State, and nationally that directly impacts protocols in schools such as masking, social distancing, school visitations, and several other areas.

The HCPSS Office of Communications and Engagement will lead efforts for providing accessible information and regular updates to share information with students, staff, parents and guardians, and community members. The Communications Office collaborates with staff in the six HCPSS divisions and with school administrators to develop messaging. Because of the virtual environment in which many stakeholders continue to operate, the HCPSS Communications Office continues to leverage all available platforms, staff from all divisions and school administrators to amplify messaging and engagement. Additionally, greater consideration is still being given to translating material developed for families.

KEY AUDIENCES

Families: Parents and families want to be informed, have genuine opportunities for input, and trust the process. Family members are a valued partner in this process and will be provided with information as it becomes available and clear parameters around input opportunities.

Students: No other stakeholder is impacted as much by this pandemic as students. They will continue to be actively informed of opportunities to provide insights and feedback and educated on the purpose and outcomes of decisions.

Teachers and Staff: Teachers and staff will be engaged stakeholders in decisions made through the evolution of this pandemic.

School Administrators: Much of the information distributed to the greater community will come from School Administrators. They will be provided with messaging, information and resources to be able to respond to questions and provide information to the communities they serve.

Board of Education Members: Members of the Board of Education will be provided the information required to make informed decisions and to engage and involve the community they serve.

Elected Officials: Elected members of our county’s delegation and county government will be kept informed of progress and opportunities for input.

Community Partners: Partners and leaders from the county will be kept informed of progress and upcoming opportunities for input.

ROLES & RESPONSIBILITIES

Public Information

- Creates messaging to regularly update all stakeholders
- Actively engages local media outlets to amplify HCPSS messaging and responds to media inquiries
- Addresses inquiries from parents and the general public

Multimedia Communications

- Developed and maintains a robust website to share information, updates and engagement opportunities
- Updates the [HCPSS Help site](#) to provide answers to frequently asked questions
- Amplifies messaging on the system’s social media platforms
- Supports school staff to update school websites with new information

School Communication Supports

- Collaborates with the Division of School Management and Instructional Leadership
- Develops messaging with school administrators to update individual school communities
- Supports school administrators to answer questions and concerns raised by their communities

Partnerships

- Collaborates with community organizations to enhance opportunities and support the needs of students, staff and the school system
- Works with the Bright Minds Foundation to secure funding for additional student and staff needs through the Access to Learning Fund including access to technology

Print Services

- Provides printed materials for students and families with limited access to online resources
- Provides adapted print materials that fulfill the needs of students receiving special education services
- Coordinates additional print projects to provide instructional materials to students as needed by instructional staff
- Develops signage for schools in anticipation of an eventual return to school buildings

Recovery Team: HCPSS originally convened an internal team of staff to develop plans for virtual programming. This team continues to navigate the hurdles that arise amid the evolving health landscape and its impact on schools. The communications team works collaboratively with recovery team members to align work across all divisions and publicly share information developed through the recovery team work.

KEY RISK & POTENTIAL ISSUES

Trust Through Transparency: Community mistrust about the process or decisions is the primary risk to success. While not all stakeholders will be pleased with the decisions, it is inexcusable if transparency isn't maintained and information made easily accessible to stakeholders.

Limiting Misinformation: A process with high visibility will attract interest by local media and social media engagement. While widespread misinformation will be corrected, the best way to prevent misinformation is to ensure accurate, timely, and consistent information is being provided.

Information for All Stakeholders: With so many considerations to plan for, it will be important that the needs and interests of every stakeholder is included in planning and messaging.

Clarity of Process: Stakeholders must understand the process being followed and why decisions are being made. Clarity around the process, timeline, and opportunities for input will help ensure trust.

Equity in Process: One way to lose the trust of stakeholders is to elevate the interests of one above others. All stakeholders will have the same opportunities to provide input to the process and feedback on the plan.

Managing Unknowns: Many of the considerations for developing a plan are driven and decided by health organizations and other external entities. It is critical to communicate what we know and the processes for learning what we need to make well informed decisions that prioritize health and safety.

Changes in Health Realities: The ability to remain fully in-person could be influenced by the Howard County Health Department (HCHD), Maryland Department of Health (MDH), or Centers for Disease Control and Prevention (CDC) at any point based on the virus' evolving trajectory and impact.

KEY MESSAGING

Healthy & Safety

- All students, educators, staff and visitors should feel comfortable and safe in their school environments
- Continuous reminders about the efforts HCPSS takes to ensure buildings remain healthy environments
- Student and staff emotional well-being
- Aligning efforts and decisions to guidance from the Centers for Disease Control and Howard County Health Department

Instruction

- Student academic recovery and acceleration is paramount
- Teachers and staff receive training and support to assist students as they return to in-person instruction
- Students receiving special education and other vital supports continue to receive them
- All students continue to receive the individualized supports that staff have always provided

Reflection

- Provide opportunities for ongoing engagement of stakeholders to receive feedback
- Learn from past practices and collaborate with educational colleagues around the state

Inclusive & Equitable

- Overcoming barriers to learning for all students (technology, language, special needs, etc.)
- Strive to provide equitable access to instruction for all students
- This is not a one-size fits all approach

Support & Understanding

- Compassion towards others
- Support students and colleagues
- Patience as we continue adapting to a dynamic situation

Adapt & Evolve

- Be flexible and adapt as needs arise and as the pandemic situation changes
- Evolve together as one system

COMMUNICATION & ENGAGEMENT INITIATIVES/CHANNELS

Community Update Emails: Regular updates and information are sent to families and community members regularly by email.

Staff Update Emails: Staff are provided with regular updates and information by emails from the Superintendent.

Student Newsletter: A weekly newsletter is sent to all middle and high school students to keep them informed of decisions and opportunities that impact them. The HCPSS Communications Office collaborates with the Howard County Association of Student Councils to develop the content of each weekly newsletter.

HCPSS News Posts: A weekly news digest is emailed to families, staff and community members that capture information that has been posted to the website and shared on various platforms.

Staff Hub: Information is posted on the internal online hub and notifications are delivered to staff by email.

Staff Communication & Community Engagement Updates: The HCPSS Communications team sends weekly updates to central office staff and school administrators that include links to communication supports, system updates, and links to internal and external news items.

HCPSS Website: The HCPSS website is the primary hub for information and a page has been developed specifically for the virtual fall instructional plan. Additionally, FAQs, links to external resources, timelines, language supports, and input opportunities are posted on the site.

Social Media: All HCPSS social media platforms are leveraged to amplify messaging being posted on the website.

School Communication Support: The HCPSS Office of Communications develops information and messaging templates and posts to the internal Canvas page for school administrators to leverage and inform their communities.

SMIL Weekly E-Newsletter: Staff and community messaging will be amplified in the weekly newsletter emailed to school administrators by the HCPSS Division of School Management and Instructional Leadership (SMIL).

Canvas: Students are able to access community updates through a quick link that was added to their Canvas Learning Management System accounts.

External Media: Local external print and television outlets will be provided with releases and in regular contact with an HCPSS media liaison so they may amplify messaging to the Howard County community.

LANGUAGE SUPPORTS

- Support school support teams, including liaisons, to assist and inform families.
- Offer translations of priority information on the HCPSS web site.
- Spanish-speaking families who have questions about virtual learning can call the Spanish language call center at 410.313.1591
- Call Center Numbers
 - Chin: 410.313.5968
 - Chinese: 410.313.5920
 - Korean: 410.313.1591
 - Spanish: 410.313.1591
 - All other languages contact Monica Ranta at 410.313.7102