## LEA Plan on the Safe Return to In-Person Instruction and Continuity of Services

This document is intended to meet the federal statutory requirement that, within 30 days of receiving ARP ESSER LEA allocation (anticipated May 24th), an LEA shall publish an LEA Plan on the Safe Return to In-Person Instruction and Continuity of Services, which is often called a "school district reopening plan."

Note, if an LEA developed a plan before *The American Rescue Plan Act* (ARPA) was enacted on 03/11/2021 that complied with the federal statutory requirements for public posting and comments but does not meet all of the requirements below, then the LEA must revise its plan no later than six months after receiving ARP ESSER funds

For further context, please reference ARPA (https://www.congress.gov/bill/117th-congress/house-bill/1319/text) or the Interim Final Requirements of ARP ESSER (https://www.govinfo.gov/content/pkg/FR-2021-04-22/pdf/2021-08359.pdf).

| ı.  |    | General Information                                                                                                                                                                                                                                            |
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|     | 1. | LEA Name: Berlin Public Schools                                                                                                                                                                                                                                |
|     | 2. | Date of Publication: June 21, 2021, Revised 12/9/2021                                                                                                                                                                                                          |
| II. |    | Transparency and Accessibility                                                                                                                                                                                                                                 |
|     | 1. | This plan for the safe return to in-person instruction and continuity of services was published and made publicly available online here:  Description: District website sau3.org                                                                               |
|     | 2. | Before making the plan publicly available, the LEA sought public comment on the plan and took such comments into account in the development of the plan (please check one).  Yes: Somewhat: No: Description:  Two surveys to stakeholders: 3/15/21 and 6/18/21 |
|     | 3. | The plan is in an understandable and uniform format (please check one):  Yes: Somewhat: No: Description: Using this template                                                                                                                                   |
|     | 4. | The plan, to the extent practicable, is written in a language that parents can understand or, if not practicable, orally translated (please check one):  Yes:  Somewhat:  No:  Description:  Will be translated upon request.                                  |
|     | 5. | The plan, upon request by a parent who is an individual with a disability, is provided in an alternative format accessible to that parent (please check one):  Yes: Somewhat: No: Description:                                                                 |

### III. Health and Safety How the LEA will maintain the health and safety of students, educators, and other school and LEA Description during SY20-21: Followed Governor's orders, DHHS and CDC guidelines as closely as possible. Description during SY21-22: Plan will follow DHHS and CDC guidelines as closely as possible. 2. The LEA's adoption of the following CDC health and safety strategies are described below: (Note federal regulation on this plan requires such reporting, but does not require adoption of CDC safety recommendations. The NH DOE recognizes schools will implement localized safety measures based on the guidance provided by the CDC, NH Public Health, and local public health officials.) Universal and correct wearing of masks: During SY20-21 (check one): Somewhat: [ No: During SY21-22 (check one): Yes: 💌 Somewhat: No: □ Description of both SYs: SY 20-21: Masks were worn by all staff and students in the building, on busses and at recess, according to guide SY 21-22: We are operating under a phased model, dependent on local and state covid case statistics. Physical distancing (e.g., use of cohorts/podding and modifying facilities): During SY20-21 (check one): Yes: 🗷 No: 🔲 Somewhat: Yes: Somewhat: 🔻 During SY21-22 (check one): Description of both SYs: SY 20-21: Created the recommended physical distance of at least 3 ft by offering remote | SY 21-22: Will not offer remote pathway, therefore, we will distance as much as possible but it may not be 3 ft in certain areas c. Handwashing and respiratory etiquette: During SY20-21 (check one): Yes: 🗷 Somewhat: No: During SY21-22 (check one): Somewhat: Yes: x No: Description of both SYs: We have Incorporated signage, lessons and reminders of handwashing and respiratory etiquette and will c We also added sinks in the K-5 bldg and touchless faucets in both bldgs. d. Cleaning and maintaining healthy facilities, including improving ventilation: During SY20-21 (check one): Yes: 💌 Somewhat: No: During SY21-22 (check one): Somewhat: e

| th isolation and c                                                                                                                                               | marantine, in collaboration                                                                                                          | on with the State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |
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|                                                                                                                                                                  | Somewhat:                                                                                                                            | No: 🔲                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |  |
|                                                                                                                                                                  | Somewhat:                                                                                                                            | No:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |
| During SY21-22 (check one): Yes: Somewhat: No: Description of both SYs: We have, and will continue to adopt the guidelines of DHHS and CDC in regards to isolate |                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |
| We work in conjunction with DHHS, contact tracing for students in an effort to control community spread.                                                         |                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |
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| Diagnostic and screening testing:                                                                                                                                |                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |
| Yes:                                                                                                                                                             | Somewhat: 🗵                                                                                                                          | No: 🔲                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |  |
| Yes:                                                                                                                                                             | Somewhat: 💉                                                                                                                          | No: 🔲                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |  |
| Description of both SYs: SY20-21: We developed a system with local health providers to make diagnostic testing of                                                |                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |
| SY 21-22:We enrolled in the SASS program. Nurses use BiNax symptomatic testing.                                                                                  |                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |
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| Efforts to provide vaccinations to school communities:                                                                                                           |                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |
| school communii                                                                                                                                                  | ies:                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |
| 1                                                                                                                                                                | Ith departments:  Yes:  Yes:  Yes:  Ind will continue to ado acing for students in an  Yes:  Yes:  Yes:  Yes:  Ye developed a system | Yes: Somewhat: S |  |  |

|     |                                                                                                                                                                                                                                                                                                                                                                                                                                                | During SY21-22 (check one): Description of both SYs: SY 20-21: Provided staff vaccination in a clinic on Day                                                                                                        |                                                                                                 |                                                                                                                            |                                                                  |  |  |
|-----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|--|--|
|     | h. Appropriate accommodations for children with disabilities with respect to he                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                     |                                                                                                 |                                                                                                                            |                                                                  |  |  |
|     |                                                                                                                                                                                                                                                                                                                                                                                                                                                | policies: During SY20-21 (check one):                                                                                                                                                                               | Yes:                                                                                            | Somewhat:                                                                                                                  | No: 🔲                                                            |  |  |
|     |                                                                                                                                                                                                                                                                                                                                                                                                                                                | During SY21-22 (check one):                                                                                                                                                                                         | Yes: 🔣                                                                                          | Somewhat:                                                                                                                  | No:                                                              |  |  |
|     |                                                                                                                                                                                                                                                                                                                                                                                                                                                | Description of both SYs: Students All services and accommodations were pro                                                                                                                                          |                                                                                                 |                                                                                                                            |                                                                  |  |  |
|     | i.                                                                                                                                                                                                                                                                                                                                                                                                                                             | Coordination with state and local During SY20-21 (check one): During SY21-22 (check one): Description of both SYs: We will continue this partnership.                                                               | Yes: ▼<br>Yes: ▼                                                                                | Somewhat:  Somewhat:                                                                                                       | No: No: No: nity covid team with local                           |  |  |
| IV. | Co                                                                                                                                                                                                                                                                                                                                                                                                                                             | ntinuity of Services                                                                                                                                                                                                |                                                                                                 |                                                                                                                            |                                                                  |  |  |
| 1.  | The LEA has provided continuity of services in addressing student academic needs:  Description during SY20-21: All services were continued, no matter what mode of learning we were in.                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                     |                                                                                                 |                                                                                                                            |                                                                  |  |  |
|     | De                                                                                                                                                                                                                                                                                                                                                                                                                                             | scription during SY21-22: All service                                                                                                                                                                               | ces will be continued, no                                                                       | matter what mode of learning we a                                                                                          | re in.                                                           |  |  |
| 2.  | 2. The LEA has provided continuity of services in addressing student social, emotional, mental, and other health needs, which may include student health and food services:  Description during SY20-21: All services were continued, no matter the mode. Meals were delivered to remote students.  Our social worker and SRO also made home visits where needed.  Description during SY21-22: All services will continue, no matter the mode. |                                                                                                                                                                                                                     |                                                                                                 |                                                                                                                            |                                                                  |  |  |
| 3.  | 3. The LEA has provided continuity of services in addressing staff social, emotional, mental, and health needs:  Description during SY20-21:  SEL PD (geared toward staff well-being) was a mandatory training at the beginning of the One of our SEL coaches offered a yoga class to staff throughout the spring and summer.  Description during SY21-22:  We plan to offer an enhanced menu of optional activities to staff next year.       |                                                                                                                                                                                                                     |                                                                                                 |                                                                                                                            |                                                                  |  |  |
| V.  | Pk                                                                                                                                                                                                                                                                                                                                                                                                                                             | n Review                                                                                                                                                                                                            | 51                                                                                              |                                                                                                                            |                                                                  |  |  |
| I.  | Re<br>Sep<br>pla<br>for<br>no<br>Ye                                                                                                                                                                                                                                                                                                                                                                                                            | e LEA will meet the federal regulaturn to In-Person Instruction and obtember 30, 2023 (the award perion before ARPA was enacted on 0 public posting and comments but later than six months after the LEs:  No:  No: | Continuity of Server od including the Ty 3/11/2021 that cont does not meet all A receives LEA E | ices Plan at least every sizedings period). (Note an Implied with the federal state of the requirements above SSER funds.) | c months through<br>LEA that developed a<br>stutory requirements |  |  |

| 2.    | In doing so, the LEA will meet the federal statutory required input into account in determining whether to revise the planecessary, on the revisions it makes to its plan.  Yes:  No:  Description:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |           |  |
|-------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--|
| 3.    | In doing so, the LEA will also meet the federal regulatory requirement to address CDC safety recommendations and, if the CDC has updated its safety recommendations at the time the LEA is revising its plan, each of the updated CDC safety recommendations. (Note federal regulation on this plan requires such reporting, but does not require adoption of CDC safety recommendations. The NH DOE recognizes schools will implement localized safety measures based on the guidance provided by the CDC, NH Public Health, and local public health officials.)  Yes:  No:  No:  We will not walt the required 6 month period to revise according to CDC and DHHS recommendations. The Superintendent will continue to adjust accordingly. |           |  |
| VI.   | Authorization                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |  |
| LEA S | uperintendent's Signature:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Date:     |  |
| Sr.   | is King-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 12/9/2021 |  |

#### VIII. Appendices

## Appendix A. ARPA Statutory Excerpt

"(i) Safe return to in-person instruction.—

- (1) IN GENERAL.—A local educational agency receiving funds under this section shall develop and make publicly available on the local educational agency's website, not later than 30 days after receiving the allocation of funds described in paragraph (d)(1), a plan for the safe return to in-person instruction and continuity of services.
- (2) COMMENT PERIOD.—Before making the plan described in paragraph (1) publicly available, the local educational agency shall seek public comment on the plan and take such comments into account in the development of the plan.
- (3) PREVIOUS PLANS.—If a local educational agency has developed a plan for the safe return to in-person instruction before the date of enactment of this Act that meets the requirements described in paragraphs (1) and (2), such plan shall be deemed to satisfy the requirements under this subsection."

# Appendix B. Interim Final Requirements of ARP ESSER Excerpt

- "(3) LEA Plan for Safe Return to In-Person Instruction and Continuity of Services.
  - (a) An LEA must describe in its plan under section 2001(i)(1) of the ARP Act for the safe return to in-person instruction and continuity of services—
    - (i) how it will maintain the health and safety of students, educators, and other staff and the extent to which it has adopted policies, and a description of any such policies, on each of the following safety recommendations established by the CDC:
      - (A) Universal and correct wearing of masks.
      - (B) Modifying facilities to allow for physical distancing (e.g., use of cohorts/podding).
      - (C) Handwashing and respiratory etiquette.
      - (D) Cleaning and maintaining healthy facilities, including improving ventilation.
      - (E) Contact tracing in combination with isolation and quarantine, in collaboration with the State, local, territorial, or Tribal health departments.
      - (F) Diagnostic and screening testing.
      - (G) Efforts to provide vaccinations to school communities.
      - (H) Appropriate accommodations for children with disabilities with respect to health and safety policies.
      - (I) Coordination with State and local health officials.
    - (ii) how it will ensure continuity of services, including but not limited to services to address students' academic needs and students' and staff social, emotional, mental health, and other needs, which may include student health and food services.
  - (b) (i) During the period of the ARP ESSER award established in section 2001(a) of the ARP Act, an LEA must regularly, but no less frequently than every six months (taking into consideration the timing of significant changes to CDC guidance on reopening schools), review and, as appropriate, revise its plan for the safe return to in person instruction and continuity of services.
    - (ii) In determining whether revisions are necessary, and in making any revisions, the LEA must seek public input and take such input into account.
    - (iii) If at the time the LEA revises its plan the CDC has updated its guidance on reopening schools, the revised plan must address the extent to which the LEA has adopted policies, and describe any such policies, for each of the updated safety recommendations.
  - (c) If an LEA developed a plan prior to enactment of the ARP Act that meets the statutory requirements of section 2001(i)(1) and (2) of the ARP Act but does not address all the requirements in paragraph (a), the LEA must, pursuant to paragraph (b), revise and post its plan no later than six months after receiving its ARP ESSER funds to meet the requirements in paragraph (a).
  - (d) An LEA's plan under section 2001(i)(1) of the ARP Act for the safe return to in-person instruction and continuity of services must be—
    - (i) In an understandable and uniform format;
    - (ii) To the extent practicable, written in a language that parents can understand or, if it is not practicable to provide written translations to a parent with limited English proficiency, be orally translated for such parent; and
    - (iii) Upon request by a parent who is an individual with a disability as defined by the ADA, provided in an alternative format accessible to that parent."