

Grantham School District Continuity of Learning Plan 20-21

Presented to the Grantham School Board for
Consideration
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Many thanks to the members of this incredibly dedicated
committee:

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Hard, important work!

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Safe Return to School Committee Recommendations

Introduction and Overview of Process

The Grantham School District Administrative Team and The Safe Return to School Committee completed a structured process in order to review and apply the best available evidence related to the transmission of COVID-19 while considering the contexts of school, specifically the physical and mental health and wellbeing of children, school staff and our immediate and surrounding communities. This kind of risk assessment requires combining current public health information, the educational impact of all decisions, and a clear articulation of our school community's vision for this coming school year.

Guiding Principles and Mindsets

We embarked on the work with the following guiding principles and mindsets:

- All work must involve stakeholder input.
- All recommendations must be aligned with evidence-based best practices in pandemic health and safety guidelines. (These may change even throughout our work and after, so we will adapt as needed.)
- All recommendations must take equity into consideration.
- All recommendations must fit into a flexible and adaptable model based on the changing needs of the virus and our community.

Sub-Committees:

The SRS Committee had four sub-committees in order to focus on essential areas:

- Instruction
- Health and Safety
- Mental Health and Social Emotional Learning
- Technology and Communication

Questions

Main Question:

How will Grantham School District provide the highest quality education while maintaining the health and safety of our community?

Key Questions:

The following key questions, among many others, served as the focus of this Committee's work. These were approached by the whole group and we continue to explore answers to some of these as we potentially move towards operational procedures. Each sub-committee worked with its own specific set of major questions--many of which, of course, overlap to other sub-committee work--which helped us to take a more comprehensive view of various perspectives and foster inherent and continual cross-referencing throughout our plan's development.

- Will GVS open in Fall 2020? If yes, how?
- What indicators can we use to determine if it is safe to reopen schools?
- When schools reopen, what are the practices for maintaining and monitoring the health of staff and students that will be effective and practical? What are the risks and trade-offs if some practices cannot be adopted, or can only be partially adopted?
- How will we prioritize mental, social, and emotional health for our students, staff, and families?
- How will all decisions apply to students and families at risk due to low socioeconomic status, underlying health conditions, special education needs, and other risk factors?
- What provisions should be put in place for high risk staff and students?
- How will school mitigation be conveyed and monitored?
- How will all Grantham School District decisions affect our 7-12 students at Lebanon Middle and High Schools?
- How will we coordinate with our transportation company to align practices and coordinate service to our families?
- What changes need to be made in the GSD 20-21 school budget to meet this plan's needs?

Evidence-Based Research

There are significant challenges when using evidence-based research to guide decision making for the upcoming school year. First, COVID-19 scientific research is continually evolving, and as a novel virus, past research on viruses and pandemics cannot be summarily applied to our

current situation. Second, we need to use what we do now from studies while fully recognizing that certain areas of much needed research have not yet been completed.

The following primary guidance documents (among others) were reviewed throughout the creation of this plan (links available to full research):

CDC Considerations for Schools:

<https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/schools.html>

CDC Considerations for Schools: Readiness and Planning Tools

<https://www.cdc.gov/coronavirus/2019-ncov/downloads/community/School-Admin-K12-readiness-and-planning-tool.pdf>

CDC Reopening Guidance for Cleaning and Disinfecting Public Spaces

<https://www.cdc.gov/coronavirus/2019-ncov/community/reopen-guidance.html>

American Academy of Pediatrics Planning Considerations for School Reopening

<https://services.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/clinical-guidance/covid-19-planning-considerations-return-to-in-person-education-in-schools/>

Brookings Institution Q&A about School Reopening

<https://www.brookings.edu/blog/brown-center-chalkboard/2020/06/03/reopening-schools-amid-the-covid-19-pandemic-your-questions-our-answers/>

UNESCO Guidance on Reopening Schools

<https://unesdoc.unesco.org/ark:/48223/pf0000373348>

The Education Trust Guidance for Equity in Schools during COVID:

<https://edtrust.org/the-equity-line/5-things-state-leaders-should-do-to-ensure-federal-stimulus-funds-for-schools-are-used-equitably/>

The Academy of Science, Math, and Engineering: Reopening K-12 Schools During the COVID-19 Pandemic: Prioritizing Health, Equity, and Communities (2020):

<https://www.nap.edu/catalog/25858/reopening-k-12-schools-during-the-covid-19-pandemic-prioritizing>

New Hampshire Department of Education Guidance for Reopening our Schools:

<https://www.covidguidance.nh.gov/sites/g/files/ehbemt381/files/inline-documents/sonh/k-12-back-to-school.pdf>

New Hampshire Department of Health and Human Services (various reports and documents):

<https://www.nh.gov/covid19/>

Current Knowledge of COVID-19 Demographics, Transmission, and Mitigation:

COVID-19 General Statistics: (as of July 31, 2020)

COVI-19 cases:

- Globally: 17,401,496
- US: 4,536,240
- NH: 6,544

Deaths related to COVID-19:

- Globally: 675,157
- US: 152,878
- NH: 415

(Data as of July 31, 2020 from the [Covid Tracking Project](#))

In the United States, there are more than 457 experimental drugs under development and roughly 144 active clinical trials, according to the U.S. Food and Drug Administration (FDA) (U.S. Food and Drug Administration, 2020). Several vaccines have reached the third stage of clinical trials.

Specific Information about Children:

- 5% of confirmed COVID-19 cases have been children
- Children are generally at much lower risk for serious consequences of COVID-19. One recent study found that in the US, 77% of children who had to be hospitalized due to COVID-19 had at least one underlying health condition. (USDHHS, 2020)
- It is still unclear how COVID-19 may affect children with asthma.
- Recent statistics in Florida are causing increased concern about children and COVID-19.

Transmission:

- COVID-19 is transmitted primarily by respiratory droplets from close contact with those infected; this includes surfaces contaminated by infected persons and then touched by previously uninfected persons who then touch their mouth, nose, or eyes without first properly washing their hands. Prolonged close contact in indoor environments is high-risk.
- Research on this secondary cause of transmission, called fomite transmission, has changed dramatically throughout learning about this virus, and current knowledge suggests that fomite transmission is possible within a 24-72 period depending on the surface. Current thinking is that fomite transmission is much less of a concern than originally thought.
- The median incubation period, regardless of age, is estimated to be about 5 days, with a range of 2–14 days.
- One recent study using contact-based surveillance found that children had been infected at rates similar to those for adults, but that they were either asymptomatic or had symptoms too mild to be detected.
- When breathing or talking normally, droplets are thought to be capable of traveling about 3-6 feet.
- Sneezing, coughing, singing, exerted breathing, and loud talking can propel droplets farther.
- Aerosols containing the virus can accumulate in the air in a closed space with limited ventilation such that people can become infected by breathing in virus-containing aerosols.
- These aerosols are found when flushing toilets, which is becoming a greater concern as COVID-19 is found in fecal matter.
- The virus does not enter the body through the skin.
- People can be contagious before they show symptoms.

Note: List compiled from [The National Academies of Science, Mathematics, and Engineering Report on Reopening Schools, July 2020](#)

Mitigation:

High-priority mitigation strategies include: mask wearing, healthy hand hygiene (including washing and using sanitizer), physical distancing through small cohort design, PPE, and the limiting of large gatherings. (Testing and contact tracing are also high priority but are under the direction of the CDC and NH DHHS). Face shields have been recommended by some agencies but there has yet to be definitive research about their ability to prevent or protect. It is not recommended that face shield be worn in place of a mask.

Next-level priority mitigation strategies include: temperature and symptom screenings, cleaning, adequate ventilation, and air filtration. Note: Temperature screenings can be effective, but there is still a question as to their effectiveness with children, since they can be asymptomatic. In addition, temperature screenings become more effective when combined with symptom screening.

Fomite transmission can be mitigated through the following methods: evidence suggests that the virus persists on most hard surfaces for 2–3 days and on soft surfaces for 1–2 days. Regular cleaning, disinfecting, and hand washing can be highly effective measures to mitigate fomite spread.

School Specific Factors:

- Schools are currently the predominant place where children learn academic, socioemotional, and many other essential life skills.
- Schools also provide meals, health care, counseling, and access to social services.
- School facility infrastructure has historically been designed to support dense communities of children; group students in maximum class sizes; utilize large, shared spaces for eating, outdoor play, and assemblies; and maximize smaller shared spaces for art, music, and physical education spaces to reduce costs. All of this is contrary to our current needs.
- While there is risk of reopening schools in the fall, there are other critical risks to children if remote learning is extended for longer periods of time. The American Academy of Pediatrics (2020) recently released a statement that “strongly advocates that all policy considerations for the coming school year should start with a goal of having students physically present in school.”
- The educational risks of extended distance learning may be higher for young children and children with disabilities.
- The educational risks of extended distance learning will widen the equity gap for students with low socio-economic status.

Critical Research Yet to be Completed:

- Children and Transmission: Since children present differently and are often asymptomatic carriers, it has not yet been possible to fully research this level of transmission; in addition, since the risk level is lower for children overall, testing has been prioritized towards adults and especially adults with underlying conditions, leaving the testing of children still largely unexplored. Viral load studies are occurring but have not yet conclusively demonstrated any trends.

- Some initial studies suggest that children may not transmit the same as adults because they have smaller lungs, causing the droplets to go a shorter distance. They are also -- because of their height -- closer to the ground and therefore the respiratory droplets may not reach adults with the same frequency.
- Reopening Schools: The role of reopening schools in contributing to the spread of COVID-19 in communities; since schools closed rather quickly in March, it is believed that this greatly helped to stop and/or slow the spread of COVID-19 in communities. Reopening schools will need to be watched very closely to gauge the safety of in-person learning.
- There have been no comprehensive studies to date of the effects of reopening schools on the spread of COVID-19 where both 1. the virus in that country is still prevalent; and 2. schools are open. These studies will likely take place in the United States, as schools are about to reopen and we have record numbers of cases still each day.

Options Available to Families for Continuity of Learning:

The SRS Committee believes there are two possible options for reopening Grantham Village School:

- **Option A:** Open with full in-person instruction. (This is possible if 25% or more families choose to keep their children remote learning).
- **Option B:** Open with a hybrid model, where the students are divided into two groups, receiving 2 days of instruction in school and 3 days instruction at home. Option B Chosen by Board.

Thoughts about Reopening:

The SRS Committee believes the following:

- Moving to remote instruction could become necessary at any time. The two options offered below represent the two best options for reopening to in-person instruction but things may change at any time.
- The current low numbers in our area allow us to consider the opportunity to open school.
- Children are best served in schools for academic, social, emotional, and physical

wellness and growth.

- We have a healthy building with an excellent HVAC system and will set up routine cleaning and disinfecting; all classrooms have sinks.
- It is impossible to completely eliminate the risk of COVID-19 in schools; any in-person instruction must weigh all risks when being designed.

Key Considerations for GVS:

1. Student Numbers:
 - Our student population at the beginning of the 19-20 school year was **240**
 - Our student population at this point for 20-21 is **275**. Increase of 35 students.
2. Staffing Numbers:
 - In any regular year, we have the staff we need to run the school efficiently.
 - During this year, we have to carefully reallocate staff to maximize both educational benefit and safety.
 - Substitutes: substitutes present several concerns: availability, their own health risk, the more unknowns we have about others coming in the building increases health risk to others, and quality of education.
 - ***Behavioral decision making: We have an obligation to design a system to reopen schools that will allow people to make safe decisions.***
3. School is critical, and school will not look like school. (Protocols, cleared out classrooms, etc.)

Option A: Open full in-person instruction, 5 days per week.

Conditions

1. We would have to have 25% or more parents/guardians choosing to keep their children home for remote learning.
2. We would need to access additional outdoor (and other spaces) for as long as possible in order to de-densify the GVS building.
 - Camp Coniston -- very generous offer, possibility of having several grades level there for the first six weeks
 - Outdoor tents on our campus
 - Potential for other spaces around Grantham

3. Compliance with ALL health and safety guidelines for schools, plus:
 - Security on site
 - Nurse or LNA on site
 - Additional custodial services for that site
4. No concerns meeting these criteria, but each additional personnel request represents additional cost.

Main Pros and Cons to Option A:

Pros	Cons
Get to see and work with all students and build relationships	Increased risk of exposure
Will have “eyes on” all children for health, safety, social and emotional needs, related service.	Almost zero flexibility with staff; high need for substitutes
Can establish routines to help all students move to remote learning if/when necessary.	Bring all students back and then most likely move to remote quickly (opening will even be in question)
More control over student cohorts	All classrooms will need to be emptied out -- looks much less like school--plus intensity of needing movers and storage.
Allows assessment to support meeting children where they are in their learning and identify any gaps and strengths	Increased budgetary needs

Option B: Hybrid (2 days in person, 3 days remote)

Of the hybrid options presented, both parents and educators felt that the following hybrid option was preferred:

	Monday	Tuesday	Wednesday	Thursday	Friday
Group A: (A-L)	In-School w/Classroom Teacher	In-School w/Classroom Teacher	All Remote	Remote Instruction w/GVS Facilitator	Remote Instruction w/GVS Facilitator
Group B: (M-Z)	Remote Instruction w/GVS Facilitator	Remote Instruction w/GVS Facilitator	All Remote	In-School w/Classroom Teacher	In-School w/Classroom Teacher

Main Pros and Cons of Hybrid Options:

Pros	Cons
De-densifies the building significantly increasing health and safety , especially cleaning and disinfecting protocols.	Less control of cohorts due to childcare situations.
Get to see all students and work with them; “eyes on” kids	Harder for families
Decreases class sizes, allowing for more in-depth and personal instruction and school looks more like school	Need to change schedules for holiday weeks so students on a Monday rotation, for example, don’t miss instruction regularly.
Flexibility with staffing; decreased need for	Managing schedules for instruction and

subs	assessment for all staff and students, including tech device transfers between home and school.
Specialists and special education services may have additional opportunities to work with students	Don't get to see students every day.

Other Remote Options (Choices) for Parents:

Another sentiment that came through very strongly in the survey was parent/guardian ability to have the choice to send their child(ren) back to in-person instruction.

- **GVS Remote Academy:** We will offer, through GVS, the option for these parents/guardians to access VLACS online charter school and GVS will provide a VLACS Facilitator/Liaison to help you with this. We would also hope that these students can still participate in all other remote options with their class when possible.
- **GVS Remote Classroom:** Depending on the numbers of those returning to school, if we reach a 30-40% threshold of students in any given grade who choose to go to remote instruction, we will pull one of those grade level teachers from GVS to run remote school with that group.

Operational Information for ANY In-Person Model:

Please note that a complete handbook will follow this once a plan is in place. Below are general factors and more details will follow.

General

- No large gatherings
- Closed campus -- no visitors, volunteers, or non-essential vendors/contracted service providers.
- No Before or After School Program until conditions change.

Building Considerations

- Excellent HVAC System -- Filtered Outdoor Air (not recirculated)
- Hourly rotation for high-touch cleaning and disinfecting (i.e. bathrooms)
- Use of outdoor spaces when possible -- outdoor classroom, nature trails, two tents pitched on grounds for outdoor seating, Camp Coniston)
- Any potential area of contagion will be sealed off and not cleaned by custodial staff for a minimum of 24 hours.
- Fans are not permitted in any classrooms; the HVAC will keep rooms at moderate temperature.
- "Zones" will be designed in the building in order to prevent cross-contamination. Students will eat lunch and snack in classrooms and be assigned to designated bathrooms and entry/exit doors.

Calendar:

Recommend that we move the start date to:

- New Teacher: August 25th
- Teacher Days: August 26, 27, 28, 31, September 1, 2
- Start Date: September 3 (Full In Person)
- If Hybrid: September 3 (Group A; September 4th Group B); begin rotation the following week with September 8/9 (A); September 10/11 (B).
- Will likely have two early release days to start as a "soft opening" to get all students comfortable with our protocols.
- Potential of needing two professional development days moved to the 3rd week in October if any grade levels are at Coniston and need to move back into GVS.

Classroom Configurations:

- Classrooms must be set up to maintain 6-ft distancing requirements
- Students will have assigned seats and keep their belongings with them in their areas (no cubby spaces)

Cohort Model:

- Students will not share objects or desks
- All students will remain in their classroom with no shared spaces
- Specialists will push into classrooms
- Movement patterns throughout the day will be mapped and controlled
- Lunch will be eaten in classrooms
- Certain grades will be assigned to certain bathrooms

- Drop off and pick-up procedures will be designed/scheduled to maintain physical distancing. No parents/guardians will be able to stand outside to pick up their child. Parents may not walk children into school.

Bus Transportation:

- Buses will carry no more than 24 students (siblings can sit in the same seat opening up possible space for additional riders)
- All students will have assigned seats
- Students must wear a mask or will not be permitted to ride the bus.
- Students must use hand sanitizer prior to getting on the bus (there will be no hand sanitizer on the bus for safety reasons)
- Any misbehavior for safety protocols -- including COVID-19 precautions -- will result in losing the privilege of riding the bus
- Buses will be cleaned regularly and disinfected using a spray once per month
- At bus stops, families should remain 6 feet of distance and wear masks.

Drop Off and Pick Up at GVS

- Parents/guardians must remain in their cars -- do not walk child(ren) into the building
- Parents/guardians may not gather together outside to pick up their children.

WWW

The 3 Ws.....

- Wash Your Hands
 - Strict hand washing and hygiene protocols
- Watch your Distance
 - 6 foot distancing for all staff and students (3 feet is not acceptable to the committee's recommendations)
- Wear a Mask
 - All students and staff; with specific times for "mask breaks" in classroom and outside; consideration/options for special needs students who may not be able to wear a mask. Remember that cloth masks are not PPE -- some children will need a higher level of safety.

Routines for Hand-Washing and Hygiene:

- All staff and students will wash their hands:
 - before, during, and after preparing and/or eating food;

- Immediately after having or caring for someone who has vomited or had diarrhea
 - Immediately after having or caring for someone who has a cut or wound
 - After using the toilet or providing toileting assistance to a child
 - after blowing your nose, coughing, or sneezing
 - after touching garbage
 - After touching an item or surface that may be frequently touched by other people, such as door handles, devices, tables, etc.
 - before touching your eyes, nose, or mouth
- When handwashing cannot occur, hand sanitizer will be used.

PPE

- Cloth masks are not PPE
- Staff who need to work with various cohorts throughout the day will be required to wear N-95 or KN-95 masks and possibly a face shield, depending on their requirements; this will be made available to them through the District.
- Masks with exhale valves will not be permitted
- Mask breaks -- we recognize the importance of mask breaks and will work to incorporate them safely throughout the day.

Special Consideration for PPE

Personnel working with special needs students: Certain special needs students will require modifications in their own PPE. To protect both students and staff, employees in these situations will be required to wear additional PPE, such as goggles, KN-95 masks, gloves, face shields, gowns, and other specific protective gear as warranted for the child's disability.

RRR

Never before have we felt that this much that we need to be in this together. The main things we'll need from you are the 3 Rs:

- **Reliance:** We will rely on all families to screen their children before sending them to us and to quarantine under our recommendations. Two-weeks prior to school and daily screening via app with temperature check.
- **Reaction:** Things could change with our situation at any time. Please know that we'll communicate with you as much as possible and that we'll need you to respond and react with us (e.g. quarantines and/or moving to remote).
- **Responsibility:** In any model, if additional childcare needs are required, please try to *use this community and each other* to arrange "bubbles" or "zones" of your own to

minimize the potential spread of the virus and have ready information if contact tracing is necessary.

Health Screenings for Staff and Students:

Two-Level Screening: Home and School

- One of the most important mitigation strategies is ensuring that students and staff who are just beginning to experience symptoms do not come to school. All staff and students will be required to complete an online health screening questionnaire each morning prior to going to school. This will be via app.
- Currently, the CDC recommends that schools refer the following individuals to healthcare officials for further evaluation: (a) individuals with signs or symptoms consistent with COVID-19, and (b) asymptomatic individuals with recent known or suspected exposure COVID-19 to control transmission.
- All staff, students, and parents will receive training regarding daily health practices and screening required for in-person learning.
- Students and staff who have been sick will not be able to return to the school until they have met the CDC and/or NH DHHS criteria to discontinue home isolation. Caregivers and staff will need to wait for formal notification from the school nurse or a physician that it is permissible for them to return to school.
- Children have different symptoms:

Symptoms of COVID-19 in Children:

- Fever or chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

Students with High Risk Conditions:

It is the recommendation of the Grantham School District that all students with high-risk conditions take the opportunities offered by the District to receive instruction remotely.

In addition, students who have specific medical needs that may be complicated by COVID-19 precautions, e.g. the use of nebulizers, will either need to learn remotely or have their medical plans adjusted to medications/procedures that fall within the District's safety guidelines.

School Exclusion, Return, and Quarantine:

A flowchart will be developed and is soon to be released from NHDHHS regarding what to do with symptomatic children. This guidance is still being developed as of today (July 31, 2020) and will be included in the final handbook. All of this guidance is still fluid.

School Exclusion:

- In general, students and staff may not come to school if they have a temperature of 100.4 or higher or if they have potentially been in contact with someone with COVID-19. They may also be excluded from school depending on their symptoms and number of symptoms.
- Symptoms in children will be evaluated by our school nurse in conjunction with families and their physicians, including the NH DHHS flowchart.
- Students suspected of having COVID-19 will be isolated from others in the school and must be picked up immediately.

Return to School:

- If student or staff tests positive for COVID-19, they may return to school when:
 - 10 days have passed from initial symptoms; AND
 - 24 hours have passed from any fever; AND
 - All symptoms have improved.
- If a staff or student is symptomatic but refuses testing, all procedures for quarantine and reentry will follow the guidelines under the presumption they are positive.
- If the person is asymptomatic but tests positive, they must quarantine for 10 days. If at any point during this time period they develop symptoms, they will follow protocols for positive and symptomatic (above).

Quarantine Procedures:

- Quarantine currently recommended for those traveling outside of New England -- 14 days. *Note: Consultation with travel, duration of time, and travel risk advisory ap will all be taken into consideration.*
- If staff or student is exposed to someone confirmed or suspected of having COVID-19, 14 days (note -- person cannot "test out" of quarantine).
- Staff and students will follow the NHDHHS Guidance for Quarantine

Progress Monitoring and Changes

A flowchart will guide the Grantham school community through the process of potential and likely inevitable changes to the physical structure of school. This includes steps taken if a member of the GVS community is diagnosed with a positive COVID-19 result.

The District will assign one person to keep daily track of our local and regional spread, providing the Superintendent with a daily report. Progress monitoring of all programming and services will be reevaluated at one- to six-week intervals. At each of these intervals, the need to tighten or loosen our framework will be guided by current public health data.

Among other factors, at a minimum the following will be monitored:

- the number of new cases diagnosed;
- the number of new hospitalizations;
- the number of new deaths;
- the percentage positive tests; and
- GVS daily absenteeism of staff and students.

A Progress Monitoring Working Group will be developed to have multiple perspectives on our situation. I recommend that the following positions/people are a part of that group:

- Board Chair or Designee
- Superintendent
- Principal
- School Nurse
- 2 Parent Representatives
- Teacher Representative
- Education Support Personnel Representative
- Special Education Director
- DHHS (consultation when appropriate)
- Facilities Director
- Technology Teacher Leader
- School Counselor

The need to define what will constitute “substantial community transmission” is important. Below is one potential model for Grantham School District and what steps will be taken at each level:

**Grantham School District
Covid-19/Pandemic School Closure Decision Matrix**

Level of community spread, based upon state and local public health data	Level 1 1 student or 1 staff member at one building OR 1 student or 1 staff member at multiple buildings	Level 2 2-4 students or staff members at one building or 2-4 student or staff members at multiple buildings	Level 3 5+ students or staff members at one building or across multiple buildings
On Track for Containment 1 or fewer cases per 100,000	Close school(s) and move to remote learning for up to 1 school day	Close school(s) and move to remote learning for 3 school days (minimum)	Close school(s) and move to remote learning for school(s) for 14 days minimum
Community Spread Between 2 and 9 cases per 100,000	Close school(s) and move to remote learning for up to 2 school days	Close school(s) and move to remote learning for 4 school days (minimum)	Close school(s) and move to remote learning for school(s) for 14 days minimum
Accelerated Spread 10 to 24 cases per 100,000	Close school(s) and move to remote learning for up to 2 school days	Close school(s) and move to remote learning for 5 school days (minimum)	Close school(s) and move to remote learning for school(s) for 14 days minimum
Tipping Point 25+ cases per 100,000	Close school(s) and move to remote learning for up to 3 school days	Close schools / district and move to remote learning for 5 school days (minimum)	Close district and move to remote learning for full district until further notice

[Harvard Global Health Institute, Harvard's Edmond J. Safra Center for Ethics, Rockefeller Foundation, CovidActNow, Covid-Local, CIDRAP and many others join forces, launch new COVID Risk Level map and COVID suppression guidance for policy makers and the public](#)

Operational Consideration for All Models:

Instruction

- With the need for flexibility, instruction must be created through a platform that will be able to easily adapt to any model of delivery. Using a consistent platform for instruction and providing adequate professional development to all employees will be a major part of our work at the beginning of the year.
- We learned a lot from our experience last spring as well as through the survey responses from our families. We hope to be consistently seeking a better balance in remote instruction for in-person and asynchronous expectations.

- Scheduling for all options must be done in advance to allow GVS adaptability.
- If hybrid, all GVS will need to collaborate for common expectations for Flex Wednesday
- Special attention will need to be given to the delivery of specials. The survey showed that specials were missed by many families.
- GVS educators will need to reach consensus over the criteria surrounding homework during this pandemic.

Special Education/504

- Special education and 504 students are at a higher risk for equity during the pandemic.
- Identified students' modifications and/or accommodations must be a priority consideration for all planning models and IEPs/plans may need adjusting.
- Communication with these families is especially important to ensure delivery of services.
- Potential options will need to be explored, once a model is chosen, for in-person services that may be delivered on remote days or if the school as a whole is remote. In many cases, this will be dependent upon the particular student needs, transportation, and the availability of a provider.

Food Service

In any model, the Grantham School District will continue to provide meals for all Free and Reduced Lunch students.

SEL and Trauma-Responsive Instruction

The SRS Committee and especially the Mental Health/SEL Committee emphasizes the critical priority of mental health and social emotional learning (SEL). Regardless of any model chosen, the Grantham Village School is committed to prioritizing the social and emotional needs of our children. Part of all reopening (in any model) will include:

- Outreach to students and families
- Additional contracts with our local partners
- ChooseLove Program
- Community Connections:
- <https://www.dhhs.nh.gov/dcyf/documents/covid-resource-guide.pdf>
- Opening Professional Development with Lynn Lyons on anxiety