

White Mountains Regional School District - SAU #36



2021-2022 Return to School Plan

Approved August 12, 2021

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If you or a family member need translation or accommodations to access this plan, please contact the Superintendent at 603-837-9363

August 12, 2021

To: The WMRSD School Board

From: Dr. Marion Anastasia and the District Leadership Team

Executive Summary

Given the current science regarding COVID-19 and any variant, we are making it a priority to return to in-person learning, full-time on September 7, 2021. Following more than a year of the pandemic, we must reengage students, staff, parents, and families as they return to school and work. Given this, we must address gaps that were exacerbated by the pandemic and strengthen our District. We have identified eight key strategy areas for reopening recommendations that prioritize health & safety, social & emotional health, and increasing academic achievement.

As we begin in-person learning, health and safety continue to be our top priority. Following DHHS guidance served us well in the 20-21 school year and we intend to follow newly released guidance for the 21-22 year [DHHS Tool Kit August 2021](#). We have identified key strategies throughout this report that reflect clear communication strategies with families, provide the scientific information regarding COVID, address ventilation deficiencies, and provide safe transportation and access to healthy meals.

In addition to health and safety, we are prioritizing social, emotional, and mental health to create a strong foundation for learning. To support this, we will assess the SEL needs of students, invest in effective SEL activities and strategies, and use a multi-tiered approach to address behaviors that is restorative and equitable.

Following a very difficult year, we want every student engaged and progressing academically. We have provided summer sessions for all students whose family requested, or whose IEP mandated. We have also invested in evidence-based strategies, resources, and professional development for the 2021-2022 school year to address the lost instructional time. CTE courses and offerings will be ramped up to continue college and career pathways. We are increasing the hours and days that our youngest learners in Pre-Kindergarten attend school.

The District Leadership Team and I recommend the following concepts, procedures, and overall framework for approval for the 2021-2022 WMRSD Return to School Plan. This plan is a concerted effort with nearly 70 community and school stakeholders representing the Reopening Taskforce. We have also surveyed families and staff with 544 respondents. The goal/purpose of the task force is to give advice to the Superintendent and The District Leadership Team to develop and implement a strategic operational plan for the safe reopening of SAU #36 schools for students, staff, and our community. In turn, the Superintendent will make recommendations to the SAU #36 School Board.

Any unanticipated/anticipated budget implications will be shared with the school board and funded by ARP ESSER guidelines: At least 20% for academic impact for lost instruction, and 80% for learner and community needs. We have presented our ESSER II, and ARP ESSER budget recommendations to the board in previous Board meetings. These may fluctuate and shift as we identify immediate and long term needs. There will be no impact on the local budget; careful attention for sustainability is practiced with every strategy considered.

Guiding Beliefs

1. Safety first. Guidance from the CDC, NH DHHS, NHDOE, local physicians, and our community emergency management team will determine our mitigation and infrastructure strategies.
2. Implement in- person instruction.
3. Create a plan that will be achievable, clear, and consistent.
4. Balance safety, SEL, and academic achievement.
5. Focus on the whole child.
6. Be fiscally responsible and responsive in the context of our community.
7. Continual communication with staff, students, families, and the community.

Timelines for 2021-2022 Reopening

- New Teacher/Staff orientation will be held on August 24, 2021.
- Teacher In-service will be held on September 1, 2021 through September 3, 2021.
- Students' first day of school is September 7, 2021.

We anticipate and expect that we will remain in the 'in-person' model unless the COVID data requires a more restrictive model recommended by NH DHHS, CDC, Governor Sununu, or the NH DOE.

Acknowledgements: The WMRSD Reopening Task Force

We would like to acknowledge and thank the WMRSD Reopening Task Force Members and Steering Committee. The Reopening Task Force is comprised of WMRSD staff, community members, parents, health professionals, town officials, students, police officers, transportation company, and a school board member. The work was divided into eight domain teams: Communication, Facilities/Physical Plant, Health, Instruction/Sports/Co-Curricula, Operations/Transportation, Technology, Wellness/SEL/Foodservice, and Human Resources. Each team did considerable research, met virtually, and eventually crafted final recommendations to share with the other Domain teams.

Decision Making Framework

The Domain Committees made recommendations to the Steering Committee (District DLT, Town Health Officer, NEA Representative, School Board member, local physician, and a town Emergency Management Team member). The Steering Committee considered all recommendations and made the final recommendations that are brought to the School Board for approval.

The recommendations do not need to be granular - the individual schools will determine the specific methodology for their school in collaboration with the DLT and staff (example: food service schedules, playground schedules, instructional schedules, etc.) However, overall reopening recommendations will be adhered to safety measures, physical plant accommodations, cleaning protocols, identification of any necessary cohorts, etc.

Communications Domain Committee

- | | |
|---|--|
| 1. Jacob Hess* , WMRHS Principal | 6. Chief Charbonneau, Lancaster PD |
| 2. Michael Cronin* , WES Principal | 7. Chief Samson, Whitefield PD |
| 3. Jennifer Tetreault, Communications Coordinator | 8. Beth Chase, LES Administrative Assistant |
| 4. Eileen Armstrong, WES Administrative Assistant | 9. Ben Gaetjens-Oleson*, Town of Lancaster Emergency Management Team |
| 5. Pat Car, WMRHS SRO, Whitefield PD | |

Facilities Domain Committee

- | | |
|--|---|
| 1. Rob Scott* , WMRHS CTE Director & Director of Facilities | 4. Roy Palmer, WES Lead Custodian |
| 2. Stephanie Glidden, Administrative Assistant to the Superintendent | 5. Russell Scott, LES Lead Custodian |
| 3. Gary Brown* , Assistant Facilities Director | 6. Tim Phillips, WMRHS Lead Custodian |
| | 7. Justin Kenision, Community Member/Parent |
| | 8. James Murphy*, School Board Member |

Health Domain Committee

- | | |
|---|--|
| 1. Cathy Scott, Administrative Assistant, WMRHS Principal | 9. Andrea Roy, School Nurse |
| 2. Michael Curtis* , Futures Director | 10. Patricia Belanger, School Nurse |
| 3. Amy Kopp* , LES Assistant Principal | 11. John Ross, Community Health Officer |
| 4. Dr. John Ford* , Community Physician | 12. Callie Dingman, Parent |
| 5. Alison Breault, Parent | 13. Clare Brooks, Parent |
| 6. James Akerman, Parent/RN | 14. Dr. Chan, Consultation only: NH State Epidemiologist |
| 7. Maureen Murphy-Malo, Parent/RN | 15. Robyn Lindquist, Parent |
| 8. Lisa Miller* , School Nurse, COVID Coordinator | 16. Marion Anastasia* |

Instruction/Sports/Co-Curricular Domain Committee

- | | |
|--|--|
| 1. Shelli Roberts* , Director of Student Services | 8. Katrina Noyes, Special Education Teacher |
| 2. Steven Nilhas* , Director of Curriculum, Instruction, and Assessment | 9. Catherine Carter, UARTS/Music |
| 3. Kerry Brady* , Athletic Director | 10. Matt Holland, CTE Teacher |
| 4. Patricia Ainsworth* , Assistant Principal, Dean of Instruction | 11. Sarah Slater, HS Teacher |
| 5. Scott Holmes* , LES Principal | 12. Tina Mooney, Kindergarten Teacher |
| 6. Jackie Garneau, Preschool Teacher | 13. Gail McVetty, Teacher Leader |
| 7. Christine Stevens, Special Education Teacher | 14. Jeannine LaBounty, Teacher Leader |
| | 15. Stephanie Cameron* , NEA Representative, Teacher Leader |
| | 16. Nancy McVetty, Paraprofessional |

17. Amanda Garneau, Middle School
Teacher

18. Laura Read, Parent

Transportation Domain Committee

- | | |
|--|--|
| 1. WW Berry Transportation Company:
Tina Reynolds | 2. Marion Anastasia* , Superintendent |
| | 3. Heather McIntire, Parent |

Technology Domain Committee

1. **Jeremy Noyes***, Director of IT
2. Alex Kittredge, IT
3. Aric Mooney, IT

SEL/Wellness/Foodservice Domain Committee

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|--|---|
| 1. Kelly Dussault* , SEL/Wellness
Coordinator | 5. Karen Keller, School Social
Worker/Homeless liaison |
| 2. Melodie Stevens* , Director of Food
Service | 6. Sharal Plunley, WES Assistant
Principal |
| 3. Chelsea Arsenault, School Psychologist | |
| 4. Breanna Hurlbutt, School Counselor | |

Human Resources Domain Committee

1. **Cody Arsenault***, HR and Payroll Manager
2. **Kris Franklin***, Director of Finance
3. Melisa Wadsworth, Assistant to the Director of Finance

On August 12, 2021, We consulted with the SEPAC group (Special Education Parent Advisory Committee) for input regarding Special Education programing, resources, and professional development.

*Please note that although all members could not be present, however,
their input was sought and considered in the plan.*

Timelines

7/22/21: CDC/NH DHHS Guidance Call

7/28/21: Covid Coordinator and Superintendent collaborate with recent science guidance

8/3/21: Full Task Force Meeting

8/3/21-8/10/21: Sub-committee meetings

8/4-9/21: Feedback Surveys sent to Families and Staff

8/10/21: District Leadership Team Meeting

8/10/21: 2nd Full Task Force Meeting

8/11/21: Updated CDC/NH DHHS Guidance Call

8/12/21: Consultation with SEPAC *Special Education Parent Advisory Committee*)

8/12/21: E-blasted draft plan to all families and staff

8/12/21: School Board Meeting

Key Strategies: Recommendations by Domain

1. Communications

1. Once the plans have been finalized and presented to the Board they will be published on the district website and pushed out to families and staff via alert email blast and a link posted on social media.
2. When practical changes occur they will be published on the district website and pushed out to families and staff via Alert email blast and a link posted on social media.
3. Communicating the transmission rate is addressed in the Health Domain.

2. Facilities/Physical Plant

A. Increasing ventilation

- Rooms will be well ventilated with HVAC systems, air purifiers and when appropriate, open windows.
- Outdoor activities and outdoor learning environments are encouraged.
- Replacement of the HVAC system at WES is a strategy in our ARP ESSER Grant application.

B. Cleaning and disinfection

- Cleaning and disinfection of frequently touched surfaces will take place daily.
- If a person with COVID-19 was in a school building, we will clean and disinfect the areas that the person came into contact with

1. If morning screenings take place, for whatever reason, it is recommended that alternative entry points be identified to spread out foot traffic into the buildings.
2. Additional cleaning and sanitation of all SAU36 facilities. In order to meet the increased sanitation/cleaning demands of the COVID pandemic, it is a recommendation to consider hiring three (3) temporary staff (20 hours per week) to assist in the cleaning and sanitation of all SAU facilities.
3. It is a recommendation to adhere to the recommendations of Siemen's in relation to HVAC controls in each of the SAU buildings. Air purifiers, with HEPA filters, will continue to be utilized at each of the buildings.
4. It is recommended that classrooms be set up to be in compliance with whatever range social distancing is recommended to keep students and staff safe.
5. In compliance with the NHDOE New Hampshire Grades K-12 Back-to School Guidance, it is a recommendation to keep playgrounds and outside recess spaces available for student use following social distancing while in use and spray common handholds/contact points with Vital Oxide.
6. It is a recommendation that each building administrative team develop a protocol for the use of student lockers to help ensure the proper recommended social distancing takes place.
7. It is a recommendation to stop the use of the mouth bubbler drinking fountains and use only the bottle fill feature.
8. In bathrooms that do not allow for proper social distancing, it is a recommendation to monitor students coming and going in the bathrooms to ensure social distancing. The recommendation is

to consider what lavatories, sinks and stalls need to be closed that do not allow for social distancing. Additionally, it is recommended that maintenance staff evaluate sink handles to determine if water flow is on for a sufficient amount of time for proper hand washing.

9. In following recommendations for populations that are unvaccinated, it is the recommendation that Prek-6 eat in classrooms and 7-12 in the cafeterias. This recommendation can be re-evaluated once all age groups have the opportunity to have been vaccinated. Lancaster may use the stage area to accommodate spacing needs for elementary students.
10. All windows and doors in the SAU will be evaluated for effectiveness of appropriate air flow and integrity.
11. Facility usage requests will be considered on a case-by-case basis and with consideration of community transmission.

3. Health

“As students return to in-person learning, it’s essential that schools use layered strategies to prevent the spread of the virus. Layered strategies recommended by CDC have proven to offer the greatest protection (e.g. using multiple prevention strategies together and safely transition learning environments out of COVID-19 pandemic precautions as community transmission of COVID-19 reaches low levels or stop). Schools should continue to take multiple measures this fall to ensure the health and safety of teachers, staff, and students, especially those who are not fully vaccinated. Schools and districts should monitor community transmission, vaccination coverage, screening testing, and the occurrence of outbreaks to guide decisions on layered prevention strategies” Ed.gov

As a school district, we have an obligation to protect our vulnerable population. In our coming school year, that population is children under 12 who have not had the opportunity to vaccinate. Once vaccinations open up to our younger population (and we anticipate that to be in the fall), the onus to protect students will shift more heavily on parents and we will look to further de-escalate our mitigation measures at school.

We have been advised by DHHS to make mitigation decisions based on the vaccination status of our community as well as on the level of community transmission. We recognize that those are variables that will likely change over the course of the school year and thus our response to COVID-19 mitigation will escalate in times of substantial community transmission and de-escalate in times of low community transmission. Our reopening plan is an attempt to minimize risk, not eliminate it. The CDC outlines 9 key prevention strategies and we will address them in our plan:

- Promote vaccination
 - Achieving a high level of COVID-19 vaccination among eligible students, staff and families (and communities) is the most important action people can take to protect their own health, end this pandemic and end the need for mitigation measures. We strongly urge parents to consider acquiring vaccines for their children when they are eligible.
 - Explore partnership with local PHN to offer a school based vaccine clinic to eligible students in the fall.

- Face mask use:
 - a. Face masks are not required when staff and students are outside grades Pre-k through 12 regardless of the transmission rates.
 - b. Face masks are required for all students and staff in grades Pre-K through 8 when in the buildings.
 - c. Face masks are required per Federal Law for Pre-k through grade 12 on the busses.
 - d. This is our decision-making matrix for mask wearing in the **High School**:

Green Optional Masking (High School)	4 or fewer cases is considered minimal transmission when scaling down to the population of those towns composing the WMRSD: population of 8,468. <i>Or if unable to calculate our local transmission rate, we will use the county rate: <u>Minimal transmission</u> is defined as fewer than 50 cases per 100,000 population.</i>
Yellow Recommended Masking (High School)	5-8 cases is considered moderate transmission when scaling down to the population of those towns composing the WMRSD: population of 8,468 <i>Or if unable to calculate our local transmission rate, we will use the county rate: <u>Moderate transmission</u> as 50 - 100 cases per 100,000 population.</i>
Red *Required Masking (All Schools)	9 or more cases is considered substantial transmission when scaling down to the population of those towns composing the WMRSD: population of 8,468 <i>Or if unable to calculate our local transmission rate, we will use the county rate: <u>Substantial transmission</u> is greater than 100 cases per 100,000 population.</i>

**The Covid Coordinator and the District Leaders will monitor the status of Substantial Transmission (RED) immediately, and determine when it is appropriate to move into a less restrictive stage. We will be using the WMRSD Towns population to determine transmission levels, not the County population.*

We will be posting the transmission rate daily on our website and on social media. We will also email blast families/staff if the transmission rate changes so that the High School can be prepared to mask if necessary.

- Students and staff who are concerned for their health, or who are immunocompromised, can certainly choose to wear face masks for individual protection.
- There is a federal order for face mask use on public transportation and that includes school buses. Regardless of the face mask policy at a school, passengers and bus drivers must wear a mask on a school bus, including buses operated by public or private school systems.
- Consequences for Refusal to Wear Masks:

RSA 189:15 gives the school board the authority, except where otherwise provided by statute or State Board regulations, to establish regulations “for the attendance upon, and the management, classification and discipline of, the schools...”

There is no statute or regulation prohibiting the school board from requiring everyone in school to wear a mask. The CDC/DHHS has advised requiring everyone in school to wear a mask as follows: *Due to the circulating and highly contagious Delta variant, CDC recommends universal indoor masking by all students (age 2 and older), staff, teachers, and visitors to K-12 schools, regardless of vaccination status.*

Given the fact that the CDC/DHHS has advised mask wearing means that a school board plan requiring masks is reasonable and enforceable.

If a student arrives at school refusing to wear a mask (Prek-8 or during substantial transmission, Red Zone, at the HS) he/she can be excluded from school for the safety of others. If a student arrives at school who forgot a mask, he/she may get one from the school office. We will follow school board policies JIC (Student Conduct), JICD (Student Conduct, Discipline, and Due Process), and JH (Attendance, Absenteeism, and Truancy) to address refusal to wear masks.

- Physical distancing and cohorting
 - Students will be distanced to the best extent possible with a goal of at least 3 feet of separation.
 - Cohorting will be recommended, but we will weigh the risks and benefits of the practice and will favor what fosters academic recovery when community transmission is low.
 - Cohorting will have less of a role in grades 7 -12, but they have access to vaccines which provides an added layer of protection.
- Screening testing
 - NHDPHS has suggested that implementing a screening testing program is not necessary to conduct full in person learning. Although we do not intend to do routine asymptomatic screening, enrollment in the SASS (Safer at Schools Screening) program could provide the schools with resources for testing in an outbreak response. We would like to initiate the application process.
- Hand washing and respiratory etiquette
 - Hand hygiene will remain a priority.
 - Students and staff will be encouraged to cover coughs and sneezes.
- Staying home when sick and getting tested
 - We will continue to have a low threshold for symptomatic students and staff attending school and ask that parents keep their children home if they are not feeling well.
 - Students and staff with new signs and symptoms of a viral syndrome (fever, chills, body or muscle ache) or respiratory viral infection (sinus congestion, sore throat, runny nose, cough) will be excluded from school and asked to test prior to their return to the building. If they refuse testing, we will consider them positive and ask that they isolate at home for 10 days.
- Contact tracing in combination with isolation and quarantine
 - Positive cases that occur at school (students or staff) will be reported to DHHS
 - We will continue to follow DHHS guidance for quarantine and isolation.
 - Quarantine of entire classrooms or cohorts will no longer take place.
 - Guidance for isolation is found at the following link:
<https://www.covid19.nh.gov/resources/self-isolation> (as an attachment: [Isolation Guide for People Who Have COVID-19](#))

- Guidance for non-vaccinated household members who have been exposed is found at the following link:
<https://www.dhhs.nh.gov/dphs/cdcs/covid19/documents/self-quarantine-covid.pdf> (as an attachment: [Quarantine Guide for Unvaccinated People Exposed to COVID-19 in Their Households](#))
- Guidance for self-observation for non-household members who have been exposed can be found at the following link:
<https://www.dhhs.nh.gov/dphs/cdcs/covid19/documents/self-observation-covid.pdf> (as an attachment: [Self-Observation Guide for People Exposed to COVID-19 Who Are Not Required to Quarantine](#))

In summary,

- People who are diagnosed with COVID-19 must still isolate at home until they have met criteria for discontinuation of isolation
 - Close household contacts of someone diagnosed with COVID-19 ARE required to quarantine if they are NOT fully vaccinated
 - Close household contacts of someone diagnosed with COVID-19 are NOT required to quarantine if they ARE fully vaccinated; however, in accordance with CDC guidance for people who are fully vaccinated, such persons are recommended to get tested 3-5 days following their exposure, and wear a facemask in indoor public settings for 14 days, or until they receive a negative test result
 - Non-household contacts should self-observe and monitor for symptoms
 - Continue to report positive cases to NH DPHS
- Best practice recommendations
 - Water fountains should NOT be available
 - Air conditioning should NOT be used
 - Windows in the classroom should be OPEN when possible
 - Hand sanitizer stations should be set up wherever sinks are not available and should be used whenever someone enters and leaves a classroom (entrances to the building, classrooms without sinks, etc.)
 - Virtual meetings with parents and the public should be done whenever possible to limit the number of guests in the building.
 - Nurse's office
 - An Isolation room is recommended at each school.
 - Limit traffic to the health office and treat/medicate students in the classroom (or hallway outside of classroom) when able to avoid mixing healthy students with ill students.
 - COVID Coordinator
 - Continue with assigning the additional responsibilities for the overall management, processing, crafting protocols, and reporting of COVID cases and science for the 2021-2022 school year.
 - Participate in the District Leadership Team meetings to provide guidance and recommendations.
 - Defining Transmission rates:

Green	Minimal transmission is defined as fewer than 50 cases per 100,000 population. OR 4 or fewer cases is considered minimal transmission when scaling down to the population of those towns composing the WMRSD: population of 8,468.
Yellow	Moderate transmission as 50 - 100 cases per 100,000 population. OR 5-8 cases is considered moderate transmission when scaling down to the population of those towns composing the WMRSD: population of 8,468
Red	Substantial transmission is greater than 100 cases per 100,000 population. OR 9 or more cases is considered substantial transmission when scaling down to the population of those towns composing the WMRSD: population of 8,468

We will determine the number of cases in our school district using the COVID-19 interactive case map on the [nh.gov](https://www.nh.gov) site.

There may be times when it is difficult to determine the specific number of cases in our district. When we cannot determine an exact number of cases between our 5 towns, we will use the level of transmission reported in Coos County to determine our transmission level.

- Athletics/Co-Curricula's

- Spectators for school athletic and co-curricular events will follow state guidelines.
- Athletes will be required to wear masks on the bus.
- We will follow the guidance plan for athletics and co-curricula's per the New Hampshire Interscholastic Athletic Association (NHIAA) and State Guidelines (if provided).
- Mask requirements will be based on community transmission rate.
- Co-curricular activities will resume based on the health and safety guidelines in the other sections of this plan.

4. Instruction/Sports/Co-Curricular

1. At the time of the publication of this document, there is no intention or requirements from the NH DOE to offer remote learning for the 2021-22 school year. Given this, WMRSD will not offer remote for a learning model. However, if conditions warrant, remote learning may be necessary in the future.
2. The first two days of school will include a concerted effort to reach out to parents.
3. A variety of authentic assessments in addition to standardized assessments will be used to determine where students are in their learning and to create a growth plan based on the district curriculum. This includes individual education plans, EST plans, and 504 plans.
4. In addition to academics, our students' experience will consist of building classroom communities and relationships with families, SEL, mental health, responsive classroom, and executive function skills.

5. Because many students who were 100% remote learners last year will be returning to in-person instruction, educators will be especially mindful of the need to support these students through the transition back to school.
6. Considerations to address learning loss will need to be personalized in accordance with how effectively the student accessed learning programs from last year.
7. Individualized tutoring for students that demonstrate the need for additional instructional time.
8. Teacher-Leader directed professional development for all grade level teams including special education teachers.
9. SEL practices will continue in conjunction with academics throughout the school year as developmentally appropriate.
10. In the event a student is required to quarantine, they will be marked as “quarantine absent” so teachers can expect an extended absence. Teachers/administrators will contact families and will provide support with developmentally appropriate practices. We will address each absence scenario individually.
11. Student absences due to COVID will be treated the same as any other student absence. Teachers/administrators will contact families and will provide support with developmentally appropriate practices. We will address each absence scenario individually.
12. Reallocation or addition of staff may be necessary in the event there are large numbers of absences which can’t be serviced by classroom teachers.
13. A guidance plan for special education will be established.
14. Requirements for students receiving special services will be followed regardless of the education model we are in during the year.
15. We will continue to collaborate with representatives from the Special Education Parent Advisory Committee (SEPAC) as the school year begins and throughout the school year.
16. Field trips will only be allowed after a case by case evaluation has been conducted by the Principal and approved by the Superintendent.

Special Education

Students with disabilities will receive all special education and related services pursuant to their IEPs/504’s through in-person instruction following the SAU #36 proposed opening plans.

The purpose of Special Education is to provide students who qualify, with the services they require, in order to make meaningful progress in the general education setting. Special Education is intended to increase a student’s access to what’s happening in the general classroom. The Special Education department of the White Mountains Regional School District will provide students with the services, accommodations, and modifications as outlined in their plans (IEP, 504, MTSS), in order for them to have the opportunity to make meaningful progress in school. SAU #36 is committed to taking any and all necessary steps to meet its obligation to provide a free and appropriate education to each of its students.

- All students with disabilities who have an IEP, will receive services
 - Special Education Services - direct instruction in academics *and*
 - Related Services - services to provide students with the tools they need to access their education. (*Examples: Speech, OT, PT, Teacher of the Vision Impaired, Teacher of the Deaf, Applied Behavioral Analysis*)
- Students will follow their class cohort in general education, according to the recommendations outlined in the Health section of the plan.

- All students are entitled to be educated in the Least Restrictive Environment (LRE) to receive a Free Appropriate Public Education (FAPE)
 - Specially Designed Instruction (SDI) of special education supports and related services will be integrated into classroom instruction (as much as possible).
 - All students with disabilities who have an IEP or 504 plan, are entitled to accommodations, as needed.
- Implementation of services will be held within the school day.
- Any amendments to IEPs will be a team decision, based upon individual students' needs.
- Continuous progress monitoring will be implemented in order to ensure student growth.

5. Transportation

Per federal law, masks must be worn on buses at all times by drivers and riders*

1. All students must wear masks on the buses. We ask parents to supply masks for their children. In the event a child forgets their mask, the bus company will be responsible for supplying masks. (Given that this is now a federal mandate)
2. Hand sanitizer will be used for boarding the bus by all students.
3. Two students to a seat.
4. Will keep windows open (weather permitting) for increased air flow.
5. Children may ride a different bus only if they provide a note to the school on the morning of the change. The school will provide a note to the bus driver so that all parties are aware of the temporary bus change.

**Order Under Section 361 of the Public Health Service Act (42 USC 264) and 42 Code of Federal Regulation 70.2, 71.31 (b), 71.32 (b)*

6. Human Resources

The safety of SAU 36 employees and students are our top priority during the COVID-19 pandemic. As we prepare to return to 5 days of in-person instruction in our school buildings, procedures have been updated to minimize the risk of exposure and prevent the spread of COVID-19 using recent CDC and NH DHHS guidelines.

Outlined below is an overview of safety measures implemented by SAU 36 employees upon re-entry to our school buildings.

SAU 36 COVID-19 PROTOCOL for Employees:

- Employees will continue to minimize their risk of exposure by adhering to all state and federally ordered guidelines.
- Employees will continue to engage in frequent handwashing.
- Employees will comply with the mask wearing requirements that may be established by the School District.

PROCEDURES:

- Employees must report symptoms to administration as soon as possible.
- Identify use of sick leave or leaves available under the American Rescue Plan Act (ARPA) as described below (or seek confidential guidance with the District HR office).
- Procedures will be modified as needed as directed by the district's COVID Coordinator.

Employer Responsibilities

SAU will continue to:

- provide supplies required for cleaning and disinfecting work areas as well as PPE (masks and other as appropriate);
- consider emotional and medical needs of all employees (especially those who are medically vulnerable); and
- identify, designate and monitor the use of sick leave, CARES Act, FMLA.

COVID-19 Employee Leave Options

The following information outlines leave options available to employees of School Administrative Unit 36 as they pertain to the COVID-19 outbreak. We will continue to notify our employees of additional resources and/or leave entitlements as federal and state regulations surrounding this health crisis emerge.

All leave request questions should be directed to Cody Arsenault, Human Resources and Payroll Manager. Additionally, if an employee wants to discuss the need for job accommodations and feels they have protection under the ADA, they should contact the Human Resources and Payroll Manager as soon as possible. All correspondences are confidential.

American Rescue Plan Act (ARPA)

This federal law was signed into law on March 11, 2021 and expands COVID-related leave first made available under the Families First Coronavirus Response Act (FFCRA). It is effective from **April 1, 2021 - September 30, 2021**. The Act resets the bank of Emergency Paid Sick Leave Act (EPSLA) hours available to employees and expands the list of qualifying reasons for leave under EPSLA and the Emergency Family and Medical Leave Expansion Act (EFMLEA). Both of these components provide income replacement and job protection for certain COVID-19 related events and cover circumstances which would have fallen through the cracks in preexisting leave laws. SAU 36 will continue to work under the guidelines of the ARPA and will reassess when new guidance is provided upon its expiration.

EPSLA – This leave applies to all employees, regardless of the length of service with the current employer and provides up to two weeks (10 days) of paid sick leave for full-time employees. Part-time employees are entitled to a prorated number of hours based on the average hours worked during the prior six (6) months. If the employee has worked less than six (6) months, the average number of work over an expected two-week period will be used. This bank of leave was reset as of April 1, 2021. The balance of ARPA-

related leave will carry over from last school year and, at this time, not reset unless otherwise directed by state and/or federal governing bodies. Leave is allowed under EPSLA if the employee:

1. is subject to a Federal, State, or local quarantine or isolation order related to COVID-19;
2. has been advised by a health care provider to self-quarantine related to COVID-19;
3. is experiencing COVID-19 symptoms and is seeking a medical diagnosis;
4. is caring for an individual subject to an order described in (1) or self-quarantine as described in (2);
5. is caring for his or her child whose school or place of care is closed (or child care provider is unavailable) due to COVID-19 related reasons. *Only applicable if the employee is unable to perform their duties, including unable to telework or work remotely;
6. is experiencing any other substantially-similar condition specified by the U.S. Department of Health and Human Services.
7. is receiving a COVID-19 vaccine;
8. is recovering from adverse reactions to a COVID-19 vaccine; or
9. is awaiting the results of a COVID-19 diagnosis or test after having close contact with a person with COVID-19 or at the employer's request.

Paid leave entitlements up to two weeks (80 hours, or a part-time employee's two-week equivalent) of paid sick leave based on the higher of their regular rate of pay, or the applicable state or Federal minimum wage, paid at:

- For reasons #1-3 and #7-9 above: 100%, up to \$511 daily and \$5,110 total
- For reasons #4 & #6 above: 2/3 pay, up to \$200 daily and \$2,000 total
- For Reason #5 above: 2 weeks of paid sick leave, plus another 10 weeks of expanded family and medical leave (see below) paid at 2/3, up to \$200 daily and \$12,000 total.

*A part-time employee is eligible for leave for the number of hours that the employee is normally scheduled to work over that period.

EFMLEA: EFMLEA provides up to 12 weeks of leave for any of the nine reasons listed above. (Previously this leave was available only in the event the employee needed to care for their child whose school or place of care is closed.) In this circumstance, employees who have worked for the employer for at least 30 calendar days are entitled up to 12 work weeks of job-protected leave with a continuation of health insurance. EFMLEA is paid at 2/3 the employee's regular rate of pay up to \$200/day or a total of \$12,000. EFMLEA leave is counted as part of the authorized 12 weeks of leave under regular FMLA. EFMLEA is intended to provide another qualifying reason for leave and provide pay, but it does not extend the total 12 weeks of leave authorized under FMLA. If any employee has already used 12 weeks of FMLA, they are not eligible for EFMLEA leave.

Family Medical Leave Act (FMLA) - Federal <https://www.dol.gov/agencies/whd/fmla>

To be eligible for FMLA, an employee shall have been employed for at least 12 months and have worked at least 1,250 hours during the 12-month period preceding the commencement of the leave. Eligible

employees shall be entitled to a combined total of 12 weeks of leave per year to use for qualifying reasons. FMLA leave is unpaid, job protected leave where the district continues to pay its portion of the health insurance premiums.

NH FMLA - State (HB14) September 26th, 2019, the Governor of New Hampshire signed into law HB14 and was made retroactive back to June 30, 2019. This new state law expands FMLA eligibility for NH School District employees by reducing the number of hours an employee must work in the year preceding their FMLA leave request from 1,250 to 900. The employee who has worked the 900 hours or more shall be eligible for family and medical leave under the same terms and conditions as leave provided to eligible employees under the federal Family and Medical Leave Act.

Accrued Sick/Illness Leave. This is the sick leave employees are awarded each year as part of the employment package. Please see your collective bargaining agreements and/or personnel policies for accrual and usage of sick/illness leave. Negotiated Agreements & Personnel Policies Illness / Sick Leave Bank for employees who contribute to the sick leave bank as per their collective bargaining agreements and/or personnel policies, requesting leave from the bank may be an option should all other available leave options be used.

American's with Disability Act (ADA). <https://www.ada.gov/> The ADA prohibits discrimination against people with disabilities. The ADA does not specifically name all impairments covered under this Act, so if an employee thinks they might be entitled to protections under the law, they should reach out to the SAU#36 office to discuss options. Under the ADA, discussions between the employee and employer take place to try and find reasonable accommodations for employees that meet the criteria under this Act. Medical documentation supporting the disability will be required.

Worker's Compensation. If an employee is diagnosed with COVID-19, they may be eligible for Worker's Compensation. Current law says that in order for an employee to claim worker's compensation for an infectious disease, the employee must demonstrate that they contracted the disease in the course and scope of their employment. In the unfortunate event that an employee contracts COVID-19 at work, a worker's compensation claim can be filed and Primex will assess the claim and determine if coverage is warranted. <https://www.dol.gov/general/topic/workcomp>

Personnel Policies

Vaccination cards: Any employee who has received a full series of COVID-19 vaccination may voluntarily provide a copy of his/her vaccination card to the Human Resources/Payroll Manager. These copies will be kept confidentially in employee's personnel files. The Human Resources/Payroll Manager will use this information solely to confirm vaccination status to the district COVID coordinator in the event the employee is identified as a close contact of someone suspected of having COVID-19.

7. Technology

The White Mountains Regional School District Information Technology Department will remain flexible with the ability to adapt to the needs of the District throughout the 2021-2022 school year.

Issued Technology

1. All WMRSD Teachers, Para educators, and support staff have been issued a laptop computer. These laptops can be picked up at the school where they are assigned. The staff members' first login must take place at the school. Staff should follow any instructions sent by the IT Department via email.
2. All Students in Grades Kindergarten through grade 12 have been assigned a Chromebook.
 - a. Chromebooks in Grades K-8 will be organized by school class lists into charging carts.
 - b. Chromebooks in Grades K-4 will remain in the Chromebook charging carts when not in use and shall not leave the building unless the unfortunate event that the district has to return to remote learning.
 - c. Chromebooks in grades 5-8 will remain in the Chromebook charging carts when not in use, however it will be at the discretion of building administrators whether Chromebooks are able to leave the building.
 - d. Chromebooks in Grades 9-12 will be issued to students at the school by grade level on the first day of school or as designated by the high school administration.

Technology Support

1. All technology support issues will be entered into the District Technology Help Desk.
 - a. Technology support for teachers will be administered at the school through remote means for most issues. If there is a need to physically interact with the laptop, we will organize a time with the teacher.
 - b. Technology Support for student Chromebooks will be done at the school remotely. Should there be a need to physically interact with a Chromebook, we will issue a spare.

8. Wellness/SEL/Foodservice

To ensure the social emotional and wellness needs of our students and faculty are met, our SEL/Wellness task force committee recommends the following:

1. Focus the first 6 weeks of school on social emotional development and learning (including trauma sensitive schools) for all students and staff. This will include intentional positive relationship building and teachers/faculty getting to know their students (*know 6 important details about each student within the first month of school*; including likes/dislikes, hopes/fears, hobbies, caregiver/siblings names, etc).-Likewise, students should have an opportunity to get to know and learn about their teachers (building positive and healthy relationships within these first 6 weeks cannot be overstated), and can be incorporated in many developmental ways (games, quizzes, morning meetings/advisory). School leaders must equally engage in this climate of building positive and healthy relationships with their staff, students and family systems. Clear classroom expectations should be defined and outlined in all classrooms, including an action plan if classroom expectations are breached. This supports classroom climates that are safe, predictable and accountable.
2. Continue the work of the 2020-21 school year by focusing on building the first SEL core competency of “self-awareness”. This should include daily check-ins using a POP chart or other regular and consistent check-in measures during morning meetings and/or advisory time. (POP =

- pause, own-it, and practice). [POP Chart 101 class link](#)
3. Continue the work of the 2020-21 school year by focusing on the second SEL core competency of “self-management”- providing students with opportunities to engage in daily practices that help regulate their thoughts/feelings/emotions and develop coping and stress management skills.
 4. Many tools/programs/practices support SEL development and a variety of modalities to teach SEL skills should be encouraged. One such resource is the Choose Love Reintegration program, and a resource library of guided lessons (k-8) and has been added [here](#).
 5. Continue the work of SEL skill development, by focusing on the remaining SEL competencies of social awareness, relationship skills and responsible decision making. Lesson planning to infuse SEL competencies into all academic and unified content should be the District’s long term goal.
 6. Assessment of mental health needs should be a priority, The DESSA universal screener is recommended and will be rolled out in a pilot manner (K-4) in October, 2021. Access to school counselors/mental health providers will be available to all students in need.
 7. SAU 36 plans to explore additional SEL supportive programs, including a focus on our 6-8 middle school population, given this was one of the hardest hit populations in our schools due to their limited in-person time.
 8. Interventions will be developed as a result of these assessment findings. Interim interventions (prior to the first 6 weeks) should be considered and implemented on a case by case basis.
 9. Professional development in the areas of SEL, mental health, trauma, educator self-care and wellness will be ongoing (including completion of Conscious Discipline) to support the needs of our staff. Staff should also have safe places/spaces to process stress and feel supported during these challenging times. Creating an environment of wellness is critically important to support our staff.
 10. Elicit human resources department to establish what District supported wellness programs and mental health services are available for staff members.

Food Service

“Nutritious eating is important for children’s healthy growth and development and positive academic outcomes. As schools reopen, food distribution will continue to be critical to meet students’ basic needs and ensure that they are nutritionally supported to learn and grow. The U.S. Department of Agriculture will continue reimbursing schools and childcare centers for free meals to all students regardless of their income through the 2021-2022 school year.” [ed.gov/roadmap](#)

1. Grades Pre-K through 6 eat meals in the classroom. However, there is a plan at LES to expand their eating area to include the stage. It would allow for more distance between tables and fewer students per table. (2-3 kids per table)
2. Breakfast served in hallways at the Elementary Schools

Hot Lunch Meals:

- a) Pre-K through would be delivered to classrooms.
- b) Grades 3 through 6 would pick up meals in the cafeteria and take them to their

classrooms.

- c) Grades 7 through 8 would eat in the cafeteria

OR Cold Lunch Meals:

- a) Pre-K through 6 would be delivered to classrooms with assistance from staff.
- b) Grade 7 through 8 would eat in the cafeteria.

3. Grades 7 through 12

- a) Eat meals in the cafeteria
- b) Breakfast will be served at the entrances
- c) Hot Lunch Meals, Sandwiches, and Salad Bar Choices

All meals are free this year FY2022

District and School Contacts

School Administrative Unit #36

14 King Square

Whitefield, NH 02598

(603) 837-9363

- | | |
|--|--|
| ● Marion Anastasia, Superintendent | ● Jeremy Noyes, Director of Information Technology |
| ● Kristin Franklin, Director of Finance | |
| ● Shelli Roberts, Director of Student Services | ● Kerry Brady, WMRSD Athletic Director |
| ● Steven Nilhas, Director of Curriculum, Instruction, and Assessment | ● Kelly Dussault, Wellness/SEL Coordinator |
| ● Rob Scott, Director of Facilities | ● Gary Brown, Assistant Director of Facilities |

White Mountains Regional High School

127 Regional Road

Whitefield, NH 03598

(603) 837-2528

- Jacob Hess, Principal
- Michael Curtis, Director of Futures
- Robert Scott, Director of Facilities and CTE Director
- Patricia Ainsworth, Assistant Principal & Dean of Instruction

Whitefield Elementary School

34 Twin Mountain Road
Whitefield, NH 03598
(603) 837-3088

- Michael Cronin, Principal
- Sharal Plumley, Assistant Principal

Lancaster Elementary School
35 Ice Pond Road
Lancaster, NH 03584
(603) 788-4924

- Scott Holmes, Principal
- Amy Kopp , Assistant Principal

Guidance Documents/Resources:

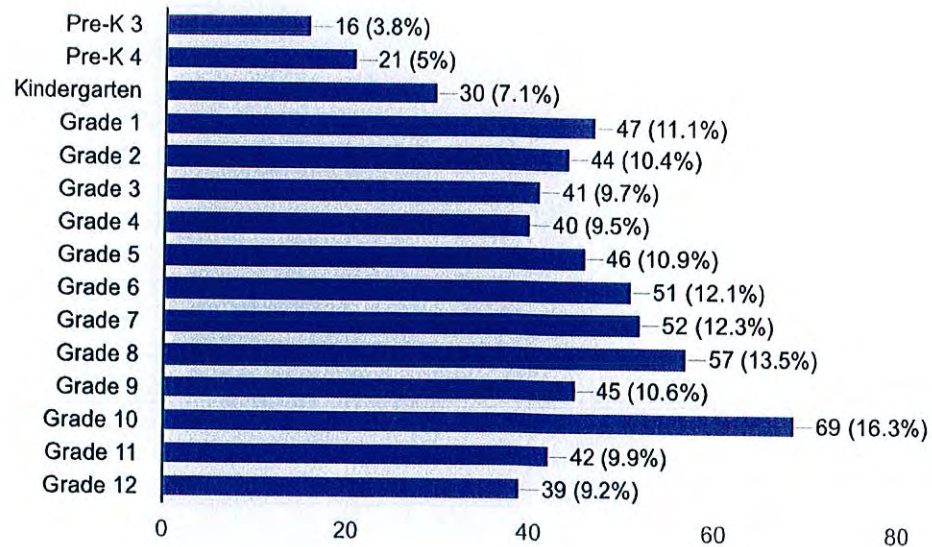
- <https://wecandothis.hhs.gov/back-school-toolkit>
- https://sites.ed.gov/roadmap/?utm_content&utm_medium=email&utm_name&utm_source=govdelivery&utm_term
- <https://www.dhhs.nh.gov/dphs/cdes/covid19/documents/school-call-presentation-072121.pdf>
- <https://www.education.nh.gov/sites/g/files/ehbemt326/files/inline-documents/sonh/ta-covid-19-school-vaccination-requirements.pdf>
- <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/>
- <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/k-12-guidance.html>
- <https://www.cdc.gov/>
- <https://www.dhhs.nh.gov/directions/littleton.htm>
- <https://www.dhhs.nh.gov/dphs/cdes/covid19/documents/school-call-presentation-072121.pdf>
- <https://www.dhhs.nh.gov/dphs/cdes/covid19/documents/school-childcare-toolkit-2021-2022.pdf>

Families

423 responses

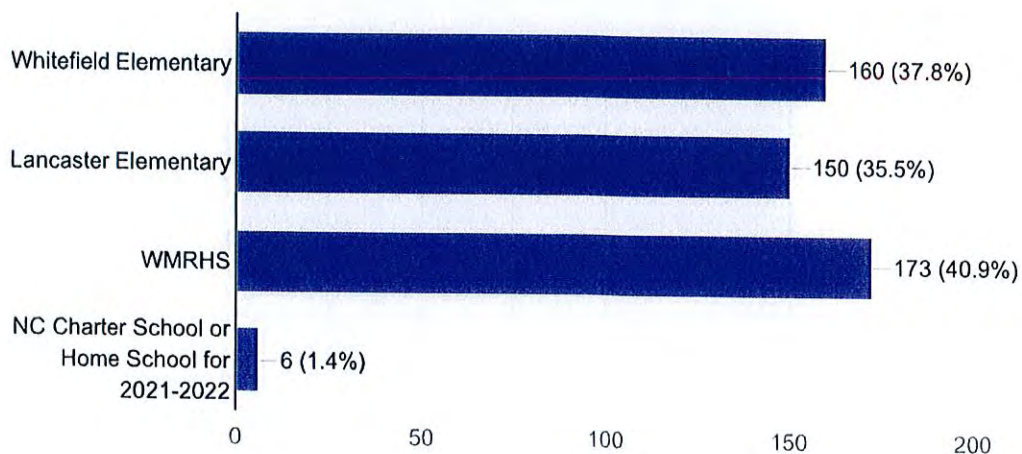
What grade(s) is your student(s)? Check all that apply.

423 responses



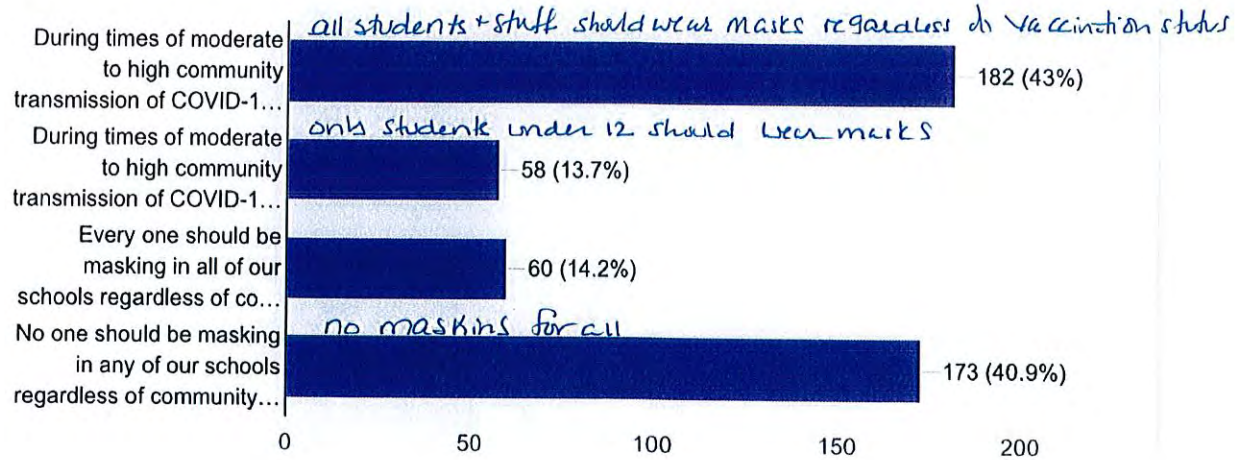
Which school(s) does your student attend?

423 responses



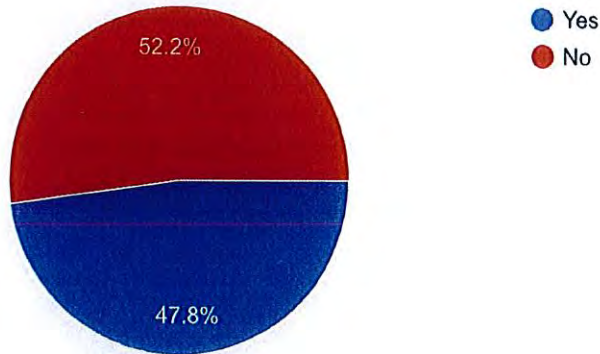
With the delta variant becoming the dominant strain of COVID-19, do you believe: (check all that apply)

423 responses



Would you like WMRSD to explore a partnership with the Public Health Network to provide school-based vaccine clinics? (offered at a time/day when parents can accompany their child)

423 responses



Family Comments

1. Thanks for all do to make our public school system work during this pandemic I appreciate it!!
2. Masks should be optional for those that want to wear them.
3. Several studies show that mask never worked. The government went back and forth on the subject and so did the WHO. Vaccines will never keep up with the variants. With that said I have no answers that will benefit this survey lol. I work in DC for several years at the Pentagon and at the capital and know this is mostly political. The virus is real but there is no solution at present time.
4. We are hesitant to send our 10 and 11 year olds to public school due to the lack of vaccine and if masks aren't required we're certainly not sending them.
5. Science is changing every day .But let's use common sense .Last year my child would come home with dirty and wet masks .Even though I would send at liest 2-4 extra masks .They we're all the same .She missed out on school because of a lot of sniffles days .How can I know for sure that the wet and dirty mask is not bringing that dirty and bacteria into her and making her immune system worse ? How can we be sure that wearing a mask for a prolong time doesn't do any damage to the mental health and fear spreading to our children .
6. The kids need to be safe, but also be in school. They are NOT learning part or home.
7. I don't want my children to wear mask because it's really not any better than wearing a mask.
8. I will not be sending my children back if masks are not mandated.
9. As the Infection Preventionist at Country Village, our staff are mandated to be fully vaccinated with the 1st dose administered by 8/23. I feel that fully vaccinated students should not need to wear masks indoors as this is the recommendation from CDC. I strongly feel that unvaccinated staff and students should be required to wear surgical masks not cloth masks when indoors except for when eating. AS well as to be tested on a weekly basis preferably Monday prior to entering the building utilizing the rapid testing system.
10. NO MORE MASKS !!!!!!!
11. Our household is vaccinated with the exception of my 10yr old. I do not feel masks should be a requirement for the kids
12. I do not want my child wearing a mask and
13. Back to school. Let's go.
14. I feel that with the start of the school year everyone should be wearing masks due the elementary school having the majority of kids not eligible to get one yet. Once they can start getting the vaccine and there is a certain percentage vaccinated then it will be safer. I also feel that if a child in the lower grades is required to wear a mask then teachers should have to. You can't expect a 1st grader to wear one when his/her teacher is not.
15. Thank you for the opportunity to express our opinion on the matter. At this point, we think it is best to take a very hands off approach to the kids in regards to the covid and variants matter. Now that it is generally known, what it is and isn't, the science seems clear that

kids are the most resilient to any strains and are at a very low-risk for getting seriously sick from them. The chances being in the range of being hit by a lightning strike. Their immune systems may even gain and grow stronger from being exposed. They will may gain natural anti-bodies as well. If nothing else, we are strongly against any mandatory vaccinations regarding covid or it's different strains. Thank you for your time on the matter.

16. I think that it is great that the Return to School Taskforce will incorporate the guidance and recommendations from NH DHHS, CDC, AAP, and the NH DOE. I also believe it is critically important to look at the data from the SAU 36 SPECIFIC communities to properly tailor your approach for just our school district. After all, isn't that one of the reasons we have seperate school districts? Our needs and concerns up here can be very different than the needs in Nashua, Manchester, Concord, or even Berlin with state and federal prisons. Also, any mask requirement for outdoor activities, including sports, I would need to see alot of data to back up the science behind that decision!.
17. I believe if your child is vaccinated they should not be required to ware a mask in school or on the bus.
18. Please, please take the advice of the AAP. Our district wore masks last year and was, I believe successful in lowering transmission of not only COVID but Flu and other illnesses.
19. While my children are already vaccinated, I feel more school base clinics would allow the population of those not vaccinated to increase.
20. Since viral load of vaccinated persons contracting Delta variant is the same as non-vaccinated people who contract it, the ability to transmit is still a big concern. Therefore I am for all people wearing masks indoors.
21. I would highly suggest that research needs to be done if masks work. Children need to feel like they still have a childhood and should not have to wear a mask
22. Parents should have say if their child is masked. Also, our schools are not vaccination clinic's.
23. With the Delta variant being so transmissible whether vaccinated or not, the only sensible thing is for all to wear masks indoors until the pandemic is conquered as it only takes one to infect many.
24. I feel mask wearing can be lenient outside where it should not be mandatory while outdoors in fresh air.
25. The long term effects of masks are not healthy for our growing children. The world has already had to suffer for a year and a half with them for something that is much like the flu. Nobody wears masks for the flu season. Get rid of the masks and allow our children to be KIDS!!!
26. I do believe if masking is necessary it shouldn't be all the time. This is regardless of vaccine status
27. The kids have done great with masking so far but I feel there will be a breaking point. I do feel it is affecting social interactions and that concerns me. Seeing a smile evokes a lot of connection. The transmission rate amongst kids is so low. I feel masking should be optional. Take that task off the teachers plate to enforce.

28. I believe masks are reasonable with the development of the Delta variant, I would absolutely not support any child vaccination clinics on school property. If a parent chooses to have their child vaccinated it should be done in a physician's office only.
29. Proudly support freedom of choice, do not want to take a vaccine (neither does my son) that has not even been approved by the FDA yet
30. Let the kids be kids and get back to normal life.
31. My children will not be vaccinated for covid. And I would like them in masks as little as possible. School can be hard enough on kids without the added pressure.
32. I strongly believe in freedom of choice only!
33. People use facial expressions to help communicate and covering faces isn't helping young children learn these vital skills
34. You did a great job this last year. Let's get back to normal.
35. Not only should people mask if transmission rates are high, but also if they have travelled to a high transmission area.
36. Keep our children in school your doing more damage than good..
37. Let the kids be kids
38. I feel that if you are vaccinated as an adult or child in the school you shouldn't have to wear a mask.
39. No one should have to show proof of vac
40. Please do not harm our children by pushing untested vaccines onto them! Please respect the parents rights to managing their own childrens health. Also, please dont waste ANOTHER year of school, remote does not work!!
41. I think we would feel differently about the mask IF the original plan of pulling mask down while seated and having plenty of mask breaks was followed. My child feeling horrible, having headaches and feeling sluggish from wearing a mask non stop for 8 hours. Studies on a group of Kindergarten students showed after 1 hour of mask wearing, they had a higher CO2 level than what is tolerable for an adult. 8 hours is causing harm no doubt. Also students were scolded and threatened to be sent home if standing to close to friends. (We all forget and walk up to friends. Good kids being yelled at, not okay. Especially a kid that never gets in trouble). It was really overboard with some staff I think. Nice reminders would be sufficient for the majority.
42. I do not wish for any school employee to talk with my children regarding vaccine. That is our job as their parents to discuss these things at home based on what is best for our family and our circumstances as it is other families to do the same. It is not a teachers place to discuss this in the classroom where my children are there for childhood education not medical advice. I expect my wishes to be heard and respected by all staff.
43. Many families have children both eligible and ineligible for a COVID vaccination,; I firmly believe all students should have the same mask mandate
44. Please be proactive and start the school year with masks!
45. Masks should be optional to the student/family
46. I wish you all the best of luck and hope that the community remains calm, flexible and understanding to support you as you juggle the politics surrounding heavy decisions.. My biggest hope is that kids will be able to see more kids during recess than last year.

47. Curious, what is your definition of moderate to high rate of transmission?
48. Vaccines have been proven to work. We should not, for lack of a better word, "punish" those willing to help with mandates and requests for mask and other mitigation measures. Vaccines should be accompanied by the freedoms that they provide.
49. There should still be a remote option available
50. Please just let the kids have a normal year!!!
51. Everyone should make their own choices
52. My child is vaccinated. That's all the info you need to know. Wasn't that the whole point of getting vaccinated?
53. Absolutely no mandatory masking. 18 months of pure propaganda and fear mongering. I do not want my children in that type of environment. The infection fatality ratio for children is 0.003%. There is absolutely no need for any child to wear a mask or get vaccinated for covid 19. If you start make these things mandatory we will pull both of our children from public school. The CDC and whoever else will not determine how we live in the north country. Anyone who is concerned is more than welcome to keep their child home or send to school with a mask. This has gone on too long and will not be our "new normal".
54. It's important for SAU36 define what the metrics are for "moderate to high" and publish them before school starts. Also the definition and measurement is useless unless those numbers represent SAU36 students only...not the county, not the state.
55. I don't believe the option for online learning should have been taken away....
56. It should be left up to the parents / children if they want to wear a mask. If people choose to wear a mask then they can, it should not be forced upon others to wear a mask.
57. Please consider the area in which we live and the rate of infections. Perhaps up only in schools with high infection numbers and then unmask when we can. Also consider if stating unvaccinated have to masks what target you put on their backs.
58. All the options were "regardless of vaccination status." I'd like to have that considered.
59. We are the adults and have a responsibility to the unvaccinated children. We do not live in a vaccum. Please everyone wear masks to protect them.
60. Medical choices should be left to parents. Not dictated by the school. Children should not be forced to wear masks.
61. Although this pandemic is inconvenient and steps on people's "freedom" toes, the virus is ignorant of perceived "rights". Until it is over, we need to use precautions such as masks!
62. we still have not heard about pre-school. do you know when we will find out? - Kirsten Hodgdon
63. Let the kids be kids and get back to be able to enjoy time with their friends which is so crucial for young kids.
64. Anyone not vaccinated should ne required to wear a mask or not allowed to attend in person school
65. Unless medically unable to, I think the staff and teachers should all have to get the vaccine. The children should be required too also when they are eligible.
66. Masks should not be required, but anyone who wants to wear one should be more than welcome to. If someone doesn't want to wear a mask, they should be allowed to attend school as normal.

67. Whole family vaccinated, Mask wearing in public even after vaccinated.
68. There should have been an option for vaccinated vs unvaccinated. "Regardless of vaccination" was a loaded term--this survey was tailor made to get a specific result, you are not interested in our opinions.
69. Thank you for all your hard work!
70. All staff should be vaccinated or not allowed to work near children. As the variant has a severe transmission rate, a school wide mandate of vaccination, not negotiable (except for health issues), should be placed and enforced. Children are minors, expecting protection. Responsible adults must provide.
71. I feel that once children under 12 can get vaccinated there need to wear masks shouldn't be as critical going forward. And definitely important to practice diligence in hand washing and disinfecting common areas regularly.
72. I feel teachers that are unvaccinated should have to wear a mask but not students under 12.
73. Yes
74. No more masks, please let's have a normal year and if the parents feel unsafe either put your masks on(that are full of millions of germs and bacteria) or keep your kids at home. .
75. This is absurd, mask have been proven to not work. vaccinated individuals still are getting infected. I can't believe my tax dollars are going into this. mask nonsense
76. students should be vaccinated at their pediatrician's office.
77. It's proven that children are at very little risk to this virus, more children die of the flu each year! The people who want the vaccine have had plenty of opportunity to get it, school and buses need to return to normal. Hot lunch in the cafeteria, changing classes, stop sending kids home for 10 days if they have a sniffle, zero masks, and definitely don't shut the school down again!! If that happens I'll be pulling my children out. One fell so far behind last year that we've had to work hard all summer in hopes of catching her up. Back to normal please!!!! There's zero reason not to.
78. I do not want any information about the Covid vaccine discussed with my child.
79. Please help protect those students not yet eligible to receive the vaccine, which is the majority of LES. Please make mask-wearing mandatory for all who enter the school, regardless of vaccination status. Especially with this Delta variant, even those that are vaccinated are carrying and spreading it. Let's protect the kids who can't yet be vaccinated. Please have everyone mask up properly. It's not forever, but if we keep going back and forth, and sometimes mask and sometimes not, until we reach herd immunity, we're never going to be rid of COVID-19. Let's work together to protect our future, our kids. Thank you.

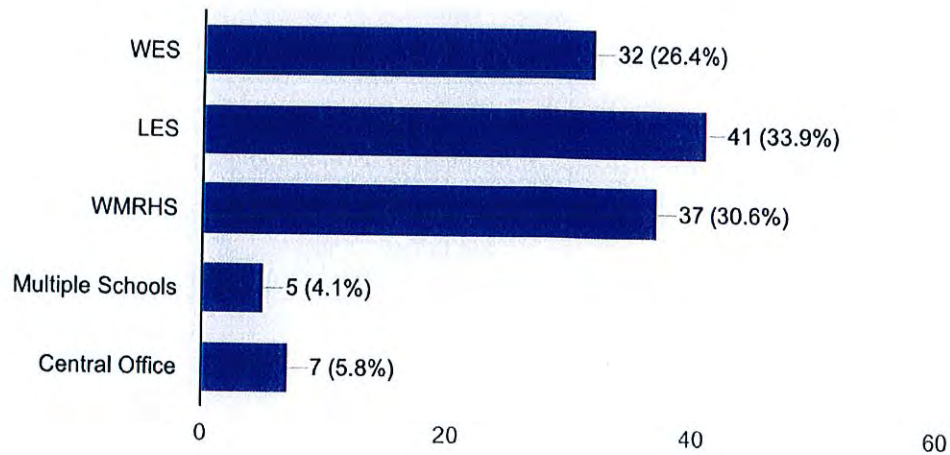
Staff

121 responses

[Publish analytics](#)

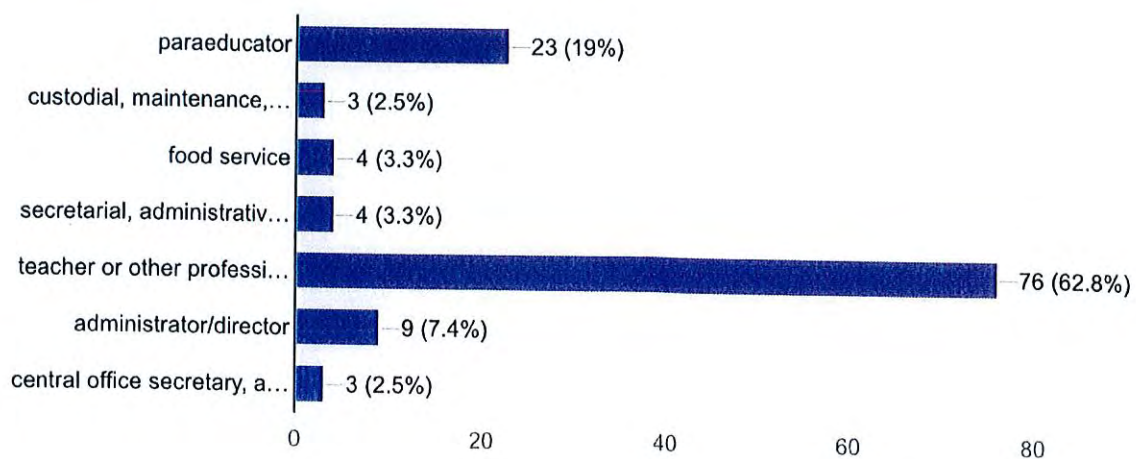
School that you are assigned

121 responses



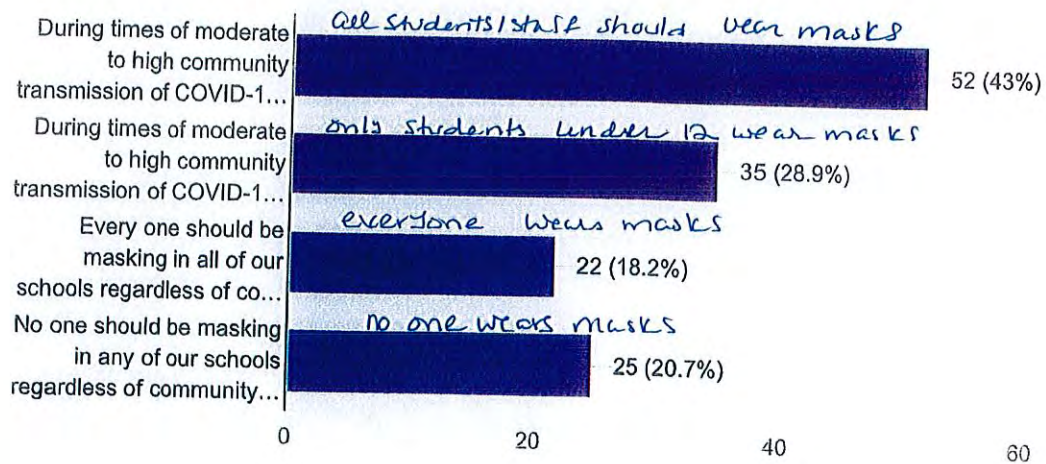
Assignment

121 responses



With the delta variant becoming the dominant strain of COVID-19, do you believe: (check all that apply)

121 responses



STAFF COMMENTS :

1. Until our younger students can be vaccinated we need to do what we can to keep them safe. Masks indoors would make a huge difference.
2. Masks hide the faces of children showing emotional trauma. Some kids are in need of help, and can hide behind the mask. What effects the child more, an illness that will most likely have minimal lasting effects or a child that is depressed, Angry, scared , or bullied? Also when words are not used a masked face does not show a teacher a students reaction to instruction, I. E. , thinking, understanding, not understanding, surprise, gratification, etc. How difficult it must have been? I hope masks are only used if absolutely necessary!!
3. I would like more information on the thresholds, for each town to better understand the situation.
4. I wish there were more options to the choices above. I settled on one.
5. We need to stay in school and not be afraid. If you are ill then stay home, yes, it's hard and making plans is tedious, but it's better than spreading everything around. We need to build our immune systems back up, wash our hands, stay hydrated, etc. Having plans already made is the best solution for this, like last year. Administration needs to require that again.
6. I worry that the Delta variant is so easily transmitted, even from fully vaccinated people. I believe that masking is one of our best defense mechanisms to keep all of our kids and staff in school safely!
7. Vaccination is the only thing that will beat the virus. Asking folks vaccinated to wear a mask is counter intuitive. We should reward and celebrate those willing to become vaccinated and not penalize them by forcing masking.
8. No masks outside with social distancing
9. I think we should go with what the CDC is recommending but it seems like we should be doing everything to keep all safe and healthy.
10. Masks are great and tend to keep transmissions down. However, as a teacher, I do not want to be responsible for enforcing masks again this year. It takes away from my ability and energy to do my job effectively and it puts a strain on my relationships with kids.
11. I took the non approved / experimental shot (per Pfizer documentation packet that they gave us the day of the first shot), so that I could stop wearing a Chinese made non particle filtering masks. If I have to keep wearing a mask obviously there was no point in taking the shot, and would make me more inclined to not take any further booster shots that may come out. If I have to continue to wear a mask, obviously the shot doesn't work. If people have decided to not get the shot, that is on them. The rest of us should not be held back because of other people's decisions.
12. Last year, especially in the spring, even though everyone was supposed to be wearing masks, there was a huge range of "buy in" by the students and faculty. Although faculty all wore masks properly, many of them did not enforce this with the students. If we end up deciding we must wear masks, there needs to be serious attention to enforcing this across the board.

13. It truly was a struggle to keep students masked up last year. I'm afraid if everyone isn't masked up, it will be even more difficult to keep those that have to be masked safe. We also need to be more strict in dealing with those who refuse to mask properly.
14. This wording is funky in this question.... I feel that everyone not vaccinated, even students and staff over 12 who are not vaccinated should be masking.
15. For second one should read under age 12 or not vaccinated
16. As under 12 become vaccinated masks can be discarded.
17. Anyone not vaccinated should wear masks indoors regardless of community transmission rates
18. I feel vaccinated people should make an individual choice but employ social distancing and use precautions
19. A transition to masked/closure must be swift if community transmission rates increase - this should be evaluated daily.
20. I'm leaning toward masking for myself next year. Last winter was one of the few when I didn't get sick from something I picked up at school.
21. Every soul in our building has had the opportunity to receive the vaccine free of charge.
22. I think farming the decision out to the public is not the best choice for the health of our school and our community. With so much mis and dis information being spread publicly in a community with a low education rate, we can't trust the popular opinion to be informed. As this virus spreads, it will continue to mutate and exploit different parts of our population that haven't been impacted (kids). We are starting to see younger people get infected at a higher rate throughout the country with the delta variant. It is our duty as public employees to do everything we can to stop the spread of this virus popular or not. Vaccinated or not: masking and distancing to keep our kids and staff safe.
23. Mandate vaccines for school employees.
24. To make enforcement of masking and social distancing consistent for teachers and students, I believe that a policy should be school wide. If the high school is based on students vaccination status, that's fine, but the elementary schools are places where role modeling and the actions of older students are important in teaching students. If middle school students are refusing to wear masks because the guideline is wavering or some of them are vaccinated or not, this will make it that much more difficult to enforce with younger grades. If everyone in the school is required to wear a mask and follow all social distancing requirements, then enforcement is much easier.
25. I feel if you're vaccinated you shouldn't have to wear a mask.
26. As a vaccinated individual, I am incredibly concerned for our students who are unvaccinated, (due to parent choice or age intelligibility) as well as their unvaccinated caretakers. If we do not require masks, we are agreeing to put CHILDREN in potentially DEATHLY circumstances. Please, please, please, make sure that we are all wearing masks. I hate masks; I hate teaching with a mask on, but it is the SAFEST choice.
27. I believe if we continue to send all sick people home and continue with good hygiene training and practice we will be safe!

28. We should follow CDC guidance and realize our governor's political slant (and perhaps future aspirations) skews his actions and biases his state agencies far more with optics and politics than by good health measures and science.
29. Until all students Pre-k and over are eligible for vaccination, I think it is important to protect them by mandating masks.

Isolation Guide for People Who Have COVID-19

If you have [symptoms of COVID-19](#), you should be tested so you can know if you actually have COVID-19. If you test positive for COVID-19, please follow these instructions.

1 Stay home

Self-Isolation: You must stay at your home and avoid other people, including those you live with. You may not go out in public places - not even to the grocery store or to run errands. You may not visit with other people outside of your home, and you may not invite others into your house to visit.

If you have symptoms of COVID-19 with your positive test, you must stay at home until:

- At least 10 days have passed since your symptoms first started

AND

- At least 24 hours have passed since you had a fever (without using fever-reducing medications like acetaminophen or ibuprofen), and your symptoms are improving

If you do NOT have symptoms but have a positive COVID-19 test, you must stay at home until:

- At least 10 days have passed since the date of collection of your positive COVID-19 test, assuming you don't develop symptoms. If you develop symptoms then follow the instructions above.

2 Tell your contacts

Household Contacts:* Tell your household contacts about your COVID-19 infection. They will need to [self-quarantine](#) for at least 10 days starting the day after their last exposure to you while you were able to infect them, which is usually for ten days after the start of your symptoms (or 10 days from your positive test date if you don't have symptoms). If you don't stay separate from other people in your household while in isolation, then they may need to self-quarantine for [longer than 10 days](#). You should also clean your home and follow CDC [recommendations](#) to protect others.

Contacts Outside Your Household: We encourage you to tell non-household contacts about your COVID-19 infection if you were in close contact with them at any point during the two days before you developed COVID-19 symptoms (or two days before you tested positive, if you don't have symptoms) through your last day of isolation. "Close contact" means you were closer than 6 feet to the person for more than ten total minutes while you had COVID-19. These people should monitor themselves closely for symptoms and, if they develop symptoms, isolate and seek testing.

- You may provide your non-household contacts the public health [Self-Observation Guide](#) which has further instructions on monitoring for signs and symptoms for COVID-19 and seeking testing.
- If you have questions about talking to your non-household contacts or if you think you may have become ill as part of a potential outbreak, please call the NH Department of Health and Human Services at 603-271-4496.

3 Take care of yourself

Support While in Isolation: Reach out to your healthcare provider or seek emergency care if you have any worsening of [symptoms](#). Isolation can be lonely. Connect with others through phone, video chat, text, and email. Seek help from others to safely provide you and your household food and supplies you need while in isolation. If you need support to maintain isolation, call 211 (TTY: 603-634-3388).

If you have a medical emergency, call 911. Tell them that you have COVID-19.

Please review these resources to help keep your home clean and protect others:

- [What to do if you are sick](#) and [Caring for yourself at home](#)
- [Cleaning and disinfecting your home](#)
- [Coping with stress](#)

* **Household Contact:** any individual who lives and sleeps in the same indoor shared space as another person diagnosed with COVID-19 (either a temporary or permanent living arrangement), leading to close contact and potential repeated exposure to the person with COVID-19. This includes situations where there may be temporary but prolonged exposure such as occurs as sleep-over events, shared camp cabins, vacation rentals, etc.

Quarantine Guide for Unvaccinated People Exposed to COVID-19 in their Household

If you are unvaccinated and have been identified as a household contact to someone diagnosed with COVID-19, then you are at risk of developing COVID-19 in the 14 days after you were exposed, and you should follow these instructions.

Household Contact: any individual who lives and sleeps in the same indoor shared space as another person diagnosed with COVID-19 (either a temporary or permanent living arrangement), leading to close contact and potential repeated exposure to the person with COVID-19. This includes situations where there may be temporary but prolonged exposure such as occurs as sleep-over events, shared camp cabins, vacation rentals, etc.

1 Stay Home (Quarantine) for 10 days from last exposure*

- You should stay at your home and avoid other people for 10 days after your last close contact with the household member with COVID-19 while they are considered infectious (their 10-day isolation period). You can begin your 10 day quarantine period sooner if the person with COVID-19 sleeps in a different room than you and you can avoid ongoing close contact in your home.
- You should not go out in public places - not even to the grocery store or to run errands. Please do not visit with other people outside of your home, and do not invite others into your house to visit. Keep your distance from others in your household (at least 6 feet).
- Wear a facemask to protect those around you.

As long as you don't develop symptoms of COVID-19, you can stop quarantine after 10 days have passed starting from the day of your last exposure to the person with COVID-19.

2 Get tested*

- Get tested 5 – 7 days after your last exposure to a person with COVID-19. This should be a test that detects active infection using a PCR-based test on a nose swab. You can find testing locations on our COVID-19 testing guidance webpage.
- A negative test does NOT mean that you can end quarantine early (you still need to quarantine for 10 days), but a test does help to identify infection early even if you're not showing symptoms, and it can help prevent spread and protect others around you.
- If you test positive for COVID-19, then you need to follow the instructions found in the Isolation Guide.

3 Monitor for symptoms

- Take your temperature. You should do this twice a day for 14 days after your last exposure (even if you end your quarantine after 10 days), and take your temperature anytime you feel like you might have a fever.
- Monitor yourself closely for other potential symptoms of COVID-19 such as respiratory illness (cough, sore throat, runny nose, shortness of breath), body symptoms (fatigue, chills, muscle aches), change in taste or smell, nausea, vomiting, or diarrhea, even after you end your quarantine.
- If you develop any symptoms of COVID-19: Seek medical advice and get tested – call ahead before you go to a healthcare provider's office or emergency room. Tell them you were recently exposed to someone with COVID-19 and have symptoms.

4 Take care of yourself

Reach out to your healthcare provider or seek emergency care if you have any concerns about your health. Social isolation can be lonely. Connect with others through phone, video chat, text, and email. Seek help from others to safely provide you and your household food and supplies you need while in quarantine. If you need support to maintain isolation, call 211 (TTY: 603-634-3388).

If you have a medical emergency, call 911. Tell them that you are under quarantine for COVID-19 exposure.

Please review these resources to help keep your home clean and protect others:

[What to do if you are sick](#) | [Caring for yourself at home](#) | [Cleaning and disinfecting your home](#) | [Coping with stress](#)

*You do NOT need to stay home (quarantine) for 10 days but it is recommended that you be tested 3-5 days after exposure (or if you develop symptoms), and to wear a mask in public indoor settings for 14 days after exposure or until you receive a negative test result if:

1. You are fully vaccinated against COVID-19 and more than 14 days have passed since you received the last recommended dose of a COVID-19 vaccine series
2. You have previously tested positive for active COVID-19 infection (by PCR or antigen testing) in the last 90 days (if you had a previous infection that was more than 90 days ago, then you still need to follow all of these instructions).

Self-Observation Guide for People Exposed to COVID-19 Who Are Not Required to Quarantine

If you were in close contact* with someone with COVID-19 in the community (non-household contact), you should follow the instructions below. If you are a household close contact** to someone with COVID-19 but you are fully vaccinated, you should also follow these instructions.

1 Monitor for symptoms

Monitor yourself closely for potential symptoms of COVID-19 for 14 days after your exposure, including: fever, respiratory illness (cough, sore throat, runny nose, shortness of breath), whole body symptoms (fatigue, chills, muscle aches), change in taste or smell, nausea, vomiting, or diarrhea

2 Get Tested and Wear a Face Mask in Indoor Public Places

If you live or sleep in a shared space with someone diagnosed with COVID-19 (household close contact) and you are fully vaccinated against COVID-19, you do not need to quarantine. You should get tested for COVID-19 with a PCR-based test 3-5 days after your exposure (even if you do not have any symptoms). You should also wear a facemask in indoor public settings for 14 days, or until you receive a negative test result.

If you had close contact exposure to someone diagnosed with COVID-19 in the community (non-household close contact), you should also consider following the above recommendations for testing and face mask use (even if you do not have any symptoms).

3 If you become sick

If you develop any symptoms of COVID-19, you should:

- Stay home and [isolate](#) from other people, including those you live with
- Seek medical advice for any concerning symptoms – call ahead before you go to a healthcare provider's office or emergency room, and tell them you were recently exposed to COVID-19
- Get tested for COVID-19 – you can find testing locations [here](#)
 - If you test negative, you should still stay home until you are fever-free for at least 24 hours (off any fever-reducing medications) and other symptoms are improving
 - If you test positive, you should follow the instructions found in the [Isolation Guide](#)

4 Take care of yourself and others

Additional things you can do to keep yourself and others healthy are:

- Get fully vaccinated against COVID-19
- Wash your hands often with soap and water for at least 20 seconds. If soap and water are not readily available, use an alcohol-based hand sanitizer that contains at least 60% alcohol
- Avoid touching eyes, nose and mouth with unwashed hands
- Cover your mouth and nose with a tissue or your sleeve (not your hands) when coughing or sneezing
- Attempt to stay 6 feet away from others and wear a facemask when in indoor public locations to protect yourself and others from COVID-19

**Close contact being within 6 feet of a person with COVID-19 for a cumulative time of 15 minutes or more within a 24 hour period.*

***Household Contact: any individual who lives and sleeps in the same indoor shared space as another person diagnosed with COVID-19 (either a temporary or permanent living arrangement), leading to close contact and potential repeated exposure to the person with COVID-19. This includes situations where there may be temporary but prolonged exposure such as occurs as sleep-over events, shared camp cabins, vacation rentals, etc*