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## Appendix

### A | Coronavirus vs. Cold vs. Flu vs. Allergies Infographic

<table>
<thead>
<tr>
<th>SYMPTOMS</th>
<th>COVID-19</th>
<th>Cold</th>
<th>Flu</th>
<th>Allergies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fever</td>
<td>Rare</td>
<td>Rare</td>
<td>Rare</td>
<td>No</td>
</tr>
<tr>
<td>Headache</td>
<td>Sometimes</td>
<td>Rare</td>
<td>Rare</td>
<td>No</td>
</tr>
<tr>
<td>General</td>
<td>Sometimes</td>
<td>Slight</td>
<td>Common</td>
<td>Common</td>
</tr>
<tr>
<td>aches,</td>
<td>pains</td>
<td>Slight</td>
<td>Common</td>
<td>Common</td>
</tr>
<tr>
<td>Fatigue,</td>
<td>weakness</td>
<td>Slight</td>
<td>Common</td>
<td>Common</td>
</tr>
<tr>
<td>weakness</td>
<td>Sometimes</td>
<td>(starts early)</td>
<td>(starts early)</td>
<td>(starts early)</td>
</tr>
<tr>
<td>Extreme</td>
<td>exhaustion</td>
<td>(starts early)</td>
<td>(starts early)</td>
<td>(starts early)</td>
</tr>
<tr>
<td>Shortness</td>
<td>of breath</td>
<td>In more serious infections</td>
<td>In more serious infections</td>
<td>In more serious infections</td>
</tr>
<tr>
<td>Runny nose</td>
<td>Rare</td>
<td>Common</td>
<td>Sometimes</td>
<td>Sometimes</td>
</tr>
<tr>
<td>Sore throat</td>
<td>Rare</td>
<td>Common</td>
<td>Common</td>
<td>No</td>
</tr>
<tr>
<td>Cough</td>
<td>Common</td>
<td>Mild to moderate</td>
<td>Common, can become severe</td>
<td>Sometimes</td>
</tr>
<tr>
<td>Shortness</td>
<td>of breath</td>
<td>Sometimes</td>
<td>Common</td>
<td>No</td>
</tr>
</tbody>
</table>

For more information: [www.kdheks.gov/coronavirus](http://www.kdheks.gov/coronavirus)

*Information is still evolving.

**Sometimes for children.

Sources: KDHE, CDC, WHO, National Institute of Allergy and Infectious Diseases, American College of Allergy, Asthma and Immunology.
### Releasing Cases and Contacts From Isolation and Quarantine

**CASES**

Must be isolated for a minimum of 10 days after onset and can be released after afebrile and feeling well (without fever-reducing medication) for at least 72 hours, whichever is longer.

**Note:** Lingering cough should not prevent a case from being released from isolation.

**Examples:**

- A case that is well on day 2, and afebrile and feeling well for 72 hours, can be released from isolation on day 10.
- A case that is well on day 6, and afebrile and feeling well for 72 hours, can be released from isolation on day 10.
- A case that is well on day 14, and afebrile and feeling well for 72 hours, can be released from isolation on day 17.

**NON-HOUSEHOLD CONTACTS**

Must be quarantined for 14 days after the case has been afebrile and feeling well (because exposure is considered ongoing within the house).

If a household contact develops symptoms, they should be tested. This means that household contacts may need to remain at home longer than the initial case.

**Examples:**

- A case is well 3 days after onset, case released from isolation on day 10, household contact must remain quarantined until day 24.
- A case is well 7 days after onset, case released from isolation on day 10, household contact must remain quarantined until day 24.
- A case is well 14 days after onset, case released from isolation on day 17, household contact must be quarantined until day 31.

<table>
<thead>
<tr>
<th>Onset date</th>
<th>Minimum 10 days</th>
<th>Case released from isolation</th>
</tr>
</thead>
<tbody>
<tr>
<td>(or specimen collection date if onset unclear or asymptomatic)</td>
<td>+ Afebrile and feeling well for at least 72 hours</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Households contact is released from quarantine</th>
</tr>
</thead>
<tbody>
<tr>
<td>14 days</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Case released from isolation</th>
</tr>
</thead>
<tbody>
<tr>
<td>14 days</td>
</tr>
</tbody>
</table>

![Diagram](image)

**Releasing Cases and Contacts From Isolation and Quarantine**
Appendix C

Kansas COVID Workgroup for Kids:
Recommendations for School Reopening

As the information regarding COVID-19 (SARS-CoV-2) is rapidly evolving, KCWK intends for this to be a working document. Recommendations will require updates as new evidence emerges. This document is updated as of July 28, 2020.

Contact: KansasCOVIDWorkgroup4Kids@gmail.com

This document has been endorsed by:
Objective

The main objective of this document is to provide general guidance for the reopening of Kansas schools in the COVID-19 Pandemic. This document has been created and vetted with input from regional family medicine and pediatric physicians, child psychologists, and school nurses as members of the Kansas COVID Workgroup for KIDS. We acknowledge that we are not school educators and do not understand the legal considerations and logistical operations of running a school district. With that in mind, we open this document to provide some general guidance and recommendations as we are able to interpret the medical literature and assist in stratifying risks related to disease transmission.

COVID-19 and children

As of July 23, there have been over 288,287 confirmed cases of COVID-19 (or SARS-CoV-2) in children in the United States. This represents about 8% of all confirmed cases. This number has been growing gradually as more testing has been available. The rate of children between 7/9/20 to 7/23/20 represents a 44% increase in child cases. Data and reports demonstrate that hospitalization (0-2.2%) and total hospitalizations (0-0.08% of all COVID-19 deaths) are uncommon in children. As of reopening, rates (66% of all COVID-19 cases resulted in hospitalization and 0% of all COVID-19 deaths) remained low.

Risk

Reopening Kansas schools in fall 2020 during the COVID-19 pandemic is not without risk. The KCWK considers that prolonged school closure and poor access to social and emotional support and the services that schools provide to children are significant risks for each student’s well-being. The recommendations within this document support the calculated risk of reopening schools in fall 2020. Local burden and transmission of COVID-19 will directly impact the success of schools reopening and their ability to remain open in person in certain situations. It is important to consider local disease prevalence when deciding to open schools.

School reopening

Elementary schools (pre-kindergarten through 5th grade) should be encouraged to reopen for the 2020 fall semester after appropriate consideration, local disease prevalence, implementing recommended health safety actions, and developing ongoing monitoring practices. Asymptomatic elementary-aged students are unlikely to be a significant source of community transmission of COVID-19.

Middle and high schools may be at higher risk to transmit SARS-CoV-2 among students and staff but should be encouraged to work toward reopening for the 2020 fall semester after appropriately conducting local disease prevalence, implementing recommended health safety actions, and developing ongoing monitoring practices.

As the information regarding SARS-CoV-2 (COVID-19) is rapidly evolving, KCWK intends for this to be a working document in communications as updates occur and new evidence emerges. This document is updated as of July 28, 2020.
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or family health risks or due to parent/caregiver preference, a public school option for remote distance learning should be an option to ensure that all students within the state have access to appropriate education and academic success.

Alternative school schedules and format to prolong the break to mitigate transmission of SARS-CoV-2 during the typical winter viral season when expected seasonal respiratory viruses such as influenza and RSV may also be prevalent in the community. This can improve the overall health of our community, decrease a potential winter re-emergence of COVID-19 and help relieve stress on the local health care system.

a. Students should plan to leave for winter break with all their belongings to allow for cleaning of the classrooms.
b. Assure students have adequate supplies for distance learning over the prolonged break.
c. Consider virtual learning options or online testing formats to complete semester requirements and finals during this time period, if necessary.

2. Consider prolonged fall and spring breaks depending on community transmission of SARS-CoV-2. If community spread is low, consider shortening these breaks in order to achieve more days of in-person instruction and education with recommended prolonged winter break.

3. During prolonged breaks from school, communication will continue to evaluate reopening requirements and potential alternative school schedules and formats.

4. Consider hybrid educational models that include both on-site and remote learning to decrease the number of students in the school building at one time.

6. Develop school nurse support and nurse office recommendations

School nurse support and nurse office recommendations

1. School nurses should protect themselves from SARS-CoV-2.
2. Meticulous hand hygiene should be practiced.

2. If a school nurse placement is not possible, schools should have specific plans to address school health and safety standards.

a. School nurse positions should be made available to schools where a school nurse is needed.

Personal protective equipment

1. School nurses should protect themselves from SARS-CoV-2.
2. Meticulous hand hygiene should be practiced.
3. Non-medical face masks and n95 masks should be available to schools.
4. Gowns, gloves, n95 masks, surgical masks and face shields or other eye protection should be available to schools.
5. Nurses should wear a n95 mask and eye protection when providing care for ill students who are unable to wear a mask, who are unable to manage their secretions, or who are receiving nebulized therapy.
6. School nurses and staff should be trained on the appropriate PPE donning and doffing techniques.

Ill students or staff

1. Processes need to be in place to screen for and evaluate ill students. Consider non-contact screening via video or telephone prior to direct nurse evaluation so that the nurse can prepare appropriately for the encounter.
2. Students seeking evaluation should be required to wear a mask.
3. Students waiting for parents to arrive should wait in a room that is separate from other students.
4. Staff who are ill should be sent home immediately.

Partner with local medical homes

1. Facilitate partnerships with local health care professionals to ensure that students continue to receive care through their established medical homes through innovative care models.

1. Schools should follow CDC, KDHE and local health department guidance regarding qualifications for the return of students and faculty with possible or confirmed SARS-CoV-2 to the school setting.
2. Modify return-to-school parameters following illness as per recommendations from the CDC, KDHE, local health department and the American Academy of Pediatrics (AAP).

Students with asthma

1. Students with asthma should provide their own personal labeled spacer and metered dose inhaler.  

Recommendations will require updates as new evidence emerges. This document is updated as of July 28, 2020.
APPENDIX

2. Nebulization therapy is considered an aerosol-generating procedure and should be avoided at school. Indicate that nebulizer is required over spacer and metered dose inhaler.

b. If nebulization treatment is required at school, all other students should be relocated from the treatment area. The school nurse must wear adequate personal protective gear that includes an N95 mask, gown, face shield, gloves, and other PPE as appropriate. Disinfection of all surfaces should be performed with approved disinfectants. Appropriate PPE should be used by the medical personnel while performing the treatment and washing hands until the treatment is completed. The area should be avoided for 60 minutes post therapy to allow particles to settle and then all surfaces wiped and disinfected with approved disinfectants. Appropriate PPE should be worn while disinfecting the room.

c. The school nurse must wear adequate personal protective gear that includes an N95 mask, gown, face shield, gloves, and other PPE as appropriate. Disinfection of all surfaces should be performed with approved disinfectants. Appropriate PPE should be used by the medical personnel while performing the treatment and washing hands until the treatment is completed. The area should be avoided for 60 minutes post therapy to allow particles to settle and then all surfaces wiped and disinfected with approved disinfectants. Appropriate PPE should be worn while disinfecting the room.

d. Nebulized therapy should be performed in a well-ventilated room. A negative-pressure room is not required.

e. The area should be avoided for 60 minutes post therapy to allow particles to settle and then all surfaces wiped and disinfected with approved disinfectants. Appropriate PPE should be worn while disinfecting the room.

Contact tracing

1. School administrators and nurses should have adequate staff support to provide a robust contact tracing program for students or staff who test positive for SARS-CoV-2.

a. Consider training specific staff about COVID-19 contact tracing via the free Johns Hopkins COVID-19 Contact Tracing Course or another formal program.

2. Work with the local health department for contact tracing programs and protocols.

3. Follow local, state and federal reporting guidelines in cooperation with the local and state health departments.

General health safety actions for staff and students

Screening prior to school entry

1. According to CDC guidance updated July 23, 2020, for K-12 schools, schools are not expected to screen children, students or staff to identify cases of COVID-19. If a community has cases of COVID-19, local health officials will help identify those individuals and follow up on next steps.

a. CDC does not currently recommend universal symptom screenings (screening all students grades K-12) be conducted by schools.

b. Students who are sick should not attend school in person.

c. Students who are sick should not attend school in-person.

2. On-site temperature screening of students upon arrival to school or prior to boarding transportation to school is not recommended and would cause potential crowding in lines and delayed entry and start times. In addition, temperature screening in young children is not a reliable screen as fever is present in ~50% of infected children.

3. While routine general screening for all students and staff is not recommended by the CDC, it is essential that students and staff who have symptoms of illness at school be recognized, removed from the classroom and sent home as soon as possible.

4. Teachers and staff should be provided with education and information on the symptoms of COVID-19 in children so that appropriate and timely recognition may take place if a student develops symptoms during the school day.

5. Staff should be in accordance with the Kansas Department of Health and Environment and the Kansas Department of Education with COVID-19 screening tools and procedures.

6. Staff should be in accordance with the Kansas Department of Health and Environment and the Kansas Department of Education with COVID-19 screening tools and procedures.

7. Staff should do a daily self-screening of fever, cold, or cough.

8. Consider posing a self-screening checklist at each entry point to the school.

9. Consider staggered drop-off and pick-up times to decrease the number of parents/caregivers on the schoolgrounds at any one time.

10. Encourage parent volunteerism and involvement in ways that do not require the parent to be present in the school. Helping teachers through home volunteer assignments.

11. Utilize a parent portal to promote strong communication between parents and teachers through the portal.

12. Develop modified return-to-school procedures to limit the number of students, parents and families in the school.

a. Consider virtual, online or telephone enrollment.

b. Consider virtual “Meet Your Teacher” events.

c. Consider virtual parent/teacher/parent conferences.

13. Modify parent/student/teacher conferences in a virtual format.

14. Teachers and staff should be provided with education and information on the symptoms of COVID-19 in children so that appropriate and timely recognition may take place if a student develops symptoms during the school day.

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21. Develop modified return-to-school procedures to limit the number of students, parents and families in the school.

a. Consider virtual, online or telephone enrollment.

b. Consider virtual “Meet Your Teacher” events.

c. Consider virtual parent/teacher/parent conferences.

22. Modify parent/student/teacher conferences in a virtual format.

23. Teachers and staff should be provided with education and information on the symptoms of COVID-19 in children so that appropriate and timely recognition may take place if a student develops symptoms during the school day.

24. Staff should be in accordance with the Kansas Department of Health and Environment and the Kansas Department of Education with COVID-19 screening tools and procedures.

25. Staff should do a daily self-screening of fever, cold, or cough.

26. Consider posing a self-screening checklist at each entry point to the school.

27. Consider staggering drop-off and pick-up times to decrease the number of parents/caregivers on the schoolgrounds at any one time.

28. Encourage parent volunteerism and involvement in ways that do not require the parent to be present in the school. Helping teachers through home volunteer assignments.

29. Utilize a parent portal to promote strong communication between parents and teachers through the portal.

30. Develop modified return-to-school procedures to limit the number of students, parents and families in the school.

a. Consider virtual, online or telephone enrollment.

b. Consider virtual “Meet Your Teacher” events.

c. Consider virtual parent/teacher/parent conferences.

31. Modify parent/student/teacher conferences in a virtual format.
8. Limit all non-essential school-based events and outside events that use school property. Consider complying with physical distancing recommendations.

Promoting hand-hygiene practices

1. Regularly remind students, staff, and parents to wash hands with soap and water for at least 20 seconds every 2 hours, or with hand sanitizer containing at least 60% alcohol.

2. For young children, hand hygiene should be age appropriate. Examples include:
   a. For children aged 2 and up, wash hands with soap and water before meals, after using the bathroom, and before and after outdoor play.
   b. For children aged 3 and up, wash hands with soap and water at least twice each day: after using the bathroom, after touching their face, and before meals.
   c. For children aged 4 and up, wash hands with soap and water at least twice each day: after using the bathroom, after touching their face, and before meals.

3. The preferred method of hand drying is the use of single-use disposable paper towels rather than using air dryers. Air dryers can increase the spread of SARS-CoV-2 through aerosols of dried hands.


5. If any student or staff coughs or sneezes into their hand, they then should wash hands or use hand sanitizer immediately.

6. Students and staff should be encouraged to cough or sneeze into their shirt sleeve.

7. Hands should be washed after touching masks.

Masks/face shields/partitions:

Due to the risk of SARS-CoV-2 transmission from asymptomatic and presymptomatic individuals, and in addition to other physical distancing measures, masks are recommended for anyone who is unable to maintain physical distancing. Masks should be worn by all staff and students at school, in school buses, and for all school-related activities. Masks should be worn at all times when physical distancing cannot be maintained, including during indoor physical education, music, and art classes. Masks may also be required for outdoor activities when physical distancing cannot be maintained.

Masks potentially decrease high-risk touches to the face and inoculation of mucous membranes if worn properly. A properly worn mask should cover the nose and mouth, fit snugly against the sides of the face, and not be pulled down below the chin. Masks should be removed and washed or disinfected after each use or every 8 hours, whichever comes first. Masks should be replaced if they become wet, soiled, or damaged. A mask may be used more than once if it is washed or disinfected according to the manufacturer's instructions.

Face shields and partitions may substantially reduce the short-term exposure of individuals to large infectious aerosol particles from a cough or sneeze, but smaller particles can remain airborne longer and flow around the face shield or partition and are more easily inhaled. Face shields are best used in addition to a medical-grade mask in a health care setting and may not be as effective when used alone. Still, the state of Kansas, which is also important for each student’s long-term health and well-being. Face shields and partitions may improve compliance and should be considered as a strategy for a barrier to viral droplet transmission. A mask must be worn underneath a face shield to provide additional protection.

Students

1. Students

a. Age 2-9—Children aged 2 to 9 years have shown to have greater ability to spread COVID-19 to household contacts; especially when not using masks or other transmission mitigation strategies. Students aged 2 to 9 years who have the developmental capability should be required to wear a mask while at school. This includes in the classroom, common areas, and during outdoor physical education activities. KCWK strongly recommends that all students in K-12 schools wear an appropriate mask or face covering at all times when at school, both indoors and outdoors.

b. Age 10 and up—Children older than 10 years have shown to have greater ability to spread COVID-19 to household contacts; especially when not using masks or other transmission mitigation strategies. Students older that 10 years who have the developmental capability should be required to wear a mask while at school. This includes in the classroom, common areas, and during outdoor physical education activities. KCWK strongly recommends that all students in K-12 schools wear an appropriate mask or face covering at all times when at school, both indoors and outdoors.

As the information regarding SARS-CoV-2 (COVID-19) is rapidly evolving, KCWK intends for this to be a working document. Recommendations will require updates as new evidence emerges. This document is updated as of July 28, 2020.
Mask Exemptions: There are very few exemptions to wearing a mask for children and adults. KCWK asks that primary care physicians and medical professionals in Kansas work to support and promote masking for adults and children. Rather than writing mask exemptions, please advise youth and their parents on how to increase comfort on wearing masks.

- Children < 2 years of age
- Any child who is asleep, incapacitated, unconscious or not breathing
- Excessive trauma or frequent manipulation
- Children with behavioral health diagnoses or developmental delays that prevent them from wearing a mask or are unable to wear a mask without frequent manipulation

Teachers can consider mask breaks when students are outside and physically distant. Provide or encourage students to bring paper sacks to store their masks in when not being worn. Students should have access to a replacement mask in case their mask is damaged or soiled. Education should be provided on proper wearing techniques, compliance and manipulation, and minimizing high-risk face touches. Age-appropriate signage should be displayed throughout the school and classrooms as visual reminders for masking. Consider a student mask laundering program if facilities/resources are available. School system should think critically about the effect that a universal masking program may have on students at risk for truancy, behavior problems and poor academic achievement and develop non-punitive ways to enforce universal mask use without harming the student's access to education.

Specialty masks with a clear window or face shields may be helpful when education is unable to be performed while using a mask. (e.g. speech and language pathology sessions, English speakers of other languages, classroom read alouds, etc.). While there is evidence supporting that face shields used alone are inferior to medical grade masks, there is a paucity of literature comparing the use of face shields alone to non-medical grade masks. It is reasonable to consider the use of face shields alone when masking interferes with speech and language instruction. In these cases, physical distancing should be practiced.

Masks: Students and staff should use cloth face coverings rather than medical grade surgical masks and N95 respirators. School nurses should have access to medical grade masks when caring for students and staff. Per CDC guidelines, cloth masks should:

- Fit snugly but comfortably against the side of the face
- Allow for breathing without restriction
- Be laundered and machine dried without damage or change to shape

High-risk students and adults: Students, families and staff should consider utilization of wearing a mask in areas that may be high-risk for viral transmission. Partitions and physical barriers can be used in addition to masks in areas that may be high-risk for viral transmission.

Nurse's office: Students with symptoms of COVID-19 should be isolated and directed to the nurse's office. Also consider the increased usage of the school nurse during this time and consider increasing the overall space, seating, supplies and resources for the school nurse. School nurses should have appropriate PPE and the school district should consider alternative methods to ensure the safety of students and staff while participating in classroom instruction that is unable to be performed while using a mask.

Effort should be made to decrease the number of people that each student and staff interacts with during each day and each week and to decrease the amount of "close contacts" with others as defined by the CDC and KDHE. A close contact is defined as someone who was within six feet of an infected person for at least 10 minutes starting from two days before illness onset (or, for asymptomatic clients, two days prior to positive exposure to others if someone in the school has SARS-CoV-2, and hopefully decrease the transmission of the virus. However, physical distancing in schools for young children may not be practical and may be harmful. As the information regarding SARS-CoV-2 (COVID-19) is rapidly evolving, KCWK intends for this to be a working document.
1. Ensure that schools meet the state and federal guidance on the amount of space (square feet per student) and attempt to exceed these spacing recommendations. 

   a. Arrange desks 3-6 feet apart whenever feasible.
   b. If possible, all students should face the same direction.

2. Reduce or eliminate shared equipment and shared spaces by grade level or classes to decrease exposure to other students or fomites from these shared spaces.

3. Minimize large gatherings and assemblies. Assembly content can be broadcasted to the home rooms as an alternative to large gatherings.

4. Encourage and continue modified sports and physical education classes. These activities should be modified according to available protocols with special consideration given to modification of high-contact sports. Shared equipment should be avoided and if not avoidable should be cleaned between uses and at the conclusion of the activity.

5. Modify student clubs, meetings, conferences, staff meetings and other similar events so that they can comply with physical distancing standards, decrease close contact exposure. Conduct meetings virtually as much as possible.

6. Allowing students to design their own learning environments and encouraging learning and using virtual learning can help increase the graduation rate for students who may be at risk of dropping out of school, as well as possibly decreasing the density of students in high schools and aid with physical distancing of students in school. This may also allow students to retain employment while gaining credit if they are helping to support their families during economic recession.

7. Recess and outdoor activities

   a. Recess, structured and unstructured play, and physical activity are important to the physical health of students.
   b. Cohort students and stagger recess periods to limit the number of students interacting together during recess at one time.
   c. Physical distancing should not be required for outdoor activities such as recess.

8. Water Fountains

   It is important for students to have access to water for hydration throughout the school day. However, public water fountains are high risk for transmission of respiratory and gastrointestinal viruses. Schools should

   a. Use water bottles as a means of hydration.
   b. Use water coolers with CO2 canisters in schools.
   c. Limit the number of students using the water fountain at one time.
   d. Decrease shared usage of high-traffic areas such as the cafeteria.
   e. Decrease use of common areas by increasing the number of students present at one time.

9. Hand Hygiene

   a. Hand hygiene should be performed prior to eating.
   b. Consider alternatives to traditional school cafeteria meals to decrease the possibility of viral transmission.
   c. Decrease shared usage of high-traffic areas such as cafeterias.
   d. Consider staggered lunch periods to minimize the number of students present at once.
   e. Discourage sharing of food or drinks among students.
   f. Discourage buffet-style serving, salad bars, and “grab-and-go” snack and beverage coolers.
   g. Discontinue off-campus lunch periods (or open lunch policies) to limit exposure of students outdoors, as weather permits, rather than gathering in the cafeteria.
   h. Refer to CDC guidance on “What School Nutrition Professionals and Volunteers at Schools Need to Know” about COVID-19.
1. Utilize personal reusable water bottles with bottle filling stations around the school instead of a. Consider adding reusable water bottles as an essential school item on student supply lists.

2. If there are no bottle filling stations available, then consider turning existing water fountains into b. bottle filling stations. This should include strict education, signage and regulation that these water fountains should not be used for direct drinking.

3. If other options are available, consider turning off, removing or covering water fountains to prevent use.

Cohort students and staff
Cohort students and staff to limit the mixing of students or staff and reduce the number of close contacts and decrease the risk of exposure if an infection occurs. Emphasis should be placed on cohorting students and staff at all grade levels to prevent cross exposure.

1. Consider the following areas to implement cohorting:
   a. Core and elective classes
   b. Lockers and hallways
   c. Restrooms
   d. Safety drills

Cleaning and disinfection
SARS-CoV-2 has been detected on a variety of surfaces and it is possible that infection can occur by touching contaminated surfaces and then touching one’s eyes, nose or mouth. A regular and detailed cleaning protocol may decontaminate surfaces.

1. School facilities and operations teams should address options for intermittent airings for schools with functioning exterior windows as an option for decreasing airborne transmission and improving air quality within schools and classrooms.

2. Weather permitting, the use of outdoor environments and opening of windows should be encouraged.

3. Specific attention should be placed on school ventilation and air conditioning maintenance to improve efficiency of the system and air quality.

Staff training of health and safety protocols
All staff should receive adequate training on all health and safety protocols.

1. Consider partnering with the County Health Department to establish the oversight team for effective cleaning and disinfecting.

2. Emphasis should be placed on cleaning and disinfection of high-touch surfaces (door handles, sinks, faucet handles, light switches, bathrooms, handrails, etc.).

3. Work with teachers/counselors/staff/students/parents to ensure that students feel safe, well

Ventilation:
Detailed recommendations for environmental ventilation are beyond the scope of this document. School district facilities leadership should consider updates to their fuel and energy conservation policies to conform to ASHRAE indoor air quality standards as well as the ASHRAE updated recommendations for air quality for

1. School facilities and operations teams should address options for intermittent airings for schools with functioning exterior windows as an option for decreasing airborne transmission and improving air quality within schools and classrooms.

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3. Specific attention should be placed on school ventilation and air conditioning maintenance to improve efficiency of the system and air quality.

Continual distance learning
Distance learning options and resources should be available for students that are unable to attend school due to prolonged exclusion (if ill, personal or family health risks, high prevalence of community spread).

1. Distance learning options and resources should be available for students that are unable to attend school due to prolonged exclusion (if ill, personal or family health risks, high prevalence of community spread).

2. Consider having KSDE choose top educators for various subjects and allowing students to self-enroll in the courses they need.
APPENDIX

Kansas State Department of Education | www.ksde.org

APPENDIX C | KANSAS COVID WORKGROUP FOR KIDS

Navigating Change: Kansas' Guide to Learning and School Safety Operations

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**APPENDIX C**

Kansas State Department of Education | www.ksde.org

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**Distance Learning.**

4. Specific accommodations should be made for students with individualized education plans (IEP) and 504 plans during continual distance learning.

5. Districts should support students and parents from households where English is not the primary language to be able to maximize academic achievement during continual distance learning.

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**Online Learning.**

Coordinate within the community to achieve improved access. Consider partnership with primary care physicians to educate children and parents on media safety.

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**Child Exploitation.**

The National Center for Missing and Exploited Children and Wichita Police Department Internet Crimes Against Children Task Force report large increases in the number of reports made by CyberTip lines as well as electronic service providers such as child enticement of children for sex acts and unsolicited obscene material sent to a child. While COVID-19 is a serious health risk to our community, when students are forced to navigate the online world with limited supervision, they are at risk of dangers that may leave long-term psychological impacts on students.

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**Safety Measures.**

1. Students who have chronic and/or complex medical conditions or are immunosuppressed and at risk for more serious illness from other infections may also have more serious illness with SARS-CoV-2 is different from the risk of other respiratory viruses, it is recommended that registries of children with congenital heart disease, cancer and inflammatory bowel disease serve as a mentor to them through this academic year.

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**Recommendations for Continual Distance Learning.**

1. Mental health support should be available to all students to help them cope with stress from the pandemic and be ready to learn.

2. Registries of children with congenital heart disease, cancer and inflammatory bowel disease serve as a mentor to them through this academic year.

3. Staff should receive specialized training in providing care for children and youth with special health care needs such as transfers, toileting, diapering, feeding that may require additional health personnel to be involved.

4. Students undergoing transition years (grades 5 to 6, 8 to 9, 11 to 12) may have had to make decisions regarding special programs or classes, registration or other educational options without having time to research or having the option to change their schedule.

5. The COVID-19 Pandemic has exacerbated socioeconomic and emotional hardships that students and families face. It is expected that frequent changes, new procedures and ongoing uncertainty has and continues to impact the well-being and safety of students.

7. Pre-pandemic education focuses should continue including bullying recognition and prevention, social emotional character development, dyslexia screening and intervention, among others.

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**Recommendations for Continual Distance Learning.**

1. Physical and behavioral health support, including mental health services, should be available in all schools to help students cope with stress from the pandemic and be ready to learn.

2. Registries of children with congenital heart disease, cancer and inflammatory bowel disease serve as a mentor to them through this academic year.

3. Staff should receive specialized training in providing care for children and youth with special health care needs such as transfers, toileting, diapering, feeding that may require additional health personnel to be involved.

4. Students undergoing transition years (grades 5 to 6, 8 to 9, 11 to 12) may have had to make decisions regarding special programs or classes, registration or other educational options without having time to research or having the option to change their schedule.

5. The COVID-19 Pandemic has exacerbated socioeconomic and emotional hardships that students and families face. It is expected that frequent changes, new procedures and ongoing uncertainty has and continues to impact the well-being and safety of students.

7. Pre-pandemic education focuses should continue including bullying recognition and prevention, social emotional character development, dyslexia screening and intervention, among others.

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As the information regarding SARS-CoV-2 (COVID-19) is rapidly evolving, KCWK intends for this to be a working document.
Staff: School districts and officials must recognize the continual impact that the pandemic may be having on staff and the additional stress and anxiety that comes with reopening of schools. Teachers and staff will have new expectations as they educate students in new ways and implement new policies and procedures to mitigate SARS-CoV-2 transmission. Staff may also be worried about their own wellbeing or wellbeing of their family upon returning to work. Support resources should be available to assist with staff mental health needs as they return to work.

Attendance
1. KSDE should consider attendance requirement relief to decrease penalties for lower attendance to decrease the pressure on students and families to attend school if having signs of a viral infection.
2. Discontinue awards for perfect attendance.

Vaccinations
1. Recommend strict compliance with KDHE Kansas School Immunization Requirements.
2. Recommend improved functionality and compliance of Kansas Immunization Registry.
3. Partner with the Health Department or local clinics to provide onsite immunization drives and incentives to improve the rate of influenza immunization among students and staff.
4. Work within schools to coordinate the dates of clinic immunizations with the school calendar to encourage regular immunization appointments.

Preparticipation physicals:
1. Students should continue to see their primary care physician for annual physical checkups and immunizations. Schools should require the same start-of-school medical paperwork and preparticipation physicals should still take place.
2. Some primary care offices have been affected by the COVID-19 pandemic, which may lead to delayed appointments or completion of these requirements and if that is the case, then schools may consider extending deadlines for paperwork to ensure that students are able to attend school without a prolonged delay.

KCWK understands the value of extra- and co-curricular activities in social and emotional character development, mitigation of other risk behaviors and building of resiliency in students. We encourage students to continue to participate in these activities. However, with the risk of SARS-CoV-2 transmission, KCWK advises against continuing participation in moderate and high-risk activities unless modified. We encourage schools to consider the following information in their school activities planning.

2. Fields Trips: Limit all fields trips and non-essential travel for students and staff. If field trips or travel occurs, participants should comply with recommendations from local health officials as well as the CDC, KDHE and health and safety recommendations described above.
3. Spectators should be limited to sporting events and performances so that physical distancing can be practiced effectively.
4. Choir:
   a. Consider results from 7/21/20 Unprecedented International Coalition led by Performing Arts Organizations to Commission COVID-19 Study documented among grouped singers.
   b. In communities of sustained infections, in-person choir rehearsals should not resume, and virtual singing rehearsals should be considered.
   c. If communities do not have sustained spread, rehearsals should be conducted in larger spaces (cafeteria/gym) or outside when able to allow for physical distancing between choir members.

2. Band:
   a. Consider results from 7/21/20 Unprecedented International Coalition led by Performing Arts Organizations to Commission COVID-19 Study (cafeteria/gym) or outside when able to allow for physical distancing between band members.

3. Sports:
As the information regarding SARS-CoV-2 (COVID-19) is rapidly evolving, KCWK intends for this to be a working document. Recommendations will require updates as new evidence emerges. This document is updated as of July 28, 2020.

5. Tennis
6. *Pole vault
7. **High jump/*Long jump
8. Basketball
9. Soccer
10. Water polo
11. Ice or field hockey
12. Swimming relays
13. Crew rowing
14. 7-on-7 football

iii. High risk: Close contact between participants and high likelihood of respiratory particle transmission without significant protective barriers:
1. Football
2. Lacrosse
3. Basketball
4. Competitive cheer
5. Dance
6. Wrestling
7. High-intensity weightlifting requiring a spotter

iv. KCWK recommends against resuming high risk activities unless significant modifications are made.

As of the information regarding SARS-CoV-2 (COVID-19), NOPE is not a virus, KDHE recommends this is a working document. Recommendations will require updates as new evidence emerges. This document is updated as of July 28, 2020.
defined by large-scale community transmission, then the school or district should consider closure for a period of 1-2 weeks or longer based on local transmission.30

1. If local health officials determine that there is substantial transmission (SARS-CoV-2), then they will
provide guidance to administrators on the best course of action for childcare programs and schools.
2. During extended school dismissals, extracurricular group activities, school-based programs and events should be discontinued.
3. In the event of an unexpected or prolonged school closure, school systems should implement strategies to continue:
   a. Educate students through distance-learning formats.
   b. Provide meals to students.
   c. Provide essential services to students.
   d. Provide therapies to students in a distance-therapy format.
   e. Provide mental health services to students.
   f. Provide IEP/504 services to the extent of the school’s ability.

Transportation Recommendations

1. STARTS taskforce: Consider Student Transportation Aligned for Return to School Task Force Recommendations regarding student transportation.31

2. Transportation recommendations:
   a. Districts should continue to provide transportation to and from school to students although
      parent transportation may be encouraged to transport when able. This may reduce the number of
      students on each bus route and help facilitate physical distancing on buses.
   b. Consider flexible payment structures for transportation to encourage parents to transport
      students on days that they are able.
   c. Consider cohorting students to specific buses in order to limit the number of people with
      whom each student comes in contact.

3. Driver protection:
   a. Driver should establish a safe zone around self; for instance, no students sit in the first
      two rows of seats. Consider additional protective barrier such as plexiglass.
   b. Driver must wear a mask while transporting students.
   c. Driver’s window should remain opened if weather permits.

4. Hand hygiene:
   a. All buses should have hand sanitizer stations at the bus entry.
   b. All students should use hand sanitizer upon entering the bus and again upon departure of
      the bus.

5. Masking and physical distancing:
   a. All students should wear a mask while on the bus in accordance to above masking
      recommendations.
   b. Students should have assigned seats on the bus. Consider masking of seats so students know
      where to sit.
   c. Students should sit one to a seat unless they are siblings. Siblings can be assigned seats
      together.
   d. If spacing allows, consider seating students every other row to ensure physical distancing.
   e. Allow windows to be open when weather permits.
   f. Vacuum floors over mopping floors. Pathogens can build up on mop and then be easily
      spread.
   g. Door and windows should remain opened if weather permits.
   h. Use gloves if required to touch surfaces contaminated by body fluids.

As the information regarding SARS-CoV-2 (COVID-19) rapidly evolves, KANSAS intends for this notice as a working document to be revised as more evidence emerges. This document is updated as of July 28, 2020.
As the information regarding SARS-CoV-2 (COVID-19) is rapidly evolving, KCWK intends for this to be a working document.

Recommendations will require updates as new evidence emerges. This document is updated as of July 28, 2020.

References:
http://dx.doi.org/10.1001/jamanetworkopen.2020.202018
Navigating Change 2020: Family Survey

As we plan for the 2020-2021 school year, we would like to better understand your willingness and concerns surrounding your child(ren)’s return to school. We value your opinion and we understand that families may be in different places with their comfort level at this time.

Please know that we will continue to consider and plan accordingly for health and safety as additional guidelines and guidance are provided to us. This will include, but is not limited to, social distancing, the possibility of the use of masks by students and staff, health screenings by nurse or office personal. We will provide you with updates on these considerations as more information becomes available to us from national, state, and local health and education officials and organizations.

Please complete a separate form for each child in your family because your comfort level for one situation/setting might be different than another.

Student’s Name: ________________________________
Student’s School: ______________________________
Parent/Guardian: ______________________________
Phone: ______________________________ Email: ______________________________

Should we receive guidance from local health authorities that it is safe to return to school with cautionary measures in place, will your child be returning for the 2020-2021 school year?

_____ Yes, I have no concerns
_____ Yes, but I have concerns
_____ No, I do not feel it is safe for my child to return to school

How comfortable do you feel about your child returning to school on a regular basis?

_____ Totally comfortable
_____ Very comfortable
_____ Comfortable
_____ A little comfortable
_____ Very uncomfortable
_____ Not at all comfortable

_____ I’m not sure
APPENDIX D | NAVIGATING CHANGE 2020: FAMILY SURVEY

Which of the following learning options, if available, would be your preference for your child?

_____

On-site Learning Environment: students and teachers will be in school with or without social distancing practices put into place.

_____

Hybrid Learning Environment: students would be spending part of their time in the classroom and part of their time learning virtually from home.

_____

Remote Learning Environment: students would be doing all of their learning from home and not entering the school building at all.

If remote learning is still required, please share your experience with remote learning during the spring semester of 2020. Check all that apply.

_____ I had little to no problems with connectivity, devices, or my child’s learning

_____ I was happy with the level of instruction my child received

_____ The number of hours my child spent on class work was appropriate

_____ I was disappointed in the level of instruction my child received

_____ The number of hours my child spent on class work was inappropriate

_____ My child was unable to do work remotely, as we do not have a computer or device

_____ My child had difficulty connecting to the internet to do their work

What additional safety precautions would make you feel more comfortable about your child returning to school?

Which of the following best describes your household situation regarding wireless internet?

_____ I have access to wireless internet

_____ I only have wireless internet access by using a cell phone

_____ I do not have access to wireless internet

It is possible that students may be able to attend daily on a staggered schedule. Please select which time slot works best for you.

_____ 8:00AM – 11:30 AM

_____ 12:00PM – 3:30PM

_____ 4:00PM – 7:00PM

_____ I am unable to accommodate a staggered daily schedule

Can you provide your own transportation to school if we are not able to provide bus service due to social distance and/or other health guidelines?

_____ Yes

_____ No

Additional questions, comments or concerns:

How comfortable are you with your child participating in a daily symptom check for school safety?

_____ Extremely comfortable

_____ Somewhat comfortable

_____ Neither comfortable nor uncomfortable

_____ Somewhat uncomfortable

_____ Extremely uncomfortable

_____ I need more information about the daily symptom check to answer

Which of the following would make you feel more comfortable with your child returning to school or work? Check all that apply.

_____ Public or district transportation safety measures in place

_____ Improved cleaning before and after school starts

_____ Guidance from local providers or health officials

_____ Social distancing in classrooms

_____ Being contacted if a student, teacher, or staff member gets sick

_____ Sufficient personal protective equipment (e.g., masks, gloves) for students, staff, and teachers

_____ Daily individual health checks

_____ Sufficient reduction in local COVID-19 cases

_____ Continue remote learning environment as long as possible

_____ Expand testing and tracing of COVID-19

_____ Require all students, teachers, and staff to wear masks

_____ None of the above

_____ Other:

How comfortable are you with your child participating in a daily symptom check for school safety?

_____ Extremely comfortable

_____ Somewhat comfortable

_____ Neither comfortable nor uncomfortable

_____ Somewhat uncomfortable

_____ Extremely uncomfortable

_____ I need more information about the daily symptom check to answer

What additional safety precautions would make you feel more comfortable about your child returning to school?

Which of the following best describes your household situation regarding wireless internet?

_____ I have access to wireless internet

_____ I only have wireless internet access by using a cell phone

_____ I do not have access to wireless internet

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_____ 8:00AM – 11:30 AM

_____ 12:00PM – 3:30PM

_____ 4:00PM – 7:00PM

_____ I am unable to accommodate a staggered daily schedule

Can you provide your own transportation to school if we are not able to provide bus service due to social distance and/or other health guidelines?

_____ Yes

_____ No

Additional questions, comments or concerns:

How comfortable are you with your child participating in a daily symptom check for school safety?

_____ Extremely comfortable

_____ Somewhat comfortable

_____ Neither comfortable nor uncomfortable

_____ Somewhat uncomfortable

_____ Extremely uncomfortable

_____ I need more information about the daily symptom check to answer

What additional safety precautions would make you feel more comfortable about your child returning to school?

Which of the following would make you feel more comfortable with your child returning to school or work? Check all that apply.

_____ Public or district transportation safety measures in place

_____ Improved cleaning before and after school starts

_____ Guidance from local providers or health officials

_____ Social distancing in classrooms

_____ Being contacted if a student, teacher, or staff member gets sick

_____ Sufficient personal protective equipment (e.g., masks, gloves) for students, staff, and teachers

_____ Daily individual health checks

_____ Sufficient reduction in local COVID-19 cases

_____ Continue remote learning environment as long as possible

_____ Expand testing and tracing of COVID-19

_____ Require all students, teachers, and staff to wear masks

_____ None of the above

_____ Other:

How comfortable are you with your child participating in a daily symptom check for school safety?

_____ Extremely comfortable

_____ Somewhat comfortable

_____ Neither comfortable nor uncomfortable

_____ Somewhat uncomfortable

_____ Extremely uncomfortable

_____ I need more information about the daily symptom check to answer

What additional safety precautions would make you feel more comfortable about your child returning to school?

Which of the following best describes your household situation regarding wireless internet?

_____ I have access to wireless internet

_____ I only have wireless internet access by using a cell phone

_____ I do not have access to wireless internet

It is possible that students may be able to attend daily on a staggered schedule. Please select which time slot works best for you.

_____ 8:00AM – 11:30 AM

_____ 12:00PM – 3:30PM

_____ 4:00PM – 7:00PM

_____ I am unable to accommodate a staggered daily schedule

Can you provide your own transportation to school if we are not able to provide bus service due to social distance and/or other health guidelines?

_____ Yes

_____ No

Additional questions, comments or concerns:

How comfortable are you with your child participating in a daily symptom check for school safety?

_____ Extremely comfortable

_____ Somewhat comfortable

_____ Neither comfortable nor uncomfortable

_____ Somewhat uncomfortable

_____ Extremely uncomfortable

_____ I need more information about the daily symptom check to answer

What additional safety precautions would make you feel more comfortable about your child returning to school?

Which of the following would make you feel more comfortable with your child returning to school or work? Check all that apply.

_____ Public or district transportation safety measures in place

_____ Improved cleaning before and after school starts

_____ Guidance from local providers or health officials

_____ Social distancing in classrooms

_____ Being contacted if a student, teacher, or staff member gets sick

_____ Sufficient personal protective equipment (e.g., masks, gloves) for students, staff, and teachers

_____ Daily individual health checks

_____ Sufficient reduction in local COVID-19 cases

_____ Continue remote learning environment as long as possible

_____ Expand testing and tracing of COVID-19

_____ Require all students, teachers, and staff to wear masks

_____ None of the above

_____ Other:

How comfortable are you with your child participating in a daily symptom check for school safety?

_____ Extremely comfortable

_____ Somewhat comfortable

_____ Neither comfortable nor uncomfortable

_____ Somewhat uncomfortable

_____ Extremely uncomfortable

_____ I need more information about the daily symptom check to answer

What additional safety precautions would make you feel more comfortable about your child returning to school?
Navigating Change 2020: Staff Survey

As we plan for the 2020-2021 school year, we would like to better understand your willingness and concerns surrounding your return to school. We value your opinion and we understand that staff members may be in different places with their comfort level at this time.

Please know that we will continue to consider and plan accordingly for health and safety as additional guidelines and guidance are provided to us. This will include, but is not limited to, social distancing, the possibility of the use of masks by students and staff, Health screenings by nurse or office personal. We will provide you with updates on these considerations as more information becomes available to us from national, state, and local health and education officials ad organizations.

Should we receive guidance from local health authorities that it is safe to return to school with cautionary measures in place, will you be returning to your school or work site for the 2020-2021 school year?

_____ Yes, I have no concerns
_____ Yes, but I have concerns
_____ No, I do not feel safe in returning to school
_____ No, but I could change my mind based on the safety measures in place
_____ I’m not sure

How comfortable do you feel about returning to your school or work site on a regular basis?

_____ Totally comfortable
_____ Very comfortable
_____ Comfortable
_____ A little comfortable
_____ Not at all comfortable

Which of the following would make you feel more comfortable returning to your school or work site? Check all that apply.

_____ Improved cleaning before and after school starts
_____ Guidance from local providers or health officials
_____ Social distancing in classrooms
_____ Being contacted if a student, teacher, or staff member gets sick
_____ Sufficient personal protective equipment (e.g., masks, gloves) for students, staff, and teachers
_____ Daily individual health checks
_____ Sufficient reduction in local COVID-19 cases
_____ Continue remote learning environment as long as possible
_____ Expand testing and tracing of COVID-19
_____ Require all students, teachers, and staff to wear masks
_____ None of the above
APPENDIX

NAVIGATING CHANGE: KANSAS’ GUIDE TO LEARNING AND SCHOOL SAFETY OPERATIONS

APPENDIX E | NAVIGATING CHANGE 2020: STAFF SURVEY

How comfortable are you with participating in a daily symptom check for school safety?

- Extremely comfortable
- Somewhat comfortable
- Neither comfortable nor uncomfortable
- Somewhat uncomfortable
- Extremely uncomfortable
- I need more information about the daily symptom check to answer

What additional safety precautions would make you feel more comfortable about returning to school or work site?

Which of the following learning options, if available, would be your preference?

- On-site Learning Environment: students and teachers will be in school with or without social distancing practices put into place.
- Hybrid Learning Environment: students would be spending part of their time in the classroom and part of their time learning virtually from home.
- Remote Learning Environment: students would be doing all of their learning from home and not entering the school building at all.

How comfortable are you with leading in-person instruction and physically supervising students in an on-site learning environment?

- Totally comfortable
- Very comfortable
- Comfortable
- A little comfortable
- Not at all comfortable

Which of the following best describes your household situation regarding wireless internet?

- I have access to wireless internet
- I only have wireless internet access by using a cell phone
- I do not have access to wireless internet

It is possible that students may be able to attend daily on a staggered schedule. Please select which time slot works best for you.

- 8:00AM - 11:30 AM
- 12:00PM - 3:30PM
- 4:00PM - 7:00PM

Additional questions, comments or concerns:
SECD Implementation
School Counseling Program Considerations for Navigating Change 2020

While there are many competing needs and concerns as the academic year begins (i.e., reintegration, student access, equity, personal safety), regardless of the learning environment, those serving on the Navigating Change task force recognize the inherent challenges that students, staff members and families will endure in the coming academic year. As you prepare, it is noted that you have many pressing and important priorities. Determining what your specific school, student, staff members and stakeholders need will be a critical and ongoing conversation.

Implementing Social-Emotional Programs
The following recommendations are capable of being implemented utilizing the three identified options:
1. On-site
2. Hybrid
3. Remote

Social, Emotional Character Development (SECD) curriculum is best implemented following a tiered approach:

- **Tier 1:** Researched-based curriculum intended for all students at the building level, such as schoolwide bullying prevention programs (i.e., 2nd Step, Steps to Respect), suicide prevention programs, service learning projects (Lions Quest), character education programs (Medal of Honor, CHAMPS), check-in strategies (7 Habits of Happy Kids, Kansas Can Competencies Framework, College and Career Competencies Framework, 11 Principles of Character Education, Leading Through Action, Core Traits, Maize Way, Zones of Regulation, Xello/Career Cruising), school families/advisory groups, etc.

- **Tier 2:** Targeted, small-group instruction for some, such as classroom lessons, restorative circles, school club activities, service learning projects, Girls on the Run, class meetings, family meetings, SADD, DBT in Schools, needs-based small groups, work-based learning groups, school families/advisory groups, etc.

- **Tier 3:** Intensive intervention for individual students, such as Individual Counseling sessions, Individual Plans of Study (IPS), anti-bullying experiences (BuliBash), behavior plans, IEP’s, Xello/Career Cruising, etc.

- **Tier 4:** Specialized intervention for referrals are made to an outside agency for specialized interventions beyond the scope of school counseling services available at school (i.e., mental health, juvenile justice services, disability services etc.).

Implementing Social-Emotional Programs

Social, Emotional Character Development (SECD) curriculum is best implemented following a tiered approach.
Ease Student Transitions
Reestablishing connections is essential to supporting the student’s sense of safety.

“You have to win their heart before you win their mind.”

STRATEGIES

 Welcoming students
 Welcome back guide for schools: https://smhp.psych.ucla.edu/welcomeguide.htm

 Check-ins
 Check-in recommendations for remote learning environments: https://docs.google.com/document/d/1-YdjstRmI2jPNr9JDVOX2JJBKqWmjJ9XrkaeOS7EgQ/edit

 Morning meetings
 Implementing Successful Online Morning Meetings: https://www.weareteachers.com/online-morning-meeting/

 Community building
 Maintaining Positive Community: https://www.responsiveclassroom.org/maintaining-a-positive-community/remotely/

 Adapting to the needs of families
 Engaging Families During Continuous Learning: https://padlet-uploads.storage.googleapis.com/495036708/80295afa3de0df46251aadbfa06c0000/Engaging_Families_in_Continuous_Learning.pdf
 Supporting Learning During the Coronavirus Crisis: https://ggie.berkeley.edu/school-challenges/supporting-learning-and-well-being-during-the-coronavirus-crisis/

RESOURCES

To be clear, this document is not comprehensive in nature, but serves as a starting point - or guiding document - with recommendations and considerations of key elements that should be considered and tended to. The guiding principles, as outlined, are two-fold:

1. Counselors and other mental health professionals serve in a leadership capacity in consulting and supporting SECD standards. Supporting the whole child will be critical in moving forward into 2020-2021 and beyond. SECD competencies are found throughout the suggested K-12 work within this document. Counselors traditionally consult and collaborate with staff members and should continue to encourage and support teachers as teachers embed the tenets of SECD, social-emotional and employability skills into class instruction. Regardless of the delivery model, social-emotional needs of learners must be a component of learning, and co-teaching, collaboration and consultation on delivery of SECD competencies are recommended.

2. School counselors often serve in a leadership capacity in addressing the Kansas Education Systems Accreditation (KESA) model (i.e., IPS, social-emotional factors; high school graduation) and are critical in adhering to the state statutes (i.e., personal safety, bully prevention, Jason Flatt Act, etc.). School counselor standards, priorities and expertise should not be abandoned during this time, but seen as a critical component.

Therefore, the Navigating Change task force recommends certain foci for school counseling programs to guide their work:
Prioritize Trauma-Informed Professional Development

Exposure to toxic stress can impact learning, and schoolwide supports are essential.

**STRATEGIES**

- Help students, staff members, and families to consider how stress might play out by age group.
- Consider risk and protective factors associated with toxic stress.
- Reinforce self-care strategies for students, staff members, and families.

**RESOURCES**

- Trauma-Informed Teaching Strategies: https://www.ascd.org/publications/educational-leadership/2020/09-10/Pages/Trauma-Informed-Teaching.aspx
- Virtual Calm Down Room: http://nrcs.parkteam.com
- NCTSN Risk and Protective Factors: https://www.nctsn.org/what-is-child-trauma/about-child-traumas

- Tips for Helping School-Age Children After a Disaster: https://www.nctsn.org/sites/default/files/resources/fact-sheet/helping-care-all-yourself.pdf
- Self-Care Assessment for Staff: http://selfcareassessment.org/selfcareassessment/assessmenthelpful

- Virtual Calm Down Room: https://sites.google.com/view/tps-counseling-calming-room/
- NCTSN Risk and Protective Factors: https://www.nctsn.org/what-is-child-trauma/about-child-traumas

- Tips for Helping School-Age Children After a Disaster: https://www.nctsn.org/sites/default/files/resources/fact-sheet/helping-care-all-yourself.pdf
- Self-Care Assessment for Staff: http://selfcareassessment.org/selfcareassessment/assessmenthelpful

- Virtual Calm Down Room: https://sites.google.com/view/tps-counseling-calming-room/
- NCTSN Risk and Protective Factors: https://www.nctsn.org/what-is-child-trauma/about-child-traumas

Allow Time to Process Thoughts and Feelings

New stressors are likely to occur throughout the school year. Designating safe spaces and times to process thoughts and feelings shows the students that you care.

**STRATEGIES**

- Reinforce resilience through journaling and creative expression.
- Consider risk and protective factors associated with toxic stress.
- Help students, staff members, and families to consider how stress might play out by age group.
- Consider developmentally appropriate conversations to discuss current events.

**RESOURCES**

- Self-Care Assessment for Staff: http://selfcareassessment.org/selfcareassessment/assessmenthelpful
- Virtual Calm Down Room: https://sites.google.com/view/tps-counseling-calming-room/
- NCTSN Risk and Protective Factors: https://www.nctsn.org/what-is-child-trauma/about-child-traumas

- Tips for Helping School-Age Children After a Disaster: https://www.nctsn.org/sites/default/files/resources/fact-sheet/helping-care-all-yourself.pdf
- Self-Care Assessment for Staff: http://selfcareassessment.org/selfcareassessment/assessmenthelpful

- Virtual Calm Down Room: https://sites.google.com/view/tps-counseling-calming-room/
- NCTSN Risk and Protective Factors: https://www.nctsn.org/what-is-child-trauma/about-child-traumas

- Tips for Helping School-Age Children After a Disaster: https://www.nctsn.org/sites/default/files/resources/fact-sheet/helping-care-all-yourself.pdf
- Self-Care Assessment for Staff: http://selfcareassessment.org/selfcareassessment/assessmenthelpful

- Virtual Calm Down Room: https://sites.google.com/view/tps-counseling-calming-room/
- NCTSN Risk and Protective Factors: https://www.nctsn.org/what-is-child-trauma/about-child-traumas

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Provide Explicit Instruction on SEL Skill Building

Efforts to support SEL should be clear, consistent and collaborative.

**STRATEGIES**

<table>
<thead>
<tr>
<th>RESOURCES</th>
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<tbody>
<tr>
<td>Mindfulness activities</td>
</tr>
<tr>
<td>Identifying emotions</td>
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<tr>
<td>Reducing stress</td>
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<tr>
<td>Bullying prevention</td>
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<tr>
<td>Personal safety</td>
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</tbody>
</table>

Develop a Process for Providing Support

Examine where SEL efforts have been impactful and where more support is needed.

**STRATEGIES**

<table>
<thead>
<tr>
<th>RESOURCES</th>
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<tbody>
<tr>
<td>Identify specific populations in need of Tier 2 and Tier 3 support.</td>
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<td>Suicide prevention</td>
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<td></td>
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<tr>
<td>Race and equity resources</td>
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</tbody>
</table>
IPS Recommendations:

Coordinated efforts to develop and maintain individual plans of study reinforce the schools' care for all students' needs in motivation and provides each student with hope for the future. An example of an instructional framework for developing an IPS can be found at the end of this document.

Measuring SECD locally:

1. Consider school year comparisons at points of time during the year to target gaps.
2. Maintain momentum gained through increased use of technology for quick responses to团小学 and postsecondary success, as determined by current and emerging standards.
3. Individual Plan of Study (IPS).
4. High school graduation.
5. Postsecondary success. Although school may look different, we continue to strive to lead the world in the success of each student. The five focus areas above for schools should include instructional framework for developing an IPS can be found at the end of this document.

Measuring SECD locally:

1. Consider school year comparisons at points of time during the year to target gaps.
2. Maintain momentum gained through increased use of technology for quick responses to school year. This site will be constantly updated.

Coordinated efforts to develop and maintain individual plans of study reinforce the schools' care for all students' needs in motivation and provides each student with hope for the future. An example of an instructional framework for developing an IPS can be found at the end of this document.

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Measuring SECD locally:

1. Consider school year comparisons at points of time during the year to target gaps.
2. Maintain momentum gained through increased use of technology for quick responses to school year. This site will be constantly updated.
Instructional Frameworks to Support Five Focus Areas

There may be times that the school counselor will take the lead on lesson implementation. Below are some considerations for instructional frameworks essential to school counseling program delivery. This section provides instructional examples to support five focus areas:

1. IPS
2. Resiliency
3. Bullying prevention
4. Study skills
5. Employability skills

A more complete listing of grade band instructional examples can be found throughout this Navigating Change: Kansas Guide to Learning and School Safety Operations document.

6-8 (Individual Plans of Study)

Individual Plan of Study (IPS)

Competencies Addressed: KESA Outcome Measurement

Elements of High-Quality Instruction

KSDE rubric for effective implementation of IPS for all students in middle through high school: https://www.ksde.org/Portals/0/CSAS/CSAS%20Home/Plan_Of_Study/IPS%20One%20Page%20Rubric.pdf

Remember career is developmental and essential throughout a student’s education. In middle school, students begin to transition from career exploration to career decision-making action steps. As the student progresses through high school, they will continue to revisit their IPS and update it as they add new experiences.

SECD Incorporation (Dispositions - Mindset and Soft Skills)

- Acquire the skills to investigate careers in relation to knowledge of self and to make informed career decisions.
- Employ strategies to achieve future career goals with success and satisfaction.
- Understand the relationship between personal qualities, education, training and career success.

Elements of Collaboration

School Counselors: Career exploration, pathway planning, ELA and HGSS: Resume writing, letters of interest, requesting letters of recommendation, interview skills.

Tech: Interest Inventories, portfolio development.

Who might be your collaboration partners?

School counselors, advisory teachers, local businesses, technology teacher, ELA teachers, local chamber of commerce, scholarship opportunities, SPED transition coordinator.

Workflow (Milestones of Learning)

- Career exploration and career fields, clusters, pathways.
- Career interest inventory.
- Learning styles inventory.
- Create IPS, identify pathways.
- Track school, community, civic activities and work experience.
- Work with ELA to develop resume and letters of interest.
- Gather letters of recommendation.
- Showcase portfolio in an exportable electronic portfolio.
- Expand and develop through high school.

Showcase of Student Learning (End Product)

- Website portfolio, Xello Portfolio, career fair utilizing student portfolios and incorporating mock interviews.
- Create a poster, brochure or presentation about a career interest. Include how you arrived at your decision, postsecondary opportunities and job outlook.

Accommodation/Modification Considerations (per KSDE guidance)

As you plan your instructional frameworks for the various learning environments, consideration for students who will need access to instruction that will prepare them to meet, achieve or exceed grade-level competencies should be a priority. To access and address gaps, deficiencies and exceptionalities, some students will require additional support through specially designed instruction and/or tiered systems of support.

Progression Toward Mastery

Refer to SECD competency rubrics to monitor student progression toward mastery of each competency through multiple exposures. Level 3 is considered mastery of a competency. Rubrics show progression toward mastery with the levels of learning (1, 2, 3, 4).
Learning Environment Considerations

On-Site Learning Environment Consideration
Access to media center, small-group learning for each component, targeted small-group completion, such as first-generation peers, job shadowing and in-person mock interviews.

Hybrid Learning Environment Considerations
In-person Career exploration activities, guest speakers, hands on experiences with careers, instruction on resume writing, meeting with counselors to update IPS twice a year, mock interviews and job shadowing.

Homedigital. Interest and learning styles inventories, career exploration videos, digital examples of final product and IPS components.

Remote Learning Environment Considerations
Consider individual meetings with student and parent online together to develop a plan of study, online career fair, digital templates of IPS, instructional videos on developing IPS, instructional videos on developing final product and online mock interviews.

6-8 (Explicit Instruction on SEL Skill Building)

Instructional Example: Resiliency

COMPETENCIES Addressed:

KESA Gus-Come Measurement

Elements of High-Quality Instruction

- Preparation
- Model and practice skills
- Model high-quality student-to-student conversations
- Ask and answer open-ended questions
- Students participate in collaborative work with peers
- Technology Integration
- Pre-K-grade 2 considerations:
- Emotional regulation, personal safety, problem-solving skills and coping skills.
- Third through fifth-grade considerations:
- (Reteach past skills/considerations to grade level appropriate skills).
- Middle school considerations:
- (Reteach past skills/considerations to grade level appropriate skills).
- High school considerations:
- (Reteach past skills/considerations to grade level appropriate skills).

SECD Incorporation (Dispositions – Mindset and Soft Skills)

- Acquire the attributes, knowledge and skills that contribute to effective learning in school and across the life span.
- Acquire knowledge, attitudes and interpersonal skills to help them understand and respect self and others.
- Make decisions, set goals and take necessary action to achieve goals.
- Understand personal safety skills.

Elements of Collaboration

- SECD and HGSS: Research famous person and describe what experiences have caused them to be resilient.
- SECD and ELA: Use writing process to explain importance of growth mindset in school and life.
- SECD and PE: Discuss how mindfulness could be used before athletic event.
- SECD and art: Create self-portraits before and after using coping skills.

Who might be your collaboration partners?
Technology teachers, homeroom teachers, ELA Teacher, SPED teachers and PE/art/music teachers.

Element of Collaboration

- SECD and HGSS: Research famous person and describe what experiences have caused them to be resilient.
- SECD and ELA: Use writing process to explain importance of growth mindset in school and life.
- SECD and PE: Discuss how mindfulness could be used before athletic event.
- SECD and art: Create self-portraits before and after using coping skills.

Consideration for students who will need additional support through specially designed instruction and/or tiered systems of support.

Progression Toward Mastery

Refer to KSDE compendium rubrics to monitor student progression toward mastery of each competency through multiple exposures. Level 3 is considered mastery of a competency. Rubrics show progression toward mastery with the levels of learning (1, 2, 3, 4).

APPENDIX
NAVIGATING CHANGE: KANSAS’ GUIDE TO LEARNING AND SCHOOL SAFETY OPERATIONS
APPENDIX F | SECD IMPLEMENTATION

Co-Teaching (Instructional Event)

Bullying Prevention

Adapted

ELA M 2.1

SECD M 1.3, 1.4, 1.5, 1.6, 1.7, 2.1, 2.2, 3.3, 4.3, 4.7, 5.2

6.3, 6.4, 6.5

Elements of High-Quality Instruction

Clearly define roles and responsibilities and plan to get together.

- Discuss big picture issues or critical concepts that lead into differentiated activities and assessments.
- Reflect on practice and make changes for future lessons.
- Model and practice skills.
- Model high-quality student-to-student conversational skills.
- Assist and ask open-ended questions.
- Students participate in collaborative work with peers.
- Technology integration.

SECD Incorporation (Dispositions - Mindset and Soft Skills)

- Self-regulation
- Communication
- Role-playing
- Problem-solving
- Verbal and non-verbal cues
- Listening
- Conflict resolution

Elements of Collaboration

- Classroom teachers
- Counselors
- Specials (PE, music, art, theater, etc.)
- Community members
- Multiple content/subject areas
- SPED

Who might be your collaboration partners?

- Classroom teachers
- Counselors
- Specials (PE, music, art, theater, etc.)
- Community members
- Multiple content/subject areas
- Parents/caregivers
- SPED

Workflow (Minutes of Learning)

- Present a major concept/overview
- What is bullying?
- Have smaller activities, stations, etc., for future lessons.
- Assessments.
- Level 1 is awareness of bullying.
- Level 2 is for social situations and emotional resilience.
- Level 3 is for situations with physical or mental, exclusion, cyberbullying, etc.
- Role of bullying, bystanders/victims
- Difference between telling and reporting (asking for help).

Practice scenario role plays.

Apply strategies for effective response to bullying.

Students create a scenario of a common bullying situation with an appropriate solution to role-play for the class or other project to display their learning.

Students may work with one or both teachers.

Showcase of Student Learning (End Product)

- Scenario role-play
- Digital (Google Slides, PicCollage, SeeSaw, Google Draw, Book Creator, etc.)
Hybrid Learning Environment Considerations
- Teacher guided discussions regarding “What is bullying?”
- Teacher check points with students on their understanding of bullying and scenario development
- Small group/individual help.

Home:
- Technology and/or a format for students to collaborate digitally
- Availability of a family member to work on a project or task
- Set office hours conducive to parent/caregivers work schedules for answering questions
- Provide a print and digital guide for students and parents
- Set office hours conducive to parent/caregivers work schedules for answering questions

Remote Learning Environment Considerations
- Technology and/or a format for students to collaborate digitally
- Availability of a family member to work on a project or task
- Set office hours conducive to parent/caregivers work schedules for answering questions
- Provide a print and digital guide for students and parents
- Set office hours conducive to parent/caregivers work schedules for answering questions

Flipped/Blended Learning Instructional Example:

Study Skills

<table>
<thead>
<tr>
<th>Competencies Addressed</th>
<th>ELA.IM</th>
<th>2.1, 2.2, 3.1</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>SECD.</strong></td>
<td>1.1, 1.2, 1.3, 1.4, 2.1, 2.2, 2.3, 2.4, 2.5, 2.6, 2.7, 2.8, 3.1, 3.4, 3.5, 3.6, 4.5, 4.6, 4.7, 4.8, 4.9, 4.10, 5.2, 5.3, 5.4, 5.6</td>
<td></td>
</tr>
<tr>
<td><strong>ELA.IM</strong></td>
<td>3.1, 3.4, 3.5, 3.6, 4.5, 4.6, 4.7, 4.8, 4.9, 4.10, 5.2, 5.3, 5.4, 5.6</td>
<td></td>
</tr>
</tbody>
</table>

Elements of High-Quality Instruction

- Scaffold student thinking/learning through videos, direct teaching and assessment of final project
- Provide time for student-teacher conversations and check-ins
- Incorporate consistent and tight feedback loops

SECD Incorporation (Dispositions - Mindset and Soft Skills)

- Identify personal strengths and weaknesses.
- Active school goals.
- Perseverance.
- Communication.
- Ownership of learning and outcomes.
- Growth mindset.

Elements of Collaboration

- Classroom teachers
- Specialists
- Student support teams
- ELL teachers
- SPED
- Community
- Field experts

Who might be your collaboration partners?

- Classroom teachers
- Specialists
- Student Support Teams
- ELL teachers
- SPED
- Community
- Field experts
- Parents/Caregivers

Workflow (Milestones of Learning)

- Have smaller activities, stations, etc., for student to work through to gain a better understanding of age appropriate study skills
- Organization
- Time management
- Prioritization
- Assertiveness (asking for help)
- Listening skills
- Goal setting

- Etc.

- Student will collaborate with others to create a commercial for a product to increase highlighted study skills.
- Student is given scaffolds to support learning.
- Student has voice and choice in place, pace and path of learning.
- Teacher is monitoring student progress through check-ins, feedback cycles and assessment.
- Students’ progress through learning goals at their own pace with support from the teacher.

Showcase of Student Learning (End Product)

- Digital (Google Slides, PicCollage, PPT, Google Draw, Book Creator, etc.)
- By hand (poster, drawing, etc.)

- Video Creation using various platforms (Movie, FlipGrid, Green Screen, etc.)

Accommodation/Modification Considerations

Refer to KSDE competency rubrics to monitor student progression toward mastery of each competency through multiple exposures. Level 3 is considered mastery of a competency. Rubrics show progression toward mastery with the levels of learning (1, 2, 3, 4).

Learning Environment Considerations

- Online Learning Environment Considerations
- Building schedule to accommodate teacher collaboration
- Ability for students to collaborate in-person/cooperative groups with individual accountability or individual work.
- When on-site, be intentional about allowing students in cooperative groups time to build their end product.
- Provide a graphic organizer or playlist to
Inquiry Learning/Project-Based Learning

Instructional Example:

Employability Skills

Competencies Addressed:
ELA/SS.L.2.1.2, 4.4
SC.11/12.1, 2, 1.4, 2.3, 4, 5, 6, 2.6, 2.7, 2.8, 3.3, 4, 5.3, 5.6, 6.4, 5.7, 6.2, 6.4, 6.6

Elements of High-Quality Instruction

- Interest Inventory
- Model and practice skills.
- Model high-quality student-to-student conversations.
- Ask and answer open-ended questions.
- Students participate in collaborative work with peers.
- Technology integration.

SECD Incorporation (Dispositions - Mindset and Soft Skills)

- Student collaboration
- Team Building
- Time-management
- Perseverance
- Communication
- Growth mindset

Elements of Collaboration

- Collaboration partners will share careers related to their area of interest.
- Collaboration partners will provide opportunities for project work and completion (research during library, final project work also done during specials, etc.).

Who might be your collaboration partners?

- Classroom teachers
- Specials
- Student support teams
- ELS teachers
- SPED
- Community
- Field experts
- Parents/caregivers

Workflow (Milestones of Learning)

- Driving question introduced:
- “What do I get paid?”
- “What education or training do I need?”
- “What skills are important for this job?”
- “What are my job responsibilities?”
- “What job is best for me based on my strengths, interests and research.”

Competition partners will share careers and interests with students.

Showcase of Student Learning (End Product)

- Digital (Google Slides, PicCollage, PPT, Google Draw, Book Creator, etc.).
- By hand (poster, drawing, etc.).
- Video creation using various platforms (Movie, HitGrid, Green Screen, etc.).

Accommodation/Modification

Considerations (per KSDE guidelines)

As you plan your instructional frameworks for the various learning environments, consideration for students who will need access to instruction that will prepare them to meet, achieve or exceed grade-level competencies should be a priority. To access and address gaps, deficiencies and exceptionalities, some students will require additional support through specially designed instruction and/or tiered systems of support.

Progression Toward Mastery

Refer to KSDE competency rubrics to monitor student progression toward mastery of each competency through multiple exposures. Level 3 is considered mastery of a competency. Rubrics show progression toward mastery with the levels of learning (1, 2, 3, 4).

Learning Environment Considerations

On Site Learning Environment Considerations

- Building schedule to accommodate teacher collaboration and co-teaching.
- Students do initial interest inventory.
- Teacher guided discussions regarding interpretation of interest inventory results.
- Teacher guided discussion about career clusters/domains.
- Ability for students to collaborate in person: cooperative groups with individual accountability or individual work.
- When on-site, be intentional about teaching students how to research and use age-appropriate online resources.
Acknowledgements

The Kansas State Board of Education gratefully acknowledges the contributions of the following individuals for their work on this document:

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- Noalee McDonald-Augustine, Education Consultant, Smoky Hill Education Service Center
- Melanie Scott, Counselor, Dodge City USD 443
- Amy Wells, Counselor, Louisburg USD 416
- Kristin Wright, Counselor, Clay Center USD 379

For more information, please contact:

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Career, Standards and Assessment Services
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Hybrid Learning Environment Considerations

On-site:
- Students do initial interest inventory.
- Teacher guides discussions regarding interpretation of interest inventory results.
- Teacher guides discussion about career clusters/domains.
- Teacher checks in with students on their projects.
- Small group/individual help for project completion.

Home:
- Teacher will create a playlist of research sites for students.
- Teacher will provide guiding questions based on interest inventory.
- Teacher will provide a graphic organizer in addition to a print and digital project guide for students and parents/caregivers.
- Set office hours conducive to parents/caregivers work schedules for answering questions.

Remote Learning Environment Considerations

- Prerecorded mini lessons, collection of print and digital resources for students to explore at home.
- Small group interactive technology sessions to help students and parents/caregivers structure their project steps.
- Format for final projects to be shared online.
- Provide a graphic organizer in addition to a print and digital project guide for students and parents/caregivers.
- Set office hours conducive to parents/caregivers work schedules for answering questions.

(2-3) Resources:

- Virginia Career View: https://vacareerview.org/k5/check-it/kids-search/index.cfm
- Which Careers Match Your Skills?: http://www.educationplanner.org/students/career-planning/find-careers/careers.shtml

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Appendix

G | Masks for Kids

Masks for Kids: Why and How

The Whys:

- Kids need to be in school for their mental health and ours.
- Kids can catch COVID-19, and they can spread COVID-19.
- Masking is a straightforward, safe and effective tool to help prevent outbreaks in schools.
- Masking can be used in addition to other prevention measures like physical distancing, good hand hygiene, and screening for illness.
- Universal masking in schools could prevent large-scale school quarantines/closures.
- From a healthcare perspective, masks play a large role in determining who is at risk after a COVID exposure. If both the positive person and the exposed person were masked when the exposure occurred, the need for a quarantine for the exposed person is decreased.

The Hows:

- Masking is a new skill and needs to be taught.
- Kids need time to learn and adapt to this new skill before they are expected to implement it for extended periods of time.
- Learning to mask properly is not a skill that can or should be taught on the first day of school.
- Teachers can then reinforce the skills learned at home.
- If most kids can learn this skill at home, good peer modeling can help kids who are not able to complete masking at home.

Kids under 2 years old should not wear masks. If your child has a serious health condition, check with your doctor to find out if masking is appropriate.

Universal masking in schools could prevent large-scale school quarantines/closures.
30 Day Plan to Help Kids Learn to Mask:

**DAY 1**

Now the work begins.

Have your child wear the mask for 5 minutes of indoor activity 3 times today.

Don't stress if your child is constantly touching and adjusting the mask. This is normal. As time goes on, they will adjust to wearing a mask, and the touching and adjusting will get better.

If 5 minutes is too long for your child, use shorter intervals, but try to get 15 minutes of cumulative mask-wearing time throughout the day.

**DAY 2**

DAY 3

**DAY 4**

**DAY 5**

**DAY 6 & DAY 7**

No masks! Give your kids weekend breaks. They need to ease into this and have days to not even think about masks or COVID.

Praise them for their efforts this week.

Wash the masks(s).

Use this time for make-up time if you missed any days from earlier this week.

Weekend breaks are for this training plan—if your child is going out in public with you where they cannot maintain a 6 foot distance at all times or if you are indoors in public, they should absolutely be wearing a mask.

**DAY 8**

**DAY 9**

**DAY 10**

**DAY 11**

**DAY 12**

Have your child wear the mask for 10 minutes 3 times today.

Is your child touching and adjusting the mask less? If so, praise them. If not, don’t worry—they will get there.

Reinforce the importance of covering the nose and mouth whenever wearing the mask.

**DAY 13**

**DAY 14**

**DAY 15**

**DAY 16**

**DAY 17**

**DAY 18**

**DAY 19**

**DAY 20**

**DAY 21**

**DAY 22**

**DAY 23**

**DAY 24**

**DAY 25**

**DAY 26**

**DAY 27**

**DAY 28**

**DAY 29**

**DAY 30**

**30 Day Plan to Help Kids Learn to Mask:**

- Use a variety of face masks.
- Choose a mask with a form-fitting design that can be adjusted to fit your child.
- Select a mask that fits comfortably and is easy to put on and take off.
- Consider using a mask with a filter pocket to add an optional filter for added protection.
- Make sure the mask stays in place and is not too tight around the ears.
- Avoid masks with an exhalation valve as they do not provide adequate protection.
- Wash the mask before wearing it.
- Encourage your child to wash their hands regularly.

**Tips for成功:**

- Praise your child for wearing the mask.
- Model the behavior of wearing a mask yourself.
- Use positive reinforcement.
- Keep it fun and engaging.

**References:**

- Centers for Disease Control and Prevention (CDC)
- American Academy of Pediatrics (AAP)

**Additional Resources:**

- Kansas Department of Health and Environment
- World Health Organization (WHO)
DAY 13 & DAY 14

- No masks!
- Check in with your child and see how they are feeling about masking.
- Is it getting easier? Would they like to try a different style of mask?
- At this point, consider getting more masks. Ideally, once school starts, your child will have at least 5 masks.
- Masks are like underwear and shouldn’t be worn more than one time between washings. And like underwear, discuss with your child that masks are not to be shared with friends, loaned or traded.

DAY 15

- Have your child wear the mask for 20 minutes 3 times today.
- Remember to mix up activities.
- Focus on working on talking in a mask this week. Your child should be able to talk for extended periods of time without losing the good fit of the mask.

DAY 16

- Have your child wear the mask for 20 minutes 2 times today and challenge them to increase the third session to 25 minutes.
- By this point, you should definitely notice less touching and adjusting of the mask. If your child is still fidgeting with the mask, talk to them about why they touch the mask often. If it’s a fit issue, try some of the strategies mentioned above, including considering a different mask style.

DAY 17

- Reinforce keeping the nose and mouth covered at all times, even when talking. A mask is not a beard or a mustache—it needs to completely cover both the nose and the mouth.

DAY 18

- Have your child wear the mask for 20 minutes 4 times today.

DAY 19

- Have your child wear the mask for 20 minutes 2 times today and 25 minutes 2 times today.

DAY 20 & DAY 21

- No masks!
- Consider some more positive reinforcement for all of the hard work you guys are doing! Maybe a family hike or other outdoor activity?

DAY 22

- This week is about rapidly ramping up the time.
- Have your child wear the mask for 25 minutes 4 times today.
- Purchase a reusable plastic container or disposable paper lunch bags for mask storage at school when not in use.
- If some schools will allow it, command hooks attached to desks would also be a great way to keep your child’s mask in arm’s length reach at all times.

DAY 23

- Have your child wear the mask for 30 minutes 2 times today and 35 minutes 2 times today.
- Keep the nose and mouth covered whenever the mask is on. Don’t pull it down to talk.

DAY 24

- Have your child wear the mask for 35 minutes 2 times today and 45 minutes 2 times today.
- Start practicing removing the mask and folding it so that the inside/face-side of the mask does not touch the outside of the mask. Once it is folded properly, it is ready to be stored, between sessions, in the container or bag you bought on Monday.
- When everyone is masking, contamination of the outside of the mask is less of a worry, but proper storage when not in use will lower an already low risk even more.
- Once in school, the paper bag should be disposed of every night and a new bag taken to school each day or the plastic container should be cleaned with disinfecting cleaner or soap and water every night.

DAY 25

- Have your child wear the mask for 45 minutes 4 times today.

DAY 26

- Have your child wear the mask for 50 minutes 2 times today and 55 minutes 2 times today.

DAY 27 & DAY 28

- No masks!!!!
- Remember to give lots of praise for hard work and consider another round of positive reinforcement with a treat of some sort—maybe family game night with kids choice of games.
- If your child enjoys arts and crafts, decorating the reusable plastic container or the stack of paper lunch bags might be a fun activity.

DAY 29

- Wear the mask for 55 minutes 4 times today.
- Make sure the nose and mouth are covered whenever the mask is on.
- By now, your child should be able to comfortably talk, play, walk around and go about their daily indoor activities with the mask on.
- Continue to practice taking it off and storing it with minimal contact with the outside surface of the mask.

DAY 30

- Wear the mask for 60 minutes 4 times today.
- Some school days may involve slightly more mask wear and some may involve less, but this schedule should prep your child for extended proper wear.

Beyond the Schedule...

- Continue to practice 45-60 minutes 4 times daily until school starts.
- Keep taking breaks on the weekends, as needed.
- Continuously reinforce proper wearing and storage.
- Build up a nice collection of masks your child likes. Continue to look for innovative designs that improve comfort and fit. You may also check with friends to see what they are wearing since kids (especially older ones) might prefer to look similar to their peers.
**APPENDIX**

**Other Thoughts...**

- This was designed with elementary aged kids in mind but can be modified as needed for older or younger kids.
- Kids under 2 years old should not wear face coverings.
- Another note on teens: they may struggle with "maskne" which is acne related to masking. Using masks made with wicking fabric and an over-the-counter acne wash may help. Consult your pediatrician or dermatologist if this becomes an issue.
- Acne is not a reason to refuse to mask. Teens are MORE likely to be infected, spread infection and become very ill if infected.
- This schedule is not going to be perfect for every kid. Be flexible and adjust as needed. Even if your child cannot work up to 4 hours a day, every bit of progress they make before the start of school helps.
- Many schools may not mandate masks initially, but health experts anticipate significant school spread, so masks may become part of the response to outbreaks. Practice now so your child is ready.
- Remember that masking is not only important for the health and safety of your child, but also for the health and safety of the adults we entrust with the daily care of our children while at school.
- We need to protect our teachers, administrators and staff so we will have healthy, thriving schools once this pandemic is over!

Other Thoughts...

Source: Garland Gail Youngblood, MD

**Appendix**

**H | My Mask Schedule**
**APPENDIX H | MY MASK SCHEDULE**

**Source:** Garland Gail Youngblood, MD

- **DAY 1:** Wear mask for 5 minutes
- **DAY 2:** Wear mask for 5 minutes
- **DAY 3:** Wear mask for 5 minutes
- **DAY 4 AND DAY 5:** Wear mask for 5 minutes
- **NO MASK!**
- **DAY 6:** Wear mask for 10 minutes
- **DAY 7:** Wear mask for 10 minutes
- **DAY 8:** Wear mask for 10 minutes
- **DAY 9:** Wear mask for 10 minutes
- **DAY 10:** Wear mask for 15 minutes
- **DAY 11:** Wear mask for 15 minutes
- **DAY 12:** Wear mask for 15 minutes
- **DAY 13:** Wear mask for 15 minutes
- **DAY 14:** Wear mask for 15 minutes

**FOR REFERENCE:**

WWW.ENTREPRISESCANADA.CA

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**APPENDIX**

**NAVIGATING CHANGE: KANSAS GUIDE TO LEARNING AND SCHOOL SAFETY OPERATIONS**

Kansas State Department of Education | www.ksde.org
APPENDIX H | MY MASK SCHEDULE

Source: Garland Gail Youngblood, MD
MY MASK SCHEDULE

DAY 20
Wear my mask for 25 minutes
Wear my mask for 25 minutes
Wear my mask for 25 minutes

DAY 21
Wear my mask for 30 minutes
Wear my mask for 30 minutes
Wear my mask for 30 minutes

DAY 22
Wear my mask for 35 minutes
Wear my mask for 35 minutes
Wear my mask for 35 minutes

DAY 23
Wear my mask for 40 minutes
Wear my mask for 40 minutes
Wear my mask for 40 minutes

DAY 24
Wear my mask for 45 minutes
Wear my mask for 45 minutes
Wear my mask for 45 minutes

DAY 25
Wear my mask for 50 minutes
Wear my mask for 50 minutes
Wear my mask for 50 minutes

DAY 26
Wear my mask for 55 minutes
Wear my mask for 55 minutes
Wear my mask for 55 minutes

DAY 27
Wear my mask for 60 minutes
Wear my mask for 60 minutes
Wear my mask for 60 minutes

DAY 28
Wear my mask for 65 minutes
Wear my mask for 65 minutes
Wear my mask for 65 minutes

NO MASK!

WAY TO GO! YOU'RE A MASK PRO!
One of the best summaries about how COVID affects children published yesterday:

This CDC Page was updated 7/22 and explains the evidence about their isolation precautions and infectivity timeline. Not perfect, but it is concise and easy to follow and good talking points.
https://www.cdc.gov/coronavirus/2019-ncov/hcp/duration-isolation.html#key-findings

List of web linked resources from Boston Children’s Hospital:
https://childrensmentalhealthcampaign.org/resources/covid-19-resources

Anxiety management recommendations: https://childmind.org/article/managing-anxiety-during-reopening/

COVID Coloring Book: https://www.mindheart.co/descargables


Appendix

J | Kansas COVID Workgroup for Kids Superintendent Webinar

Q&A Session
July 30, 2020
Introduction

• Moderator:
  Kimber Kasitz, BSN, RN, NCSN
  USD 259 Director of Health, Homebound & 504 Services
  Kansas School Nurses Association, President

• Overview of session
• Zoom etiquette

Our mission

• To provide a collaborative group of regional medical experts to identify, address, and provide guidance on the physical, social, and psychological impacts on children related to the COVID pandemic.
Revisions and updates to our Recommendations for School Reopening document

KCWK team members

- Jennifer Bacani McKenney, M.D., FAAFP, Bacani/McKenney Clinic; Wilson County health officer; USD 484 School Board president; Fredonia.
- Lindsey Barnes, M.D., MPH, medical director, Finney County Health Department; pediatric hospitalist, KUSM-W Pediatrics; Wichita.
- Kristine Durner, M.D., FAAFP, Finney County District Hospital; chief medical officer; Finney County Health Department; Lawton.
- Brent Duran, D.O., MPH, KUSM-W Med-Peds hospitalist; Med-Peds Residency Associate Program Director; Director of Internal Medicine education, Wesley Medical Center; Wichita.
- K. Allen Darnauer, M.D., FAAFP, Rice County District Hospital; medical consultant, Rice County Health Department; Lyons.
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Masks, face coverings

• Masks are crucial to help reduce viral spread.
  • Transmission and acquisition is most reduced when all parties are wearing a mask.
  • There is no medical contraindication nor harm from wearing a mask.
  • Children 10 years and older have been shown to spread disease similarly to adults and therefore should be required to wear a mask.
  • Masks are strongly recommended when students are in common areas, such as hallways, school buses, and administrative offices.
  • Students and staff should be encouraged to have 2 masks in the event one becomes soiled.
  • Extra masks should be stored in small paper sack.

Hot topics

- Masking
- Temperature screening
- Symptomatic students or staff
Symptomatic students/staff

- Symptoms for COVID-19 are varied and can mimic the common cold, strep throat, influenza, and stomach flu. There is NO clinical algorithm that can distinguish these illnesses from COVID-19 without laboratory testing.
- Staff should be trained to recognize ill students.
- A negative COVID test in a symptomatic student without any other identified source of infection should still be treated as a suspected COVID case.
- KDHE is releasing modified quarantine options for schools.

Screening

- On-site universal screening is NOT recommended by the CDC.
  - Many infected individuals are asymptomatic and would not be picked up by any screening questions nor temperature checks.
  - Families should be educated about potential symptoms and be empowered to withhold their child from school if their child is ill.
  - Any individual experiencing symptoms should be quickly isolated and masked until they can be removed from the campus.
- Fever as a presenting symptoms is more common in adults (~80%) than children (40-60%). Temperature screening for staff members may be helpful, but again will not identify asymptomatic carriers.
- Temperature screening at home for children with verbal or digital reporting may help reduce points of congestion upon entry to the school building. Various apps and digital aides exist as potential resources.

- Staff should be trained to recognize ill students.
- A negative COVID test in a symptomatic student without any other identified source of infection should still be treated as a suspected COVID case.
- KDHE is releasing modified quarantine options for schools.
Open Q&A session with team members

Kansas Schools Gating Criteria
### Kansas Schools Gating Criteria

#### LEARNING

<table>
<thead>
<tr>
<th>Criteria</th>
<th>GREEN</th>
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<th>ORANGE</th>
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<tbody>
<tr>
<td>On-Site / Hybrid PK-12</td>
<td>On-Site / Hybrid PK-12</td>
<td>On-Site / Hybrid PK-12</td>
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</table>

- Student Attendance (on average daily attendance)
  - <3% above baseline building ADA
  - 3.0-5.9% above building level ADA
  - 6.0-9.9% above building level ADA
  - ≥10% above building level ADA

#### School Activities

- Limited by appointment; masks and social distancing required; building access requirements must be met.

#### Spectators - Audience

- Remote Only

#### Visitor Access

- Remote Only

#### Playgrounds

- Remote Only

**Note:** The following recommendations are subject to change by actions of federal, state, county, or local authorities.

### Gating Criteria

<table>
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<tbody>
<tr>
<td>2 week cumulative County incidence rates (for new cases/100K over prior 2 weeks)</td>
<td>&lt;5%</td>
<td>5.1-9.9%</td>
<td>10-14.9%</td>
<td>&gt;15%</td>
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</table>

**Note:** The Kansas State Department of Education does not discriminate on the basis of race, color, national origin, sex, disability or age in its programs and activities and provides equal access to any group officially affiliated with the Boy Scouts of America. The following person has been designated to handle inquiries regarding the nondiscrimination policies of the Kansas State Department of Education: KSDE General Counsel, Office of General Counsel, KSDE, Landon State Office Building, 900 S.W. Jackson, Suite 102, Topeka, KS 66612, (785) 296-3201.
There are many teaching principles in a hybrid and remote setting that do not align with face-to-face instruction. Families and caretakers play an essential role with their children in hybrid and remote learning environments. Instruction can be delivered to students by teachers either synchronously (live teaching with a platform like Zoom) or asynchronously (recorded lessons conducted by the classroom teacher to view when students are ready).

Many students will not spend traditional hours or the same amount of time learning as they do in a face-to-face classroom. In a hybrid and/or remote learning environment, students will have some level of self-direction of their learning day with support from family and caregivers. Research supports that children have a mental capacity to focus on instruction anywhere from five to 10 minutes, depending on age, and older students have a maximum capacity for learning that is about 15 to 18 minutes. Based on this research, students will need instruction that does not expect them to have multiple hours of screen time learning in this environment.

When students are in a hybrid/remote learning environment, families and caregivers become the hub of engagement with academic tasks. Providing regular opportunities for families/caregivers to connect with teachers is essential. Students learning away from school need weekly morning, classroom, or school-wide videos from their home school to keep them engaged and keep families connected. Teachers could offer office hours to engage with those students learning remotely. Counselors, student support specialists, and administrators need to be available for immediate contact with families and students to support social-emotional needs. Engaging remote students in school spirit weeks, class projects, and school assemblies are vital to continued connection to the home school. In a remote learning environment schools need to decide what role formative practices and tasks, interim measures, and summative checks play in seamlessly revealing evidence of student learning.
Hybrid/Remote Teachings ...

... is.

- Interactive, engaging, and developed by the classroom teacher.
- Creative use of instructional coaches, substitutes, and strategist for remote connections and check-in with students.
- Encompasses a new approach to learning using competencies (see the Navigating Change Document 1).
- Students, teachers, and families interact using Google Classroom, Seesaw, ZOOM, or other classroom technologies.
- There is daily contact between the classroom teacher and the student.
- There is regular communication, feedback, and contact from the classroom teacher with families and caregivers of the students learning remotely.
- Goal-oriented, outcome-based, and on-time learning.

Synchronous and asynchronous

- Student social-emotional needs are evaluated daily and access to school-based support is available on demand.

... is NOT.

- A learning platform such as Edgenuity or Edmentum, where students are left to learn independently without goals or contact from their classroom teacher daily.
- Limited weekly contact with a teacher in the system.
- Self-guided by the student with limited or no access to the classroom teacher.
- Worksheet or packet copies mailed to students and families.
- Families and caregivers are not an afterthought and school staff members are intentional about student daily contact.
- Virtual school - The student should NOT be enrolled in a virtual classroom. The classroom teacher plans and guides instruction.

Synchronous and asynchronous

- Student social-emotional needs are evaluated daily and access to school-based support is available on demand.

Recommended Remote Reflection Questions

- What powerful instructional practices center students as sensemakers and co-constructors of knowledge and skills?
- How can these practices be adapted for different learning environments?
- What instructional practices might be reconsidered as ineffective or not aligned to competencies and teaching and learning, e.g., busy work, rote memorization, vocabulary, pre-teaching?
- How will you promote student engagement when modes of delivery are different than students may be used to or may change over time (e.g. rotating schedules, sudden return to online learning)?
- Which students are and are not being served in different modes of delivery? Whose interests are being centered?

See USD Remote Learning Plan.

---

Students may alternate in-person learning with remote, and some may be fully remote.

Remote Learning

Students are working in a nontraditional setting, such as homes, while teachers are teaching in their classrooms or another location.

Elementary Students: Each class will meet daily, where students can interact with classmates and the teacher via virtual means. They can ask questions and provide peer feedback. Teachers should maintain synchronous communication with students.

Secondary Students: Teachers can provide instruction in a variety of ways with the Virtual Learning Platform.

Students: Students will be able to complete assignments remotely through the Virtual Learning Platform.

Remote Learning Plan

The following plan describes the steps taken by USD 202 to ensure that remote learning students receive the same educational opportunities as those attending in a face-to-face setting in USD 202 schools.

1. USD 202 will provide a licensed lead teacher for every student at the grade levels. The lead teacher will perform the following duties:
   - Ensure that the district’s curriculum, and scope and sequence for instruction is followed.
   - Provide weekly lessons, assigned assignments, and assessments for each student.
   - Daily check-ins with students via Zoom or other teleconferencing platform to provide any instructional support needed by the student.
   - Lead teacher shall maintain a log of communications with the student and parent.
   - Monitor student progress and grade student work.
   - Provide weekly progress reports to parents and school administration.
   - Serve as the point of contact for the student and parents for all questions and concerns.
   - Serve as the student’s liaison and advocate for any additional services needed by the student.
   - Work with parents to collect the daily remote learning logs required for documentation of student time and work.

2. USD 202 will provide the following additional supports to ensure the needs of remote learning students are fully met:
   1. A core content team of teachers will be provided to support the lead teacher in answering student questions and providing support to remote learners. Students will not be assigned more than 24 hours of scheduled school days.
   2. School counseling services and social work services will be provided to remote learning students via Zoom or other teleconferencing platform.
   3. Social Emotional Learning (SEL) lessons and opportunities will be provided to remote learning students.

3. USD 202 will provide the following supports to the lead teacher to meet the needs of remote learning students:
   - Use of an online learning platform or learning management system to assist in organizing instruction materials along with providing asynchronous access to curriculum and instruction. Any online platform will reflect the use of the same curricular standards and scope and sequence of the district’s face-to-face instruction.
   - Professional development on any technologies (online curriculum platform, learning management system, teleconferencing platform) used to deliver remote learning.
   - Professional development on engaging students in a remote learning environment.
Objective: The mental health task force has identified several priority areas for focus. These areas were selected because they reflect areas of acute need and also have evidence-based interventions. The priority areas identified include: Social Isolation, Separation Anxiety, Teacher/Staff Wellbeing, Internet/Digital Safety, Science Literacy, Extracurricular Safety, Suicide Prevention, and Developing Resilience. This document is intended to provide resources for parents, clinicians, and school personnel. The information contained herein is current as of September 17, 2020. The information is subject to change as new data become available.
COVID-19 has caused a major and nearly every facet of daily life. The overwhelming and nearly constant changes have raised significant concerns about the mental health and well-being of the population in general. In countries where disease transmission has lessened, research suggests that over half of adults describe a moderate to severe impact of COVID-19 on their mental health with symptoms of depression and anxiety being most prevalent (Wang et al., 2020). We know that not only does the virus behave differently in children, but that the social, emotional, and educational impact differs. Near the beginning of the pandemic in the US, clinicians became concerned about a potential surge in childhood mental health issues due to marked disruptions in many daily routines.

By the very “novel” nature of COVID-19, little scientific research has been published about the effects of the virus on childhood mental health. Anecdotally, clinicians have noted surges in depressive and anxious symptomatology in pediatric primary care settings. As the return to school becomes imminent, anxiety, mood symptoms, and suicidal ideation have increased. Relying on strategies that have been scientifically supported and have a solid evidence base in other settings (i.e., not restricted to COVID-19) will be necessary to treat the increased acuity of mental health needs in youth.

This document has been prepared by the mental health task force of the Kansas COVID Workgroup for Kids (KCWK), a collaborative group who identify, address and provide guidance on the physical, social and psychological impacts on children related to the COVID-19 pandemic. This work group is sponsored by the University of Kansas School of Medicine-Wichita Department of Pediatrics, and is comprised of both local and regional experts. Our goals are to provide scientifically sound, evidence-based clinical guidance and community support for children’s health with a unified approach for our region and state.

Social Isolation

Given the lack of access to in-person schooling and the subsequent decrease in peer contact, there has been an established body of literature documenting the effects of social isolation and loneliness on both children and adults. Social isolation may be associated with depressive symptoms and social anxiety, and these symptoms have been observed in both adolescents and adults; however, there is disagreement about whether those symptoms persist long-term. (Loades et al., 2020). Parents surveyed after enforced social isolation (i.e., in the context of infection epidemics) indicated that about one third of children required mental health treatment, primarily for trauma-related reactions and grief. (Loades et al., 2020).

Interventions

1. Group clinical interventions have not been supported in the literature.
2. Children should be encouraged to engage with friends by phone, teleconferencing software, or social media.
3. Parents should consider associating with a small number of other families who are following the same strict social distancing and safety procedures that they are.
4. Teachers can consider having “Family time” or “Circle time” with peers at school as a programmatic intervention.
5. Programs that promote positive peer interactions for children with special needs (e.g., Circle of Friends) should be maintained.
6. School-based social platforms should be utilized to facilitate socialization.
7. School staff and parents should monitor instances of bullying and act swiftly. Children should be empowered to be assertive in addressing peer conflict.

Resources

Tips for helping your child cope with social isolation:

https://keltymentalhealth.ca/blog/2020/05/helping-children-and-teens-cope-social-isolation
Separation Anxiety

At the beginning of the pandemic clinicians observed a spike in anxiety symptoms that, as the stay-at-home order extended, abated somewhat. Now that return to school is imminent clinicians are seeing another increase in symptoms and anticipate persistent difficulty with separation anxiety as children return to school and parents return to work. The standard treatment for any anxiety disorder includes exposure to the situations that provoke anxiety; in the case of separation anxiety children must find ways to practice being away from their parents, safely. During stay-at-home orders, remote learning, and parents working from home, children grew accustomed to constant contact. Anxious reactions are solidified when children can avoid the anxiety trigger—being away from parents. The onset of school has the potential to worsen separation anxiety as children face the reality of being away from their parents for the first time in months. Another type of separation anxiety is the fear that something bad will happen to a parent, thereby causing a separation from them. In times with constant information about a potentially lethal virus, children’s anxiety may be on high alert.

Interventions

1. To the extent possible, children should be prepared for changes occurring at school.
   a. Practice wearing masks
   b. Look at pictures of peers and teachers wearing masks and use social stories (links below) if needed
   c. Discuss the new school schedule and how it differs from previous years (e.g., lunch or recess might have changed)
2. If possible, schools may wish to host socially distant, small group family nights to introduce families to staff and to each other. This can give children an opportunity to observe parents interacting with teachers and understand the trusting relationship between them.
3. Teachers may wish to wear buttons or nametags with pictures of faces so the child knows what the teacher looks like without a mask.
4. Teachers can make videos of them with and without a mask to introduce students to themselves.
5. Children with high levels of separation anxiety may benefit from coping resources in the classroom. Sensory activities, distracting activities (e.g., coloring, mazes, puzzles), and comfort toys should be available if a child needs a moment to regroup.
6. Some children may wish to bring a comfort item (a small piece of blanket, a small stuffed animal, a picture of a parent) to the classroom with them. This item can sit at their desk and may slowly be moved to their backpack or pocket.
7. New experiences should be practiced in “small bites” with several opportunities for repetition. Start early and repeat often until the child is more comfortable with the routine.
8. Separation anxiety that causes functional impairment (e.g., avoidance of school, frequent stomachaches or headaches, frequent requests to be sent home from school) will require professional intervention from a licensed mental health specialist. Parents should contact their child’s primary care provider or local mental health agency for a referral to a child therapist. Cognitive behavioral therapy with exposure therapy is the treatment of choice for separation anxiety.

Resources

Mayo Clinic Fact Sheet: https://www.mayoclinic.org/diseases-conditions/separation-anxiety-disorder/symptoms-causes/syc-20377455

Child Mind Institute Fact Sheet: https://childmind.org/conditions/separation-anxiety-disorder/
Staff Wellbeing

Teachers have been required to “pivot” repeatedly in the last calendar year. With the rapid closure of schools in Kansas in March 2020 and the emergency transition to remote learning, teachers adopted curriculum and worked tirelessly to maintain contact with their students. As stay-at-home orders and other restrictions have been lifted, the surge in cases in many parts of the state have raised reasonable questions about the ability to safely return to school buildings for the 2020-2021 academic year. Teachers are concerned about their own health, the health of their students and the quality of education students have and will receive during this pandemic. In addition, teachers face the same stressors affecting us all such as loss of childcare, financial difficulty and illness. Teachers’ wellbeing is of utmost importance and should be an urgent priority for school systems this academic year.

Professional/Organizational Interventions

1. Provide information about processes and decisions in a timely fashion
2. Ensure that Employee Assistance Program (EAP) information is readily available and accessible
3. Listen to teacher concerns and requests
4. Regularly measure teacher/staff feedback (anonymous surveys) (e.g., weekly survey to students and staff)

Personal Interventions

1. Acknowledge your feelings of anxiety about and grief over the loss of a “normal” school year.
2. Identify a person(s) with whom you can be honest about your feelings. Choosing fellow teachers who may be in a similar position may be helpful. Share your feelings and vent, but don’t get “stuck” there. Talk about other topics. Keep each other accountable on self-care and coping.
3. Engage in self-care strategies. Mindfulness, physical exercise, and hobbies can be helpful.
4. Use distraction techniques if your mind gets stuck in a loop. Playing games, reading a book, or television can be effective.
5. Write down repetitive or worrisome thoughts. Putting them in words can often make them more manageable.
6. Seek the assistance of a professional if worries or depression are affecting your ability to function. Utilize Employee Assistance Programs or seek a referral to a therapist from your primary care provider.

Resources

KDHE plan for implementing continuous learning. [Link]

Self-care strategies for teachers. [Link]

Mindfulness strategies. [Link]

Six Ways for Educators to Avoid Compassion Fatigue. [Link]
Internet Safety

Youth are spending increasing amounts of time on devices with reliance on virtual school platforms. Additionally, children and teens may have increased unmonitored time as parents attempt to work from home or are forced to leave children home alone when daycares and camps are shut down. There is significant concern about vulnerability to negative online influences, including the potential for engaging with those seeking to do harm via online platforms. Some of these risks can be mitigated through the use of parental controls, school monitoring, etc., however, many students have the ability to work around these controls. Parents, guardians, and school staff should be prepared to increase monitoring of student-used devices to identify inappropriate use.

Interventions

1. Encourage parents to use parental control programs. There are many options available and none are specifically endorsed by this group. Consumer Advocate reviewed their top 10 apps here.

2. Monitor screen time and digital use. While recommended limits may require some flexibility during periods of remote learning, children should be spending time each day engaging in non-digital activities (e.g., reading books, playing outdoors, building, artistic endeavors, cooking, chores, etc.).

3. Keep devices in public spaces at home like the kitchen or living room to help parents monitor children’s activities.

4. Parents should have children’s passwords for all platforms in use and adults should be present on social media accounts.

5. Noneducational digital time may be used as a reward and earned by completing daily tasks like hygiene and chores. Digital time should not be granted until required activities are completed.

6. If anyone attempts to engage a child in inappropriate or secretive activity online, local authorities (police department) should be notified and parents/school staff should seek guidance about next steps from them.

7. Schools are encouraged to provide instruction in digital citizenship and internet safety.

Resources


KSDE’s resource page for teachers and parents. Contains several links to additional resources. https://www.ksde.org/Agency/Fiscal-and-Administrative-Services/Information-Technology-/Resources/Digital-Citizenship

Parenting blog with nine cyber-safety lessons to teach your kids. 8


Links to help parents protect their children online. Addresses safety on computers, social media, cell phones, and other platforms. Discusses the use of parental controls. https://www.consumer.gov/app/topics/internet-safety
Science Literacy & COVID-19 Knowledge

One of the primary frustrations with COVID-19 is the nearly constant change in the information published in the media. This novel virus has provided an opportunity to see the scientific process unfold. Unfortunately, that comes with hypotheses that are sometimes wrong. Typically the general public is unaware of these and does not learn of “cures” or other interventions until they have been well-vetted and FDA-approved. This is an opportunity to teach children about how science works and arm them with scientific literacy that will allow them to be critical consumers of media. Providing factual information will also help explain some of the disease mitigation strategies and children are likely to increase their compliance if they understand the reasoning behind it (e.g., masking, hand-washing).

Furthermore, studies of children in China found that those who had information and knowledge about the virus showed fewer mental health concerns (Zhou et al., 2020).

Interventions

1. Keep an open mind
2. Provide a safe environment in which to say, “I don’t know.”
3. Engage children in finding answers to their questions. Model for them how to seek information when it is unknown.
4. Use reputable sources of information (see link below)
5. Ask questions of relocation (doctors, school nurses, county health officers)

Resources


List of reputable science resources for kids (e.g., National Geographic, NOVA, Smithsonian):
https://www.commonsense.org/education/top-picks/terrific-websites-for-science

Demonstrations & Experiments
https://www.cdc.gov/handwashing/show-me-the-science-hand-sanitizer.html
https://www.exploratorium.edu/learn
https://www.cincinnatichildrens.org/patients/coronavirus-information/videos-for-kids-parents
https://www.csyf.org/resources/20200327-009.pdf

https://www.cincinnatichildrens.org/patients/coronavirus-information/videos-for-kids-parents
https://www.exploratorium.edu/learn

https://www.cincinnatichildrens.org/patients/coronavirus-information/videos-for-kids-parents
https://www.csyf.org/resources/20200327-009.pdf
Extra- and Co-curricular Activities and Sports Participation

As schools re-open to remote-only instruction, many are encouraged to restrict school activities, including sports, to remote-only status. Alternatives include engaging only in low-risk activities (i.e., sports that can be played individually, outdoors, and respecting social distancing; non-vocal or band music; modified debate, forensics, theater) or delaying traditional fall sports to later in the academic year. Many have voiced concerns about the negative impact on youth of removing access to school-sponsored activities. The social and emotional benefits of activity and sports participation are well-documented in the scientific literature, including reduced symptoms of depression and anxiety and a strong correlation with individual-level health outcomes (Eime et al., 2013). There is also evidence to suggest that other non-sport group activities provide psychosocial benefits equal to sports participation (Linver, Roth, and Brooks-Gunn, 2009). Activity and sports participation is thought to benefit youth in several ways, including developing decision-making skills, building confidence, and understanding the importance of practice and hard work. It can also lead to improved academic performance and a reduced likelihood of dropping out of high school (Eccles and Gootman, 2002). The benefits of sports participation extend beyond the immediate educational years and can have lasting effects on youth development, including influences on willingness to engage in negative or risky behavior, such as dropping out of school, pregnancies, and drug abuse (Baumert et al., 2013). Coaches, physical activity and its role in physical and emotional health, and the “opportunity cost” of engaging in extracurricular activities (i.e., youth have less time to engage in negative or risky activities; competitions).

Interventions

1. Consider delayed or rearranged seasons. Sports like tennis, golf, and cross-country are considered lower risk. Contact sports, those that must be played indoors, and those that cannot be played without physical distance between the players (e.g., football, basketball, wrestling) are considered higher risk.

2. Modify non-athletic activities such as requiring vocalists to wear masks, further social distancing, and using amplifiers; band members can further physically distance and use bell covers; debate, forensics, scholars bowl can use voice amplifiers, wear masks, physically or practice remotely.

3. Focus on skill building or workouts completed remotely. Encourage players to submit video footage and engage in team goals.

4. Consider limiting travel to only those participating in that event and consider competing only with local teams.

5. Continue team-building exercises virtually to provide social interaction, emotional support, and collegiate recruiters. Due to the circumstances, many collegiate institutions will be recruiting differently during the upcoming year.


7. National Federation of State High School Associations Role of Coaches in Student Connections: https://www.nfhs.org/articles/high-school-coaches-to-play-key-roles-in-connecting-students-this-year/

Suicide Prevention

Youth suicide is one of the leading causes of death for children and adolescents (2019). Risk factors for suicide include depression, anxiety, drug abuse, and stressful life events, such as family problems or peer conflicts. Having a strong relationship with a therapist can be a protective factor against suicide; however, challenges in access to care during COVID-19 put those relationships at risk. Mental health clinicians have met this demand by training on suicide prevention skills, an active suicide prevention program and clear plan of action is recommended. Suicide prevention will not be available until 2022 and the alternate hotlines listed below should be used in the meantime.

Interventions

1. Put contact information for additional natural suicide hotlines. Make these readily available to youth without having to ask for them. If you have concerns, ask questions. You will not “put ideas in their head” by asking someone if they want to talk, listen to music, watch a movie, or just sit.

2. If you have concerns, ask questions. You will not “put ideas in their head” by asking someone if they want to talk, listen to music, watch a movie, or just sit.

3. If you are concerned, ask questions. You will not “put ideas in their head” by asking someone if they want to talk, listen to music, watch a movie, or just sit.

4. Schools and medical offices should have a structured protocol to assess suicidality using a standardized measure such as the Ask Suicide-Screening Questions (ASQ), which is freely available until 2022 and the alternate hotlines listed below should be used in the meantime.

Resources

1. National Suicide Prevention Lifeline: 1-800-273-TALK (8255)
2. Crisis Text Line: https://www.crisistextline.org/ Text HOME to 741741
3. Ask Suicide-Screening Questions (ASQ) Tool-Kit: https://www.sprc.org/sites/default/files/resource-program/asQToolkit_0.pdf

Coping with COVID-19

As schools begin to re-open, many youth will experience stressors related to the pandemic, including changes to the learning environment, increased time spent at home, and potential exposure to COVID-19. It is important for youth to understand that these experiences can be challenging and that it is normal to feel anxious or overwhelmed. Coping strategies include engaging in regular physical activity, practicing mindfulness or meditation, and seeking social support from family, friends, or mental health professionals. It is important for youth to recognize the signs of mental health struggles and to seek help when needed. Mental health clinicians can provide support and guidance to youth and their families during this challenging time.
Developing Resilience

Resilience is defined as dynamic, developmental process reflecting positive adaptation despite significant life adversity (Cicchetti, 2010). Post-traumatic growth occurs when individuals adapt to their new circumstances and find “the new normal.” COVID-19 has saturated us with messages about how to “pivot,” be flexible, manage our expectations, and handle disappointment.

Among children who have experienced chronic stress and adverse childhood experiences, building resilience is a strategy to stave off long-term mental health consequences (Dray et al., 2017). Many resilience interventions take place in a group setting and often capitalize on classrooms as an ideal audience. A large-scale event like a pandemic should be seen as an opportunity to build resilience in real time, while understanding that the trauma inflicted may vary based on individual factors.

Interventions

1. Model flexibility and healthy coping with disappointment.
2. Allow for honest expression and processing of feelings.
3. Validate disappointment and don’t rush to find “silver linings.”
6. Resources: https://cbitsprogram.org/

Ways to cultivate your emotional resilience this year:

https://www.edutopia.org/blog/ways-cultivate-your-emotional-resilience-year-elena-aguilar
Talking to children about COVID-19:

Teaching kids to be resilient:


References

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