Appendix

Contents

A | Coronavirus vs. Cold vs. Flu vs. Allergies Infographic | 1078
B | Releasing Cases and Contacts From Isolation and Quarantine | 1080
C | Kansas COVID Workgroup for Kids: Recommendations for School Reopening | 1082
D | Navigating Change 2020: Family Survey | 1108
E | Navigating Change 2020: Staff Survey | 1112
F | SECD Implementation: School Counseling Considerations for Navigating Change | 1115
G | Masks for Kids | 1138
H | My Mask Schedule | 1145
I | Kansas COVID Workgroup for Kids Resource Links for Schools | 1152
J | Kansas COVID Workgroup for Kids Superintendent Webinar | 1154
K | Kansas Schools Gating Criteria | 1165
L | Kansas State Department of Education Guide to Remote, Hybrid, and In-Person Teaching and Learning | 1169
M | Kansas COVID Workgroup for Kids Mental Health Task Force - Youth Mental Health and COVID-19: Recommendations and Resources for Coping | 1175
A | Coronavirus vs. Cold vs. Flu vs. Allergies Infographic
## COVID-19 vs. Cold vs. Flu vs. Allergies

<table>
<thead>
<tr>
<th>SYMPTOMS</th>
<th>COVID-19*</th>
<th>Flu</th>
<th>Cold</th>
<th>Allergies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fever</td>
<td>Rare</td>
<td>Rare</td>
<td>Sometimes</td>
<td>No</td>
</tr>
<tr>
<td>Headache</td>
<td>Rare</td>
<td>Rare</td>
<td>Sometimes</td>
<td>No</td>
</tr>
<tr>
<td>General aches, pains</td>
<td>Sometimes</td>
<td>Sometimes</td>
<td>Slight</td>
<td>No</td>
</tr>
<tr>
<td>Fatigue, weakness</td>
<td>Sometimes</td>
<td>Sometimes</td>
<td>Slight</td>
<td>No</td>
</tr>
<tr>
<td>Extreme exhaustion</td>
<td>Sometimes</td>
<td>Sometimes</td>
<td>Slight (progresses slowly)</td>
<td>No</td>
</tr>
<tr>
<td>Stuffy nose</td>
<td>Rare</td>
<td>Rare</td>
<td>Rare</td>
<td>No</td>
</tr>
<tr>
<td>Sneezing</td>
<td>Rare</td>
<td>Rare</td>
<td>Rare</td>
<td>No</td>
</tr>
<tr>
<td>Sore throat</td>
<td>Rare</td>
<td>Rare</td>
<td>Rare</td>
<td>No</td>
</tr>
<tr>
<td>Cough</td>
<td>Common</td>
<td>Common</td>
<td>Common</td>
<td>Common</td>
</tr>
<tr>
<td>Shortness of breath</td>
<td>Rare</td>
<td>Rare</td>
<td>Common</td>
<td>Rare</td>
</tr>
<tr>
<td>Runny nose</td>
<td>Rare</td>
<td>Rare</td>
<td>Common</td>
<td>Common</td>
</tr>
<tr>
<td>Diarrhea</td>
<td>Rare</td>
<td>Rare</td>
<td>Common</td>
<td>Common</td>
</tr>
</tbody>
</table>

### Symptoms

- **Fever**: Common (measured at 100°F or higher)
- **Headache**: Rare
- **General aches, pains**: Sometimes
- **Fatigue, weakness**: Sometimes
- **Extreme exhaustion**: Sometimes
- **Stuffy nose**: Rare
- **Sneezing**: Rare
- **Sore throat**: Rare
- **Cough**: Common
- **Shortness of breath**: Rare
- **Runny nose**: Rare
- **Diarrhea**: Rare

### Sources
- KDHE, CDC, WHO, National Institute of Allergy and Infectious Diseases, American College of Allergy, Asthma and Immunology.

*Information is still evolving.

**Sometimes for children.

For more information: [www.kdheks.gov/coronavirus]
Appendix

Releasing Cases and Contacts From Isolation and Quarantine
# 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.

## 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.

**Note:** 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.

## Non-Household Contacts

Must be quarantined for 14 days from the date of last contact with the case.

**5/27/20**
Kansas COVID Workgroup for Kids: Recommendations for School Reopening
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:

- Kansas Academy of Family Physicians
- KU Wichita Pediatrics
- The University of Kansas
Table of Contents:

Objective.............................................................. Page 3
Risk................................................................. Page 3
School reopening.......................................................Pages 3, 4
Schedule prolonged winter break and alternative schedules............................Page 4
School nurse support and nurse office recommendations....................................Pages 5-6
General health safety actions for staff and students............................................Pages 6-18
  Screening prior to school entry........................................Pages 6, 7
  Limit non-essential visitors.............................................. Page 7
  Promoting hand-hygiene practices........................................Page 8
  Masking/face shields/partitions...........................................Pages 8-11
  Physical distancing.....................................................Pages 11 - 13
  Water fountains.......................................................Pages 13, 14
  Cohort students and staff...............................................Page 14
  Cleaning and disinfection...............................................Pages 14, 15
  Ventilation.............................................................Page 14
  Staff training of health and safety protocols........................................Page 15
  Contingency planning................................................Page 15
  Continual distance learning.............................................Pages 15, 16
  Children with special health care needs.....................................Page 16, 17
  Social and emotional support...........................................Pages 17, 18
  Communication.......................................................Page 18
  Attendance..........................................................Page 18
  Vaccinations........................................................Page 18
  Preparticipation sports physicals.........................................Page 18
School-based co- and extracurricular activities..............................................Pages 19-21
Closure of school if high levels of community or school-wide transmission...........Pages 21-22
Transportation recommendations.................................................................Pages 21, 22
Authors...............................................................Page 24
References.............................................................Pages 25-27

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.
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 of 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 hope this document can 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 8.4% of all confirmed cases. This number has been increasing gradually as more testing has been available. 88,103 new cases between 7/9-7/23 represent a 44% increase in child cases. Subset reports demonstrate that hospitalization (0.8-2.9% of all total hospitalizations) and death (0-0.8% of all COVID-19 deaths) are uncommon in children. Across reporting states, 0.6-9% of all child COVID-19 cases result in hospitalization and 0%-0.3% of all child COVID-19 cases result in death.1

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 also hold significant risk 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 for in-person education. It is important to consider local disease prevalence when deciding on how safe it is for schools to reopen for in-person education. School-based transmission of community-associated seasonal respiratory viral infections is common, and it will not be possible to remove all risk of infection and transmission of SARS-CoV-2. Modified policies and procedures to mitigate the risk of SARS-CoV-2 transmission among students and staff are essential and will be required for the foreseeable future.

School reopening

Elementary schools (pre-kindergarten-5th/6th grade) should be encouraged to reopen for the 2020 fall semester after appropriately considering 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 SARS-CoV-2.2-11

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 considering local disease prevalence, implementing recommended health safety actions and developing ongoing monitoring practices.
For students who are unable to physically attend school during the 2020-2021 academic year due to student 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**

1. Consider a prolonged winter break. Many colleges and universities have decided on a prolonged winter break from in-person learning. We recommend school districts to strongly consider a prolonged 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, communicate clear expectations that if students or families travel during the break, then they should follow Centers for Disease Control and Prevention (CDC) and Kansas Department of Health and Environment (KDHE) travel recommendations and quarantine requirements and that all students should be back home by at least 1 week prior to returning to school.

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.

5. Consider alternative schedules and methods of fulfilling public education requirements if prolonged breaks from in-person education are required.

6. Develop plans to continue support services, social services, therapies and meal provision during possible prolonged breaks from in-person education.

7. Consider alternative school-year schedules to decrease student exposure while at school. Examples include:
   a. Trimester system, which can allow students to only have five classes per trimester rather than eight classes per semester, which would decrease the number of peers each student is exposed to during each school day;
   b. Alternative block schedules arranged so that students are in each block of classes for a week at a time, decreasing the number of peers that each student is exposed to during each week.

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.
School nurse support and nurse office recommendations

School nurse positions

1. All school buildings should have an on-site, full-time nurse.
2. If a school nurse placement is not possible, schools should have specific plans to address school health and safety standards.

Personal protective equipment

1. School nurses should protect themselves from SARS-CoV-2.
2. Meticulous hand hygiene should be practiced.
3. School nurses should have adequate personal protective equipment (PPE) that includes disposable gowns, gloves, N95 masks, surgical masks, and face shields or other eye protection.
4. Nurses should wear appropriate PPE when they are evaluating students or staff who become ill at school.
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. When ill, students or staff should be separated from others during evaluation.
3. Students seeking evaluation should be required to wear a mask.
4. Students waiting for parents to arrive should wait in a room that is separate from other students.
5. Staff who are ill should be sent home immediately.
6. Spaces where ill students or staff have been evaluated should be disinfected with approved disinfectants.

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.

Return to school following illness

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 for school use.
2. Nebulization therapy is considered an aerosol-generating procedure and should be avoided at school.
   a. If nebulization is unavoidable, a signed order from the student’s physician/clinician should 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 nurse’s office and the number of staff present should be minimized.
   c. The school nurse must wear adequate personal protective gear that includes an N95 mask, eye protection with goggles or face shield, gown and gloves during nebulization therapy.
   d. Nebulized therapy should be performed in a room that is well ventilated.
   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. Parents or caregivers should be strongly encouraged to monitor their children for signs of infectious illness every day.
   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 use a self-screening survey/checklist prior to coming to work and should stay home if they have a positive screen. It may be beneficial and likely more feasible to screen staff, visitors and adults prior to school entry for symptoms as well as with a temperature check.

6. Strict exclusion policies for symptomatic students and staff should be implemented and enforced.

7. Families should be empowered by placing the responsibility of screening on the parent/caregiver. Families should be provided a checklist for daily screening prior to school entry. Families should receive clear communication on expectations of self-monitoring and the expectations of students staying at home if they have a positive screen.

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

9. Testing and return-to-school guidelines should be determined in conjunction with the local and state health department recommendations.

10. Examples of screening tools and questions:
   d. Phone applications such as Apple COVID-19 Application or UnitedHealth ProtectWell App

Limit non-essential visitors

1. Strictly decrease the number of non-essential visitors on campus.

2. Limit parent entry by modifying drop-off and pick-up procedures.

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

4. Encourage parent volunteerism and involvement in ways that do not require the parent to be physically present at school, such as making masks and signs to promote health and safety and helping teachers through home volunteer assignments.

5. Utilize a parent portal to promote strong communication between parents and teachers through alternative and non-face-to-face conversations.

6. 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. Organize staggered in-person enrollment with risk mitigation strategies in place to significantly reduce the number of people in the school for enrollment events at one time.
   c. Consider virtual "Meet Your Teacher" events.


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.
8. Limit all non-essential school-based events and outside events that use school property. Consider alternative strategies to community-building and fund-raising that limit gathering of individuals and comply with physical distancing recommendations.

**Promoting hand-hygiene practices**

1. Respiratory viruses, including SARS-CoV-2, are primarily spread through respiratory droplet transmission. Viral shedding can also occur prior to symptom onset. Therefore, routine proper hand hygiene, either with soap and water or with hand sanitizer containing at least 60% alcohol, is critical to lessen the transmission of SARS-CoV-2 and is one of the most effective methods to prevent spread.\textsuperscript{13-15}

2. All students and staff should receive proper hand hygiene education and guidance that is consistent with their age and developmental skills.
   a. Hands should be washed with soap and water for at least 20 seconds.
   b. Consider supervised hand washing as developmentally appropriate until competence is demonstrated by the student. Hand sanitizer should contain at least 60% alcohol. Cover all surfaces of hands and rub them together until they feel dry.
   c. If any student or staff coughs or sneezes into their hand, they then should wash hands or use hand sanitizer immediately afterward.
   d. Students and staff should be encouraged to cough or sneeze into their shirt sleeve.
   e. Hands should be washed after touching masks.

3. The preferred method of hand drying is the use of single-use disposable paper towels rather than electric air-based hand dryers.\textsuperscript{16}

4. Consider installing touchless faucets, soap dispensers, paper towel dispensers.

5. Consider incentives for good hand-washing behaviors for children.

6. Hand sanitizer containing at least 60% alcohol should be readily available and easily visible for students and staff at each entry point of the school, as well as upon entry to each classroom.

7. Formal education for all students and staff on limiting face touching and avoiding touching eyes, nose and mouth as much as possible. Education should be age appropriate and in a positive, non-judging manner.

8. Age appropriate signage should be displayed throughout the school and classrooms as visual reminders for hand hygiene.

9. Consider having routine hand hygiene breaks with hand sanitizer throughout the day in addition to the use upon school entry, prior to meals/snacks, following toileting or following cough/sneeze.

**Masking/face shields/partitions:**

Due to the risk of SARS-CoV-2 transmission from asymptomatic and presymptomatic individuals, and in accordance with current CDC recommendations, we recommend mask requirements for school systems as detailed below. The CDC recommends use of non-medical grade cloth face coverings in public settings where other physical distancing measures are difficult to maintain.\textsuperscript{17} Using a non-medical grade mask will not decrease all risk of viral transmission, but in addition to other mitigation efforts, masks can further reduce transmission of SARS-CoV-2 in a school or building. Other mitigation efforts include physical distancing, effective hand hygiene, and routine cleaning and disinfecting.\textsuperscript{13-15,17,39-44}

Masks are more effective at decreasing transmission of viral particles when worn by the infected individual by decreasing the number of viral particles that they expel while coughing, sneezing, touching their face or...
performing other activities. This is especially important if there are asymptomatic or presymptomatic students or adults that are unaware that they are sick but may be at risk of spreading their infection to others prior to the start of their symptoms.

Masks potentially decrease high-risk touches to the face and inoculation of mucous membranes if worn correctly and not frequently manipulated. Wearing a well-fitting mask may also decrease the viral load of an exposure to an individual when somebody near them coughs or sneezes. Still, there is limited data on the efficacy of cloth, non-medical grade masks. There is also very limited evidence on the efficacy of face shields and partitions. 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, we must balance the risk of viral transmission with the ability to provide a quality education to all children in 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 in conjunction with the use of masks as described below and by themselves as an alternative to a mask only when adequate physical distancing is practiced.

1. **Students**

   a. **Age ≤ 9yo** – Although there is very limited data in this age group, children less than 10 years of age seem less likely to be “super spreaders” or even significantly transmit SARS-CoV-2 to their peers and adults. As schools reopen we will learn more about transmission in children and these recommendations may be modified. When young children are asked to wear masks, strict compliance to effective mask placement without manipulating the mask is low. For some students in this age group, masks may disrupt education without providing a significant reduction in viral transmission. When manipulated frequently, masks may increase high-risk touches to face, which can increase the risk of transmission.

   Even though some children may not feel comfortable with wearing a mask, as masks become more normalized in our community, most children are demonstrating the ability to wear masks without significant difficulty. It is important that children can find a mask that they feel comfortable wearing. Children are more likely to respond positively to wearing a mask when it is role modeled and they have control in the process. Parents can allow students to choose mask design/color/fabric/picture and help normalize masking by practicing at home, showing their children pictures of other children with masks on, role modeling and explaining the reasons for masking as developmentally appropriate.

   KCWK strongly recommends that all students in K-12 schools wear an appropriate mask or face covering. This includes in the classroom, school common areas and bus. This may further reduce the risk of viral transmission among young students and adults. However, based on the considerations above, some young children may have difficulty wearing a mask effectively for the entire duration of the school day. For this, classroom teachers may have the discretion to allow masks to be worn for portions of the school day and allow breaks from mask wearing when children are more than 6 feet apart and working individually. We do strongly encourage that every student wears a mask while in school common areas and when physical distancing is difficult to execute.

   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 bus.
c. **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. The following list includes exemptions for mask wearing:

i. Children < 2 years of age
ii. Any child who is asleep, incapacitated, unconscious or not breathing
iii. Children with sensory processing disorders who are unable to wear a mask without excessive trauma or frequent manipulation
iv. 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

d. Teachers can consider mask breaks when students are outside and physically distanced to improve compliance and help with comfort.

e. Provide or encourage students to bring paper sacks to store their masks in when not being worn (food and beverage breaks, mask breaks, etc.)

f. Students should have access to a replacement mask in case their mask is damaged or soiled.

g. Education should be provided on proper wearing techniques, compliance and manipulation, and minimizing high-risk face touches.

h. Age appropriate signage should be displayed throughout the school and classrooms as visual reminders for masking.

i. All symptomatic students and staff must be masked until they have left the campus. Masking can also decrease transmission between household contacts and can be encouraged in the home setting on a case-by-case basis.

j. Consider a student mask laundering program if facilities/resources are available.

k. 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 social and academic development.

l. 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

m. When working with pyrophoric and/or flammable chemicals, use face masks made from 100% cotton or flame resistant non permeable materials. Masks can also increase risk when working with certain machinery. Consider utilizing physical distancing and face shields in situations where masks are a safety hazard.

2. **Staff, adults, school visitors, vendors** - We recommend that all adults and visitors ≥ 5 years old should be required to wear masks or face shields when they enter a school. The school should have a supply of cloth or disposable adult-sized masks to provide to adults that do not have their own mask on entering the building.
3. **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:
   a. Fit snugly but comfortably against the side of the face
   b. Completely covers the nose and mouth
   c. Be secured with ties or ear loops
   d. Includes multiple layers of fabric
   e. Allows for breathing without restriction
   f. Can be laundered and machine dried without damage or change to shape

4. **High-risk students and adults** - Students, families and staff should consider utilization of wearing a mask and/or a face shield for improved protection from viral transmission on a case-by-case basis, as discussed with their primary care physician.

5. **Nurse’s office** - Students with symptoms of COVID-19 should be isolated and directed to the nurse’s office immediately. School officials should examine their nursing office and consider ways to mitigate spread of symptomatic students and adults while in this location, such as distanced seating locations and partitions. All students and adults should wear a mask when in 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 available (masks, gown, gloves, eye protection) to protect them from students or staff who become ill and symptomatic at school.

6. **Face shield and partitions** - Masking can interfere with direct education, especially for speech and language instruction, and for those who rely on nonverbal communication to learn. Each school and 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. (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.
   a. Partitions and physical barriers may be helpful in areas such as reception and employee workspaces where adherence to physical distancing may be difficult.
   b. Partitions and physical barriers can be used in addition to masks in areas that may be high-risk for viral transmission.

**Physical distancing:**

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 specimen collection) until the time the patient has completed isolation. This would decrease the overall 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. Close interactions are important for normal development. Suggestions for physical distancing include:
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.

2. Classrooms should be arranged in an effort to maximize the amount of space between students by spacing desks, tables, centers and seating.
   - a. Arrange desks 3-6 feet apart whenever feasible.
   - b. If possible, all students should face the same direction.
   - c. Teacher workspace and teaching area should maintain 6 feet from students whenever possible unless it is disruptive of the educational process.

3. Work toward smaller class sizes and consider the use of alternative grouping of students into cohorts with fewer students per educator to be able to increase the physical space between students.

4. Efforts should be made to decrease shared spaces among students, especially students who may not typically interact with each other during the school day. Consider designating hallways, restrooms and shared spaces by grade level or classes to decrease exposure to other students or fomites from these shared spaces.

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

6. Decrease use of shared spaces such as staff break rooms.

7. 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.

8. 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.

9. Consider alternative-credit programs to decrease the number of students in high school buildings to improve physical distancing. Consider programs such as a "school flex program" for 11th and 12th grade students to gain high school credits for non-school activities with specific requirements. This may 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 aiding 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.

10. Student movement
   - a. Modify hallway “passing” periods to limit the number of students interacting in the hallway at one time.
      - i. Consider designating one-way hallways during passing periods
      - ii. Consider designating “lanes” in the hallway to direct the movement and of students in hallways.
   - b. Eliminate or modify locker usage and assignment to reduce the need for hallway use in multiple areas of the building.
      - i. Consider assigning lockers by student cohort.
ii. Mitigate harm to students who don't have access to locker by developing plans where students are not required to carry an unreasonable number of books and supplies throughout the day and between home and school.

c. Modify student movement and out-of-classroom transitions to decrease exposures to other students. This can include having special classes such as non-vocal music and art in their home classroom.

d. Consider keeping students in the same classroom from class to class and have teachers move from room to room to decrease risk of transmission during passing periods and avoid students sitting at multiple desks throughout the course of the day.

e. Consider having teachers teach more than one class for the same group of students to minimize contacts for both students and teachers.

f. Allow students to have “stretch breaks” in the classroom between class periods.

11. Meals

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 having students eat breakfast and lunch in their classrooms or having lunch break outdoors, as weather permits, rather than gathering in the cafeteria.

e. Consider staggered lunch periods to minimize the number of students present at once.

f. Discourage sharing of food or drinks among students.

g. Discourage buffet-style serving, salad bars, and “grab-and-go” snack and beverage coolers.

h. Discontinue off-campus lunch periods (or open lunch policies) to limit exposure of students to others outside of the school.

i. Refer to CDC guidance on "What School Nutrition Professionals and Volunteers at Schools Need to Know" about COVID-19.21

12. Recess and outdoor activities

a. Recess, structured and unstructured play, and physical activity are important to the physical and mental health of students. These activities should be encouraged with modifications.

b. Cohort students and stagger recess periods to limit the number of students interacting together during recess at one time.

c. Students should perform hand hygiene prior to and following outdoor play periods.

d. Physical distancing should not be required for outdoor activities such as recess.

e. If community spread of SARS-CoV-2 is high, consider avoiding the use of shared playground equipment.

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 consider alternatives to public water fountains for providing access to drinking water to students and staff.

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1. Utilize personal reusable water bottles with bottle filling stations around the school instead of fountains.
   a. Consider adding reusable water bottles as an essential school item on student supply lists. Partner with parent teacher organizations/associations (PTO/A) to provide reusable water bottles to students.
   b. Consider disposable paper cups at water filling stations if reusable water bottles are not available.
2. If there are no bottle filling stations available, then consider turning existing water fountains into 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. Lunchrooms
   d. Restrooms
   e. Safety drills
2. Use outdoor space when possible.
3. Work with teachers/counselors/staff/students/parents to ensure that students feel safe, well connected, and have a trusted adult and peer in their assigned cohort. This may require flexibility early in the process to ensure these goals are met.

**Cleaning and disinfection**

Detailed recommendations for environmental cleaning and disinfection are beyond the scope of this document. There is risk of SARS-CoV-2 transmission from fomites in the school environment such as high-touch surfaces, shared equipment, writing utensils, tables and desks, among other objects. The virus is transmitted by touching a contaminated surface and then touching mucous membranes such as the mouth, nose, eyes. A regular and detailed cleaning protocol may decontaminate surfaces.

1. 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.
2. Develop a specific standard of excellence for cleaning and disinfection of each school within the state of Kansas.
3. Establish an oversight team to ensure that all schools are meeting the above standard of excellence. Consider partnering with the County Health Department to establish the oversight team for effective cleaning and disinfecting.
4. Emphasis should be placed on cleaning and disinfection of high-touch surfaces (door handles, sinks, faucet handles, light switches, bathrooms, handrails, etc.).
5. Consider elimination of high-touch surfaces rather than frequent cleaning.
   a. Consider leaving interior doors open to eliminate the need for touching door handles.
   b. Install touchless faucets, soap dispensers, paper towel dispensers.

6. Develop safe and effective routines for cleaning and disinfection of toys and equipment between student uses (computer equipment, shared art supplies, shared play or gym equipment, etc.).
   a. Promote handwashing before and after use of shared equipment.
   b. Utilize computer keyboard covers to facilitate cleaning between users.

7. Please see CDC and KDHE guidance for more information:

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 schools and universities for COVID-19.

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 to improve air quality and ventilation.

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

2. All safety protocols should be easily accessible for staff to review as needed.

3. Visual signage of various safety measures may assist in reinforcement and reminders.

Contingency planning
1. In these unprecedented times, schools and school districts should undergo extensive contingency planning to maintain their ability to provide effective education and a safe and healthy environment for students and staff, despite likely interruptions to the typical school day and variable staff availability.

2. Consider having a district/school committee that can meet virtually to handle contingencies and questions as they arise.

Continual distance learning
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 these online classes. Consider using high-risk teachers as online educators to decrease their own...
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3. Due to the high prevalence of dyslexia, online education should include resources with read aloud/video instructions.

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.

6. Develop strategies to provide internet access to students to maximize connectivity for continuous online learning. Coordinate within the community to achieve improved access. Consider partnership with community buildings, restaurants, churches and/or clinics to allow for open access to Wi-Fi networks.

7. The move to continual distance learning in spring 2020 led to sharp increases in incidents of internet child exploitation in Kansas and nationwide. 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 pornography, child sex tourism, child sex trafficking, child sexual molestation (non-family), online 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 themselves and the community.

   a. Provide developmentally appropriate education to parents and students of all age groups about risks of unsupervised internet use and ways to guard against these risks during distance learning.

   b. Train teachers and staff working with students through online learning platforms to be able to identify red flags, risk factors and warning signs of child exploitation and guard against these risks.

   c. Utilize appropriate safeguards on school-owned devices to limit student access to high risk online activity. Consider making safeguards available to parents for use on student-owned devices.

   d. Offer mental health support to students in online continual learning programs.

   e. Use consistent learning platforms within districts to limit the variability in accessed websites between sibling/household groups for education. Limit assignments requiring students to “link-out” from this platform.

   f. Partner with primary care physicians to educate children and parents on media safety.

**Children with special health care needs**

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 COVID-19.24

2. Registries of children with congenital heart disease, cancer and inflammatory bowel disease show these children are not at higher risk of contracting infection but may be at higher risk of severe infection or adverse outcomes if they do become infected.24

3. As there is not convincing data at this time to suggest that the medical risk of these children from SARS-CoV-2 is different from the risk of other respiratory viruses, it is recommended...
that most of these students can attend school. This should be a shared decision between the student’s family, their primary medical team and the school.

4. Work with parents and the student’s primary care physicians to develop a safe, individualized school reentry plan for students with special healthcare needs on a case-by-case basis.

5. Staff should receive specialized training in providing care for children and youth with special healthcare needs such as transfers, toileting, diapering, feeding that may require additional PPE and cleaning/disinfecting.

Social and emotional support

Students: Since Kansas school closure in March 2020, children have been at an increased risk of experiencing trauma, exploitation, hunger, family stress, domestic violence, abuse and, anxiety. They may be grieving the loss of loved ones from COVID-19 and grieving missed experiences.\(^{23-28}\)

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. Administrators and educators should facilitate ways for students to identify trusted adults that can serve as a mentor to them through this academic year.

3. School districts should be proactive in responding to the social and emotional well-being of their students. Recommendations include:
   a. Trauma-informed care training for all teachers and staff.
      Resource: https://www.nctsn.org/
   b. De-escalation training for all teachers and staff.
      Resource: http://www.livesinthebalance.org/educators-schools
   c. Increase the number and availability of mental health professionals in schools including options provided by telemedicine.
   d. Streamlined referral process for students and staff who require professional mental health services (e.g., students with suicidal ideation, significant trauma).
   e. Confidential options for students to ask for support services.

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 access to the usual information or services. It is important to have program flexibility for the first few months of the year to allow for schedule changes.

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 will continue to increase anxiety and stress in children, especially those who have a prior history of mental health conditions or trauma. Schools should be prepared for students who do not return to school due to social and emotional difficulties, poverty, food insecurity, homelessness or other hardships. Schools should develop outreach plans for students who do not return to school and when able and appropriate, intervene and provide accommodations to support students and families experiencing these hardships.

6. Increased educational support services should be available to identify and remediate any learning gaps that may have occurred during school closures.

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

Communication:
During uncertain times, students, family and staff will benefit from regular and clear communication from a trusted source. Develop communication strategies that consider the needs of students, families, staff and the community and delivers accurate information in an organized manner,

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. Distance learning attendance alternatives should be provided to help meet some requirements if there are prolonged exclusions from school to ensure continued educational growth.
3. 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. Recommend that all students and staff have the influenza immunization by the end of October unless medically contraindicated.
   a. 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.
   b. Work with local primary care physicians, pharmacies, immediate care clinics, and other immunization providers to keep up to date student immunization records.
4. Recommend strong consideration for programs or incentives to encourage staff to obtain a SARS-CoV-2 immunization when a safe and effective immunization is made available.
   a. Partner with the Health Department to provide onsite SARS-CoV-2 immunization drive and incentives to improve the rate of SARS-CoV-2 immunization among students and staff when available.
   b. Work with local primary care physicians to update student health records.

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.
School-based co- and extracurricular activities

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.

1. Assemblies: Large group assemblies should be avoided. Use alternate ways to share information such as broadcasting content for assemblies through homerooms.
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
   b. Singing is considered a high-risk activity as high rates of transmissions have been documented among grouped singers.
   c. In communities of sustained infections, in-person choir rehearsals should not resume, and virtual singing rehearsals should be considered.
   d. 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.
5. Band:
   a. Consider results from 7/21/20 Unprecedented International Coalition led by Performing Arts Organizations to Commission COVID-19 Study
   b. Playing of brass and woodwind instruments is considered high-risk activity.
   c. Playing stringed and percussion instruments would be less of a risk.
   d. Consider ability for marching band to obey six-foot physical distancing formation.
   e. Rehearsals involving higher risk instruments should be conducted in larger spaces (cafeteria/gym) or outside when able to allow for physical distancing between band members.
6. Sports:
   a. Resources:
      i. National Federation of State High School Associations Sports Medicine Advisory Committee document titled: Guidance for opening up high school athletics and activities
      ii. CDC: Considerations for Youth Sports

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iv. Children’s Hospital of Philadelphia: [Return to Youth Sports After COVID-19 Shutdown: Reference Guides](#)

b. Efforts should focus on skill training rather than competition for this season.

c. If competition resumes, limit competition to specific geographical areas, such as within the same district or county, and promote intramural play for students who may not otherwise participate in sports to encourage social/emotional/character development and decrease viral spread.

d. Efforts should be taken to minimize communing in locker rooms.

e. A student who is febrile and/or showing symptoms should be excluded from participation in extracurricular activities, including practices, with parental notification of fever. Return to school and return to play should be determined per recommendations above.

f. If a student is febrile while offsite for a school sponsored activity, measures should be taken to isolate the student and transport home in a safe way to limit exposure to other students and staff.

g. Risk stratification

*Weightlifting – If low intensity (low weight, high reps) this can be considered low risk; if high intensity weightlifting requiring a spotter, this creates increased risk and should be considered a high risk activity.

**Denotes activities that could be lower risk if appropriate cleaning of equipment is done and masks are utilized by participants when recommended:

i. Low Risk: Activities that can be done with physical distancing or individually with no sharing of equipment or ability to clean equipment in between use.

1. Individual running events/cross country running (staggered starts)
2. Throwing events
3. Swimming (individual)
4. Golf
5. *Weightlifting
6. Sideline cheer
7. Band (without aerosolization instruments)
8. Video gaming
9. Board gaming activities (where exchange of equipment can be cleaned between participants)

ii. Moderate risk: Close contact between participants but ability to wear protective equipment to reduce respiratory particles OR intermittent close contact OR group sports OR sports with equipment that cannot be cleaned between participants:

1. **Baseball
2. **Volleyball
3. **Softball
4. **Gymnastics

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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.

h. **Mask wearing during extracurricular activities:**
   i. Masks should be worn by children ≥ 10 years old who are participating in sports when they are not undergoing intense activity (masks should be worn when sitting on the bench or in the locker room).
   ii. Coaches, officials, staff and contest personnel are highly recommended to wear masks and practice physical distancing.
   iii. Officials should utilize other means of noisemakers/alarms besides traditional whistles.
   iv. Adults and children ≥ 10 years old spectating at extracurricular events are highly recommended to wear masks and practice physical distancing.

**Closure of school if high level of community or school-wide transmission**

In accordance with local and state health officials, develop emergency plans for school closure if there is widespread and/or sustained transmission among students and/or staff at the school level or widespread and/or sustained transmission within the community. If there is deemed to be substantial transmission as
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.

1. If local health officials determine that there is substantial transmission of 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. The event of an unexpected or prolonged school closure, school systems should implement strategies to continue to:
   a. Educate students through distance-learning formats.
   b. Provide meals to students.
   c. Provide therapy to students in a distance-therapy format.
   d. Provide mental health services to students.
   e. Provide IEP/504 services to the best of the school’s ability.

Transportation recommendations

1. STARRS Taskforce: Consider Student Transportation Aligned for Return to School Task Force recommendations regarding student transportation.

2. Transportation options:
   a. Districts should continue to provide transportation to and from school to students although parents should be encouraged to transport when able. This may reduce the number of students on each bus route and help maintain social 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. Drivers should establish a safe zone surrounding self; for instance, no students sit in the first two rows of seats. Consider additional protective barriers such as plexiglass.
   b. Drivers must wear a mask while transporting students.
   c. Driver’s window should remain open 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.
   c. 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 marking 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.

6. Cleaning. All drivers should receive training for proper disinfection of the school bus.
   b. Each school bus should be disinfected following each run.
   c. High touch surfaces should be disinfected routinely.
   d. Clean the floors first. Cleaning the floors may cause contaminants to become airborne and land on surfaces. By cleaning the floors first, these pathogens can then be wiped down.
   e. Vacuum floors over mopping floors. Pathogens can build up on mop and then be easily spread.
   f. Door and windows should remain open while cleaning.
   g. Use gloves if required to touch surfaces contaminated by body fluids.
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References:
Appendix

| D | Navigating Change 2020: Family Survey |
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
___ Not at all comfortable
___ I'm not sure
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 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

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.

____ 8:00 AM – 11:30 AM

____ 12:00 PM – 3:30 PM

____ 4:00 PM – 7:00 PM

____ I am unable to accommodate a staggered daily schedule

It is possible that we may need to institute an alternative schedule to reduce the number of students in the classroom or on campus. Please select which days your child would need to be at school.

____ Monday

____ Tuesday

____ Wednesday

____ Thursday

____ Friday

____ I am unable to accommodate an alternate 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:
Navigating Change 2020: Staff Survey
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
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:
F | SECD Implementation: School Counseling Considerations for Navigating Change
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), work-based learning experiences (WBL), 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.).
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:
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.”

<table>
<thead>
<tr>
<th>STRATEGIES</th>
<th>RESOURCES</th>
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</thead>
<tbody>
<tr>
<td>Welcoming students</td>
<td>Welcome back guide for schools: <a href="http://smhp.psych.ucla.edu/welcomeguide.htm">http://smhp.psych.ucla.edu/welcomeguide.htm</a></td>
</tr>
<tr>
<td>Check-ins</td>
<td>Check-in recommendations for remote learning environments: <a href="https://docs.google.com/document/d/1-YdjstRmjK2jpNn9jDVOX2jIkJkqWmjj9XrkaeO57EgQ/edit">https://docs.google.com/document/d/1-YdjstRmjK2jpNn9jDVOX2jIkJkqWmjj9XrkaeO57EgQ/edit</a></td>
</tr>
<tr>
<td>Morning meetings</td>
<td>Implementing Successful Online Morning Meetings: <a href="https://www.weareteachers.com/online-morning-meeting/">https://www.weareteachers.com/online-morning-meeting/</a></td>
</tr>
<tr>
<td>Community building</td>
<td>Maintaining Positive Community: <a href="https://www.responsiveclassroom.org/maintaining-a-positive-community-remotely/">https://www.responsiveclassroom.org/maintaining-a-positive-community-remotely/</a></td>
</tr>
<tr>
<td>Adapting to the needs of families</td>
<td>Engaging Families During Continuous Learning: <a href="https://padlet-uploads.storage.googleapis.com/495036708/80295afa3de0df46251aadbf060c0000/Engaging_Families_in_Continuous_Learning.pdf">https://padlet-uploads.storage.googleapis.com/495036708/80295afa3de0df46251aadbf060c0000/Engaging_Families_in_Continuous_Learning.pdf</a></td>
</tr>
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</table>
## Prioritize Trauma-Informed Professional Development
Exposure to toxic stress can impact learning, and schoolwide supports are essential.

<table>
<thead>
<tr>
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</table>
Trauma-Informed Teaching Strategies: [http://www.ascd.org/publications/educational_leadership/oct19/vol77/num02/Trauma-Informed_Teaching_Strategies.aspx](http://www.ascd.org/publications/educational_leadership/oct19/vol77/num02/Trauma-Informed_Teaching_Strategies.aspx)  
Virtual Calm Down Room: [https://sites.google.com](https://sites.google.com)  
NCTSN Risk and Protective Factors: [https://www.nctsn.org/what-is-child-trauma/about-child-trauma](https://www.nctsn.org/what-is-child-trauma/about-child-trauma) |
Self-Care Assessment for Staff: [https://padlet-uploads.storage.googleapis.com/495036708/fee6d10f9d9df5ab62e770d60d660c53/Activity__Self_Care_Assessment.pdf](https://padlet-uploads.storage.googleapis.com/495036708/fee6d10f9d9df5ab62e770d60d660c53/Activity__Self_Care_Assessment.pdf) |
| Reinforce self-care strategies for students, staff members and families. |  |
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.

<table>
<thead>
<tr>
<th>STRATEGIES</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Reinforce resilience through journaling and creative expression.</td>
<td>Self-Compassion and Guided Meditation Exercises: <a href="https://self-compassion.org/category/exercises/#exercises">https://self-compassion.org/category/exercises/#exercises</a></td>
</tr>
</tbody>
</table>
## Provide Explicit Instruction on SEL Skill Building

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

<table>
<thead>
<tr>
<th>STRATEGIES</th>
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</tr>
</thead>
</table>
| Mindfulness activities | Practice Mindful Breathing: [https://drive.google.com/file/d/14b6lnoEER-ouWBlfjB6lXXaFtda7t1S1/view](https://drive.google.com/file/d/14b6lnoEER-ouWBlfjB6lXXaFtda7t1S1/view)  
| Identifying emotions | Watch the video and identify how the child is feeling: [https://www.greatschools.org/gk/do-you-feel-me/?utm_source=GreatKids&utm_medium=web&utm_content=emotional_smarts_module&utm_campaign=Emotional_Smarts](https://www.greatschools.org/gk/do-you-feel-me/?utm_source=GreatKids&utm_medium=web&utm_content=emotional_smarts_module&utm_campaign=Emotional_Smarts)  
Elementary activity on feeling a range of emotions during stressful times: [https://www.morningsidecenter.org/teachable-moment/lessons/covid-crisis-lesson-feelings-grades-3-5](https://www.morningsidecenter.org/teachable-moment/lessons/covid-crisis-lesson-feelings-grades-3-5)  
High School lesson plan on social media and how you feel: [https://www.commonsense.org/education/digital-citizenship/lesson/social-media-and-how-you-feel](https://www.commonsense.org/education/digital-citizenship/lesson/social-media-and-how-you-feel) |
| Reducing stress | Stress-Less Activities for Students: [https://drive.google.com/file/d/14b6lnoEER-ouWBlfjB6lXXaFtda7t1S1/view](https://drive.google.com/file/d/14b6lnoEER-ouWBlfjB6lXXaFtda7t1S1/view) |
| Bullying prevention | Bullying prevention resources for students, teachers and parents: [https://www.stopbullying.gov/](https://www.stopbullying.gov/)  
Bullying and Cyberbullying HelpChat Line: [https://www.stompoutbullying.org/get-help/helpchat-line](https://www.stompoutbullying.org/get-help/helpchat-line) |
| Personal safety | Personal safety lessons for parents, educators and kids:  
[https://www.kidsmartz.org/](https://www.kidsmartz.org/)  
[https://www.missingkids.org/netsmartz/home](https://www.missingkids.org/netsmartz/home) |
Develop a Process for Providing Support
Examine where SEL efforts have been impactful and where more support is needed.

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</tr>
</thead>
<tbody>
<tr>
<td>Race and equity resources</td>
<td>ASCA race and equity resources: <a href="https://www.schoolcounselor.org/school-counselors/professional-development/learn-more/race-and-equity-resources">https://www.schoolcounselor.org/school-counselors/professional-development/learn-more/race-and-equity-resources</a></td>
</tr>
</tbody>
</table>

* If suicide ideation is suspected at all, follow school protocol and contact student mental health support provider (school counselor, social worker, school psychologist), as well as administrator BEFORE conducting any suicide screener.

Plan for Opportunities to Show Impact

The KESA model utilizes the following outcome measures:

1. Social-emotional factors measured locally.
2. Kindergarten readiness.
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 plans for accountability and data analysis to plan interventions.

IPS Recommendations:

Coordinated efforts to develop and maintain individual plans of study reinforces the school's care for all students, aids in motivation and provides each student with hope for the future. An example of an instructional framework for developing an IPOS can be found at the end of this document.

Measuring SECD locally:

- Consider school year comparisons at points of time during the year to target gaps.
- Maintain momentum gained through increased use of technology for communications with parents, students, and stakeholders. Surveying students, parents and community members will allow schools to pivot quickly to provide timely interventions.
- Use a trauma-informed lens to investigate attendance issues.
General Resources and Guidance


The Kansans Can Competency Framework (http://cccframework.org/resources.html) developed by Dr. Amy Gaumer Erickson and Dr. Pattie Noonan supports educators in systematically embedding intrapersonal, interpersonal and cognitive competencies into course content. In this way, educators support students to develop into career-equipped, lifelong learners who are socially and emotionally engaged. The College and Career Competency Wheel includes 26 specific competencies categorized in three domains. Each competency is integral to in-school and postsecondary success, as determined by current and emerging research.

Schools should not rely on individuals to create and implement support plans in a patchwork fashion. District-level leadership can ensure a multitiered system of support that addresses both academic skills and emotional and behavioral health. Schools and districts must make sure these supports are consistently available to all students and adults in each building.

ASCA School Reentry Considerations: https://www.schoolcounselor.org/asca/media/asca/Publications/SchoolReentry.pdf

National Center for School Mental Health: http://www.schoolmentalhealth.org/COVID-19/


Therapist Aid has worksheets, videos and interactive activities for several mental health related topics: https://www.therapistaid.com/

Kansas School Counselors Wakelet: This dynamic website contains resources to guide school counseling programs as we navigate this school year. This site will be constantly updated. https://wakelet.com/@MrsButler465


Kansas SECD Padlet: https://padlet.com/ksvision/secd

SECD Roadshow Padlet: https://padlet.com/ksvision/SECDRoadshow19

Strategic Planning for an Effective 2020-2021: https://padlet.com/nmcdonaldSHESC/3cjzj2bqyp643au1 (Password is SECD)

Welcoming Students Back with Successful Transition Padlet: https://padlet.com/nmcdonaldSHESC/WelcomeBack

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)

Instructional Example:

**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?ver=2017-08-31-163948-923](https://www.ksde.org/Portals/0/CSAS/CSAS%20Home/Plan_Of_Study/IPS%20One%20Page%20Rubric.pdf?ver=2017-08-31-163948-923)

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 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 Consideration
Access to media center, small-group learning for each component, targeted small-group completion, such as first-generation students, 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.

Home/digital: 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 final product and online mock interviews.

(2-3) Resources:
https://www.ksde.org/Home/Quick-Links/Career-Interest-Inventory
https://padlet.com/ksde/roadshow
https://www.ksde.org/Home/Quick-Links/Career-Interest-Inventory
www.youscience.com
**6-8 (Explicit Instruction on SEL Skill Building)**

**Instructional Example:**

**Resiliency**

**Competencies Addressed:**

KESA Outcome Measurement

**Elements of High-Quality Instruction**

- Pre-assessment.
- 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-second-grade considerations:

- Emotional regulation, personal safety, problem-solving skills and coping skills.

Third- through fifth-grade considerations:

- (Reteach past skills/considerations to grade level appropriateness), Growth Mindset, Mindfulness.

Middle school considerations: (Reteach past skills/considerations to grade level appropriateness), self-care, relationships with peers

High school considerations: Reteach all past skills/considerations to grade-level appropriateness.

**SECD Incorporation (Dispositions - Mindset and Soft Skills)**

- Acquire the attitudes, 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.

**Workflow (Milestones of Learning)**

- Pre-assess to determine what skill(s) students need to work on.
- Model and practice skills using mini-lessons, including respectful discussion skills.
- Give opportunities for practicing skills using a variety of ways (role playing, centers, in class discussions, online discussions, working with a group, etc.).
- Assess understanding of skills.

**Showcase of Student Learning (End Product)**

- Digital (Google Slides, Canva, PPT, Prezi, Zoom, Google Tour).
- By hand (physical model/representation).
- Video creation using various platforms (iMov-ie, FlipGrid, Loom, etc.).

**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 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
- Students are going to have experienced trauma from this crisis, start with the very basics.
- Access to media center.
- Small group learning for each component.
- Individual learning/session if needed.

Hybrid Learning Environment Considerations
In person: Same as on-site.

Home/digital:
- Record lessons given in person to post online for students at home.
- Check-in for understanding.
- Provide additional information/support for parents.
- Meet with small groups to allow students opportunity to practice skills.

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

(2-3) Resources:
Pre-K-Second-grade considerations:
https://www.mindsetkit.org/
Third- through fifth-grade considerations:
https://www.edutopia.org/film-festival-growth-mindset
Middle school considerations:
https://www.edutopia.org/school/visitacion-valley-middle-school
High school considerations:
https://www.etr.org/healthsmart/about-healthsmart/sample-lessons/high-school/emotional-mental-health/lesson-6-ways-to-manage-stress/
All grade level considerations:
https://www.edutopia.org/resilience-grit-resources
https://www.pbisworld.com/tier-1/teach-coping-skills/
Co-Teaching

Instructional Example:

**Bullying Prevention Competencies Addressed:**

- ELA.IM 2.1
- SECD.IM 1.3, 1.4, 1.5, 1.6, 1.7, 2.1, 2.5, 3.3, 4.3, 4.7, 6.1, 6.2, 6.3, 6.4, 6.5

**Elements of High-Quality Instruction**

Clearly define roles and responsibilities and plan together.

- Discuss the big picture issues or critical concepts that lead into differentiated activities and assessments.
- Reflect on practices and make changes for future lessons.
- 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)**

- 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 (Milestones of Learning)**

- Present a major concept/question
- What is bullying?
- Have smaller activities, stations, etc., for students to work through to gain a better understanding of the concepts.
- Types of bullying (physical, emotional, mental, exclusion, cyberbullying, etc.).
- Roles (bully, bystander, victim).
- Difference between telling and reporting (asking for help).
- Practice scenarios/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.).

**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 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.
- Ability for students to collaborate in person: cooperative groups with individual accountability or individual work.
Hybrid Learning Environment Considerations

On-site:
- Teacher guided discussions regarding “What is bullying?”
- Teacher checkpoints 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 scenario and role-play.
- 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 and respond digitally.
- Teacher created playlist of videos and sites regarding bullying prevention for students and parent/caregivers.
- Set office hours conducive to parent/caregivers work schedules for answering questions.
- On-going teacher check-in for progress.

2-3) Resources

NETSMARTZ
https://www.missingkids.org/netsmartz/home

National Bullying Prevention Center

Bullying. No Way!
Flipped/Blended Learning

Instructional Example:

Study Skills

Competencies Addressed:
ELA.IM 2.1, 2.2
SECD.IM 1.1, 1.2, 1.4, 2.3, 2.4, 2.5, 2.6, 2.7, 2.8, 3.3, 3.4, 3.5, 3.6, 4.5, 4.6, 4.7, 4.8, 4.9, 4.10, 5.2, 5.3, 5.4, 6.6

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.
  - Achieve school goals.
  - Perseverance.
  - Communication.
  - Ownership of learning and outcomes.
  - Growth mindset.

Elements of Collaboration
- Classroom teachers
- Specials
- Student support teams
- ELL teachers
- SPED
- Community
- Field experts

Who might be your collaboration partners?
- Classroom teachers
- Specials
- 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/thinking.
- 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 (iMovie, FlipGrid, Green Screen, etc.).

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 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.
- 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
Hybrid Learning Environment Considerations

On-site:
• Teacher checkpoints with students on their projects.
• Small group/individual help for project completion.

Home:
• 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.

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.
• Determine individualized contributions to the final project.
• Format for final projects to be shared online.
• Provide a graphic organizer in addition to a print and digital project guide for students and parent/caregivers.

(2-3) Resources:

Study skills for students: https://www.educationcorner.com/study-skills.html#:~:text=Active%20listening%2C%20reading%20comprehension%2C%20notetaking%20skills%20guides%20for%20students.

Persuasive writing graphic organizers: https://www.scholastic.com/teachers/blog-posts/genia-connell/graphic-organizers-opinion-writing/

Commercial project ideas: https://biteable.com/blog/creative-video-project-ideas-for-students/
Inquiry Learning/Project-Based Learning

*Instructional Example: Employability Skills*

*Competencies Addressed:*

- **ELA.IM** 2.2, 4.3, 4.4
- **SECD.IM** 1.1, 1.2, 1.4, 2.3, 2.4, 2.5, 2.6, 2.7, 2.8, 3.3, 3.4, 3.5, 3.6, 4.5, 4.6, 4.7, 4.8, 4.9, 4.10, 5.2, 5.3, 5.4, 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 and or interests (music careers, art careers, etc.).
- 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
- ELL teachers
- SPED
- Community
- Field experts
- Parents/caregivers

*Workflow (Milestones of Learning)*

- Driving question introduced:
  - What influences career choice?
- Students will complete an interest inventory.
- Students will explore:
  - What job is best for me based on my interests and strengths?
  - What are my job responsibilities?
  - What skills are important for this job?
  - What education or training do I need?
  - What do I get paid?
- Students will create a final project about a career of their choice based on their strengths, interests, and research.

*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 (iMovie, FlipGrid, Green Screen, etc.).

*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 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.
Hybrid Learning Environment Considerations

On-site:
- Students do initial interest inventory.
- Teacher guided discussions regarding interpretation of interest inventory results.
- Teacher guided discussion about career clusters/domains.
- Teacher checkpoints 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 with links.
- 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

Career Interest Explorer: 

Which Careers match your Skills? 
http://www.educationplanner.org/students/career-planning/find-careers/careers.shtml
Acknowledgements
The Kansas State Department of Education (KSDE) and the Kansas State Board of Education sincerely wish to express their gratitude and appreciation for the commitment and expertise to the following for their contribution to this SECD guidance document:

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- Melanie Scott, Counselor, Dodge City USD 443
- Amy Wells, Counselor, Louisburg USD 416
- Kristin Wright, Counselor, Clay Center USD 379

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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 COVID19, and they can spread COVID19.
- Masking is a straightforward, safe and effective tool to help prevent outbreaks in schools.
- Masking can be used in addition to other strategies for prevention of viral spread like physical distancing, good hand hygiene, screening for illness and rapid response to any symptoms. The more tools we use, the better chance we have to contain COVID.
- 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 10 to 14 day quarantine for the exposed person is decreased.
- Universal masking in schools could prevent large-scale school quarantines/closures when COVID is found in some students.
- 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.

THE HOW:

- 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 master masking at home.
30 Day Plan to Help Kids Learn to Mask:

**DAY 1**
- Talk with your kid about masking. Explain why it is important and how it can help keep everyone safe and healthy and help us get back to our previous activities, like school.
- Choose a mask from the wide variety of masks available. Kids may be more likely to try a mask if they have helped pick out the mask. There are so many different styles and designs to choose from—the goal is a piece of fabric that can cover the nose and mouth and stay in place with normal movement and talking.
- Wash the mask before wearing it.
- Avoid masks with an exhalation valve since those masks allow droplets to pass from the wearer to other people around.

**DAY 2**
- Now that the new mask is clean and dry, have your child try it on.
- Play around, talk, yell, jump up and down. Is the mask staying in place?
- If the fit is not great, there are strategies and products to help improve fit. There are straps that secure the ear loops behind the head instead of behind the ears. There are plastic cord lock/buckle pieces that make the ear loops adjustable.
- Try talking, running, jumping and playing in the mask again. If it still doesn’t fit well, you may need to try a different style or size of mask.
- Kids may not (ok, probably won’t) like the way the mask feels at first. This is ok. It doesn’t mean they cannot wear one. It would almost be odd if kids loved masking from day one. But maybe you’ll get lucky!
- If your child persistently complains about the feel of the fabric, check it and if it feels rough, select a different mask. There are masks made of t-shirt material, wicking athletic material, fleece, etc. The skin of the face is sensitive, so trying a few different materials may be in order.

**DAY 3**
- 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.

*If your child complains of shortness of breath with short duration of mask wear, consult your pediatrician for further guidance. Never force continuous wear.*
DAY 4
- 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 5
- Have your child wear the mask for 5 minutes of indoor activity 3 times today.
- You may have noticed the focus on indoor activity. Outdoor activities rarely require masks. Outdoor time at school will be a nice break from masking.

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 mask(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
- Have your child wear the mask for 10 minutes 3 times today.
- Remember to vary the activities.
- If 10 minutes is too much, back off to a lower number as long as it is more than 5 minutes.

DAY 9
- 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 10
- Have your child wear the mask for 15 minutes 3 times today.
- Consider a treat at this point for all of the hard work you guys are putting into this effort. Could be something sweet and frozen or maybe renting a new release movie at home.

DAY 11
- Have your child wear the mask for 15 minutes 3 times today.

DAY 12
- Have your child wear the mask for at least 15 min and try for 20 min 3 times today.
- Shoot for longer times today, reminding your child that they are about to have a 2 day mask break.
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.
Wash the mask(s)!!!
**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.
- Now your child is ready to wear a mask at school.
- 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...**
1. Continue to practice 45-60 minutes 4 times daily until school starts.
2. Keep taking breaks on the weekends, as needed.
3. Continue reinforcing proper wearing and storage.
4. 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.
This was designed with elementary aged kids in mind but can be modified as needed for older or younger kids. Remember, 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 head this off before it starts. Consult your dermatologist or pediatrician if acne becomes an issue.

Remember that masking is not only important for the health and safety of your child but also for the health and safety of your child’s education administrators, educators, and 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 be able to protect our children. We are all in this together.

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
MY MASK SCHEDULE

**DAY 1**
Wear my mask for 5 minutes
Wear my mask for 5 minutes
Wear my mask for 5 minutes

**DAY 2**
Wear my mask for 5 minutes
Wear my mask for 5 minutes

**DAY 3**
Wear my mask for 5 minutes
Wear my mask for 5 minutes

**DAY 4 AND DAY 5**
Wear my mask for 5 minutes
Wear my mask for 5 minutes

NO MASK!

Source: Garland Gail Youngblood, MD
### My Mask Schedule

<table>
<thead>
<tr>
<th>Day</th>
<th>Mask Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Day 6</td>
<td>Wear mask for 10 minutes x 3 times</td>
</tr>
<tr>
<td>Day 7</td>
<td>Wear mask for 10 minutes x 3 times</td>
</tr>
<tr>
<td>Day 8</td>
<td>Wear mask for 15 minutes x 3 times</td>
</tr>
<tr>
<td>Day 9</td>
<td>Wear mask for 15 minutes x 3 times</td>
</tr>
</tbody>
</table>

Source: Garland Gail Youngblood, MD
**MY MASK SCHEDULE**

**DAY 10**
- Wear my mask for 15 minutes
- BONUS: Try for 20 minutes!

**DAY 11 AND DAY 12**
- NO MASK!

**DAY 13**
- Wear my mask for 20 minutes
- Wear my mask for 20 minutes
- BONUS: Try for 20 minutes!

**DAY 14**
- Wear my mask for 20 minutes
- Wear my mask for 20 minutes
- Wear my mask for 25 minutes

Source: Garland Gail Youngblood, MD
MY MASK SCHEDULE

DAY 15
- Wear my mask for 15 minutes
- Wear my mask for 15 minutes
- Wear my mask for 15 minutes

BONUS: Try for 20 minutes!

DAY 16
- Wear my mask for 20 minutes
- Wear my mask for 20 minutes
- Wear my mask for 20 minutes
- Wear my mask for 20 minutes

BONUS: Try for 20 minutes!

DAY 17
- Wear my mask for 20 minutes
- Wear my mask for 25 minutes
- Wear my mask for 25 minutes
- Wear my mask for 25 minutes

DAY 18 AND DAY 19

NO MASK!

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 35 minutes
- Wear my mask for 35 minutes

DAY 22
- Wear my mask for 35 minutes
- Wear my mask for 45 minutes
- Wear my mask for 45 minutes

DAY 23
- Wear my mask for 45 minutes
- Wear my mask for 45 minutes
- Wear my mask for 45 minutes

Keep Practicing and you'll be ready to mask up whenever!
MY MASK SCHEDULE

DAY 24
- Wear my mask for 50 minutes
- Wear my mask for 50 minutes
- Wear my mask for 55 minutes

DAY 25 & DAY 26
- NO MASK!

DAY 27
- Wear my mask for 55 minutes
- Wear my mask for 55 minutes
- Wear my mask for 55 minutes

DAY 28
- Wear my mask for 60 minutes
- Wear my mask for 60 minutes
- Wear my mask for 60 minutes

WAY TO GO! YOU'RE A MASK PRO!
Kansas COVID Workgroup for Kids Resource Links for Schools
Resources for schools:

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


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


Kansas COVID Workgroup for Kids Superintendent Webinar
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.
KCWK team members

- **Jennifer Bacani McKenney**, M.D., FAAFP, Bacani/McKenney Clinic; Wilson County health officer; USD 484 School Board president; Fredonia.
- **Lindsay Byrne**, M.D., MPH, medical director, Finney County Health Department; pediatric hospitalist, KUSM-W; Garden City.
- **Kristina Darnauer**, M.D., FAAFP, Rice County District Hospital; medical consultant, Rice County Health Department; Lyons.
- **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 Greiner**, M.D., MPH, director of research, Family Medicine Dept., KU Medical Center; chief medical officer, Wyandotte, County; Kansas City.
- **Kari Harris**, M.D., FAAP, director, Section of Adolescent Medicine, KUSM-W Pediatrics; Wichita.
- **Gretchen Homan**, M.D., FAAP, pediatrician, KUSM-W Pediatrics; President-Elect, KAAP; Wichita.
- **Melissa Hopper**, PsyD, clinical psychologist, KUSM-W Pediatrics; Wichita.
- **Kimber Kasitz**, BSN, RN, NCSN, director of health, Homebound and 504 Services, USD 259; President Past, Kansas School Nurses Organization; Wichita.
- **Stephanie Kuhlmann**, D.O., FAAP, Pediatric Hospitalist Division director, KUSM-W; pediatric medical director, Wesley Children’s Hospital; Wichita.
- **Brian Murrison**, LMSW, school counselor, USD 484, Fredonia.
- **Kelli Nettow**, Ph.D., neuropsychologist, KUSM-W Department of Psychiatry & Behavioral Sciences; Wichita.
- **Philip Newlin**, M.D., FAAP, chief medical officer, AMG Ascension Via Christi; Wichita.
- **Brian Pate**, M.D., FAAP, chair of the Department of Pediatrics, interim vice chair of Population Health, KUSM-W; Wichita.
- **Rebecca Reddy**, M.D., FAAP, founder and managing partner of Redbud Pediatrics LLC; Wichita.
- **Abbey Rupe**, M.D., FAAP, Salina Family Healthcare Center, Smoky Hill Family Medicine Residency; Salina.
- **Beth Schutte**, BSN, RN, NCSN, district nurse, USD 261; Haysville.
- **Amy Seery**, M.D., FAAP, Pediatric Section Chair, Ascension Via Christi; Faculty, Via Christi Family Medicine Residency, KUSM-Wichita, Dept of Family and Community Medicine; Wichita.
- **Cari Slothower**, School counselor, USD 305, Salina.
- **Suzi Thien**, retired Executive Director of Sunlight Children’s Advocacy and Rights Foundation, school counselor, Andover.
- **Paul Teran**, M.D., FAAP, pediatric hospitalist, Inpatient Education director, KUSM-W Pediatrics; Wichita.
Revisions and updates to our Recommendations for School Reopening document
Hot topics

- Masking
- Temperature screening
- Symptomatic students or staff
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.
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.
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.
Open Q&A session with team members
Kansas Schools Gating Criteria
# Kansas Schools Gating Criteria

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<td>On-Site**/</td>
<td>Remote</td>
<td>Remote</td>
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<td></td>
<td>PK-12</td>
<td>Hybrid</td>
<td>Only</td>
<td>Only</td>
</tr>
<tr>
<td><strong>School Activities</strong></td>
<td>On-Site following Navigating Change guidelines. Facilities should limit capacity to allow for 6' social distancing.</td>
<td>No all school activities. Small group activities limited; masks and social distancing required; stable groups with limited group numbers. No high risk activities. No group travel. Conditioning/practice may continue with modifications</td>
<td>Remote Only</td>
<td>Remote Only</td>
</tr>
<tr>
<td><strong>Spectators - audience</strong></td>
<td>On-Site following Navigating Change guidelines. Facilities should limit capacity to allow for 6' social distancing.</td>
<td>Allowed: Distancing by household groups; masked if indoors. 6' social distancing required; total group numbers limited per guidelines</td>
<td>Remote Only</td>
<td>Remote Only</td>
</tr>
<tr>
<td><strong>Visitor Access</strong></td>
<td>On-Site following Navigating Change guidelines. Facilities should limit capacity to allow for 6' social distancing.</td>
<td>Limited: by appointment; masks and social distancing required; building access requirements must be met.</td>
<td>Extremely limited: by appointment; masks and social distancing required; building access requirements must be met</td>
<td>None Allowed</td>
</tr>
<tr>
<td><strong>Playgrounds</strong></td>
<td>On-Site following Navigating Change guidelines. Facilities should limit capacity to allow for 6' social distancing.</td>
<td>Open: Capacity to allow for 6' social distancing; total group numbers limited per guidelines</td>
<td>Open: Capacity to allow for 6' social distancing; masks required if less than 6' social distance maintained; total group numbers limited per guidelines</td>
<td>CLOSED</td>
</tr>
</tbody>
</table>

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

State and federal special education statutes and regulations require that school districts provide a child with a disability who has an IEP (ages 3-21) with a free appropriate public education. Accordingly, a child’s IEP team may decide that a child should be served on-site, regardless of gating criteria, while still following any applicable requirements from local and state health officials. For more COVID-19 special education guidance, visit the KSDE Special Education Services webpage at [https://www.ksde.org/Agency/Division-of-Learning-Services/Special-Education-and-Title-Services/Special-Education](https://www.ksde.org/Agency/Division-of-Learning-Services/Special-Education-and-Title-Services/Special-Education).

Kansas leads the world in the success of each student.

REvised Sept. 29, 2020
<table>
<thead>
<tr>
<th>Building Gating Criteria**</th>
<th>Community Gating Criteria</th>
<th>Community Gating Criteria</th>
<th>Community Gating Criteria</th>
<th>Community Gating Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student Absenteeism based on building level ADA</td>
<td>2 week County Incidence rate</td>
<td>Trend in County Incidence rate</td>
<td>Local / referring hospital capacity</td>
<td>Available capacity</td>
</tr>
<tr>
<td>Average Daily Attendance in 2019-20 (i.e. 95%)</td>
<td>2 week cumulative positive test rate</td>
<td>2 week cumulative incidence rate</td>
<td>&gt; 30% available capacity</td>
<td>&gt; 10% available capacity</td>
</tr>
<tr>
<td>&lt;3.0% above baseline building level ADA</td>
<td>&lt; 5%</td>
<td>&gt; 0-50 new cases</td>
<td>Decreasing</td>
<td>Increasing</td>
</tr>
<tr>
<td>3.0-5.9% above baseline building level ADA</td>
<td>5.1-9.9%</td>
<td>51-100 new cases</td>
<td>Stable</td>
<td>Stable</td>
</tr>
<tr>
<td>6.0-9.9% above baseline building level ADA</td>
<td>10.1-14.9%</td>
<td>101-150 new cases</td>
<td>Stable</td>
<td>Stable</td>
</tr>
<tr>
<td>&gt;10% above building level ADA</td>
<td>&gt; 15%</td>
<td>&gt; 151 new cases</td>
<td>Increasing</td>
<td>Increasing</td>
</tr>
</tbody>
</table>

* Increase of absenteeism rate should trigger conversation with local health officials regarding next steps.
** For example, 15 cases for 50,000 would equal 30 per 100K or another example 1 case for 4,000 would equal 25 per 100K.
Navigating Change:
KANSAS’ GUIDE TO LEARNING AND SCHOOL SAFETY OPERATIONS

Strategies to consider to promote full time on-site learning for Pre-K-5 students:

1. Students should be grouped together in cohorts of less than 15 students per group.
   
   A) Either have class sizes with < 15 students per class.

   B) OR have separate cohorts within classes of < 15 students per cohort with adequate physical distancing between cohorts and no mixing of groups other than the teacher

2. Safe but unused facilities within the district and community should be utilized to spread out students.
   
   A) Middle and high school buildings should be utilized when those students are learning remotely

   B) Sports and recreation facilities should be utilized when otherwise not in use

   C) Outside areas should be utilized weather permitting

   D) Schools should work with their community to utilize additional community locations to space out students for on-site education. This may include community buildings, churches, restaurants, etc.

   E) Locations should be consistent between classes/cohorts.

3. Nurses, special education teachers, administrators, and other staff should work in teams and be prepared to travel between sites as needed to provide services.
Appendix

Kansas State Department of Education Guide to Remote, Hybrid, and In-Person Teaching and Learning
Kansas State Department of Education Guide to Remote, Hybrid, and In-Person Teaching and Learning

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](https://www.ksde.org/Teaching-Learning/Resources/Navigating-Change-Kansas-Guide-to-Learning-and-School-Safety-Operations)).
- 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.

Completely **asynchronous**.
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.
**In-person Learning**

Students on-site, brick and mortar buildings with social distancing and following local health department guidelines.

**Students:** Most students are on-site while other students will be learning remotely.

**Teachers** who are able to be will be 100% on-site all day, every day. They continue to work their daily routine, leaving the classrooms as other teachers push in.

Teachers that are medically fragile may be responsible for the 10% of students learning remotely. They can provide lessons, check-ins and assist on-site teachers with Zoom lessons. Schools could use para-educators or substitutes to support students in a remote setting while the majority of students are learning in-person. Every student will have contact from a teacher every day.

**Ideas for instruction**

For those in a remote learning setting during face-to-face instruction, schools should reference the Navigating Change Document for addressing student success using competency-based learning. Counselors or student support specialists will be available daily to support remote students’ social/emotional needs. Learning will keep the same pace as in-person student learning.

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**Hybrid Learning**

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

**Students:** Learn in person or remote utilizing a computer-based platform (i.e., Zoom).

Remote students will complete assignments or projects addressing the same competencies and those that are in person.

**Teachers** are on-site providing instruction to students and providing remote learners opportunities that meet the same standards. Instruction is planned to assess all students in a similar fashion.

**Ideas for instruction**

Live stream your class to students working remotely.

Provide different problem-based projects to remote students using the Navigating Change document.

Assign in-person students to remote students for partner activity completion via an application like Zoom.

Prerecord your instruction so that both in-person and remote watch it simultaneously, allowing the teacher to monitor a Zoom and attend to class questions.

Assign students to converse in breakout rooms and in person to allow for more students to speak and ask questions.

Utilize online polling that allows for student responses in complete sentences to promote more complete communication of thinking.

Assign students questions to answer rather than randomly calling on them, and then allow them the time to develop the answer either solo or with a group in order to keep both online and in-person students engaged in the instruction.

Use peer reviews across both groups by having students or groups post their work and a peer reviews the work providing feedback, which promotes student engagement.

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**Remote Learning**

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

**Elementary students:** Meet with classmates and teachers multiple times a day. Students are provided with full-class interaction before independent work. Direct instruction should be limited to chunks of no more than one minute per age. Guidance is provided for caregivers to support learning for independent work.

**Secondary students:** Could continue to follow their traditional schedule throughout the day, but in an alternate location with flexibility that allows for bandwidth and/or access to technology. This could look like students interacting with classmates and teachers via video conferencing during the assigned class period. Students who are unable to attend during these time periods should plan to meet with the instructor during provided office hours.

**Teachers** who are able, will transition to a 100% home environment. Teachers will maintain frequent (daily or weekly) communication with families regarding expectations for student work. Teachers should continue to follow a routine of instructional practice, working with students both synchronously and asynchronously as needed. Teachers should maintain facilitation of lessons and instruction and it is not recommended that they resort to pre-recorded videos without interaction.

**Ideas for instruction**

Referencing the Navigating Change Document to address student success using competency-based learning. Counselors or student support specialists will be available daily to support remote students social/emotional needs. Learning will keep the same pace as student learning in-person.
USD Sample Remote Learning Plan

Remote Learning Plan

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

1. __________ USD ___ will provide a licensed lead teacher for every __ students 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, associated assignments and assessments for each student.
   - Daily check-ins with each student 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 ___ will provide the following additional supports to ensure the needs of remote learning students are fully met:
   - A core content team of teachers will be provided to support the lead teacher in answering student questions and providing support to remote learners. Student questions should be answered in a timely fashion not exceeding 24 hours during scheduled school days.
   - School counseling services and social work services will be provided to remote learning students via Zoom or other teleconferencing platform.
   - Social Emotional Learning (SEL) lessons and opportunities will be provided to remote learning students.

3. __________ USD ___ can/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.
Kansas COVID Workgroup for Kids Mental Health Task Force - Youth Mental Health and COVID-19: Recommendations and Resources for Coping
Objective: The mental health task force has identified several priority areas for focus. These were selected because they reflect areas of acute need and also have sound, evidence-based interventions to address them. The priorities 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.
Overview & Aims

COVID-19 has caused a major shift in 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 loss of access to in-person schooling and the subsequent decrease in peer contact, there has been significant concern about the effects of social isolation on children and adolescents. There is a well-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. Girls may be more prone to depressive symptoms after feelings of loneliness, while boys tended to exhibit more symptoms of social anxiety. Duration of loneliness may be more important than severity of feelings of isolation. (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 grow 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 a time 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 distanced, 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/guide/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 adapted 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.
https://drive.google.com/drive/u/1/folders/1eu_NW8nNOnXXJ0wI8QI8CQzSSnK-pOT

Self-care strategies for teachers.
https://drive.google.com/drive/u/1/folders/1eu_NW8nNOnXXJ0wI8QI8CQzSSnK-pOT
https://www.edutopia.org/discussion/7-self-care-strategies-teachers

Mindfulness strategies.
https://www.mindful.org/take-a-mindful-moment-5-simple-practices-for-daily-life/

Six Ways for Educators to Avoid Compassion Fatigue
https://lesley.edu/article/six-ways-for-educators-to-avoid-compassion-fatigue
Body Mind and Soul
https://www.ksdetasn.org/atbs/body
https://www.ksdetasn.org/atbs/mind
https://www.ksdetasn.org/atbs/soul
Internet Safety

Youth are spending increasing amounts of time on devices with reliance on virtual school platforms. Additionally, children and teens may have increased unsupervised 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 know children’s passwords for all platforms in use and adults should be present on social media accounts.
5. Non-educational digital time can 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

“Digital Citizenship” lessons on safe internet usage broken down by grade level. Designed for teachers but could be adapted by parents for remote learning opportunities. Spanish-language resources available. [https://www.commonsense.org/education/digital-citizenship](https://www.commonsense.org/education/digital-citizenship)


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

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.ftc.gov/topics/protecting-kids-online
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 scientists (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.cincinnatichildrens.org/patients/coronavirus-information/videos-for-kids-parents
https://www.exploratorium.edu/learn
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 greater sense of well-being, improved self-esteem, and social skills (Dore et al., 2016; Eime et al., 2013). There is some evidence to suggest that team or group participation sports afford greater benefit than individual physical activity (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 increased opportunities for peer interactions, development of mentorship relationships with 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; Holt et al., 2011). Establishing team routines that help preserve some of these key factors during a remote-only season/semester may offer continued benefits even if youth are not participating in 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 distance, 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. Consider smaller teams.
4. Focus on skill building or workouts completed remotely. Encourage players to submit video footage and engage in team goals.
5. Consider limiting travel to only those participating in that event and consider competing only with local teams.
6. Continue team-building exercises virtually to provide social interaction, emotional support, and character development.
7. Encourage students in their senior season to submit video footage of their play/performance to college recruiters. Due to the circumstances, many collegiate institutions will be recruiting differently during the upcoming year.

Resources:

CDC Considerations for Youth Sports:

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 rates were rising in many locations prior to COVID-19. In adults, increased risk of suicide is often associated with economic and employment factors, with increased rates of suicide seen during recessions (Collins et al., 2019). In youth, factors that increase the risk of 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 increasing their use of telehealth services and teens seem generally open to this approach. There is not yet research on whether COVID-19 has resulted in increased youth suicide rates; however, given the risks, an active suicide prevention program and clear plan of action is recommended. Suicide prevention is a national initiative and a national emergency line (988) was recently approved by the FCC; however, 988 will not be available until 2022 and the alternate hotlines listed below should be used in the meantime.

Interventions

1. Post contact information for local and national suicide hotlines. Make these readily available to youth without having to ask for them.
2. If you have concerns, ask questions. You will not “put ideas in their head” by asking someone if they are thinking about dying or hurting themselves.
3. If someone is at immediate risk, do not leave them alone. Call for help and sit with them. Ask 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 in a number of languages at the link below.

Resources

National Suicide Prevention Lifeline: https://suicidepreventionlifeline.org/
1-800-273-8255

Crisis Text Line
https://www.crisistextline.org/
Text HOME to 741741

Ask Suicide-Screening Questions (ASQ) Tool-Kit
https://www.sprc.org/sites/default/files/resource-program/asqToolkit_0.pdf

Virtual Hope Box
Suicide prevention app developed by the VA/Department of Defense available for free download from Apple and Android app stores.
https://www.research.va.gov/research_in_action/Virtual-Hope-Box-smartphone-app-to-prevent-suicide.cfm
Developing Resilience

Resilience is defined as a 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.”
5. Trauma-Informed Care in Schools:
6. Cognitive Behavioral Intervention for Trauma in Schools (CBITS; links to training & free resources): https://cbitsprogram.org/

Resources

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:
https://www.birminghammedicalnews.com/news.php?viewStory=3487&fbclid=IwAR1otya8MCKoJ4MjjPQVdz3k3cya6X7WoB6y223KzJjV3T0sdyDvrkeSj58
References


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