

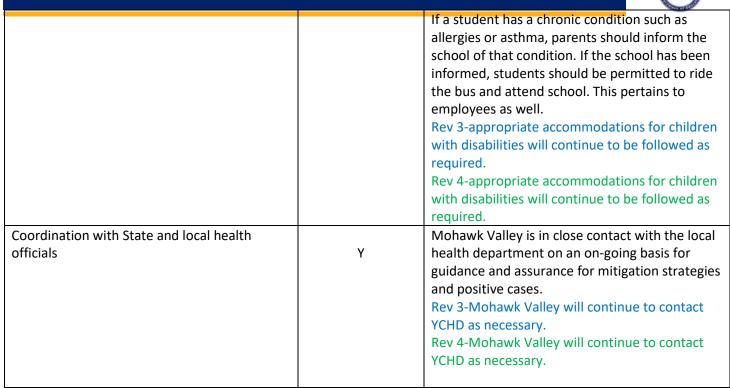
Entity ID	CTDS			LEA NAME
4503	140417000	Moł	nawk Valley School Di	strict No. 17
How the LEA will maintain the health and safety of students, educators, and other staff and the extent to which it has adopted policies, and a description of any such policies, on each of the following safety recommendations established by the Centers for Disease Control and Prevention (CDC)				
CDC Sa	afety Recommenda	tions	Has the LEA Adopted a Policy? (Y/N)	Describe LEA Policy:
Universal and correct wearing of masks		Y	Procedures and guidelines are included in the Mohawk Valley Mitigation Plan. At this time all masks are recommended, but not required (optional). Rev 3-masks are recommended when sick but not required. Rev 4-masks no longer recommended at all, it is a personal preference	
	ities to allow for ph ., use of cohorts/pc	•	Y	Physical plexiglass barriers have been added to reception areas, and spaces where staff members share an office. Plastic dividers are added to some classroom desks or tables when distancing is challenging to implement. Plexiglass barriers are no longer in use. (Updated 8/2022) Rev 3-physical distancing and plexiglass barriers are no longer in use Rev 4-physical distancing and plexiglass barriers are not in use
Handwashing a	and respiratory etio	uette	Y	Procedures and guidelines based on CDC recommendations in the Mohawk Valley Mitigation Plan. Properly washing hands is important to reduce the spread of germs, bacteria, and viruses. Students will be taught proper handwashing and will be encouraged to use good hygiene. Staff will monitor and reinforce appropriate handwashing behavior. Handwashing and sanitation supplies will be made available throughout the school. Respiratory etiquette such as covering coughs and sneezes will be taught, encouraged, and monitored. Rev 3-Proper handwashing and respiratory etiquette are still taught and encouraged Rev 4 – Proper handwashing and respiratory etiquette are taught and encouraged
Cleaning and maintaining healthy facilities, including improving ventilation		Y	Procedures and guidelines are included in the Mohawk Valley Mitigation Plan. Routine cleaning is essential to keeping staff and students safe. Cleaning protocols will be put into place and followed.	



		 Normal cleaning routines and protocols that were in place before COVID-19 will resume. Every staff member will be in charge of keeping their area disinfected throughout the day. Bathrooms will be routinely cleaned. Cafeteria tables will be properly cleaned daily. Disinfectant will be available in every classroom and other areas around campus. Rev 3-Cleaning routines are in place in all areas on campus including bathrooms. Staff are in charge of keeping their area disinfected regularly and are provided disinfectant. Cafeteria tables are cleaned daily. Rev 4-Cleaning routines are in place in all areas on campus including bathrooms. Staff are in charge of keeping their area disinfected regularly and are provided disinfectant. Cafeteria tables are cleaned daily. Rev 4-Cleaning routines are in place in all areas on campus including bathrooms. Staff are in charge of keeping their area disinfected regularly and are provided disinfectant.
Contact tracing in combination with isolation and quarantine, in collaboration with the State, local, territorial, or Tribal health departments	Y	Procedures and guidelines are included in the Mohawk Valley Mitigation Plan as recommended by the Arizona Department of Health Services. POSITVE COVID-19 TEST OR COVID-19 SYMPTOMS REPORTED All household members of someone confirmed or suspected to have COVID-19 should not physically attend school. If a student, teacher, or MVS staff member or household member becomes sick with COVID-19 symptoms or reports a positive COVID-19 test, the most current AZDHS and CDC guidance and protocols will be followed in conjunction with guidance from Yuma County Health Department. Employee and student close contact exposure will be reviewed and quarantine dates will be determined on a case-by-case basis dependent upon a thorough investigation. Quarantine times are dependent upon vaccination or un- vaccinated situations. MVS will work with YCHD to determine a safe release from quarantine to return to school/work. CDC and AZDHS protocols are subject to update and change regularly.



		and and
		when to reopen school buildings, the decision to quarantine a class, close a portion of the school, or close the school entirely will be made in close coordination with Yuma County Health Department. Both the context of local spread as well as the school's mitigation practices will be considered. Rev 3-contract tracing, quarantine, and isolation is not in place at this time, per CDS, AZHDS or
		YCHD. If the AZDHS or YCH were to implement contract tracing once again, Mohawk Valley School would follow their guidance. Rev 4-contract tracing, quarantine, and isolation is not in place at this time, per CDS, AZHDS or YCHD. If the AZDHS or YCH were to implement contract tracing once again, Mohawk Valley School would follow their guidance.
Diagnostic and screening testing	Y	 Procedures and guidelines are included in the Mohawk Valley Mitigation Plan. COVID-19 rapid testing is available to all employees and students that are experiencing symptoms or were in close contact to a COVID-19 person. Rev 3-diagnostic screening and testing is not in place at this time. If directed by AZDHS or CDC were to require once again then Mohawk Valley would follow that guidance. Rev 4-diagnostic screening and testing is not in place at this time. If directed by AZDHS or CDC were to require once again then Mohawk Valley would follow that guidance. Rev 4-diagnostic screening and testing is not in place at this time. If directed by AZDHS or CDC were to require once again then Mohawk Valley would follow that guidance.
Efforts to provide vaccinations to school communities	Y	Procedures and Guidelines are included in the Mohawk Valley Mitigation Plan, employees and students are encouraged to contact the local health department for vaccination clinics or appointments. Rev 3-the school site is no longer providing space for vaccination clinics. If the need arises once again then Mohawk Valley would coordinate with YCHD to provide space for vaccination clinics. Rev 4-the school site is no longer providing space for vaccination clinics. If the need arises once again then Mohawk Valley would coordinate with YCHD to provide space for vaccination clinics. If the need arises once again then Mohawk Valley would coordinate with YCHD to provide space for vaccination clinics.
Appropriate accommodations for children with disabilities with respect to health and safety policies	Y	Procedures and guidelines are included in the Mohawk Valley Mitigation Plan. Chronic Conditions



How the LEA will ensure **continuity of services**, including but not limited to services to address **students' academic needs** and **students' and staff social, emotional, mental health**, and **other needs**, which may include **student health and food services**

How the LEA will Ensure Continuity of Services?

Students' Needs

Mohawk Valley will only provide in-person learning at all brick-and-mortar schools going forward unless there is a need to revert to the adopted Instructional Time Model in the event of a school closure due to an outbreak or a student that needs to remain home for quarantine or isolation or approved sickness.

In case of a mandated, long-term school closure, Mohawk Valley, has 1:1 student devices for use through Zoom classroom meetings, on-line curriculum platforms, and work packets should a child need to access instruction remotely.

Rev 3-Mohawk Valley only provides in-person instruction at this time. If the need arises, other options will be provided per state mandates.

Rev 4-Mohawk Valley only provides in-person instruction at this time. If the need arises, other options will be provided per state mandates.

Academic Needs •	Student academic needs are tracked through benchmarking assessment systems such as NWEA Map Growth and NWEA Map Fluency and other curriculum platforms: Moby Max, Achieve 3000, and Imagine Learning.(Benchmark testing has changed from NWEA to Galileo and Amplify Dibels. Updated 8/2022) (Rev 4-Benchmark testing includes Galileo, Amplify
•	Dibils, and Benchmark Advance) K-3 Literacy Curriculum will be adopted to focus on good first instruction. K-8 Literacy Intervention program, Imagine Learning, has been adopted to focus on remediating and moving students forward in early and intermediate literacy. An instructional coach/interventionist has been by hired (through a different grant). The instructional coach will utilize research-vetted instructional training to help teachers implement quality first instruction and intervention groups.



Achieve 3000, etc. will be used to instruct Students in the basic five areas of literacy phonemic awareness, phonics, fluency, vocabulary, and comprehension based on need. EL Education and K-8 Language Arts curriculum for language arts and will be enhanced through platforms such as Imagine Learning and Moby Max. Ongoing, systematic professional development plan for teachers to gain expertise in curricular programs, classroom management, and using assessment data to inform instruction. Rev 3-the programs mentioned above are still in use to meet student academic needs. Social, Emotional and Mental Health Needs Social, Emotional and Mental Health Needs Social, Emotional and Mental Health Needs Or EXA provide the student schematic needs. Social, Emotional and Mental Health Needs Orbit Developing a holisic approach to SEL by coordinating the social-emotional language, skills, and strategies used in schools to provide students with consistent messaging and critical reinforcement throughout their days and school years using an adopted curriculum. The SEL program will be used through our "Brave Familles" where students are split into mixed grade levels into "familles" to work on SEL and character education. Provide training in suicide awareness and prevention for school other school personnel. Rev 3-the programs mentioned above are still in use and continue to be implemented to meet social, emotional, and mental health needs. Other Needs (which may include student health and food services) <t< th=""><th></th><th></th></t<>		
and food services)Maintain messaging about home monitoring for symptoms of illness.Maintain a health coordinator to support students and families with minor health needs, implementation of individual health plans, and support for students who need administration of daily medications at school.Providing guidance and messaging about county health programs such as vaccinations, COVID testing, and immunization clinics.Rev 3-the protocols mentioned above are still being implemented to meet other student needs.Rev 4-the protocols mentioned above are still being implemented to meet other student needs.Staff Needs:	Social, Emotional and Mental Health Needs	 basic five areas of literacy phonemic awareness, phonics, fluency, vocabulary, and comprehension based on need. EL Education and K-8 Language Arts curriculum for language arts and will be enhanced through platforms such as Imagine Learning and Moby Max. Ongoing, systematic professional development plan for teachers to gain expertise in curricular programs, classroom management, and using assessment data to inform instruction. Rev 3-the programs mentioned above are still in use to meet student academic needs. Rev 4 – Benchmark Advance curriculum has been adopted for ELA instruction in grades K-5 Developing a holistic approach to SEL by coordinating the social-emotional language, skills, and strategies used in schools to provide students with consistent messaging and critical reinforcement throughout their days and school years using an adopted curriculum. The SEL program, Sanford Harmony, will be implemented. This program will be used through our "Brave Families" where students are split into mixed grade levels into "families" to work on SEL and character education. Provide training in suicide awareness and prevention for school other school personnel. Rev 3-the programs mentioned above are still in use and continue to be implemented to meet social, emotional, and mental health needs. Rev 4-the programs mentioned above are still in use and continue to be implemented to meet social, emotional, and mental health needs.
 Providing guidance and messaging about county health programs such as vaccinations, COVID testing, and immunization clinics. Rev 3-the protocols mentioned above are still being implemented to meet other student needs. Rev 4-the protocols mentioned above are still being implemented to meet other student needs. 		 Maintain messaging about home monitoring for symptoms of illness. Maintain a health coordinator to support students and families with minor health needs, implementation of individual health plans, and support for students who need
Staff Needs:		 Providing guidance and messaging about county health programs such as vaccinations, COVID testing, and immunization clinics. Rev 3-the protocols mentioned above are still being implemented to meet other student needs. Rev 4-the protocols mentioned above are still being
Social. Emotional and Mental Health Needs • Train supervisors in compassionate management practices	Staff Needs:	
run supervisors in compussionate management practices	Social, Emotional and Mental Health Needs	• Train supervisors in compassionate management practices.



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	 Provide minor accommodations to work and/or place when feasible. Employee Assistance Program (EAP) is a confidential, employer-offered program that helps employees and their families balance the demands of work, life and personal issues. Rev 3-the protocols mentioned above are still in place to meet staff social, emotional, and mental health needs. Rev 4-the protocols mentioned above are still in place to meet staff social, emotional, and mental health needs.
Other Needs	

significant changes to CDC guidance on re	ently than every six months (taking into consideration the timing of opening schools), review and, as appropriate, revise its plan for the safe uity of services through September 30, 2023 First Adoption: September 14, 2021 Revision 1: March 8, 2022 Revision 2: August 16, 2022 Revision 3: February 14, 2023 Revision 4: August 15, 2023
Public Input	
Describe the process used to seek public input, and how that input was taken into account in the revision of the plan:	 INITIAL: Parent and student surveys were sent home in Feb 2021 to address the success and future needs of a safe return to in-person instruction. Student input was also taken through student council meetings in the junior high grades. A public meeting (and school board meeting) was held on August 2, 2021 to seek public input on the proposed mitigation plan for the return to school and the discussion of requiring masks on buses. Discussions with MVS staff took place at various meetings in June and July to discuss mitigation strategies and a safe return to in-person instruction for the 21-22 school year. REVISION: The District held a public hearing at the regular Governing Board meeting on March 8, 2022 for public comments. The District held a public hearing at the regular Governing Board meeting on August 16, 2022. The District held a public hearing at the regular Governing Board meeting on February 14, 2023. The District held a public hearing at the regular Governing Board meeting on February 14, 2023.

U.S. Department of Education Interim Final Rule (IFR)

(1) LEA Plan for Safe Return to In-Person Instruction and Continuity of Services

- (a) An LEA must describe in its plan under section 2001(i)(1) of the ARP Act for the safe return to in-person instruction and continuity of services—
 - (i) how it will maintain the health and safety of students, educators, and other staff and the extent to which it has adopted policies, and a description of any such policies, on each of the following safety recommendations established by the CDC:



- (A) Universal and correct wearing of masks.
- (B) Modifying facilities to allow for physical distancing (*e.g.*, use of cohorts/podding)
- (C) Handwashing and respiratory etiquette.
- (D) Cleaning and maintaining healthy facilities, including improving ventilation.
- (E) Contact tracing in combination with isolation and quarantine, in collaboration with the State, local, territorial, or Tribal health departments.
- (F) Diagnostic and screening testing.
- (G) Efforts to provide vaccinations to school communities.
- (H) Appropriate accommodations for children with disabilities with respect to health and safety policies.
- (I) Coordination with State and local health officials.
- (ii) how it will ensure continuity of services, including but not limited to services to address students' academic needs and students' and staff social, emotional, mental health, and other needs, which may include student health and food services.

(b)(i) During the period of the ARP ESSER award established in section Start Printed Page 212022001(a) of the ARP Act, an LEA must regularly, but no less frequently than every six months (taking into consideration the timing of significant changes to CDC guidance on reopening schools), review and, as appropriate, revise its plan for the safe return to in-person instruction and continuity of services.

- (ii) In determining whether revisions are necessary, and in making any revisions, the LEA must seek public input and take such input into account
- (iii) If at the time the LEA revises its plan the CDC has updated its guidance on reopening schools, the revised plan must address the extent to which the LEA has adopted policies, and describe any such policies, for each of the updated safety recommendations.
- (c) If an LEA developed a plan prior to enactment of the ARP Act that meets the statutory requirements of section 2001(i)(1) and (2) of the ARP Act but does not address all the requirements in paragraph (a), the LEA must, pursuant to paragraph (b), revise and post its plan no later than six months after receiving its ARP ESSER funds to meet the requirements in paragraph (a).
- (d) An LEA's plan under section 2001(i)(1) of the ARP Act for the safe return to in-person instruction and continuity of services must be—
 - (i) In an understandable and uniform format;
 - (ii) To the extent practicable, written in a language that parents can understand or, if it is not practicable to provide written translations to a parent with limited English proficiency, be orally translated for such parent; an
 - (iii) Upon request by a parent who is an individual with a disability as defined by the ADA, provided in an alternative format accessible to that parent