Notice: LEAs must complete all budget entries and details for approval before the remaining one-third of funds allocation will be released.

Purpose 1: This section is to document the LEA's required Safe Return to In-Person Instruction and Continuity of Services Plan due by June 23, 2021.

1. Please describe the extent to which the LEA has adopted policies on each of the following health and safety strategies:

* A. Universal and correct wearing of masks

**Purpose:** The health guidelines specifically focus on the school nurse health office and are intended to provide guidance for each school regarding the health and wellness of both students and staff upon the return to school during Coronavirus Disease 2019 (COVID-19) for the 2020-2021 school year. Additional references are located in the Delaware Department of Education (DDOE) Return to School guidance. Both documents will be key in the delivery of nursing services in the school building. These guidelines will be updated to address the changes in policy and guidance as necessary.

These written guidelines include but are not limited to the following components:

1) School Nurse Personal Protective Equipment (PPE)
2) Non-medical Staff Guidance for Use of PPE
3) School Nurse Office Equipment
4) Symptom Monitoring/Exclusion Criteria
5) Health Room Visits/Flow
6) Communicable Disease Monitoring
7) School Requirements
8) Communication & Education for Students and Staff
School Nurse Personal Protective Equipment (PPE)

Any interaction with a student suspected of COVID-19 will require the use of PPE including FDA approved surgical face mask, gloves, gown and goggles or face shield.

**Recommendations:**

1) School nurse attire
   - a) Scrub top, bottoms and lab coat or cloth washable (scrub jacket or smock) are strongly recommended for daily duties including identifying one pair of shoes that are designated for work.
   - b) Extra attire is encouraged in case clothing becomes soiled.

2) Gloves
   - a) Each school nurse will determine the number of gloves to be ordered using student and staff office visit data from the school year 2019-2020.
   - b) School nurses should use non-sterile nitrile disposable gloves in the health room and during each individual student/staff hands on assessment.
   - c) Wearing gloves is not a substitute for hand washing with soap and running water.
   - d) Washing hands between individuals and donning a new pair of gloves during each individual student/staff hands on assessment to decrease exposure to bodily fluids and to prevent pathogen transmission.

3) Face Masks
   - a) FDA approved surgical face masks are to be used by the school nurse in the health room using at least 1 mask/day unless soiled, wet, damaged, or difficult to breathe through.
   - b) Each school nurse will order the number of face masks that equals half of the student body (e.g., if 100 students then 50 masks need to be ordered).
   - c) Face masks will be worn during all student/staff interactions. KN95 surgical face masks will be provided by the district and are to be used during treatments that elicit aerosolized secretions such as suctioning or nebulized medication administration or when assessing a student/staff member with symptoms consistent with COVID-19) per guidelines. Best practices prior to the COVID-19 pandemic was for healthcare workers to use N95 or greater protection respirators when in contact with patients who may spread infectious diseases via airborne secretions. If a respirator is determined not
essential, or is unavailable due to shortage, wear a facemask and face shield (NASN, 2020). Proper fitting by an approved respiratory program is preferred and recommended by NASN.

**NASN PPE**

4) **Eye Protection**
   a) Each school nurse will need to have one reusable pair of protective eye wear such as reusable goggles or face shield with a backup device located in the disaster bag.

5) **Gowns (disposable)**
   a) Each school nurse will need to order 25-50 protective gowns that are resistant or impermeable to fluids.
   b) Protective gowns will need to be worn during procedures that may illicit aerosolized secretions such as suctioning and nebulized medications and/or during procedures where there is a potential exposure of being splashed or sprayed with respiratory secretions. Gowns need to be changed between potentially infectious cases to prevent cross contamination.
   c) Note: When ordering supplies, consideration should be given to the unique needs of students/staff within each school building.

Non-medical Staff Guidance for Use of PPE

**Recommendations:**

1) **Facemask or Face covering**
   a) Need to be worn by all non-medical staff in accordance with Delaware Health and Safety directives and Administrative Memorandum 5012.11 Face Coverings in District Schools and Facilities.
      i) Face mask or face covering shall be worn during all activities when social/physical distancing cannot be safely maintained. In accordance with the Delaware Health and Safety Directives.
   b) Additional guidance is available at the following:
      - DDOE Returning to School (refer to Health and Safety Directives)
      - DPH Guidance for Face Coverings - Delaware's Coronavirus Official Website

1) **Face shields**
   a) The use of face shields should be considered when working with students with special healthcare needs and when there is a potential exposure of being splashed or sprayed with respiratory secretions during certain activities such as feeding.
   b) A face shield may be used in lieu of a mask when working with students who may need to visualize the face/mouth of the educator to aid in their learning only if physical distancing is able to be maintained or additional physical barriers are in place.
3) Gloves
   a) Should be worn by staff members when participating in activities that have a risk for exposure to body fluids. This includes but is not limited to oral and nasal secretions (saliva and mucus), blood, urine, feces, sweat, tears, vomit and breast milk. Note: Per the CDC, it is not yet known whether other non-respiratory body fluids from an infected person can contain viable, infectious SARS-COV-2 the virus responsible for COVID-19.
4) Gowns (disposable)
   a) Need to be worn when working with students who have special health care needs when there is a potential of being splashed or sprayed with respiratory secretions during certain activities such as feeding.
5) Hand Hygiene
   a) Staff must have access to 60-70% alcohol-based hand rub (hand sanitizer) and/or soap and water in accordance with State of Delaware Department of Health guidelines.
6) Additional Considerations
   a) If there is potential of being splashed or sprayed by bodily fluids while performing daily duties, adherence to standard precautions is required. Collaboration with school administration and the school nurse is recommended to determine if additional PPE is required. This may include use of a face mask, face shield/eye protection, disposable gloves, and a gown.
   b) Specific examples and guidance for handling potential high-risk body fluid exposures and the proper use of PPE can be discussed with the school nurse, and also can be found in Communication & Education for Staff.

* B. Physical Distancing (e.g. use of cohorts/podding)

Red Clay adheres to 3 feet minimum requirements for physical distancing in accordance with state guidelines.

* C. Handwashing and respiratory etiquette

Hand Hygiene
   a) Staff must have access to 60-70% alcohol-based hand rub (hand sanitizer) and/or soap and water in accordance with State of Delaware Department of Health guidelines.

Aerosol Procedure Area:
   a) Separate identified space that includes ventilation to the outside per recommendations or aerosolized procedures (e.g., nebulizers, suctioning, and oxygen administration). https://www.ashrae.org/technical-resources/reopening-of-schools-and-universities

Isolation Room:
   a) Separate identified space with a door that also has adequate ventilation per recommendations for COVID-
19 presumptive cases that will serve as an isolation room for individuals being sent home from school or for further evaluation. Note: This room can be referred to as “Going Home Early Room” or other age appropriate child friendly terminology as needed.

**Health Office Flow**

**Considerations:**

1) Student and staff visits and referrals to the health room should be considered as scheduled or staggered appointments unless emergency as determined by the nurse or school administrator.
2) Non-students and non-staff (e.g., parents, community agency members) are prohibited from the health office.
3) Collaboration with administration to establish a plan and communication system for when the health office reaches capacity.
4) Physical/social distancing must be followed based on DDOE Returning to School recommendations.
5) Standardized education for staff, students and families regarding health office visits, referrals and procedures need to be provided. Communication & Education for Staff section in Appendix A.
6) Identify and remove non-medical tasks out of the health office (e.g., safety pins, lost and found, extra clothing and hand lotion).

**First Aid Guidance for Staff**

1) It is recommended that minor first aid situations be handled by the student and school staff using self-care to prevent health office congregation and possible cross exposure. This is not to imply delegation of nursing services. The goal is to keep healthy students and staff out of the health office to avoid potential exposure to illness.
2) It is required that procedures are established in which staff shall notify the school nurse prior to sending a student/staff member to the health office to prevent excess health office capacity.
3) Education regarding handling minor first aid and other situations shall be provided by the school nurse during scheduled professional development. Refer to the Communication & Education for Staff section in Appendix A.
4) First Aid Supplies
   a) Gloves, Band-Aid’s, and other items appropriate for the school setting should be provided by the school nurse for classroom and other setting use.
b) A “PPE Kit” for staff at high risk for exposure to respiratory droplets (e.g., behavioral interventionist, Crisis Teams members) shall be provided by the school nurse with education regarding potential exposure. Decisions for PPE use for high risk staff should be determined in consultation with the school nurse and school administration. It is recommended to place “PPE Kit” in strategic locations in the building to be used in emergency situations (e.g., with the AED, main office, cafeteria, unattached buildings).

**Triaging in the Health Office**

5) The school nurse shall determine which Health Office Area the student or staff member will be triaged, so that a treatment plan can be determined. See Figure 1: Health Office Areas

**Well Visit & Injury Area**

**Reason for Visit:**
Presents to office with a routine procedure (e.g., diabetic care, tube feedings, catheterization, wound care, ostomy) or unscheduled visit for assessment (injury, medication administration/treatment) with non-COVID-19 symptoms.
Adhere to physical distancing marked off areas.
Wash/sanitize hands.
Clean area after individual departs.

**Ill Visit Area**

**Reason for Visit:**
Presents to office with an unscheduled visit for assessment with non-COVID-19 symptoms (e.g., report of ear pain, toothache, etc.).
Assess for signs and symptoms or exposure to COVID-19. If yes, send immediately to COVID-19 isolation area, follow isolation guidance.
Adhere to Physical Distancing marked off area.
Wash/sanitize hands.
Clean area after individual departs.

**Aerosol Procedures Room**

**Reason for Visit:**
Aerosol procedure (e.g., suctioning, tracheostomy care, nebulizers). Assess for signs and symptoms or exposure to COVID-19. If yes, send immediately to COVID-19 isolation area, follow isolation guidance. School nurses need to don necessary PPE including N95 masks. Adhere to physical distancing marked off areas. Wash/sanitize hands. Clean area after individual departs.

**Isolation Room**
COVID-19 (+) Symptoms
Note: This room can be referred to as “**Going Home Early Room**” or other age appropriate child friendly terminology.

**Reason for Visit:**
Evaluation of COVID-19 symptoms.
Place a surgical mask on the individual (unless the individual is having difficulty breathing).
School nurse will don the necessary PPE.
Refer to Isolation Guidance.
Adhere to physical distancing.
Wash/sanitize hands.
Send home.
Follow district Transportation Process for students with transportation concerns.
Follow district Cases Contact Process (this includes notifying DOE and DPH.)
Ventilate the room using an approved HEPA filtration device after the individual (s) depart.
Have the room cleaned per district protocol after individual (s) depart.

**Special Considerations**

1) For students with an asthma diagnosis, consider care coordination with health care provider to establish and suggest the following:
a) Asthma Action Plan or medication and treatment orders that reflect:
   i) Administration of bronchodilator delivered by metered-dose inhaler (MDI) to be used whenever possible instead of nebulizer.
   ii) Avoidance of using peak flow meters due to the potential of triggering a cough.
   iii) Oxygen instead of nebulizer treatment or use inhalers with spacers first even in emergency situations to limit aerosolized exposure. (Allergy & Asthma network, 2020)
   b) Medical note from the health care provider for students with acute asthma attacks to attend school.
2) Contact the parent/guardian regarding use of MDI over nebulizer treatment and obtain medication and supplies to treat the student during the school day.
3) If nebulizer treatment or peak flow measurement is necessary, the number of people in the room shall be limited to the student and school nurse administering the treatment.
4) After the nebulizer treatment or use of a peak flow meter, this room shall undergo cleaning and disinfection without the student present.
5) Close off areas used by a sick person and do not use these areas until after cleaning and disinfecting. Wait at least 24 hours or as long as possible before cleaning and disinfecting (CDC, 2020).
6) American Heart Association for CPR & Mask Bagging Oxygenation and Ventilation COVID-19

* D. Cleaning and maintaining healthy facilities, including improving ventilation

Close off areas used by a sick person and do not use these areas until after cleaning and disinfecting. Wait at least 24 hours or as long as possible before cleaning and disinfecting (CDC, 2020).
American Heart Association for CPR & Mask Bagging Oxygenation and Ventilation COVID-19
Additional routine and high touch surface areas cleaned frequently.

* E. Contact tracing in combination with isolation and quarantine in collaboration with the state, local, territorial, or Tribal health departments

DPH Reporting
1) Building COVID-19 Coordinator will perform immediate contact tracing when notified of a positive case within the school building.
2) Notification will be made to individuals believed to be close contacts of positive cases.
3) School community notification of positive cases while protecting personal health information will come from the building principal.
4) Follow up documentation including positive person (s) and close contacts will be provided to the Delaware
Symptom Monitoring/Exclusion Criteria

Health Assessment COVID-19 Self Screening Tool

Symptoms
Students and staff will be excluded from school if they test positive for COVID-19 or exhibit (1) or more of the symptoms of COVID-19 based on current DPH guidelines.

Symptoms may include:

1) Fever of 100.4 degrees or greater
2) Cough
3) Shortness of breath or difficulty breathing
4) Chills
5) Muscle pain
6) Headache
7) Sore throat, runny nose or congestion
8) New loss of taste and/or smell
9) Fatigue
10) Congestion or runny nose
11) Nausea, vomiting or diarrhea
12) Multisystem Inflammatory Syndrome in Children (MIS-C) above plus rash, bloodshot eyes, neck pain and abdominal pain

Refer to link COVID-19 Symptoms

COVID-19 Risk Assessment Tool

Refer to the Delaware Department of Education’s Coronavirus Disease (COVID-19) Screening Assessment for Use by the School Nurse

Handling Suspected, Presumptive or Confirmed COVID-19 Positive Cases
Should a student/staff member exhibit any of the symptoms noted above, the following protocol will be followed:

**Protocol**

1) Each school must have a dedicated room or adjacent well-ventilated space with a door separate from the nurse’s office that allows symptomatic individuals to be separated/isolated by 6 or more feet while waiting to be evaluated or for immediate dismissal.
   a) Only essential staff and students assigned to the designated isolation space may enter.
   b) Any person who enters the designated isolation space will be required to sign in so that there is a record of persons who entered the room. See Isolation Sign-In Sheet Appendix A
   c) The designated isolation space will be cleaned and disinfected between students several times throughout the day.
   d) Symptomatic individuals will remain under visual supervision by a staff member who is at least 6 feet away. The supervising adult will wear a surgical mask and have access to 60-70% alcohol-based hand rub or soap and running water.
   e) Any school nurse or school staff member who provides direct care to a symptomatic person will need to wear proper PPE and perform hand hygiene after removing PPE.

An FDA approved surgical mask will be provided to students/staff exhibiting respiratory signs/symptoms. Note: Cloth face coverings should not be placed on anyone who has trouble breathing or is unconscious, anyone who is incapacitated or otherwise unable to remove the face covering without assistance or anyone who cannot tolerate a cloth face covering due to developmental, medical or behavioral health needs.

**Sending Home**

Students with fever and/or symptoms consistent with possible COVID-19, will not be permitted to remain in school and must be picked up by a parent/guardian as soon as possible and no longer than one hour from initial contact.

1) These students will not be permitted to board the dismissal bus.
2) Students who are ill will be walked out of the building by staff to parent/guardian (per district policy)
3) For students with transportation concerns the school district will work with the transportation department to get the student home safely.
4) After notifying their administrator, staff will leave school immediately and seek advice and care from a healthcare provider.

**Return to School**
After a student/staff member has been excluded from the school environment he or she may return once the recommendations from the Delaware Department of Public Health have been satisfied. See Appendix A. A system must be developed for identifying students who return to school without proper clearance in collaboration with administration and staff.

**COVID-19 Return to School Criteria Flow Chart**

Refer to the COVID-19 Process Maps for Students and Staff

Other Circumstances may include:

Siblings or students in the household of a student/staff member who has tested positive for COVID-19 will also be excluded from school and will be required to quarantine per current recommendations from the Delaware Department of Public Health.

Students diagnosed with illnesses not related to COVID-19 such as but not limited to strep throat and otitis media will be permitted to return to school after consultation with a healthcare provider along with a note from the healthcare provider stating that it is safe for the student to return to school. It is important to refer to the Red Clay Consolidated School District Administrative Memorandums for Protocol for Various Health Conditions.

* F. Diagnostic and screening testing

Red Clay will continue to partner with state and local health partners with hosting testing sites as part of many mitigating strategies.

* G. Efforts to provide vaccinations to educators, other staff, and students, if eligible

Red Clay will continue to work with state and local health partners on offering/hosting vaccination clinics. To date we've hosted two Delaware Department of Education Clinics as well as partnered with CarePortMD to host two community based events for eligible members.

* H. Appropriate accommodations for children with disabilities with respect to health and safety policies.
Vulnerable Populations and Individuals Who Are Considered at Increased Risk

1) Consider
   a) Risk increases steadily with age.
   b) Individuals at any age with certain underlying medical conditions.
   c) Students who are medically complex. Those who have neurological, genetic, metabolic conditions, or congenital heart disease.
2) Staff with personal medical concerns refer to district Human Resources.
3) Individual Education Plans (IEP), 504 Plans and Individual Health Plans need to be updated to reflect current and any new medical needs.

Health Office Requirements

1) Space
   a) Refer to the State of Delaware School Construction Technical Assistance Manual. There needs to be at least one bathroom that conforms to American with Disabilities Act (ADA) guidelines that is accessible for use. State of Delaware School Construction Technical Assistance Manual
   b) Required Areas/Rooms
      i) **Well Visit & Injury Area**:
         Separate areas in a clearly identified and labeled space maintaining appropriate distance of at least 6 feet that include both cots and chairs for the following:
         (1) Well visits and injuries
         (2) Ill visits not deemed COVID-19

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

Identifying Needs of Underserved Students
Describe your LEA’s highest priority academic, social, emotional, and/or mental health needs for the remainder of the 2020-2021 school year (if applicable) and for the 2021-2022 school year related to the impact of the COVID-19 pandemic on each of the following student groups.

To the extent possible, this description should include data on indicators such as estimates of the academic impact of lost instructional time, chronic absenteeism, student engagement, and social-emotional well-being.

Table

<table>
<thead>
<tr>
<th>Student group</th>
<th>Highest priority needs</th>
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<tbody>
<tr>
<td>Students from low-income families</td>
<td>Director of School Support</td>
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<td></td>
<td>Extended Day Learning Framework</td>
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<td>National Conferences</td>
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<td>Website enhancement</td>
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<td>Instructional Framework</td>
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<td>Intervention Materials (K-5 Math)</td>
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<td>Elementary Literacy Recovery Program</td>
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<td>Immersion/World Language Cadre</td>
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<td>Shortlidge CSI plan</td>
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<td>AIMS CSI Plan</td>
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<td>Stanton CSI Plan</td>
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| Students from each racial or ethnic background used by the State for reporting purposes – please add a row for each racial or ethnic group (e.g., Students from each racial or ethnic background used by the State for reporting purposes – please add a row for each racial or ethnic group (e.g., Students from each racial or ethnic background used by the State for reporting purposes – please add a row for each racial or ethnic group (e.g., Students from each racial or ethnic background used by the State for reporting purposes – please add a row for each racial or ethnic group (e.g., Students from each racial or ethnic background used by the State for reporting purposes – please add a row for each racial or ethnic group (e.g., Students from each racial or ethnic background used by the State for reporting purposes – please add a row for each racial or ethnic group (e.g., Students from each racial or ethnic background used by the State for reporting purposes – please add a row for each racial or ethnic group (e.g., Students from each racial or ethnic background used by the State for reporting purposes – please add a row for each racial or ethnic group (e.g., Students from each racial or ethnic background used by the State for reporting purposes – please add a row for each racial or ethnic group (e.g., Students from each racial or ethnic background used by the State for reporting purposes – please add a row for each racial or ethnic group (e.g., Students from each racial or ethnic background used by the State for reporting purposes – please add a row for each racial or ethnic group (e.g., Students from each racial or ethnic background used by the State for reporting purposes – please add a row for each racial or ethnic group (e.g., Students from each racial or ethnic background used by the State for reporting purposes – please add a row for each racial or ethnic group (e.g., Students from each racial or ethnic background used by the State for reporting purposes – please add a row for each racial or ethnic group (e.g., | Comparison of mp 4 to mp 3 and mp 4 from 2019:
| · Districtwide the % of As and Bs among secondary students (55%) is 1% point less than the third marking
| CIP plans (all schools)
| Summer Programming
| Children & Families First
| Campus Connect Summer Program
| Freedom Schools
| Springboard
| SMartSummer
| AIMS Summer Academy
| Stanton Summer Program
| 8-9th grade transition program
| 9th grade recovery program
| Skyline Summer program
| HB DuPont summer programming
| AIMS transition program
| Stanton transition program
identifying disparities and focusing on underserved student groups by race/ethnicity)

period (56%); 11% points less than the fourth marking period in 2019 for students in grades 6-12 (66%). (We didn’t have a 4th marking period last year.)

· Failures among secondary students (17%) are up, 3% points more than the 3rd marking period (14%); and 11% points more than the fourth marking period in 2019 (grades 6-12) (6%).

Below are some key comparisons from the 4th to the 3rd marking period this year.

District sub-group failure rate

§ Greater failure rate among Black students, up 6% points (28%)

§ Greater failure rate among Hispanic students, up 4% points (21%)

§ Greater failure rate among among White students, up 2% points (10%)

§ Steady failure rate among Asian students (3%)

§ Greater failure rate among students with disabilities, up 5% points (25%)

§ Greater failure rate among English Learners, up 2% points (22%)

Freedom School : The program also aims to address learning loss experienced as a result of the COVID-19
pandemic and build strong, literate, and empowered children by providing summer reading enrichment to children who might otherwise not have access to books. Children are taught using a model integrated curriculum that supports children and families around five essential components: high-quality academic enrichment; parent and family involvement; civic engagement and social action; intergenerational leadership development; and nutrition, health, and mental health.

Measures:

% children maintaining or improving reading level,
% students increased academic engagement,
% students increased ethnic identity,
% students increased SEL skills

Campus Connect:

Campus Connect summer programming designed to support students in high needs schools with a focus on improved academic and social and emotional outcomes. This full day programming that is literacy based, using the skill focused model, and supplemented with programming to support social and emotional well-being through our partnership with Children & Families First.
### Spring to Learning:

The goal of this summer literacy program is to improve academic outcomes while strengthening family/educator relationships. Students will also dive into STEM through modules. The goal is to provide hands-on, immersive, project-based learning experiences that result in authentic student engagement.

<table>
<thead>
<tr>
<th>Measures:</th>
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<tbody>
<tr>
<td>1. Number of participants who improve attendance and classroom performance, and/or who decrease disciplinary action or other negative behaviors.</td>
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<tr>
<td>2. Other: Number of participants that meet their RI and MI individualized growth target</td>
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</tbody>
</table>

**Measures:**

- % children maintaining or improving reading level,
- % students increased academic engagement,
- % students increased SEL skills

<p>| Students by gender – please add a row for each gender (e.g., identifying disparities and focusing on underserved student groups by gender) |</p>
<table>
<thead>
<tr>
<th>Student group</th>
<th>Highest priority needs</th>
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<tbody>
<tr>
<td>English learners</td>
<td>Additional EL teachers&lt;br&gt;SIOP Training for Teachers (schoolwide training for all teachers/staff)&lt;br&gt;After school tutoring for newcomers&lt;br&gt;After school tutoring for long term ELs&lt;br&gt;Summer program&lt;br&gt;National conferences&lt;br&gt;ACE Program</td>
</tr>
<tr>
<td>Children with disabilities</td>
<td>Autism Services - Curriculum purchase and vendor contract for Professional Learning&lt;br&gt;Autism Services - Service Coordinator&lt;br&gt;Autism Services - Parent education and Sibling shop</td>
</tr>
</tbody>
</table>
Special Services - Supplemental curriculum to address learning loss

Special Services - Mental Health Wrap-Around services Vendor (ESS)

Special Services - Counselor/Social Worker

Special Services - Additional Psychologist & SLP Support for Evaluations for one year

Special Services - Recovery Services - funding for tutoring and small group instruction- one year

Special Services & Equity - MTSS/Restorative Practices training and alignment

Meadowood Transition Program Teacher and Coordinator (increased student enrollment due to 21 year olds staying in program)

Early Years Program Curriculum purchase and Professional Learning

Supporting Data:

- Failure rate among secondary students with disabilities has increased an average of 5 percentage points (25%) in comparison with 19-20 SY

- Six secondary schools exceed the district’s average failure rate of 25% with 3 middle schools
| Students experiencing homelessness | \begin{itemize}
|  | • 14% increase of Red Clay students experiencing homelessness from SY20 |
|  | • McKinney Vento Professional Development for all building liaisons and school staff |
|  | • Prioritize students experiencing homelessness for in-person learning opportunities |
|  | • Not assume housing stability. Reopening plans and practices must assume housing insecurity and implement strategies to intentionally address student homelessness |
| \end{itemize} |
| Children and youth in foster care | - Foster Care Professional Development for all building liaisons
- SY21 Adoption of RCCSD Policy: Educational Stability of Children in Foster Care
- Collaboration with Kind to Kids Foundation and UGRAD programming to support academic success of students experiencing foster care |

| Student group | Highest priority needs |

| Migratory students | Continued collaboration with the DDOE to assist in identification
After school tutoring |
Other groups of students identified by the LEA (e.g., youth involved in the criminal justice system, students who have missed the most in-person instruction during the 2019-2020 and 2020-2021 school years, students who did not consistently participate in remote instruction when offered during school building closures, LGBTQ+ students)

Transition meetings and plans for all students returning to school from the criminal justice system or other outside placement.

Board requested the district develop and propose a board policy for Transgender youth. Initial meetings in the spring, summer action items and review in fall of 2021.

Schools have been targeting students with low performance and/or attendance to participate in the extended learning opportunities referred to in section one, low income students.

Purpose 2. This section is to document the LEA's required ARP ESSER Plan due by August 23, 2021, which at a minimum must describe:

1. The extent to which and how ARP ESSER Funds will be used by the LEA to implement prevention and mitigation strategies that are, to the greatest extent practicable, in line with the most recent guidance.

Red Clay will use the funds to update our HVAC systems to enhance air quality. Funds will be used to purchase PPE, furniture for increased spacing and to hire additional nurses to assist with screenings and contact tracing.
2. How the LEA will use the mandatory 20% set-aside to address the academic impact of lost instruction time through the implementation of evidence based interventions

- Tutoring and extended learning programs for students.
- Summer programming and bootcamps at all levels. Before/After school learning opportunities at all levels.
- Targeted support and professional development based on schools continuous improvement plans.

The use of these funds will assist the District in providing the academic and social emotional support our students will need. Effectiveness will be evaluated by reviewing number of students served, attendance, student academic performance.

3. How the LEA will use the remaining ARP ESSER funds consistent with the statutory requirements

Red Clay is purchasing technology, hiring staff and fully complying with the ARP ESSER statutory requirements.

4. How the LEA will ensure that the ARP ESSER funded interventions, including but not limited to the 20% set-aside, will respond to the academic, social, emotional, and mental health needs of all students, and particularly those students disproportionately impacted by the COVID-19 pandemic including students from low-income families, students of color, English Learners, children with disabilities, students experiencing homelessness, children and youth in foster care, and migratory students

Red Clay has purchased a new assessment program and engaged with a strategic partner to systemically address learning acceleration. Our student service department had an agreement with a vendor to provide mental health services to our Tier 3 students in need. Funds have been set aside for tutoring and recovery services. A Supervisor of Social Emotional Learning was hired to support the needs of students.

Upload data sheet that illustrates the LEA’s most pressing needs by subgroup

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<tr>
<th>Type</th>
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<tbody>
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<td>Q4A Data Sheet</td>
<td>📂 Q4A Data Sheet</td>
<td>📂 Identifying needs of underserved students</td>
</tr>
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</table>
5. Describe the promising practices the LEA has implemented to accelerate learning.

Red Clay has implemented summer programming, partnered with TNTP and providing extra learning opportunities, Additional staff was hired for targeted students. Additional curriculum and support materials were purchased for students with disabilities.