



Handbook Addendum
Returning to School
2021-2022

Last updated on January 24, 2022

Introduction

As KIPP and schools across the nation transition into the 2021-2022 school year, many unknowns remain that present teachers, students and families uncertainty. However, we plan to open for 100% in person instruction with safety as a top priority so that learning and social-emotional growth can continue.

Since closure back in March 2020, we have done a great deal of reflecting and planning at KIPP. This time has served as a great reminder of the role that schools play in ensuring an equitable education for all students. It has also been a great reminder that families and educators must work together in partnership for students to find and live their purpose. Reopening our schools is going to involve significant changes for all of us. Some of those challenges are unknown to us even as we put forward a plan in this document. We also must understand there will be circumstances that are less than ideal, for which grace will be necessary to do what is in the best interest of our students, staff, and community.

We will be offering 100% in person instruction for the 2021-2022 school year. This addendum will evolve and change based on the needs of our community and recommendations from the CDC, local, state and national health departments. This addendum will be reflected on our website. It will change as information changes. The Board of Directors at KIPP has approved this addendum to change based on constantly changing information from the CDC and other health agencies.

Reaching a decision

- The following resources guide our safety protocols
 - [Center for Disease Control](#) produced recommendations
 - [Guidance for Cleaning](#)
 - [School Decision Tree](#)
 - [American Academy of Pediatrics](#) recommendations for re-opening
 - [Chris Joffe's guidelines](#) for clearing and safety equipment
 - [Children's Mercy](#) - guidelines for returning to school updated July 12

Response Levels

We intend to stay 100% in-person for the 2021-2022 school year by employing the mitigation factors laid out in the CDC guidelines based on community transmission levels.

Chart to determine transmission levels in our community:

Table 1. CDC Indicators and Thresholds for Community Transmission of COVID-19¹

Indicator	Low Transmission Blue	Moderate Transmission Yellow	Substantial Transmission Orange	High Transmission Red
Total new cases per 100,000 persons in the past 7 days ²	0-9	10-49	50-99	≥100
Percentage of NAATs that are positive during the past 7 days ³	<5.0%	5.0%-7.9%	8.0%-9.9%	≥10.0%

¹If the two indicators suggest different levels, the actions corresponding to the higher threshold should be chosen. County-level data on total new cases in the past 7 days and test percent positivity are available on the County View tab in [CDC's COVID Data Tracker](#).

²Total number of new cases per 100,000 persons within the last 7 days is calculated by adding the number of new cases in the county (or other community type) in the last 7 days divided by the population in the county (or other community type) and multiplying by 100,000.

³Percentage of positive diagnostic and screening NAATs during the last 7 days is calculated by dividing the number of positive tests in the county (or other administrative level) during the last 7 days by the total number of tests resulted over the last 7 days. Additional information can be found on [the Calculating Severe Acute Respiratory Syndrome Coronavirus 2 \(SARS-CoV-2\) Laboratory Test Percent Positivity: CDC Methods and Considerations for Comparisons and Interpretation](#) webpage.

Mitigation Factors Implementation

Prevention Strategies by Level of Community Transmission			
Low Transmission Blue	Moderate Transmission Yellow	Substantial Transmission Orange	High Transmission Red
Elementary Schools Physical distancing: at least 3 feet between students in classrooms		Elementary Schools Physical distancing: at least 3 feet of distance between students in classrooms Cohorting ² recommended when possible	
Middle and High Schools Physical distancing: at least 3 feet between students in classrooms		Middle and High Schools Physical distancing: at least 3 feet of distance between students in classrooms Cohorting recommended when possible	Middle and High Schools Schools that can use cohorting: at least 3 feet of distance Schools that cannot use cohorting: at least 6 feet distance between students in classrooms ²
Sports and extracurricular activities Sports and extracurricular activities occur with at least 6 feet of physical distance to the greatest extent possible ⁵	Sports and extracurricular activities Sports and extracurricular activities occur with at least 6 feet of physical distance required ⁵	Sports and extracurricular activities Sports and extracurricular activities occur only if they can be held outdoors, with more than 6 feet of physical distancing ⁵	

Mitigation Strategy Policies

On the first day of school and throughout the first two weeks, these new safety procedures will be taught and practiced in all of our classrooms. Parental support and reinforcement of these new measures will be critical in providing the safest possible environment for our students. We appreciate your assistance.

1. **Vaccination**-COVID-19 vaccination is the leading mitigation strategy to prevent individuals from getting infected by the virus and transmitting it to others. Achieving high levels of COVID-19 vaccination among eligible students as well as teachers, staff, and household members is one of the most critical strategies to help schools safely resume full operations. The available COVID-19 vaccines in the U.S. are safe and highly effective at preventing infection. Schools should promote vaccination for all eligible students, staff, and families. This can be challenging given the high rates of vaccine hesitancy, circulating misinformation regarding vaccine, and inequity related to vaccine access. Schools can collaborate with local partners such as the health department, hospitals, and clinics to develop strategies to increase vaccine rates.
2. **Universal and Correct Wearing of Masks**- All staff and students will be required to wear face masks. If staff are alone in their room or office they can have their mask off. All PPE will be provided unless a staff member wishes to provide their own PPE. Staff members are certainly able to wear both the face mask and face shield at all times. *If*

a student or staff member has a medical condition that prevents them from wearing a mask, a recent doctor's note must be provided to the nurse for students and the Director of Human Resources for staff.

There are times during the day in which masks cannot be worn: breakfast, lunch, band and some activities in PE. We will use distance as the mitigation factor in these instances.

The best mask has 2-3 layers of breathable fabric, is worn **snug over the mouth and nose without gaps and does not have an exhalation valve** (this promotes the spread of infection). The fit of a mask is optimized by adding a nose wire to the top, tying ear loops tighter, tucking in the sides, or wearing a mask fitter. Cloth face coverings should be washed daily and when soiled. • Additional masks should be available for students and staff if the mask is forgotten or becomes soiled and/or wet.

3. **Physical Distance**- Keeping a distance of 3 feet is a priority for implementing mitigation measures. During breakfast, lunch, recess, transitions and class time we will ensure that students and staff keep 3 feet of distance. In elementary school we will also be cohorting students.
4. **Hand Washing** - We will be promoting the use of hand washing and hand sanitization throughout the day by having scheduled breaks for students to wash their hands. Additionally, we have installed hands-free sinks, soap dispensers and dryers in bathrooms. We have also placed hands-free hand sanitizer in common areas throughout the building.
5. **Respiratory Etiquette** - Cover Coughs and Sneezes If you are in a private setting and do not have your cloth face covering, remember to always cover your mouth and nose with tissue when you cough or sneeze or use the inside of your elbow. Throw used tissues in the trash. Immediately wash your hands with soap and water for at least 20 seconds. If soap and water are not readily available, clean your hands with hand sanitizer that contains at least 60% alcohol.
6. **Ventilation** - We will be employing the following methods to promote air flow in the building
 - Opening outdoor air dampers to increase outdoor air ventilation thus minimizing or eliminating recirculated return air. This will depend on weather conditions.

- Increase hours of operation for air handling systems and reduce setback times to be as short as possible.
- Begin HVAC system operation at least two hours prior to school starting, continuously throughout the day, and then for at least an additional two hours after school.
- Quarterly filter changes
- Closing classroom doors
- Routinely service and make repairs to HVAC equipment

7. Testing

Symptomatic testing- Students and staff will be tested at school if they are symptomatic. Rapid diagnosis of COVID-19 in symptomatic persons allows for rapid contact investigation and lowers the risk of continued transmission.

Screening testing- We will be pool testing each Monday to provide an added layer of mitigation by identifying students and staff who are infected but may not be displaying symptoms. Identification of either asymptomatic or pre-symptomatic persons allows for rapid isolation, contact tracing, and quarantine of others who were in close contact with the infected person. If there is a positive test in any pool then the entire pool will be rapid tested to ensure there is not spread.

8. Staying at home when sick and getting tested

Staying home when sick is an important strategy to decrease the spread of COVID-19 at schools. Unfortunately, COVID-19 symptoms are similar to other infections such as the flu, and it is impossible to tell if someone with COVID-19 like symptoms has the virus unless they are tested.

Self Attestation: Staff, parents/caregivers and/or students should perform a daily assessment for symptoms before arriving at school (see Appendix B). See Appendix C for symptoms associated with COVID-19. The assessment should also include a history of exposure to persons with known or suspected COVID-19. Staff and students with evidence of an acute illness should not report to school.

If the student or staff is not fully vaccinated and has an exposure to a person with COVID-19, they should not report to school.

Symptoms associated with COVID-19

Fever • Chills • Shortness of breath or difficulty breathing • New cough • New loss of taste or smell • Congestion/runny nose • Nausea/vomiting/diarrhea • Sore throat • Headache • Muscle or body aches • Fatigue

9. Contact Tracing/Isolation/quarantine

All contact tracing will be conducted by the School Nurse or a member of the School Operations team. All positive cases will be reported to the local health agencies.

Isolation - a student displaying symptoms of covid-19 will be isolated and tested. The student will be isolated in the offices in the front of the building. A student will not be left unattended. Parents/Guardians will be notified and expected to pick their child up from school

Close Contact - For teachers, staff, and other adults in the indoor classroom setting, a close contact is someone who was within 6 feet for ≥ 15 minutes within the 48 hours prior to the onset of symptoms in a person with diagnosed COVID-19.

If both students were consistently and correctly using well-fitting face masks, were physically distanced ≥ 3 feet, and other prevention strategies were in place, they are not considered a close contact. This definition is based on the Centers for Disease Control.

Here is a summary of changes to our current protocol to align with the latest CDC guidance:

Vaccination status, relative to booster shots, now informs the recommended guidance. A fully vaccinated individual (by quarantine and isolation guidelines) is within 6 months of their second vaccination shot OR two weeks after their booster vaccination.

- An individual who tests positive will be required to quarantine for 5 days and can return in-person with strict masking for another 5 days - as long as symptoms are resolving and they have been fever-free for 24 hours.
- An unvaccinated individual (or someone who has not received a vaccine in the past 6 months) who has been exposed to Covid-19 will be required to quarantine for 5 days and can return in person with strict masking for another 5 days - as long as they remain symptom-free. It is recommended that they get tested on day 5 or later.
- An individual experiencing symptoms of illness will need to quarantine for 5 days or until they can provide a negative test result.

For children who are immune compromised or require care in the intensive care unit, they may require a longer duration of isolation, up to 20 days or longer. The child's medical provider or an infectious diseases expert can assist with this determination.

ADA Compliance

KIPP is committed to making appropriate accommodations for children with disabilities with respect to the health and safety policies surrounding COVID-19. Accommodations will be made as necessary or as mandated by student Individual Education Plans. The EEO laws, including the ADA and Rehabilitation Act, continue to apply during the time of the COVID-19 pandemic, but they do not interfere with or prevent employers from following the guidelines and suggestions made by the CDC or state/local public health authorities about steps employers should take regarding COVID-19. Employers should remember that guidance from public health authorities is likely to change as the COVID-19 pandemic evolves. Therefore, employers should continue to follow the most current information on maintaining workplace safety. Many common workplace inquiries about the COVID-19 pandemic are addressed in the CDC publication "General Business Frequently Asked Questions." Page 11

The EEOC has provided guidance (a publication entitled Pandemic Preparedness in the Workplace and the Americans With Disabilities Act [PDF version]) ("Pandemic Preparedness"), consistent with these workplace protections and rules, that can help employers implement strategies to navigate the impact of COVID-19 in the workplace. This pandemic publication, which was written during the prior H1N1 outbreak, is still relevant today and identifies established ADA and Rehabilitation Act principles to answer questions frequently asked about the workplace during a pandemic. It has been updated as of March 19, 2020 to address examples and information regarding COVID-19; the new 2020 information appears in bold and is marked with an asterisk.

Policy Application to the school day

Supplies- We will limit the use of community supplies that are difficult to disinfect in the classroom or at recess. Students will have their own supplies to leave at school. Students will also have their own device, either chromebook or iPad.

Breakfast and Lunch- Students will eat 3 feet apart in classrooms and in the cafeteria. The number of students in the cafeteria will be limited to ensure adequate spacing. Food service employees will continue to be intentional with their selection of food and communication with

teachers to ensure students with food allergies are not exposed to foods to which they are allergic. Please ensure that you are following any guidelines set forth by the school and classroom teacher as they relate to student allergies.

We will also use the following safety protocols during breakfast and lunch:

- Desks will be disinfected between each student's usage.
- Students will wash or sanitize their hands prior to eating.
- Breakfast and lunch will both be "take-all or take-nothing." There will be no choices and no snacks sold during breakfast and lunch.
- All food will be prepared in the school kitchen in accordance with national school lunch standards.
- Meal substitutions and seating accommodations will be made for students with food allergies/intolerances or religious preferences based on medical forms on file.
- In addition to normal sanitizing procedures, the kitchen will be disinfected before-and-after food preparation shifts.

Recess- The school will develop a recess schedule that limits the number of students on the playground or within a specific area of the playground. Appropriate social distancing will be maintained. Students and teachers do not have to wear masks outdoors as long as physical distance is maintained.

Arrival and Dismissal- Arrival and dismissal can be challenging with large numbers of students congregating, making it difficult to socially distance. This year, due to the anticipated slower entry into the building resulting from increased safety protocols, KIPP will utilize two entrance points to reduce congestion. Students will enter either the main entrance or the playground entrance depending on how they arrive at school. Signs will be placed outside as a reminder for students to socially distance themselves from their peers while entering the building or standing outside.

Transportation- Riding the bus may be a necessary mode of transportation for some students; however riding the bus does come with added risk to COVID-19 exposure. **Parents and guardians are highly encouraged to bring their children to school if possible.** KIPP and Apple Bus have established protocols to reduce, but not eliminate, the chances of COVID-19 transmission while on the bus. KIPP KC behavior expectations and bus policies regarding bus behavior are all located in our Team and Family Handbook and will be followed. This section is just to clarify and highlight bus safety related to COVID-19

- All students riding the bus will be required to wear a face mask and practice social distancing while on the bus to and from school. Failure or refusal to practice appropriate distancing and/or wear a face covering may result in loss of bus riding privileges.
- Throughout the pandemic, drivers and monitors will be required to wear face masks.
- Buses will be cleaned and disinfected at regular intervals. Touch surfaces on the bus such as handrails and seats will be disinfected after every route.
- To limit student-to-student contact, students will enter the bus and sit in assigned seats.
- Drivers and/or monitors will remind students of safe riding practices. Signage will also be on the bus to remind students about safe practices with regard to the pandemic.

Building Visitors

What should I do if I need to come to the school for any reason?

We strongly encourage you to do as much communication and business as you can via email or the phone, without coming to the school. If you need to come to the school for any reason you must have an appointment. The Front Office phone number is 816-241-3994.

How do I pick my student up early from school?

Please call the front office when you arrive at school and let the office know that you need your child to be checked out early. A staff member will come to the door and ask that you sign the student out. Please stay in your car the entire time. Please ring the buzzer outside of the KIPP building if you do not have a phone to call the school. Please wear a mask in order to keep our staff and students safe.

The school day has started and my child is late. Should I walk him/her into the office?

If you are bringing your child to school after the start of the day, you should walk up to the school and ring the buzzer. A staff member will meet you at the door so that you can appropriately sign your student in and they can have their temperature taken.

Can I observe my child's classroom? As we work to limit the number of adults in school during this pandemic, we will not be allowing parents/ guardians to observe in classrooms at this time. We look forward to returning to previous observation protocols in the near future.

Can I attend school parties or have lunch with my child? Unfortunately, to limit the number of adults in the building/classroom, we will temporarily discontinue allowing parent

volunteers at school parties. Nor will visitors be allowed to eat lunch with students. Meals will be served in classrooms with limited space. We look forward to returning to our normal procedures once we are through the pandemic period.

School Partnership/Vendor Visitors We have many community partnerships with organizations that offer systems of support to our school. A few examples include: Teacher For America, Truman Behavioral Health and Kansas City Teacher Residency. We will be allowing these partners to rejoin us on campus this school year. Each member must either submit proof of vaccination or join a pool test each Monday.

Scenarios

The following scenarios are taken directly from Children’s Mercy Guidance for School Re-opening. The purpose of including these scenarios is to create clarity for parents and staff of how we respond and apply the policies. This is not an attempt to describe every scenario.

COVID-19 SYMPTOM GUIDANCE

Close Contact (within 6 feet for at least 15 minutes)	High-Risk Symptoms	Moderate-Risk Symptoms
<p>To a person with COVID-19</p> <p>Exception: This EXCLUDES students (not staff) in the K-12 school setting where both students are engaged in consistent and correct use of well-fitting masks and at least 3 feet from each other.</p>	<ul style="list-style-type: none"> • New cough • Difficulty breathing • Loss of taste/smell 	<ul style="list-style-type: none"> • Fever ($\geq 100.4^\circ$) or chills* • Congestion/runny nose • Nausea/vomiting/diarrhea • Sore throat • Headache • Muscle or body aches • Fatigue

**Fever in adults should be considered a high-risk symptom.*

Scenario 1: What to do if a student has symptoms of COVID-19?

Screening Results	Does the Child Require a COVID-19 PCR Test?	When Can the Child Return to School?
1 moderate-risk symptom AND No COVID-19 exposure	NO	Return to school 24 hours after fever resolution and symptom improvement OR If the provider believes that an alternate diagnosis is the cause of signs and symptoms, return precautions should be specific to diagnosis.

Scenario 2: What to do if a student has symptoms of COVID-19?

Screening Results	Does the Child Require a COVID-19 PCR Test?	When Can the Child Return to School?
<p>1 high-risk symptom</p> <p>OR</p> <p>≥2 moderate-risk symptoms</p> <p>AND</p> <p>No COVID-19 close contact</p>	<p>YES</p>	<p>Negative COVID-19 Test: Return to school 24 hours after fever resolution and symptom improvement**</p> <p>OR</p> <p>If the provider believes that an alternate diagnosis is the cause of signs and symptoms, return precautions should be specific to diagnosis</p> <p>Positive COVID-19 Test or NO***Test: Return to school at least 24 hours since resolution of fever without the use of fever-reducing medications</p> <p>AND</p> <p>improvement in symptoms</p> <p>AND</p> <p>At least 10 days have passed since symptoms first appeared****</p>

** If an antigen test is used and is negative in a symptomatic student, the school may want to consider a confirmatory PCR.

*** In cases where COVID-19 testing is not performed in a student with COVID-19 symptoms, the decision to return to school sooner can be made by the school nurse and/or COVID-19 team in conjunction with the student's medical provider.

**** For children who are immune compromised or require care in the intensive care unit, they require a longer duration of isolation, 20 days or longer. Consult the child's medical provider, pediatric infectious diseases expert or local health department if you have questions regarding duration of isolation in these cases.

Scenario 3: What to do if a student has close contact with a person with COVID-19?

Screening Results	Does the Child Require a COVID-19 PCR Test?	When Can the Child Return to School?*****
<p>Close contact with a person with COVID-19</p> <p>Exception: This EXCLUDES students (not staff) in the K-12 school setting where both students are engaged in consistent and correct use of well-fitting masks and at least 3 feet from each other.</p>	<p>Recommend testing 5 days after exposure*****</p>	<p>Quarantine for 14 days from last exposure to a person with confirmed or probable COVID-19. This could be >14 days depending on the last point of contact. If a person tests negative for the virus that causes COVID-19 during quarantine, they must still remain in quarantine for 14 days. If child develops high-risk or moderate-risk symptoms during quarantine, they need to be evaluated for COVID-19.</p>

***** The CDC recommends a quarantine period of 14 days. However, the CDC has provided alternative options to shorten quarantine as acceptable alternatives including quarantine for 10 days without testing and no reported symptoms OR quarantine for 7 days if a diagnostic specimen tests negative on day 5 of quarantine and no reported symptoms. Local public health authorities determine and establish quarantine options for their jurisdictions. People who had COVID-19 within the previous 3 months and fully recovered OR people who are fully vaccinated do NOT need to quarantine if they do not have symptoms. Fully vaccinated is defined as 14 days after the second dose in a two-dose series (e.g., Pfizer and Moderna) or a single-dose vaccine (e.g., Johnson and Johnson/ Janssen).

***** If a child tests positive during quarantine, they must start isolation. See COVID-19 symptomatic and asymptomatic isolation.

The Missouri Departments of Elementary and Secondary Education and Health and Human Services state that if a child is exposed in a school with a mask mandate and both the infected and exposed child were correctly wearing appropriate masks during the exposure, then the exposed child does not need to quarantine at home. They should self-monitor for symptoms and isolate if they become ill. They should continue to wear a mask at all times. Decisions around quarantine for masked exposures should be made by the local health departments.

<https://dese.mo.gov/communications/coronavirus-covid-19-information>

Vaccination Efforts

KIPP KC has tried to communicate with staff and families about the importance of getting vaccinated. KIPP worked with Children’s Mercy and other charter schools to hold a vaccination day for teachers in Spring 2021. Additionally, we ensured that staff were relieved of their duties to get vaccinated. On a regular basis we post vaccination opportunities and

information on our social media channels. Additionally, we are working with a local health agency to provide vaccinations at KIPP.

Continuity of Service

In the event that a student has to quarantine or miss school due to illness we will employ the following strategies:

- Make a plan with parents and teachers for how classwork and materials will be distributed and graded, if applicable.
- Create a plan for students to view live instruction, should the student be well enough to participate in class.
- Ensure students with disabilities are able to recover all minutes lost due to time out

Periodic Revision

KIPP KC has scheduled regularly, bi-monthly, meetings to review this plan and make adjustments. In the event that new safety guidance or guidelines are issues we would meet to make changes urgently. Additionally, we have a Covid-19 safety task force that is in daily communication regarding positive cases, quarantine, close contacts, contact tracing and reporting.