

# REOPENING PLAN

2021–2022





# REOPENING PLAN 2021-2022

## **Superintendent**

Michael J. Martirano, Ed.D.

## **Board of Education**

Chao Wu, Ph.D., Chair

Jennifer Swickard Mallo, Vice Chair

Vicky Cutroneo

Christina Delmont-Small

Yun Lu, Ph.D.

Jolene Mosley

Antonia Watts

Peter J. Banyas, Student Member

## **August 2021**

## Table of Contents

<b>Executive Summary</b>	4
<b>Guiding Principles for HCPSS Reopening</b>	5
HCPSS Reopening Priorities	5
MSDE Reopening Requirements	5
<b>Summer Programming</b>	6
<b>Stakeholder Input</b>	7
<b>Curriculum and Assessment</b>	8
Assessing Instructional Needs	8
Attendance and Grading	11
Implementation of Early Intervention and Special Education Services	12
Implementation of Section 504 Plans	15
Implementation of Instruction for English Learners	15
<b>Health and Safety</b>	16
<b>Quarantine and Student Supports</b>	22
HCPSS Quarantine Procedures	22
Instructional Supports	23
<b>Digital Education Center</b>	24
<b>Winter and Spring Sports</b>	25
<b>Additional Supports</b>	25
Tiered System of Supports for Mathematics and Language Arts	25
Students Engaged in Gifted and Talented Programming	28
Students Experiencing Homelessness	28
Child Care	29
Students with Academic and Behavior Needs	29
Diversity, Equity and Inclusion Supports	31
Supporting Student and Staff Well-Being	32
Food and Nutrition Program	34
<b>Appendices</b>	37

## Executive Summary

As the coronavirus pandemic continues to impact education, work and daily life throughout our state, nation and world, the Howard County Public School System (HCPSS) is preparing to welcome all students and staff back into school buildings for in-person instruction. In alignment with guidance and expectations provided by the Maryland State Department of Education, all students have the opportunity to receive fully in-person instruction for the 2021-2022 school year. Additionally, HCPSS has developed a fully-digital option called the Digital Education Center (DEC) to serve students in grades K-6 who committed to participate this past spring. The DEC is serving approximately 500 students this school year.

The efforts of all HCPSS staff will continue to be grounded in equity and embody the HCPSS [Strategic Call to Action](#), with decisions guided by three primary priorities: safety and well-being of our students and staff members; high-quality instruction for all students, including those most vulnerable, for academic recovery and acceleration; and resource availability, including staffing and funding.

Student well-being is an ongoing priority, especially as many students have not been in the physical classroom for over 17 months, or may continue to face personal or family struggles that have intensified during the pandemic. Student support staff in schools will leverage the resources provided by HCPSS, partner organizations and community providers to monitor student well-being and respond to instances where students require assistance. It is anticipated that a significant number of students will require supports, including many who have not required them in the past.

Additionally, HCPSS will continue to implement measures to safeguard physical well-being, making decisions on masking and other health and safety protocols in alignment with the Howard County Health Department (HCHD) guidance.

A comprehensive communications program continues to ensure parents/guardians, staff, students, and community members are fully informed about fall instruction and changes during an evolving pandemic. The HCPSS website serves as a one-stop hub for complete information and updates, augmented by systemwide email, social media and selective in-person outreach, as well as communications support for school administrators. Translated versions are provided for key documents, and families needing language services are served by the HCPSS international services team and direct outreach via family liaisons.

While HCPSS is focused on returning to fully in-person instruction for the start of the 2021-2022 school year, the school system is simultaneously building on the lessons learned during the pandemic and new technological capabilities to enhance digital offerings available in the future. The technology acquired

leveraging CARES act funding opens many innovative possibilities for expanding and enhancing equitable instructional opportunities for all students.

During the widespread return to fully in-person instruction, the focus will be on the physical and mental health of all students and staff; providing professional learning to staff to support students and accelerate their learning; continuing all safety measures to ensure school buildings may remain open; and communicating plans with families. By continuing to build on a strong foundation of trust, we can ensure that all stakeholders feel safe and supported throughout the year.

## Guiding Principles for HCPSS Reopening

### HCPSS Reopening Priorities

- Safety and well-being of our students and staff members
- Equitable access to high-quality instruction for all students, including those most vulnerable
- Resource availability, including funding

### MSDE Reopening Requirements

	MSDE Reopening Requirement	Evidence
✓	1. All requirements are posted on the website for the school system.	<a href="#">Link</a>
✓	2. Educational equity is reflected through the Reopening Plan.	Pg 31
✓	3. A successful reopening plan must include the input and collaboration of diverse stakeholders.	Pg 7
✓	4. Collect and use data to develop systems to recover learning loss and accelerate learning to support student success.	Pg 8
✓	5. State standards are taught in all content areas.	Pg 8
✓	6. Educational services for students are protected under IDEA, Section 504, and ADA federal programs guaranteeing services continue during any extended school closure.	Pg 12
✓	7. Safety, prevention, and mitigation elements, as recommended by the CDC are included in the plan.	Pg 16
✓	8. Protocols are established for mitigating the spread of COVID-19 on school busses or other modes of transportation for students.	Pg 18
✓	9. School systems must develop a process to track attendance.	Pg 11

✓	10. A communication plan is established with a clear coordination process.	Appendix D
✓	11. Interscholastic athletics and activities during COVID-19 are addressed in the plan and show the integration of national, state, and local health and safety recommendations.	Pg 25
✓	12. Plan must ensure that access to learning and services will continue for any student who is quarantined due to exposure or possible exposure to COVID.	Pg 22

As evidenced in the chart above, HCPSS has addressed the MSDE reopening requirements.

## Summer Programming

During the second semester of the 2020-2021 school year, the HCPSS transitioned to a hybrid instructional model. A [Bridge to Normalized Instruction Plan](#) was developed to document the instructional shift. The plan attended to schedules, professional development and distance learning activities for HCPSS staff and students. As the school year ended, HCPSS offered summer programming to assist with academic support, enrichment, and acceleration.

Students in grades K-8 who had been underperforming academically were invited to the school’s Academic Intervention Summer Program. These 4-week programs, open to students at all HCPSS elementary and middle schools, provided academic supports in mathematics and reading through morning instruction by certified teachers. Parents of struggling students were also provided access to online tutoring services. The tutoring program had certified teachers that provided small-group tutoring in core academic subjects throughout the summer.

Parents of high school students who had failed or were likely to fail a course were offered credit recovery opportunities as part of the Innovative Pathways High School summer program. Credit recovery courses were free to students who have taken but not successfully earned credit for the course.

In addition, HCPSS offered summer programs for enrichment and to earn original credit. Details on the BSAP Summer Institute (K-9), Gifted and Talented (GT) Summer Institutes for Talent Development (1-8), Innovative Pathways High School (9-12) original credit, and STARTALK Chinese Language Summer Camp (3-8) programs can be found on the [HCPSS Summer Programs website](#).

## Stakeholder Input

Stakeholder concerns and priorities have been carefully considered in all fall planning decisions. To obtain feedback from stakeholders on the 2020-2021 reopening plan, HCPSS Central Office staff organized four primary channels: (a) a dedicated email address ([fall-input@hcpss.org](mailto:fall-input@hcpss.org)), (b) Superintendent's advisory groups, (c) the HCPSS Recovery Plan Stakeholder Group and (d) Distance Learning and Fall Planning student, staff, and parent/guardian surveys. The input on the 2020-2021 school year was used to inform planning and priorities for the 2021-2022 school year.

Students, parents/guardians, and staff members were invited to provide input through online surveys and email. To ensure that input provided was inclusive and broadly representative of the entire school system community, several advisory groups were asked to share recommendations. The 38-member Recovery Plan Stakeholder group, which represented a diverse cross-section of stakeholders including community groups and health organizations, carefully assessed all input and other relevant data and provided recommendations. A full list of Recovery Plan Stakeholder group participants can be found in Appendix B. The HCPSS will structure a new stakeholder group and additional feedback options for the 2021-2022 school year reopening plan. Based on the stakeholder input, adjustments will be made to the plan every six months.

Existing feedback pointed to three major themes that guided the planning for fall reopening:

1. Ensure the safety of staff and students
2. Provide high-quality instruction for all students
3. Support the well-being of staff and students

### **Ongoing Stakeholder Communication/Feedback**

Shifts in COVID-19 health and safety guidance, transmission rates, and grant funding have increased the need for frequent updates to the HCPSS reopening procedures. At each regular session of the HCPSS Board of Education, the superintendent report includes a COVID-19 update for the community. Ongoing procedural adjustments are shared and the Board receives an update to HCPSS metrics. The Board then discusses the current information and provides direction to the superintendent.

- October 5: [Superintendent Report](#)
- October 21: [Superintendent Report](#)
- November 2: [Superintendent Report](#)
- November 18: [Superintendent Report](#)
- December 7: [Superintendent Report](#)
- December 16: [Superintendent Report](#)
- January 12: [COVID Work Session with Howard County Health Department](#)
- January 27: [Superintendent Report](#)

Each of the board meetings allows for public testimony that has predominantly been related to COVID-19 health and safety measures. In addition to the public testimony, email input has been received from students, staff and community at the superintendent and board email addresses. Each person receives a follow up from school system staff to address their concerns or to gather more information.

The long term planning for HCPSS is guided by the Strategic Call to Action: Learning and Leading with Equity (SCTA). HCPSS is in the process of reviewing and revising the SCTA to ensure that outcomes meet current system needs. Stakeholder input was solicited via survey in November and included reopening plan input. Survey window was November 15th - December 2nd, 2021.

All of these sources of stakeholder input are used by the superintendent's leadership team to continually update plans. A list of the most recent plan updates can be found in the Safe Return to In-person Instruction and Continuity of Services Plan (Reopening Plan) Self-Assessment Rubric (Appendix A).

## Curriculum and Assessment

Based on stakeholder feedback and guidance from MSDE, the Howard County Board of Education is proceeding with a fully in person instructional model for the 2021-2022 school year. School based staff received content specific professional development during pre-service week. Curricular offices reviewed the standards, course outlines, resources and instructional practices. Additionally, new staff attended a virtual or in-person New Educator Orientation (NEO) to gain a deeper understanding of HCPSS curriculum and procedures. A variety of optional courses, mentoring, and site based support are available throughout the year to meet staff needs. HCPSS curriculum resources are delivered within the Canvas learning management system and are available for all subjects/courses. Understanding by Design (UbD) and Universal Design for Learning (UDL) are infused throughout the available content. In accordance with HCPSS Policy 8000 - Curriculum, the 2021-2022 HCPSS instructional model is designed to ensure that all Maryland College and Career Ready Standards (MCCRS) are taught within each course and that students are engaging in required course instruction, as outlined by COMAR.

### Assessing Instructional Needs

With an extended school building closure and hybrid instruction, students may experience gaps in background knowledge and understanding. Assessing instructional needs will serve as a critical data point to provide students with appropriate supports during instruction to mitigate these learning gaps. Multiple measures will be used by teachers to determine instructional needs and supports for student success.

### District and School Data

During the 2019-2020 and 2020-2021 school year, HCPSS was only able to deliver the Measures of Academic Progress (MAP) assessment remotely to students in grades 1-8. This remote assessment data was used to identify student needs and track progress. The Maryland Comprehensive Assessment Program (MCAP) was not delivered during these school years. In early fall, MCAP will be delivered to all students in grades 4-9 for English and mathematics and science in grades 6/9. High school students who took Algebra I, English 10 or Biology in 2020-2021 will also participate in the early fall assessments. The HCPSS reopening plan will be updated with the data once the early fall MCAP results are available. For reference, 2019 PARCC data is included within Appendix E by student group, grade level and school. The performance gap between the percentage of students proficient in early fall and previous PARCC data trends will be analyzed. HCPSS will set targets for spring of 2022 by student groups. MAP will also be

administered in fall and spring in grades 1-8 to validate the results that come in from the newly implemented MCAP assessments and to provide data for classroom instruction. MAP will provide norm referenced expected growth for each student that will be monitored to determine if students are making adequate progress. Kindergarten classes will implement a census administration of the Kindergarten Readiness Assessment (KRA) to determine the skills of our incoming class. Comparison to previous year's KRA results will help determine the impact of the extended closures and online learning on early childhood students.

### **Mathematics**

At the elementary level, grade-level standards-based data, centered on numbers and operations as well as algebraic thinking and problem solving, will be provided through the use of DreamBox, adaptive instructional software for mathematics. Teachers will administer number readiness assessments when considering a change in students' instructional placement. Number readiness assessments are detailed, interview-based assessments that provide information about number sense, operational sense and problem-solving skills. Teachers also will collect and use formative assessment information through daily synchronous instruction, including standards-based exit tickets and weekly progress checks. Readiness assessments for major content within each unit of study have been created and can be given prior to the start of the unit.

At the secondary mathematics level, staff will administer pre-diagnostic and end-of-unit assessments to students in mathematics courses, Mathematics 6 through Algebra II. At the start of each unit is a pre-unit diagnostic assessment, designed to address readiness for course-level concepts and skills taught within each unit. Teachers can use the results of these assessments to identify students with particular below-grade needs or topics to carefully address during the unit. These assessments may include problems that assess what students already know of the upcoming unit's key ideas, which teachers can use to pace or tune instruction. In certain cases, this may signal the opportunity to move more quickly through a topic to optimize instructional time. Teachers address below- course-level skills while continuing to work through the course-level tasks and concepts of each unit, instead of abandoning the current work in favor of material that only addresses below course-level skills. End-of-unit assessments are provided as a summative measure of student understanding after each unit. These assessments have a specific length and breadth, with problem types that are intended to gauge students' understanding of the key concepts of the unit while also preparing students for state-mandated, end-of-course assessments. Problem types include multiple choice, multiple response, short answer, restricted constructed response and extended response. Problems vary in difficulty and depth of knowledge.

The measures will also include Measures of Academic Progress (MAP), which is a norm-referenced assessment for determining proficiency and student growth in elementary and middle schools.

### **Language Arts**

Elementary Language Arts will use a variety of formative data, including mClass Dibels 8 for K-5, CommonLit assessments for grades 3-5, Lexia Core 5, and in-class assessments to determine instructional readiness and gaps. Elementary students in grades K-5 will participate in asynchronous

reading experiences in Lexia Core5. Lexia Core5 placement assessment and real-time performance data will be used to analyze student progress and determine progress toward year-end benchmarks. Teachers can utilize Lexia Core5 data to ensure continuous progress in reading standards with a focus on foundational skills, comprehension and vocabulary. Elementary kindergarten - grade two teachers will utilize Being a Reader mastery assessments, reading performance tasks, writing tasks and formative assessments to assess the reading progress of individual students in grades K-2 to determine instructional gaps in literacy standards. Classroom teachers will review formative and summative assessments aligned to reading instruction to determine students' progress toward grade-level expectations.

Secondary Language Arts instructional levels will be determined by using diagnostic samples for reading and writing at each grade level. Teachers will use these diagnostic samples to address learning needs within instruction. The progress of all secondary students will be measured using common assessments at each grade.

The measures also include Measures of Academic Progress (MAP), which is a norm-referenced assessment for determining proficiency and student growth in elementary and middle schools. MAP provides teachers with accurate and actionable evidence to help target instruction for each student.

### **Other Content Areas**

For other content courses, staff will administer a variety of formative assessments, including but not limited to pre-assessments, checks for understanding, and performance assessments to assess student readiness and determine potential gaps in understanding. Teachers can use these assessments to identify students with particular below-grade and course-level needs or topics to carefully address during the unit. These assessments may include problems that assess what students already know of the upcoming unit's key ideas, which teachers can use to pace or tune instruction. In certain cases, this may signal the opportunity to move more quickly through a topic to optimize instructional time. Teachers address below-grade skills while continuing to work through the on-grade tasks and concepts of each unit, instead of abandoning the current work in favor of material that only addresses below-grade skills. At the end of each unit, staff administer end-of-unit assessments, which may include, but are not limited to, tests, performance assessments, and culminating writing assignments. These assessments are intended to gauge students' understanding of the key concepts of the unit while also preparing students for state-mandated assessments and/or end-of-course assessments. In each content area/grade level, instructional staff are engaging in professional learning to gain a deeper understanding of how to use the formative and summative tools to inform instruction and student supports.

### **Student Acceleration**

The HCPSS has established a variety of intervention programs for students struggling. At all elementary schools, students can also receive beyond school day academic interventions through the 21st Century Community Learning Center grant-funded Bridges programs, Title I programs or ESSER Funds and American Rescue Plan Act of 2021 Coronavirus State Fiscal Recovery funds.

Students at all elementary and middle schools are also eligible for selection for Academic Intervention Summer School, based on academic underperformance and/or extended school year time in their IEPs. Students in grades 3-12 may also attend the BSAP (Black Student Achievement Program) Math Academy on Saturdays to receive additional assistance strengthening their skills and becoming more confident of their mathematical abilities. Additional resources are available for students with IEPs and students receiving ESOL services.

Students at all middle schools and high schools can attend the Academic Intervention Beyond School Day program and receive additional assistance in mathematics and/or reading/English language arts. These programs have been supplemented with ESSER Funds and American Rescue Plan Act of 2021 Coronavirus State Fiscal Recovery funds. Middle and high school students who underperform can also receive additional instruction through seminars, in addition to their on grade level English and mathematics courses. High school students may also take credit recovery or original credit courses during Evening School. More information is outlined in the Additional Supports section of this plan.

## **Attendance and Grading**

Students will be returning to a normalized instructional model in which they attend in-person five days each week. Students enrolled in the Digital Education Center will also engage in virtual instruction five days each week. Student attendance will follow traditional attendance practices outlined in HCPSS Policy 9010 - Attendance. If a student must quarantine or be absent for an extended period of time, they will access assignments and instructional resources online through Canvas. Students will be counted as present for the school day if they engage in at least a half day of meaningful academic activities. These activities include synchronous check-ins with teachers, virtual tutoring services via the Evening School program, and access to instructional materials in Canvas, and for elementary students include 20 minutes of work in Lexia Core5 and/or 20 minutes in DreamBox each school day.

Student grading will follow traditional grading practices outlined in HCPSS Policy 8010 – Grading and Reporting: Pre-Kindergarten Through Grade 5 and HCPSS Policy 8020 - Grading and Reporting: Middle and High School. For the 2021-2022 school year, HCPSS has eliminated midterm exams to reduce student and staff workload.

## **Career and Technical Education (CTE)**

Career and Technical Education (CTE) career academies will be offered both through classes typically based at our technology center located at the Applications and Research Laboratory (ARL) and the individual high schools. Each career academy may provide the opportunity to earn postsecondary and/or industry credentials and participate in work-based learning experience.

The national certification exams which must be offered at an approved testing center will continue to be offered to small groups of students throughout the year. Work-based learning experiences that are

associated with career academies will resume as students are physically returning to the classroom environment.

Career and Technical Education (CTE) graduation requirement courses will be offered at the middle schools and high schools.

### **Dual Enrollment**

Dual enrollment opportunities will continue to be available to students. Students can continue to enroll in courses based at Howard Community College (HCC), HCPSS' primary partner for dual enrollment, and earn college credits in an inclusive and nurturing environment. Courses at HCC can be taken for dual credit (reciprocal HCPSS and HCC credit) or dual enrollment (HCC credit only). Details on how students can request to take HCC-based courses can be found at <http://www.hcpss.org/f/connect/request-jumpstart-guide.pdf>. Pre-approved courses can also be taken for HCPSS credit at other institutes of higher education based on individual student requests (these requests require at least eight weeks processing time).

High-school based college credit will also be available for the 2021-2022 school year. These will be high school courses infused with college content taught by HCPSS teachers who are also approved HCC adjunct faculty. All course materials have been developed and approved by both HCPSS and HCC. Students will be required to complete an HCC application for admission as well as register and pay for college credit in the high school-based course. Credit will be awarded by both HCPSS and HCC upon successful completion of the course. HCPSS and HCC academic requirements still apply for students seeking to earn college credit in high school-based dual enrollment courses.

## **Implementation of Early Intervention and Special Education Services**

### **Implementation of Early intervention and Special Education Services in accordance with IDEA, COMAR, and MSDE Guidance**

As outlined in the August 24, 2021 letter from the United States Department of Special Education and Rehabilitative Services, school systems must “provide every student with the opportunity for full time, in person learning for the 2021-2022 school year.” (<https://sites.ed.gov/idea/files/rts-idea-08-24-2021.pdf>) To comply with the Individuals with Disabilities in Education Act (IDEA), early intervention and special education services, including related and support services, will be provided to all children and students, birth to age twenty-one, in HCPSS as required. Students will receive a Free Appropriate Public Education (FAPE). This includes HCPSS adhering to Child Find mandates and executing several strategies to facilitate the most timely process for referrals, evaluations, and eligibility determinations as possible for students with IFSPs and IEPs, as well as those suspected to be in need of one.

For children with Individualized Family Service Plans (IFSPs), services will be provided to the children and families as documented. The Office of Early Intervention Services will work with families to determine

the parent/caregiver priorities for their children. Staff will engage in coaching conversations with families to identify specific goals they wish to focus on and the targeted supports that will be provided. With input from the family, the mode of service delivery that fully addresses the child and family needs will be agreed upon. It is recognized that as children return to their natural learning environments after a period of consecutive closure, they may have new or additional needs. IFSP teams will follow all legal procedures to implement services and/or convene required IFSP team meetings to make adjustments based on data as necessary.

For students' with Individualized Education Programs (IEPs), in-person specially designed instruction and related and support services will be delivered in accordance with what is documented on the IEP. All instructional and assistive technologies the students need will be provided. Additional staff training (e.g., interventions, progress monitoring) as well as student/family supports (e.g., masking strategies, behavioral and social/emotional supports) to ensure students can access, be involved, and make progress will be provided. Students may return to the school setting after extended time away with new or additional needs that have arisen since the start of the pandemic and initial school closures. These could be in academic, communication, social-emotional, and/or behavioral areas. Therefore, IEP teams will follow all legal procedures to implement services and/or convene required IEP team meetings to make adjustments based on data as necessary. I

In summary, the following services and supports are being provided within the HCPSS continuum to implement early intervention and special education services in accordance with IDEA and COMAR:

- Early Intervention Services
  - Infant and Toddlers Ages Birth-4 (IFSP)
  - Early Intervention Services Ages 3-5 (IEP)
- School-based Services for Elementary, Middle, and High
- Countywide Services
  - Related Services - Occupational Therapy, Physical Therapy, and Speech-Language Therapy
  - Support Services - Vision, Hearing, and Adapted Physical Education
- Public Separate Day Schools

Any alternative instructional options provided to all students within the HCPSS during the 2021-2022 school year will also include access for students with disabilities. This also includes ensuring receipt of their FAPE as outlined in the IDEA. Beginning October 1, 2021, during the annual IEP review meeting, the IEP team will develop a learning continuity plan stated in Maryland House Bill 714 in order to implement the student's IEP to the fullest extent possible during emergency conditions. This includes times the student with disabilities must quarantine for any reason. Students' IEPs are expected to be implemented. In instances where some aspects of the student's IEP cannot be implemented, staff will follow a process to document the goals, accommodations, other supplementary aids and services, transition activities, and/or services that can be delivered as well as areas that will be impacted. Agreements about any amendments that may be necessary due to closures/quarantining will be made

through a conference or formal IEP team meeting with parent input. All special education teachers, related service providers and support teachers will be trained in this process and procedure.

To access the Digital Education Center (DEC) option for students, IEP teams will meet to determine if the student's IEP can be fully implemented. IEP teams will consider the student goals, objectives, supplementary aids and services, service areas, and service hours in making a determination. The DEC currently services students in grades K-6. Using the current IEP and other available data, IEP teams may consider minor adjustments to expand accessibility where appropriate (e.g., replacing in-person staff proximity strategy with visual cue). Training is required for school teams to complete this process.

Upon return to full in-person learning in the 2021-2022 school year, some students with disabilities with underlying health conditions and/or complex medical needs may require additional considerations. Accommodations and alternative supports including the appropriateness of Home and Hospital Teaching, alternative supports, and resources. Students determined eligible for Home and Hospital Teaching would receive instruction in accordance with their IEP and the support and service hours will be customized to accommodate their individual needs.

While universal indoor masking is required in all HCPSS buildings for students, staff and visitors regardless of vaccination status, the HCPSS will provide ongoing support for students with disabilities who have challenges wearing a mask due to their age, disability, medical, or other need. HCPSS will ensure all staff have the [TIPs to Support Mask-Wearing for Students with Disabilities](#) to develop a plan for mask wearing as appropriate to the individual student needs. IEP teams will convene to further discuss and document needs and strategies as necessary.

During the 2021-2022 school year, as in every school year, general education teachers, special education teachers, related service providers and support teachers will collect data on skills outlined in the Individualized Education Program (IEP) Plan as well as progress within the general education curriculum. Similarly, progress monitoring of the IFSP for children birth-3 is also required.

To address compensatory services that may be required, every student receiving early intervention and special education services in the HCPSS will have a comprehensive review of data from March 13, 2020-Oct 1, 2021 to determine the impact of the COVID 19 pandemic school closure, virtual and hybrid learning may have had on their progress. Importantly, HCPSS will actively engage families in the data collection and progress review process. In accordance with IDEA, the HCPSS will provide compensatory services for any student who experienced a lack of expected progress and/or regression due to the inability of the HCPSS to provide FAPE during the COVID 19 school closure, virtual learning, and/or hybrid learning. A three tier process is in place for the review, feedback, and parental input to ensure implementation fidelity. All special education teachers, related and support teachers received synchronous training and resources in the implementation of these processes and procedures. Ongoing school and parent support will be provided by the Department of Special Education. The Office of Early Intervention Services will provide specific support to families of children with IFSPs as well. Parent communication will be provided through a variety of ways including FAQs on the HCPSS website

(<https://help.hcpss.org/special-education>), presentations during Special Education Citizens Advisory Council meetings, community partner meetings, and Family Support and Resource Center electronic newsletters.

## **Implementation of Section 504 Plans**

The HCPSS will ensure that students qualifying for Section 504 disabilities have equal access to the same HCPSS educational and extracurricular activities that all HCPSS students are afforded through students' individual Section 504 plans in compliance with federal guidelines. HCPSS will comply with the Section 504 and Title II of the Americans with Disabilities Amendments Act (ADAA) including Child Find requirements, initial eligibility, reevaluations, manifestation, and annual reviews ensuring proper notice to parents. All plan development meetings include a discussion of student needs for Alternative Service Delivery Model (ASDM) provisions and these provisions are listed for each accommodation or service that is included on a student's plan. HCPSS will keep ASDM provisions on all 504 plans moving forward. HCPSS conducts annual training with Section 504 Administrative Building Coordinators from each school building who monitor the implementation of Section 504. This year additional training was conducted in August 2021 with all Section 504 Administrative Building Coordinators and case managers to ensure there are monthly compliance checks for required meetings and to monitor the ongoing needs of students.

Section 504 will be virtual and parents are able to request in person meetings as well this school year. Individual student-based decisions will be made when updating 504 accommodations and services for those students who are at higher risk with complex medical needs or underlying health concerns to ensure accessibility to all HCPSS educational and extracurricular activities. While universal indoor masking is required in all HCPSS buildings for students, staff, and visitors regardless of vaccination status, the HCPSS will provide ongoing support for students with disabilities who have challenges wearing a mask due to their age, disability, medical, or other need. Guidance on mask wearing was shared with all HCPSS administrators, nurses, and 504 Administrative Building Coordinators to allow for mask exemptions. Mask exemptions will be determined on a case by case basis based on individual student need and with physician consultation as required by Title II of the ADAA and Section 504 following CDC and MSDE guidance. Students with 504 plans who have experienced gaps in background knowledge and understanding due to extended school building closures will have instructional needs assessed as other general education students to provide appropriate support during instruction to mitigate these learning gaps or through necessary recovery services. Should there have been a denial of access to a Free and Appropriate Public Education during the extended school building closure, compensatory services will be provided with parental input.

## **Implementation of Instruction for English Learners**

HCPSS put several supports in place in order to provide instruction to English learners and make communications accessible to families. Educators have received training to ensure that they understand

expectations for supporting English learners (EL) by reviewing EL plans including student accommodations.

The following instructional plans are designed for English learners:

### **Elementary**

English learners will receive on grade level and differentiated content and targeted English language proficiency (ELP) instruction from certified content teachers and ESOL teachers with appropriate accommodations. English Learners will receive small group instruction differentiated at their current academic and ELP levels. The ESOL teacher will collaboratively plan and co-teach with classroom teachers to ensure that English learners receive simultaneous classroom and academic language instruction, as well as necessary accommodations and targeted language support. English language and content appropriate EL accommodations will be provided by certified content teachers and ESOL teachers. In addition, some English learners may receive evidence-based interventions for any unfinished learning as indicated in current language proficiency and academic data.

### **Secondary (Middle & High)**

English learners will receive on grade level, differentiated content instruction and targeted English language proficiency (ELP) instruction from certified content teachers and ESOL teachers with appropriate accommodations. English learners who receive English Language development (ELD) instruction through an ELD course will participate in learning assignments to target their current ELP and target ELP levels. English learners who receive ELD instruction through mixed classes with ELD support will have co-taught lessons with an ESOL teacher and certified content teachers that include differentiated learning assignments with targeted language supports. Classes will address MCCRS speaking and listening standards to ensure that language development continues to be a focus. In addition, some English learners may receive evidence based interventions for any unfinished learning based on current language proficiency and academic data.

## **Health and Safety**

All staff and students entering HCPSS locations are expected to follow health protocols as indicated by the CDC, Maryland Department of Health (MDH), and the HCHD. As guidelines are updated by these organizations, the protocols for staff and students in HCPSS buildings will also be updated. Signage will be placed at the entry and throughout buildings to alert staff and students of the need to wear face coverings; maintain social distancing; perform proper, frequent handwashing and hand sanitizer usage; to return home if experiencing symptoms; and alert school administrators of symptoms.

### **Building Preparation:**

Physical and operational changes to support safe and healthy learning environments for the education

of Howard County students are currently being implemented by the Division of Operations.

As school resumes in a normalized format, HCPSS Custodial Services are committed to adhering to all necessary cleaning protocols and precautionary guidelines outlined by the Maryland Department of Health and CDC. School buildings will be routinely cleaned and disinfected on a daily basis and will include, but are not limited to, classrooms, offices, restrooms, public areas, health suites, and isolation rooms. Handwashing will continue to be encouraged by students and staff, and hand sanitizing stations will be strategically placed in areas where handwashing is not available.

The front office of each school is being provided with freestanding clear Plexiglas barriers or guards for office desks and other public-facing staff member areas.

HCPSS is committed to ensuring a safe learning environment for all students and staff. Throughout the COVID-19 pandemic, HCPSS has relied on the guidance of the Centers for Disease Control and Prevention (CDC), American Society of Heating, Refrigerating, and Air-Conditioning Engineers (ASHRAE) and other agencies in implementing measures to maximize air quality and other aspects of a healthy building environment. HCPSS has implemented a combination of measures to improve building ventilation at each school, including portable HEPA fan/filtration units to provide auxiliary air cleaning in each school's COVID isolation room, and in portable classrooms where outdoor air is not introduced through the HVAC unit. The HVAC units serving all student-occupied areas of HCPSS school buildings and all other portable classrooms provide outdoor air ventilation. In addition, HCPSS has additional portable HEPA fan/filtration units on order to deploy as necessary, however, all spaces that currently require one due to inability to meet ventilation guidelines are fully equipped with portable HEPA fan/filtration units. Specifically, the following improvements to building ventilation have been implemented at all HCPSS schools:

1. Air filters having a minimum efficiency reporting value (MERV) rating of MERV 13 have been installed in all HVAC units wherever possible. [SEP]
2. Outdoor air ventilation has been maximized at all schools by ensuring that outdoor air dampers, airside economizers, and exhaust fans are working properly in all HVAC units. Air bypass around air filters has also been addressed in all HVAC units to ensure that all air passes through the air filters and not around them. [SEP]
3. HVAC system run times have been extended, starting two hours before school occupancy through two hours after school occupancy, to flush schools with additional outdoor air ventilation prior to students' arrival and after their departure. [SEP]
4. HVAC units provide approximately six room air changes per hour during student-occupied hours. [SEP]
5. Demand-controlled ventilation has been disabled to ensure that 100% of the outdoor airflow designed for each space will be continuously delivered whenever schools are occupied. [SEP]
6. HVAC system energy recovery units have been disabled during times of non-extreme summer and winter conditions to prevent any exhaust air from being re-entrained into the outdoor air ventilation. [SEP]

7. Portable high-efficiency particulate air (HEPA) fan/filtration units have been installed in the isolation room in each school's health suite, as described above. <sup>[1]</sup><sub>[SEP]</sub>
8. Carbon dioxide (CO2) sensors with data logging capabilities have been installed in all school cafeterias. The level of CO2 in the room air, measured in parts per million (ppm) CO2, provides an indication of the effectiveness of the outdoor air ventilation in diluting airborne contaminants. <sup>[1]</sup><sub>[SEP]</sub>

As school resumes in a normalized format, HCPSS Custodial Services are committed to adhering to all necessary cleaning protocols and precautionary guidelines outlined by the Maryland Department of Health and CDC. Custodial staff will continue to follow a standard practice of routine cleaning and disinfecting of shared areas in school buildings as directed in the Service Solutions Manual. To reduce the risk of infection, high touch surfaces will be cleaned with a Green Seal certified multipurpose solution and disinfected with an EPA approved disinfectant. School buildings will be routinely cleaned and disinfected on a daily basis and will include, but are not limited to, classrooms, offices, restrooms, public areas, health suites, and isolation rooms. More frequent cleaning will be implemented as needed and will follow recommendations by the Maryland Department of Health and CDC. Handwashing will continue to be encouraged by students and staff, and hand sanitizing stations will be strategically placed in areas where handwashing is not available.

### **Transportation of Students**

Due to limited numbers of buses and drivers, HCPSS has returned school buses to full capacity. 50 passengers for high school, 52 for middle school, and 54 for elementary. Due to the proximity of the students at the listed capacities, mask wearing and ventilation are being utilized to mitigate risk of COVID exposure. Families that do not feel safe with buses at full capacity, are provided the option of driving their children to school.

The Maryland State Department of Education (MSDE) issued guidance to all local school systems to continue to follow current federal, state, and applicable local health department requirements regarding students and staff wearing masks on school buses. MSDE cited that the federal Center for Disease Control's (CDC) Order issued on February 1, 2021, remains in effect for mask-wearing on all forms of public transportation, including school buses, in the United States. MSDE also provided guidance under presidential Executive Order No.13998 in which mask-wearing does not apply to children under two years of age or a person with a disability who cannot wear a mask or cannot safely wear a mask. This information was shared with all school bus contractors who have trained their drivers on masking and cleaning procedures.

Circulation of air through the bus is paramount, therefore a minimum of 3 windows on each side of the bus will be opened a minimum of 25% and both roof hatches open. The HCPSS transportation office recommends, weather permitting, to open all windows to the full extent possible. Specialized buses that are equipped with air conditioning have the ability to keep all windows and hatches closed if it is in the best interest of a student with specific medical requirements. To reduce cross contamination, students shall not operate the windows. Only the driver or bus attendant shall operate the windows.

Efforts are made for buses to use a “drop and go” approach to unload students at the school sites. This will alleviate any idle time in the bus loop and get the students off the bus quickly and safely. This will also assist in getting the buses to their next location sooner to account for the changes in schedule and load.

If a bus has a confirmed COVID case, bus cleaning will be performed in compliance with CDC guidelines:

- If less than 24 hours have passed since the person who is sick or diagnosed with COVID-19 has been in the space, clean and disinfect the space according to manufacturer’s instructions, including:
  - Bench seats occupied by the students
  - The backs and tops of seatbacks in front of each occupied seat
  - Side walls next to occupied seats
  - Handles on all emergency exits and emergency windows (when a student was seated next to one)
  - Windows, window frames and ledges of occupied seats
  - Handrails in stepwell

Outside of a confirmed COVID case, buses are maintained in a clean, safe, and acceptable condition. The HCPSS transportation office conducts regular inspections to ensure contractor compliance with bus maintenance.

**Vaccinations:**

HCPSS employees are required to provide proof of full vaccination or undergo regular COVID-19 testing for the 2021-2022 school year. Volunteers and chaperones who interact with students, and parents/guardians who are conducting classroom observations are also required to show proof of full vaccination at least five school days in advance of their visit/activity. The Pinpoint Vaccine Check System is being utilized to process and verify vaccine documentation.

Through a partnership with the Howard County Health Department (HCHD) and several local pharmacies, HCPSS is providing multiple opportunities for students age 5 and above to get vaccinated, including some clinics hosted in HCPSS schools. For current clinics and vaccination options, please visit the [Testing/Vaccination area of the HCPSS website](#).

**Prior to Entry:**

Staff must complete the online training module for COVID-19 through the HCPSS SafeSchools platform, which will include training on many topics including proper use of face coverings, hand washing, social distancing and symptoms of COVID-19. Staff will be asked to complete the [Coronavirus Self-Checker](#) to assess their [symptoms](#) related to COVID-19 and their general health status.

In alignment with guidelines provided by HCHD for positive cases, staff who test positive for COVID or are showing symptoms must be isolated for 5 days regardless of vaccination status and must follow the quarantine procedures outlined in the HCPSS Quarantine Procedures section below.

Parents/Guardians will be given information to share with their children regarding hand washing, face coverings and social distancing. Once students access the building, they will be educated on those same aspects again. Parents/guardians should keep their children home if they are [experiencing symptom\(s\) associated with any communicable disease](#), including COVID-19. In addition, parents/guardians are to assess their children for [symptoms](#) of COVID-19 illness and refrain from sending/transporting them to school until the student fulfills the quarantine period outlined in the HCPSS Quarantine Procedures section below.

**Upon Entry:**

The Howard County Health Department requires the use of universal masking in all school buildings regardless of vaccination status. Face coverings are not considered personal protective equipment (PPE), however the face covering does offer protection to others from expelled, viral droplets. To prevent the spread of the COVID-19 virus, the CDC is recommending KN95 masks. Visit the [CDC Mask Type](#) website for more information on mask selection and proper usage. While KN95 masks are recommended by the CDC and students may bring their own if they have them, they are not mandated. Students and staff will be permitted to use disposable or cloth masks. Disposable masks will continue to be available in schools for all students and staff, especially for younger children for whom KN95 masks may not fit. A limited supply of KN95 masks are available to students and staff.

HCPSS Staff will wear at least a cloth face covering, over their nose and mouth while approaching and inside school and office facilities. Face coverings may be removed while an employee is alone in an enclosed office or classroom. Face covering must immediately be put back on whenever another individual enters the space. Face covering should not be worn if a person is experiencing difficulty breathing. Staff that are unable to wear a mask will need to cover their coughs and sneezes. Staff will maintain social distancing of at least 6 feet whenever possible. When close interactions are required or when working with students who are unable to wear a face covering, additional staff PPE will be required. For example, it may be necessary for a staff member to wear eye protection or gloves.

HCPSS Students over the age of 2 will wear face coverings while receiving services in the buildings. Some students will be unable to wear face coverings due to developmental or medical complications. In these cases we will emphasize social distancing between individuals whenever feasible. All students will be reminded of proper hand washing techniques and social distancing practices from other students and staff members. The school cafeteria is one area where masking at all times will not be possible. Students will be required to wear masks at all times when they are not eating or drinking, including when entering and exiting the cafeteria, in the lunch line, throwing trash away, and sitting at their table after finishing their meal. All schools have setup seating outdoors to mitigate the risk of taking masks off during eating and drinking. Due to unvaccinated student populations at the elementary and middle schools, tents are being setup to ensure that outdoor cafeteria areas can be used in the majority of weather conditions.

Health Services staff will be available in the building to assess students and staff as needed and will be provided appropriate PPE for evaluating ill students and staff members and will follow isolation protocols per the CDC, MDH and HCHD. MSDE has provided guidance for assessing students and staff with symptoms within the document labeled Appendix C - P-12 School and Childcare COVID-19 Guidance.

### **HCPSS COVID Testing**

HCPSS is offering a voluntary K-12 COVID-19 Testing Program that will provide free COVID-19 tests for students and school-based staff who develop COVID-like symptoms while they are in a school building, or are identified as close contacts when feasible. Parents/guardians should not send their children to school, and staff should not report to work if they are presenting COVID-like symptoms.

The program includes:

- Administration of two types of COVID-19 tests - rapid antigen point-of-care (POC) and/or polymerase chain reaction (PCR) specimen collection - as needed
- Surveillance testing at schools when there are exceptionally high case rates and HCHD recommends this approach
- Sharing test results with the Maryland Department of Health and Howard County Health Department for contact tracing purposes. Disclosure of this information is protected by the Family Educational Rights and Privacy Act\* and requires your consent before it can be shared.  
*\*Pursuant to the Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. § 1232g; 34 C.F.R. part 99), the written consent of a parent or eligible student is required before the education records of a student, or personally identifiable information contained therein, may be disclosed to a third party, unless an exception to this general requirement of written consent applies.*

HCPSS has secured a limited number of tests for students and staff using Elementary and Secondary School Emergency Relief (ESSER) funds. Initially, HCPSS will be distributing one at-home COVID-19 rapid test kit to every student and staff member. Each test kit contains two tests and is intended to support diagnostic testing at home when students or staff are experiencing COVID-like symptoms.

Regardless of the outcome of the test, individuals who are symptomatic should refrain from entering HCPSS buildings. Students and staff who receive a positive test result should follow the [family reporting](#) or [staff reporting](#) procedures available online.

### **Coordination with Health Department Including Notifications/Contract Tracing**

For students who test positive, HCPSS sends names and addresses to the Howard County Health Department, makes personal contacts with families of students with COVID, and gathers information about cohorts where there are multiple cases of positive students.

Specifically, HCPSS prioritizes:

- Tracking positive cases and investigating infected individuals to determine their onset of symptoms, classes, and cohorts;
- Contacting household contacts of any student who is positive to ensure they are following the proper guidance for household exposure;

- Notifying families of students who are unable to mask or are experiencing high-risk health conditions;
- Investigating linkages between cases when there are multiple cases in schools; and
- Communicating positive cases and cohort outbreaks to the Howard county health department.

HCPSS staff look for school cohort outbreaks. The Maryland Department of Health defines a cohort outbreak as “three or more laboratory-confirmed COVID-19 cases among students/teachers/staff in a specified group with onsets (or, if asymptomatic, collection dates) within a 14-day period, and who are epidemiologically linked in the school setting, but not household contacts.”

HCPSS is currently in the process of developing a technology solution that can interface with our student record system and help to streamline data collection and sharing to improve the quality of data for both HCPSS and the HCHD.

## Quarantine and Student Supports

To support students and parents throughout the school year, the HCPSS has established a student-quarantine website. The website outlines the HCPSS procedures and available supports. Please visit the site for additional detail:

<https://www.hcpss.org/health/student-quarantine/>

### Students in Quarantine

If students are required to quarantine, HCPSS has ensured there will be opportunities for students to remain engaged in learning and receive instructional supports. Additionally, staff at every school are available to support the social-emotional health and well-being of all students during their period of quarantine.

- Students have/will be provided with a device for use at home
- Students will receive up to twice weekly check-ins with their teacher
- Students will participate in modified virtual instruction in the event of a full-class quarantine
- Students will be provided with robust instructional resources (printed packets in elementary school; via Canvas in middle and high school)



### HCPSS Quarantine Procedures

All students and staff who test positive for COVID or are showing symptoms must be isolated for 5 days regardless of vaccination status and may not return to school until:

- They have been out at least 5 days from the onset of symptoms or upon receiving a positive test without symptoms, and
- Remain fever-free for 24 hours, and
- Show a consistent improvement of symptoms.

Also if an individual is exposed to someone with COVID-19, they should quarantine if:

- Age 12 or older and completed the primary series of recommended vaccine, but have not received a recommended booster when eligible.
- Not vaccinated or have not completed a primary vaccine series.

If an individual came into close contact with someone with COVID-19, they do not need to quarantine if they have received all recommended vaccine doses, including boosters when eligible.

It is recommended that all individuals get tested 5 days after exposure, regardless of whether they are exhibiting symptoms. However, a test is not required to return after the 5 days as long as the individual

is not displaying any symptoms. The Howard County Health Department treats positive cases in the prekindergarten program as it would a daycare setting, closing the affected classrooms for a minimum of 5 days. Additional details on how positive cases of COVID-19 in a [prekindergarten classroom are handled can be found online](#).

## **Instructional Supports**

Any and all students in quarantine will have the opportunity to receive instructional supports during their time at home. Partial Classroom Supports describes an instance in which at least one, but not all students in any given classroom are in quarantine. Full Classroom Supports describes an instance in which the Howard County Department of Education determines that a full classroom of students must quarantine OR, at the secondary level, quarantines enough students at large that results in a full classroom becoming quarantined.

### **Grades PK-5, Partial Classroom - individual students and/or partial classroom in quarantine**

Optional Instructional Supports:

- Asynchronous work in Canvas
- Asynchronous packets\*
- Up to twice per week virtual check-ins with the classroom teacher
- Access to Dreambox, LexiaCore, Typing Agent, and other enterprise digital resources
- Evening School tutoring (late September/early October)

### **Grades PK-5, Full Classroom - Full classroom in quarantine**

Optional Instructional Supports:

- Asynchronous work in Canvas
- Asynchronous packets\*
- Modified virtual instruction for English/Language Arts and Mathematics
- Access to Dreambox, LexiaCore, Typing Agent, and other enterprise digital resources
- Evening School tutoring (late September/early October)

\* Elementary school students in quarantine will be provided with robust asynchronous instructional materials, which will differ from and may be used in addition to packets previously provided to students. The packets sent home earlier this year are an additional resource that may be used immediately after a student is told to quarantine and until they receive a device and robust instructional material packet.

### **Grades 6-12, Partial Classroom - individual students and/or partial classroom in quarantine**

Optional Instructional Supports:

- Asynchronous work in Canvas
- Up to twice per week virtual check-ins with the classroom teacher
- Evening School tutoring (late September/early October)

### **Grades 6-12, Full Classroom - full classroom in quarantine**

- Asynchronous work in Canvas

- Google Meet virtual instruction for the class in quarantine, during its regularly scheduled time
- Up to twice per week virtual check-ins with classroom teachers for the remaining courses
- Evening School tutoring (late September/early October)

For the most up to date frequently asked questions on quarantine and instructional supports, visit:

<https://help.hcpss.org/covid-student-quarantine>

## Digital Education Center

The HCPSS is launching a full-time blended virtual option for new and returning students entering grades K-6 who enrolled in the Digital Education Center (DEC) to learn virtually for the 2021-2022 school year. The DEC program will give students the opportunity to take classes and earn credits virtually, while receiving support services from both the DEC and their designated home school. DEC staff have reviewed student's existing course requests and have communicated the schedules with the student and parent/guardian before finalizing their enrollment. Students will remain enrolled in their designated home school for the 2021-2022 school year but will have a concurrent enrollment for instruction with the DEC. As a separate K-6 center, DEC students will be able to participate in extracurriculars and receive services at their designated home school.

DEC courses meets the same standards as all HCPSS curricula. The main difference between traditional, in-person, courses and the DEC is the delivery of instruction which is a blended virtual model. The DEC has synchronous virtual instruction with some asynchronous blocks of work time built into the schedule. Approved curricula has been developed by HCPSS curriculum staff which are outlined in the HCPSS Curriculum Guides and Course Catalogs. The courses taken at the DEC will be a subset of the courses in the catalogs and include all core course offerings and electives determined by the course requests of enrolled students. Student supports and extensions will be provided for all instructional levels, including ESOL, reading and math seminars, special education and GT enrichment. Curricula is delivered through the Canvas learning management system. Canvas provides student and staff access to submit assignments, deliver assessments, take attendance and record assessments through the gradebook. All DEC course sections and enrollments are listed and reported through the Synergy Student Information System.

Regular attendance and active participation is essential for student growth, and students will be expected to engage in learning synchronous learning activities every day. Students enrolled in the DEC will follow the same attendance processes outlined in Policy 9010- Attendance. Students in the DEC, like their peers attending in-person instruction, will follow the same HCPSS school calendar for SY21-22.

The DEC will provide regular assessments in all courses consistent with how learning is assessed in all HCPSS curricula which includes national, state and local assessments. Typical local assessments for DEC students includes MAP testing (Grades 1-6) and CogAT testing (Grades 3 and 5). While DEC students may

elect to take some standardized tests and assessments at home during the fall semester, HCPSS will provide access to all standardized tests and assessments, including Maryland State Assessments, through a testing center housed at the HCPSS Application and Research Laboratory (ARL).

DEC students will have the same complement of supports as their peers attending in-person instruction. DEC teachers, paraeducators, school counselors, and administrators will be in daily communication with students through synchronous instruction and will provide students with assignments, proctor exams, keep attendance, report grades and arrange for tutoring and other interventions, as needed. They will mentor and support the students. Students will have access to DEC staff for assistance with time management and troubleshooting technical issues.

## Winter and Spring Sports

In the indoor environment, all student-athletes, coaches, officials, game management staff and spectators will wear face coverings. The exceptions include student-athletes actively participating in athletic contests, athletic practices, other organized training activities, and weight training exercises - face coverings are optional during these activities. Face coverings must be worn on the sidelines/bench and in locker rooms at all times. Officials may remove face coverings when competitions begin.

While outdoors, all student-athletes, coaches, officials, game management staff and spectators are recommended to wear face coverings when physical distancing cannot be maintained. The exceptions include student-athletes actively participating in athletic contests, athletic practices, and other training activities. Officials may also remove face coverings when competitions begin. All individuals are encouraged to wear face coverings in any setting whenever they would feel more safe. All student-athletes and coaches are required to wear face coverings when students are on the bus.

Starting with winter athletic practices, all student-athletes in grades 9–12 are required to provide proof of vaccination or undergo weekly testing in order to participate. The following MPSSAA-recommended Return to Play (RTP) form will be required for student-athletes who test positive for COVID-19. HCPSS/Pivot athletic trainers will work with student-athletes to complete the gradual return to play steps. [MPSSAA RTP COVID-19 Infection Medical Clearance Form](#)

## Additional Supports

### Tiered System of Supports for Mathematics and Language Arts

#### Mathematics

A system of tiered supports for elementary and secondary mathematics will be provided. Assessment tools mentioned in the “Assessing Instructional Needs” section will be used to identify student entrance

and exit from these interventions. First instruction (Tier I) will feature standards-based, grade-level tasks taught by classroom teachers.

In elementary schools, Tier I will also include 10-15 minutes of DreamBox Learning (highest evidenced-based intervention rating, [www.evidenceforessa.org](http://www.evidenceforessa.org)) and teacher-assigned tasks. Supplemental intervention (Tier II) will be small-group, instruction focused on fragile or incomplete understanding of prior grade skills and concepts. Tier II asynchronous instruction will include additional time on DreamBox Learning for assigned lessons focusing on targeted, prior-grade level content. Grades 2-5 Tier II support will also focus on basic fact recall and computational fluency. Intensive intervention (Tier III) will focus on previous grade level(s) skills and concepts. Instruction will use focusMATH, which also receives the highest rating for evidence-based intervention programs. FocusMATH will be taught in small groups. Tier III instruction will include small-group tutoring and assignments on DreamBox.

In addition to utilizing the Tier I curriculum support materials from Illustrative Mathematics/Kendall Hunt (delivered via Canvas and receiving the highest ratings from [www.edreports.org](http://www.edreports.org)), secondary mathematics teachers will use ASSISTments (Tier I) and DreamBox Learning (middle school) online programs, to give students immediate support and compile data to help inform and improve instructional support. These programs receive the highest evidence-based intervention rating ([www.evidenceforessa.org](http://www.evidenceforessa.org)) and show strong evidence for meeting ESSA standards. Staff will use Illustrative Mathematics/Kendall Hunt curriculum resources (including teacher guides and consumable and non-consumable materials) to support Tier I mathematics instruction and for small group/individual support (Tier II and III), as needed. When appropriate, students needing Tier III support will be provided with Illustrative Mathematics/Kendall Hunt print versions of student instructional materials.

Additionally, secondary mathematics staff will provide small group tutoring (Tier III support) for students enrolled in Mathematics 6 through Algebra 2. Middle and high schools will enlist the support mathematics tutors to work with students over an 8-week tutoring program. Each week, students will engage in two, one-hour tutoring sessions. Sessions will focus on essential skills and concepts for the grade/course level.

### **Language Arts**

A system of tiered supports for elementary language arts will be provided. First instruction (Tier I) will feature standards-based, grade-level reading and writing experiences taught by classroom teachers.

Reading Specialists will provide targeted interventions to students in grades K-12. Student success is contingent on a consistent match of effective explicit instruction to student needs. Intensity varies with group size, the frequency and duration of intervention, and the expertise of the professionals providing instruction. These services and interventions are provided in small-group or individual settings in addition to instruction in the general curriculum. Student progress is monitored on a regular basis with clear entrance and exit criteria.

In Kindergarten to Grade 5 elementary classrooms, Tier I supports will also include independent reading and writing experiences, 20 minutes of Lexia Core5 eLearning and teacher-assigned tasks. Students participate in daily small group reading instruction that is differentiated to meet the needs of the individual student. Reading Specialists, Title I interventionists and Special Educators will provide reading intervention (Tier II and Tier III) to individual and small-groups of students. This synchronous instruction will focus on specific reading deficiency by providing direct instruction utilizing focused interventions.

There will be specific entrance and exit criteria and data collection for each student to monitor interventions.

Students who are identified as struggling readers participate in interventions based on their identified needs. Interventions are typically incorporated into the daily reading rotation and differ based on the aspect of reading that particular students find most challenging. Some of the reading interventions that are available are SIPPS (Systematic Instruction in Phonological Awareness, Phonics, and Sight Words), Really Great Reading, LLI (Leveled Literacy Intervention) and Lexia Core5 supplemental resources.

In middle and high schools, students who are enrolled in a scheduled period for reading interventions (seminar) for comprehension or decoding will have direct instruction, weekly check-ins and learning assignments with their reading seminar teacher. ELA teachers, special educators and ESOL teachers will consider the reading needs of their learners as they plan instruction. Students who are enrolled in middle school reading seminar courses are provided with targeted support to address their specific needs in the areas of decoding, fluency and comprehension. Reading seminars focus on eliminating achievement gaps by accelerating student growth.

The middle school reading intervention to support students who need assistance with decoding and comprehension is Seminar D. It provides explicit and systematic instruction in critical foundational skills using a multi-sensory approach using a blended learning model. Instruction focuses on phonological automaticity, reading fluency, comprehension, vocabulary and writing. System 44 is the primary curricular program used in this seminar. Reading specialists address phonemic fluency in small group instruction with an individualized software component, which includes multiple texts, video and daily guided instruction. Students needing more intensive instruction may use Really Great Reading or Lexia Power Up Reading, which have lessons that explicitly teach phonemic awareness, phonics concepts and word attack skills.

The middle school reading intervention course provided for students who need support with comprehension is Seminar C. It is designed to help students read independently with understanding and to develop the comprehensive skills and strategies of vocabulary, fluency, independent reading and writing techniques. Seminar C primarily utilizes the Read 180 curricula in a blended learning model.

Read 180 meets the needs of at-risk reading students through its innovative use of computer software and small group teacher-guided instruction. The technology component of Read 180 offers differentiated reading instruction to students in an engaging framework. The teacher instructional model of Read 180 provides a balanced literacy program of reading, writing, vocabulary and language. This program will also support a seamless transition for students who progress in Seminar D, with System 44, to Seminar C.

High school strategic reading allows for targeted reading instructional support in the areas of vocabulary, fluency, metacognition and comprehension in all content areas to eliminate achievement gaps. Instruction occurs in a small group setting utilizing research-based instructional strategies. Students are provided with relevant technologies, including collaborative online environments that enhance learning in areas of reading, writing, listening and speaking.

The newly updated version Achieve 3000Literacy is being used in all 12 high schools. Achieve 3000Literacy uses a Level Set Lexile assessment tool and software that provides teachers opportunities to teach the same topic with differentiated text at individual student Lexile levels. In addition, the

program supports secondary students who need to strengthen their foundational literacy skills. The program aligns with Maryland College and Career-Ready Standards in reading and writing and addresses literacy across content areas.

## **Students Engaged in Gifted and Talented Programming**

The HCPSS strives to meet the academic needs of a variety of learners. Students engaged in gifted and talented (GT) programming will receive the following supports:

### **Elementary**

GT teachers will provide instruction for fourth and fifth grade GT mathematics classes. GT Resource teachers will also provide differentiated instruction through Curriculum Extension Units in grades 2-5. All students in Kindergarten and Grade 1 will participate in Primary Talent Development on a monthly basis throughout the school year. GT Resource teachers will offer GT Instructional Seminars, open to all students, to provide additional enrichment and talent development opportunities.

### **Middle**

Students enrolled in GT classes will receive weekly instruction for the designated classes. GT resource teachers are teachers of record for grade 6 GT research classes. Students enrolled in this class will receive instruction during their designated class periods. GT resource teachers will also offer a variety of humanities and STEM-based Instructional Seminars to provide enrichment and talent development opportunities for all interested students.

### **High**

Students enrolled in GT and AP classes will receive weekly instruction. In addition, GT Resource teachers are teachers of record for the GT Intern/Mentor classes and for GT Research. Students enrolled in these classes will also receive weekly instruction during their designated class period.

## **Students Experiencing Homelessness**

The HCPSS strives to connect all students to instruction including the most vulnerable populations. Pupil Personnel Workers (PPWs) case manage all students experiencing homelessness. This includes ensuring that homeless students receive the protections of the federal McKinney Vento Act, helping students and families access socioeconomic resources, making referrals to community and school-based services, and coordinating with school SST Teams to provide academic, attendance and behavioral supports. Since the closure began in March of 2020, PPWs have also assisted with device and internet hotspot deployment to ensure that all students have equitable access to virtual instruction.

Given the recent economic impact of the pandemic, we believe there is likely an increase rather than a decrease in students experiencing homelessness. HCPSS will take additional measures to ensure we are

identifying the students and meeting their needs. This will include expanded training for all staff and additional case management efforts from PPWs to foster regular communication with families.

The Education for Homeless Children & Youth Program staff (including Title I) will continuously collaborate in meeting the needs of homeless families. The Homeless Advisory Committee will also continue to hold fall and winter meetings. Guidance from these stakeholder groups will assist in how we reallocate EHCY funding to support areas of increased need for students experiencing homelessness.

## **Child Care**

The HCPSS hosts multiple child care providers for day care and before/after care. Providers are working with the Division of Operations to determine the feasibility for expanding capacity and service hours. HCPSS Food and Nutrition Services will work with the child care providers to supply/purchase nutritious meals for their programs. The Division of Operations is evaluating the child care providers' safety and health protocol plans, the availability of space (giving priority to HCPSS use for teaching and small group) and the use of existing provider locations. Child care providers are working to determine their capacity based on availability of staffing. Families and HCPSS staff members seeking child care should utilize [The Howard County Child Care Resource Center](#) to connect with resources.

## **Students with Academic and Behavior Needs**

The HCPSS strives to address a variety of student learning needs. HCPSS recognizes that there cannot be a "one size fits all" approach to address learning gaps and academic needs, so a variety of approaches were employed to support students. Particular attention was given to students who were engaged in interventions to address reading difficulties and/or mathematics challenges.

HCPSS will utilize a tiered support system to clearly define the instructional materials, data and tools available at each level of need. This system begins with quality first instruction that includes strategies and tools for general education teachers to differentiate and meet the needs of all of their students. Tier two supports may be provided in a small group format to students with similar areas of need. Tier three supports are more individualized and may be provided by a special educator, academic specialist or tutor.

School teams will work to support student academic and behavioral growth, while ensuring access to needed resources. [Student Support Teams \(SSTs\)](#) at all schools throughout HCPSS will provide a structured process for identifying students' mental health, academic and/or behavioral needs and connect students/families with appropriate resources. At the elementary level, [Instructional Intervention Teams \(IITs\)](#) will continue to work with teachers to improve student outcomes using a structured problem-solving model. During distance learning, the IIT will focus on supporting teachers to meet the needs of their students through engaging first instruction that builds on student strengths, while creating opportunities for additional instruction and/or practice as needed.

## **School Teams**

	Academic Support Process	Behavior Support Process
Elementary	<p><b>All students:</b>  <u>Interventionists:</u>  Resources/ideas to support differentiated instruction. IIT may support.</p> <p><b>For additional support:</b>  <u>IIT Process:</u> Collaborate with the teacher to identify root cause and develop strategies for use by the general educator.</p> <p><u>Intervention with specialist*:</u> Address skill need.</p> <p>*IIT may support students in interventions with classroom-based strategies that <i>match</i> the intervention.</p>	<p><b>All students:</b>  <u>Student Services Staff:</u> Resources/ideas to support classroom strategies.</p> <p><b>For additional support:</b>  <u>IIT Process:</u> Collaborate with the teacher to identify root cause and develop strategies for use by the general educator.</p> <p><u>SST Process:</u> Address student/family resource needs, including mental health. May refer student to intervention with specialist (School Counselor, Social Worker, Alt Ed Teacher, etc) or refer student and/or family to community agency.</p> <p><u>Attendance Team:</u> Provide supports to facilitate attendance. (In some schools this is part of SST.)</p>
Middle	<p><b>All students:</b>  <u>Interventionists:</u>  Resources/ideas to support differentiated instruction. IIT may support.</p> <p><b>For additional support:</b>  <u>IIT Process:</u> Collaborate with the teacher to identify root cause and develop classroom-based strategies. (<i>only some schools</i>)</p> <p><u>Intervention with specialist:</u> Address skill need (e.g., Reading Specialist).</p> <p><u>SST Process:</u> Adjust class placement and supports to facilitate instructional match</p>	<p><b>All students:</b>  <u>Student Services Staff:</u> Resources/ideas to support classroom strategies.</p> <p><b>For additional support:</b>  <u>IIT Process:</u> Collaborate with the teacher to identify root cause and develop classroom-based strategies. (<i>only some schools</i>).</p> <p><u>SST Process:</u> Address student/family resource needs, including mental health. May refer student to intervention with specialist (School Counselor, Social Worker, Alt Ed Teacher, etc) or refer student and/or family to community agency.</p> <p><u>Attendance Team:</u> Provide supports to facilitate attendance. (In some schools this is subsumed by SST.)</p>

<b>High</b>	<p><b>All students:</b>  <u>Interventionists:</u>  Resources/ideas to support differentiated instruction.</p> <p><b>For additional support:</b> <u>Intervention with specialist:</u> Address skill need (Reading Specialist, Tutorial, etc.)</p> <p><u>SST Process:</u> Adjust class placement and supports to facilitate instructional match problem solving to meet students' changing needs.</p>	<p><b>All students:</b>  <u>Student Services Staff:</u> Resources/ideas to support classroom strategies.</p> <p><b>For additional support:</b>  <u>SST Process:</u> Address student/family resource needs, including mental health. May refer student to intervention with specialist (School Counselor, Social Worker, Alt Ed Teacher, etc) or refer student and/or family to community agency.  <i>Note: Some high schools have an additional process for students who have been supported by SST for a period of time and require more intense intervention for dropout prevention.</i></p> <p><u>Attendance Team:</u> Provide supports to facilitate attendance.</p>
-------------	---	--

**Diversity, Equity and Inclusion Supports**

HCPSS' Strategic Call to Action, Learning and Leading with Equity provides the framework for guiding the school system's equity strategy throughout the reopening of school. A crucial part of the reopening centers on the work of the Office of Diversity, Equity and Inclusion (ODEI). The current health crisis has not only exposed distinct gaps in equity, but has also placed a spotlight on many structural racism concerns that must also be examined going forward.

In concert with the Strategic Call to Action, ODEI is guided by the frame: "Building a climate of belonging and a culture of dignity with a racial equity lens throughout the Howard County Public School System."

This frame allows the office to coordinate systemic diversity, equity and inclusion work without elimination of the racial implications of the work. It also applies a racial equity lens that will enhance choices, decision making and allocation of resources; examine any unintended harm; and allow an added layer of anti-racist education to the anti-bias work already underway in the district. This work will be crucial in ensuring that every student within HCPSS is provided the best quality education HCPSS can offer under these unique circumstances. The office will work with system leaders and staff in four areas: professional development, district leadership collaboration, support to schools, and community engagement and partnerships. The following diversity, equity and inclusion activities will coincide with district reopening:

**Professional Development**

ODEI is working in close connection with the Office of Leadership Development, Office of Teacher and Paraprofessional Development, the Division of Academics, and Division of School Management and Instructional Leadership to provide professional development that focuses on equity, dignity, structural racism, belonging and restorative justice practices, with emphasis on how these show up in our

transition back to in-person instruction and best practices during these unprecedented times. In addition, ODEI is offering professional development on belonging, cultural responsiveness, institutional racism and anti-racist education, and implicit bias.

### **District Leadership Collaboration**

The Director of Diversity, Equity and Inclusion is a sitting member of the Superintendent's cabinet and will continue to be involved in the decision-making process around reopening. ODEI will collaborate with the Office of Program Innovation and Student Well-Being to provide not only social-emotional supports to students during reopening, but also assist in monitoring the engagement of families and outreach as it pertains to digital devices, translation of documents, outreach to families, and other key components to the reopening of school and throughout the year. Additionally, ODEI will work closely with the Office of Curriculum, Instruction and Assessment to ensure curriculum aligns with the district commitment to being diverse and inclusive during this time, and will work with the Offices of Special Education and Program Innovation and Student Well-Being to address the needs of students with disabilities.

### **Support to Schools**

ODEI facilitators are assigned to work with each of the individual schools and school leaders to assist in promoting, developing and addressing diversity, equity, and inclusion issues. This work will continue during reopening. Additionally, each school has a diversity, equity and inclusion liaison within the school to assist school leaders in this work. These liaisons are in close contact with ODEI, and proper supports are given to meet the unique needs of each school. Additionally, extensive work will be done with schools around creating positive school climates and culture that promote a sense of belonging, value relationships, and honor diversity, particularly among students of color or those who have been traditionally marginalized. This will be extremely crucial at this time.

### **Community Engagement and Partnership**

The Superintendent's Diversity, Equity and Inclusion Advisory Committee is a vital partner in advising the Superintendent on how issues related to diversity, equity and inclusion are showing up during reopening and beyond. The committee consists of representatives from over 30 community, family and civic organizations, and meets on a monthly basis. The group receives updates on current work, and makes recommendations and/or raises concerns that need to be addressed throughout the process. Additionally, ODEI works closely with the Executive Director of Family and Community Engagement, the Community Superintendents and Performance Directors on proactive engagement opportunities, addressing concerns, and troubleshooting diversity, equity and inclusion issues raised by the community and families.

## **Supporting Student and Staff Well-Being**

### **Mental Health Screening and Services**

HCPSS will continue to strive to identify students who may be experiencing emotional and/or mental health concerns. The Mental Health Screening subgroup developed protocols to assist teachers in recognizing students who may need additional supports beyond the established school-wide approaches to creating safe and nurturing environments and infusing content instruction with social and emotional learning (SEL).

Teachers will refer students about whom they have concerns to the Student Support Team, who will connect students to in-school and community resources, as appropriate, to address their emotional and/or mental health needs. These supports may include counseling services provided through HCPSS student services staff or one of HCPSS' community mental health providers. HCPSS will continue to work with the Horizon Foundation to cover treatment costs for students whose families neither qualify for Medicaid nor have private insurance that can cover these mental health services, to ensure equitable supports for all students.

### **Classroom Supports**

A workgroup consisting of diverse stakeholders, including school counselors, school social workers, classroom teachers and Central Office staff from various divisions/departments, developed classroom supports. This group developed a yearlong plan to address student well-being; specifically social-emotional learning (SEL) supports that will be put in place to ease transitions, increase positive relationships and a feeling of belonging in classroom communities, and help to alleviate and/or provide tools for dealing with stress, anxiety and/or trauma. The work of this group is strategically aligned to many other groups working on related initiatives within the frame of "building a climate of belonging and a culture of dignity with a racial equity lens."

The plan includes opportunities for direct instruction and relationship building that are being built into the elementary, middle and high school schedules. During these blocks of time, teachers will utilize provided resources that will assist them with delivering lessons and facilitating daily (elementary) or weekly (secondary) class meetings. These lessons and class meetings will focus on a cohesive scope and sequence of skills/topics that are developmentally appropriate and based on the [five core competencies](#) of SEL as defined by CASEL.

Additionally, resources will be provided to all teachers to support them with building a classroom community and integrating SEL skills into their specific content area curriculum. Instructional resources have been created for school counselors to use in classroom settings. Professional learning opportunities will be provided for all staff before students return to school and will continue throughout the year.

### **Student Services Supports**

The Student Services Support workgroup identified resources for student services staff members to fortify their skills in response to student and staff mental health amidst the ongoing pandemic. The resources and professional learning will include secondary trauma, collective trauma, and racial trauma to better inform student services on supporting their schools.

The Student Services Well-Being workgroup focused first on secondary trauma and self-care resources to support Student Services staff as we begin the school year. Student Services staff members learned more about secondary trauma and had an opportunity to participate in "healing spaces." An optional self-care activity was offered for Student Services staff who would prefer to not participate in the healing spaces. A second presentation took place with all Student Services staff members to review self-

care during the school year as well as self-care resources.

### **Family Supports**

The Family Engagement and Support workgroup developed resources to assist families with encouraging positive mental health and well-being of their children and within their family during the pandemic and social unrest. This workgroup created professional learning opportunities for school staff to engage and support families as needed. Membership of the workgroup included school-based and Central Office-based staff representing student services, special education and instruction. This team will continue to meet and strategically plan for family supports throughout the coming school year.

### **Staff Supports**

A workgroup—consisting of student services staff (both school-based and Central Office), school-based well-being representatives, and members of the benefits office—cultivated resources for mental health and well-being for staff to utilize during the return to school, whether virtual or in-person, in the midst of the COVID-19 pandemic and racial/social unrest.

Planned initiatives included:

- A re-introduction and further exploration of Counseling and Support Services (formerly EAP)
- Robust support for school and department well-being representatives
- The formation of facilitated small-group “safe space” discussions for staff to share concerns, worries, triumphs, etc.

This subgroup will continue to meet and work together throughout the year to adapt and adjust to needs of staff to best support their mental, emotional and social well-being. Members will determine those changing needs through feedback from staff, needs assessment surveys and discussions with administrators.

### **Administrator Supports**

A workgroup composed of school-based administrators and Central Office leaders developed supports for administrators. The purpose of this group is two-fold: to share resources and strategies to help support the mental health and well-being of school-based administrators and Central Office leaders; and to provide resources and opportunities to strengthen their leadership skills to better support the mental health of their school and office communities.

### **Calendar Modifications**

The HCPSS Board of Education has approved several 3-hour early dismissal days for staff and students. The early dismissals will provide staff additional hours to complete professional tasks (i.e., grading, planning, preparing materials of instruction), tend to their personal well-being, and better balance the many demands that have been placed upon them during the pandemic.

School will close three hours early for students on the following days:

- Wednesday, Dec. 15, 2021

- Wednesday, Jan. 19, 2022 (previously scheduled to be a 3-hour early dismissal for high school students only)
- Wednesday, Feb. 16, 2022
- Wednesday, March 16, 2022
- Wednesday, April 27, 2022
- Wednesday, May 18, 2022

There will be no half-day prekindergarten/RECC on these days.

### **Employee Incentives**

HCPSS is utilizing a combination of budget savings, Elementary and Secondary School Emergency Relief Fund (ESSER) III grant, and American Rescue Plan funding to implement the following programs:

- \$1800 Employee Commitment Bonuses for all full-time employees. Part time employees receive a prorated bonus. As schools contend with staff shortages, increased demands on workload, and a changing pandemic, these bonuses are meant to demonstrate the county's gratitude for the continued effort of educators.
- \$5,000 in one-time incentives for all current bus drivers and attendants; \$1,500 signing bonus and up to a total of \$2,500 in monthly incentive payments for all newly hired bus drivers and attendants; \$3,000 over three months to help bus contractors with driver shortages recruit and hire new staff to activate the remaining 95 routes; and a 10% payment to bus contractors for each incentive bonus paid to bus drivers and attendants for overhead costs.
- 25% increase to the daily rate for substitute teachers. High demand for substitute teachers exists throughout Maryland. The new pay increase places HCPSS among the highest paying districts in the state for substitute teachers, helping to attract top candidates to the position.
- Permanent HCPSS staff who are hired to work in intervention/recovery programs for summer school will be paid for the hours they work at their per diem rate AND, if they work all the hours stipulated in their Summer Agreement, they will receive a \$1,000 stipend bonus and have 1 (one) Sick Day added to their leave bank (not eligible for use during the Summer Program).

The programs are targeted to retain staff, show appreciation for increased workload, and incentivize hiring for critical staffing shortages.

### **Food and Nutrition Program**

As most students return to in-person learning, it is important to ensure they receive high-quality meals that help them succeed in the classroom. HCPSS Food and Nutrition Services will continue to ensure the seamless and continuous feeding of students during the 2021-2022 school year by providing free breakfast and lunch to all students regardless of their eligibility status, consistent with United States Department of Agriculture (USDA) child nutrition program nationwide waivers and flexibilities to support a successful school reopening in school year 2021-2022.

The food services program will serve meals through USDA's National School Lunch Program Seamless Summer Option (SSO), which is typically only available during the summer months. This option

maintains the nutrition standards of the standard school meal programs - including a strong emphasis on providing fruits and vegetables, fluid milk, whole grains, and sensible calorie levels - while allowing schools to serve free meals to all children.

During the 2021-2022 school year, Food and Nutrition Services will continue to comply with all food safety, employee safety, including using disposable food service items and cleaning and sanitizing tables/surfaces between each meal service. Food and Nutrition Services will also fully accommodate specific food service requirements, including food allergies. All meals will be served in the cafeteria and some schools may elect to have students eat breakfast in classrooms. Share tables will not be permitted and self-service items will not be offered in school year 2021-2022. Continuing COVID-19 safety protocols may require Food and Nutrition Services to use alternative meal service models from time to time.

In addition to serving free meals for all in-person students, HCPSS Food and Nutrition services will also provide free meals for students enrolled in the Digital Education Center (DEC). Breakfast and lunch may be picked up only on Mondays and Thursdays. Meals picked up on Mondays will include three (3) days of meals, and those picked up on Thursdays will include meals for two (2) days. Meals can be picked up at the high school closest to the student's residence between 7:00 am and 8:00 am. In addition, meals can be picked up by HCPSS DEC students, parents/guardians on behalf of their child(ren) who do not need to be present, or a designee of choice. Meals for DEC students must be pre-ordered via the HCPSS [Nutrislice website](#) or by downloading the Nutrislice mobile app from the [App Store](#) or [Google Play](#). Users should select the Pre-Order Menu, then choose a High School meal site location and order meals by the day. There will be no walkups available and meals must be pre-ordered. Parents/guardians may authorize a designee to pick up meals for their child(ren) by completing a meal pre-order form at least two days in advance. Families may also pre-order meals and name a designee by going to the HCPSS [Nutrislice website](#) or by using the Nutrislice mobile app. Meal sites and pickup times for DEC students are subject to change based on participation.

Although breakfast and lunch will be free during the 2021-2022 school year for all children, eligible families are urged to still apply for Free and Reduced-Price Meals (FARMS). Applications are available online or as a paper application. Parents must **submit a new application** every school year to maintain their student's eligibility. Translated versions of the application are available within the online application. Participation in the Free and Reduced-Price Meal program provides children with a wide range of benefits including testing and application fees, academic and athletic program fees and many others in addition to free or discounted meals. FARMS participation rates directly impact schools' eligibility to receive valuable Federal Title I funding, which provides resources that play a key role in student success. Students with prior year FARMS benefits will expire on October 8, 2021. Although FARMS applications are accepted all school year, families are encouraged to apply for FARMS benefits before October 31, 2021.

## Appendices

- Appendix A: Reopening Plan Evaluation Rubric
- Appendix B: Stakeholder Group Participants
- Appendix C: P-12 School and Childcare COVID-19 Guidance
- Appendix D: Communication Plan
- Appendix E: 2019 PARCC Data

# Appendix A



## Safe Return to In-Person Instruction and Continuity of Services Plan (Reopening Plan) Self-Assessment Rubric

Name of Local School System: **Howard County Public Schools**

Date Submitted: **2/1/2022**

### Background:

The federal American Rescue Plan (ARP) Elementary and Secondary School Emergency Relief (ESSER) Fund requires the review of Safe Return to In-person Instruction and Continuity of Services (Reopening) Plans every six months for the duration of the grant period. All school systems must provide the opportunity for public input on Reopening Plans. Public input must be used to determine if revisions are necessary and to inform revisions to the Plan. Reopening Plans must include elements that are consistent with current guidance from the [Center for Disease Control and Prevention \(CDC\)](#) and [Maryland Department of Health](#) and must include updated baseline and projected student data disaggregated by race, gender, and service group.

### Directions:

Complete the self-assessment rubric and submit the rubric with the updated Reopening Plan. Review each requirement in the rubric. If a requirement did not change since the last submission of the Reopening Plan to the Maryland State Department of Education (MSDE), then write “No Changes” in the table. If a component was modified, then include the page number where the updated component can be found in the Plan.

### Review Process

Each school system must submit the self-assessment rubric and updated Reopening Plan to the MSDE on or before February 1, 2022. The rubric and Plan can be emailed to Dr. Paula Cage, Director of Academic Acceleration, at [paula.cage@maryland.gov](mailto:paula.cage@maryland.gov). All Reopening Plans will be reviewed by a cross-division team at MSDE. All reviewers participate in training to identify evidence and calibrate reviews. Reviewers form a consensus on the rating of the Reopening Plan. Completed rubrics are shared with school systems. Any component rated *Developing* or *Unable to be Rated* must be revised by the school system. A school system must submit revisions to the MSDE within two weeks of receiving the initial rating. The MSDE is available to provide support to the school system to address feedback provided in the rubric. Submitted revisions will be reviewed and rubrics will be updated to reflect a revised rating.

### Rating Guidelines:

Teams of trained reviewers rate each component in Reopening Plans. Reviewers provide descriptive feedback justifying a rating as:

**Comprehensive-** Evidence exceeded component requirements. The component contains a high level of specificity.

**Acceptable-** Evidence met component requirements. The component was clear and specific.

**Developing-** Evidence did not meet component requirements. The component is vague or incomplete.

**Unable to Be Rated -** The component was not included in the submitted plan.

Components rated as *Developing* or *Unable to Be Rated* must be revised and submitted to the MSDE for a second review.



## Safe Return to In-Person Instruction and Continuity of Services Plan (Reopening Plan) Self-Assessment Rubric

### Requirement 1:

Local school systems must post their Reopening Plan on a public-facing website.

<b>Requirement 1:</b> All requirements are posted on the website for the school system.	<b>Component is Included in the Plan</b> Yes   No	If the component was not modified since the last review, then write "No Changes" in the table. If the component was modified, then identify where revisions are located.	<b>Rating:</b> <ul style="list-style-type: none"> <li>● Comprehensive</li> <li>● Acceptable</li> <li>● Developing</li> <li>● Unable to be Rated</li> </ul>
<b>Reopening Plan is posted to and easy to locate on the school system's website.</b>		No changes	
<b>Reopening Plan is in an understandable and uniform format.</b>		No changes	
<b>Reopening Plan is available in an accessible and translatable format for all stakeholders.</b>		No changes	



## Safe Return to In-Person Instruction and Continuity of Services Plan (Reopening Plan) Self-Assessment Rubric

### Requirement 2:

**Local school systems must reflect their equity plan throughout the Reopening Plan.**

Local school systems must prioritize equity as schools reopen. Local school systems can use the [Equity and Excellence: The Guide to Educational Equity in Maryland](#), as a resource to develop equity goals and strategies.

<b>Requirement 2:</b> Educational equity is reflected through the Reopening Plan.	<b>Component is Included in the Plan</b> Yes   No	If the component was not modified since the last review, then write "No Changes" in the table. If the component was modified, then write the page number(s) from the Reopening Plan where the component can be found.	<b>Rating:</b> <ul style="list-style-type: none"> <li>● Comprehensive</li> <li>● Acceptable</li> <li>● Developing</li> <li>● Unable to be Rated</li> </ul>
<b>Reopening Plan demonstrates that all students have equitable access to educational rigor, resources, and support designed to maximize academic success and social/emotional well-being.</b>		No changes	
<b>Reopening Plan describes procedures and practices to ensure that there are no obstacles to accessing educational opportunities for any student.</b>		No changes	
<b>Reopening Plan prioritizes the use of data and focuses on students who face obstacles in engagement in the learning process.</b>		No changes	



## Safe Return to In-Person Instruction and Continuity of Services Plan (Reopening Plan) Self-Assessment Rubric

### Requirement 3:

**Local school systems must consult with a variety of stakeholders in the review of the Reopening Plan.**

Stakeholders must be provided the opportunity to provide feedback on the Reopening Plan every six months for the duration of the grant.

<b>Requirement 3:</b> <i>A successful reopening plan must include input from diverse stakeholders.</i>	<b>Component is Included in the Plan</b> Yes   No	Identify the page number(s) from the Reopening Plan where the component can be found.	<b>Rating:</b> <ul style="list-style-type: none"> <li>● Comprehensive</li> <li>● Acceptable</li> <li>● Developing</li> <li>● Unable to be Rated</li> </ul>
<b>Reopening Plan identifies a diverse stakeholder group, as stated in the federal requirement, and is representative of schools and communities within the school system (e.g. parents, teachers, students, educators, and community members).</b>		No changes	
<b>Stakeholders had the opportunity to review and provide feedback on the Reopening Plan within the last six months (September 2021 – February 2022).</b>		Page 7	
<b>Stakeholder feedback was used to determine if revisions to the Plan were necessary.</b>		Page 7	



## Safe Return to In-Person Instruction and Continuity of Services Plan (Reopening Plan) Self-Assessment Rubric

<b>Requirement 3:</b> <i>A successful reopening plan must include input from diverse stakeholders.</i>	<b>Component is Included in the Plan</b> Yes   No	Identify the page number(s) from the Reopening Plan where the component can be found.	<b>Rating:</b> <ul style="list-style-type: none"> <li>● Comprehensive</li> <li>● Acceptable</li> <li>● Developing</li> <li>● Unable to be Rated</li> </ul>
<b>Stakeholder feedback was used to inform revisions to the Plan.</b>		Page 7-8  Calendar modifications (pgs 34-35), employee incentives (pg 35), elimination of midterm exams (pg 11), and attendance for quarantine (pg 11) were all significant changes due to stakeholder input.	



## Safe Return to In-Person Instruction and Continuity of Services Plan (Reopening Plan) Self-Assessment Rubric

### Requirement 4:

Local school systems must establish a process to determine student instructional readiness early in the school year and a plan is established for student success.

School systems must identify the process to gather evidence of student readiness for new learning and baseline and projected student outcome data. Plans must identify how data-informed decisions will be used to enable students to recover learning losses and/or accelerate learning to experience success.

<b>Requirement 4:</b> Collect and use data to develop systems to recover learning loss and accelerate learning to support student success.	<b>Component is Included in the Plan</b> Yes   No	If the component was not modified since the last review, then write “No Changes” in the table. If the component was modified, then write the page number(s) from the Reopening Plan where the component can be found.	<b>Rating:</b> <ul style="list-style-type: none"> <li>● Comprehensive</li> <li>● Acceptable</li> <li>● Developing</li> <li>● Unable to be Rated</li> </ul>
<b>Reopening Plan determines the process (including the metrics) to identify readiness, learning gaps, by grade level and course, early in the school year.</b>		No changes	
<b>Reopening plans include baseline and projected student outcomes data that is disaggregated by race, service group, and gender.</b>		No changes – Accountability MCAP data has not been released by MSDE	
<b>Reopening Plan includes a plan for instructional success.</b>		No changes	



## Safe Return to In-Person Instruction and Continuity of Services Plan (Reopening Plan) Self-Assessment Rubric

### Requirement 5:

Local school systems must ensure that Maryland College and Career Ready Standards (MCCRS) and other State standards are taught in content areas.

Content standards are essential to ensuring that PreK-12 students have a strong command of the essential skills and knowledge expected with each content area and course.

<b>Requirement 5:</b> State standards are taught in all content areas.	<b>Component is Included in the Plan</b> Yes   No	If the component was not modified since the last review, then write "No Changes" in the table. If the component was modified, then write the page number(s) from the Reopening Plan where the component can be found.	<b>Rating:</b> <ul style="list-style-type: none"> <li>● Comprehensive</li> <li>● Acceptable</li> <li>● Developing</li> <li>● Unable to be Rated</li> </ul>
<b>Reopening Plan sets the expectation that <a href="#">PreK-12 MCCRS</a> and <a href="#">State Standards</a>, which include <a href="#">career and technical education</a> (CTE), must be taught in all content areas.</b>		No changes	
<b>Reopening Plan sets the expectation for and establishes guidance on the use and integration of the <a href="#">PreK-12 MCCRS Curriculum Frameworks</a> for applicable content areas across schools.</b>		No changes	



## Safe Return to In-Person Instruction and Continuity of Services Plan (Reopening Plan) Self-Assessment Rubric

### Requirement 6:

Local school systems must follow the Individuals with Disabilities Education Act (IDEA), Section 504 of the Rehabilitation Act (Section 504), and Title II of the Americans with Disabilities Act (ADA).

This requirement makes clear that federal guidance is upheld at all levels of the school system. The rights of students with disabilities to a Free and Appropriate Public Education (FAPE) and equal opportunity to educational services are not abridged during a national health crisis or any extended school closure.

<b>Requirement 6:</b> Educational services for students are protected under IDEA, Section 504, and ADA federal programs guaranteeing services continue during any extended school closure.	<b>Component is Included in the Plan</b> Yes   No	If the component was not modified since the last review, then write "No Changes" in the table. If the component was modified, then write the page number(s) from the Reopening Plan where the component can be found.	<b>Rating:</b> <ul style="list-style-type: none"> <li>● Comprehensive</li> <li>● Acceptable</li> <li>● Developing</li> <li>● Unable to be Rated</li> </ul>
<b>Reopening Plan provides guidance on ensuring schools comply with IDEA, 504, and Title II.</b>		No changes	
<b>Reopening Plan provides clear direction on compliance with local, state, and federal guidelines for the development, or changes, and implementation of a student's special education program within the context of distance learning.</b>		No changes	
<b>Reopening Plan provides considerations for school operations, teaching, learning, technology, and the social-emotional needs of students.</b>		No changes	



## Safe Return to In-Person Instruction and Continuity of Services Plan (Reopening Plan) Self-Assessment Rubric

<b>Requirement 6:</b> Educational services for students are protected under IDEA, Section 504, and ADA federal programs guaranteeing services continue during any extended school closure.	<b>Component is Included in the Plan</b> Yes   No	If the component was not modified since the last review, then write "No Changes" in the table. If the component was modified, then write the page number(s) from the Reopening Plan where the component can be found.	<b>Rating:</b> <ul style="list-style-type: none"> <li>● Comprehensive</li> <li>● Acceptable</li> <li>● Developing</li> <li>● Unable to be Rated</li> </ul>
<b>Reopening Plan specifies health and safety strategies for providing appropriate and reasonable accommodations for students with disabilities.</b>		No changes	



## Safe Return to In-Person Instruction and Continuity of Services Plan (Reopening Plan) Self-Assessment Rubric

### Requirement 7:

Local school systems must follow procedures and safety protocols consistent with current guidance from the Centers for Disease Control and Prevention (CDC). Local school systems and schools include elements that are consistent with current [CDC](#) and [Maryland Department of Health](#) guidance.

<b>Requirement 7:</b> Safety, prevention, and mitigation elements, as recommended by the <a href="#">CDC</a> and <a href="#">Maryland Department of Health</a> are included in the plan.	<b>Component is Included in the Plan</b> Yes   No	If the component was not modified since the last review, then write “No Changes” in the table. If the component was modified, then write the page number(s) from the Reopening Plan where the component can be found.	<b>Rating:</b> <ul style="list-style-type: none"> <li>● Comprehensive</li> <li>● Acceptable</li> <li>● Developing</li> <li>● Unable to be Rated</li> </ul>
<b>Reopening Plan describes the policies and procedures adopted for following health and safety strategies.</b>		Pages 16-22	
<b>Reopening Plan specifies health and safety strategies on universal and correct wearing of masks, physical distancing, handwashing, and respiratory etiquette.</b>		Pages 16-22	
<b>Reopening Plan specifies health and safety strategies for cleaning, disinfecting, and maintaining healthy facilities, including improving ventilation.</b>		Pages 16-22	



## Safe Return to In-Person Instruction and Continuity of Services Plan (Reopening Plan) Self-Assessment Rubric

<b>Requirement 7:</b> Safety, prevention, and mitigation elements, as recommended by the <a href="#">CDC</a> and <a href="#">Maryland Department of Health</a> are included in the plan.	<b>Component is Included in the Plan</b> Yes   No	If the component was not modified since the last review, then write “No Changes” in the table. If the component was modified, then write the page number(s) from the Reopening Plan where the component can be found.	<b>Rating:</b> <ul style="list-style-type: none"> <li>● Comprehensive</li> <li>● Acceptable</li> <li>● Developing</li> <li>● Unable to be Rated</li> </ul>
<b>Reopening Plan specifies health and safety strategies for contact tracing in combination with isolation and quarantine, in collaboration with <a href="#">State</a>, local, territorial, and Tribal health.</b>		Pages 16-22	
<b>Reopening Plan specifies health and safety strategies for diagnostic and screening testing, and efforts to provide vaccinations for educators, staff, and students (if eligible).</b>		Pages 16-22	
<b>Reopening Plan promotes health equity for groups disproportionately affected by COVID-19.</b>		No changes	



## Safe Return to In-Person Instruction and Continuity of Services Plan (Reopening Plan) Self-Assessment Rubric

### Requirement 8:

Local school systems must follow protocols for the safe transportation of students to and from school.

<b>Requirement 8:</b> Protocols are established for mitigating the spread of COVID-19 on school busses or other modes of transportation for students.	<b>Component is Included in the Plan</b> Yes   No	If the component was not modified since the last review, then write "No Changes" in the table. If the component was modified, then write the page number(s) from the Reopening Plan where the component can be found.	<b>Rating:</b> <ul style="list-style-type: none"> <li>● Developing</li> <li>● Acceptable</li> <li>● Comprehensive</li> <li>● Unable to be Rated</li> </ul>
<b>Reopening Plan describes safety protocols (protective equipment, seating, face coverings, etc.) for transporting students.</b>		No changes	
<b>Reopening Plan describes school bus safety which must include regular and routine inspections, cleaning and disinfection, and school driver training.</b>		No changes	
<b>Reopening Plan addresses transportation options and suggestions for students traveling to and from school (see <a href="#">Transportation Consideration</a>, Department of Education COVID-19 Handbook, p.15-16).</b>		No changes	



## Safe Return to In-Person Instruction and Continuity of Services Plan (Reopening Plan) Self-Assessment Rubric

### Requirement 9:

Local school systems must develop a system for tracking attendance when students are engaged in distance learning.

<b>Requirement 9:</b> School systems must develop a process to track attendance.	<b>Component is Included in the Plan</b> Yes   No	If the component was not modified since the last review, then write "No Changes" in the table. If the component was modified, then write the page number(s) from the Reopening Plan where the component can be found.	<b>Rating:</b> <ul style="list-style-type: none"> <li>● Comprehensive</li> <li>● Acceptable</li> <li>● Developing</li> <li>● Unable to be Rated</li> </ul>
<b>Reopening Plan describes the platform used to manage and track attendance.</b>		Page 11	
<b>Reopening Plan identifies the process utilized to collect and monitor attendance data.</b>		Page 11	
<b>Reopening Plan describes a process to engage students that are consistently marked absent.</b>		No changes	



## Safe Return to In-Person Instruction and Continuity of Services Plan (Reopening Plan) Self-Assessment Rubric

### Requirement 10:

**Local school systems must continue to implement or enhance their communication plan.**

School systems must establish regular channels of communication as schools reopen.

<b>Requirement 10:</b> A communication plan is established with a clear coordination process.	<b>Component is Included in the Plan</b> Yes   No	If the component was not modified since the last review, then write “No Changes” in the table. If the component was modified, then write the page number(s) from the Reopening Plan where the component can be found.	<b>Rating:</b> <ul style="list-style-type: none"> <li>● Comprehensive</li> <li>● Acceptable</li> <li>● Developing</li> <li>● Unable to be Rated</li> </ul>
<b>Reopening Plan describes the communication plan.</b>		No changes	
<b>Reopening Plan identifies a process to coordinate communications through a communication officer, point person, or small team.</b>		No changes	



## Safe Return to In-Person Instruction and Continuity of Services Plan (Reopening Plan) Self-Assessment Rubric

### Requirement 11

Local school systems must implement the Maryland Public Secondary Schools Athletic Association (MPSSAA) Athletic Program.

<b>Requirement 11:</b> Interscholastic athletics and activities during COVID-19 are addressed in the plan and show the integration of national, state, and local health and safety recommendations.	<b>Component is Included in the Plan</b> Yes   No	If the component was not modified since the last review, then write "No Changes" in the table. If the component was modified, then write the page number(s) from the Reopening Plan where the component can be found.	<b>Rating:</b> <ul style="list-style-type: none"> <li>● Comprehensive</li> <li>● Acceptable</li> <li>● Developing</li> <li>● Unable to be Rated</li> </ul>
<b>Reopening Plan includes evidence that the school system is implementing the MPSSAA Athletic Program.</b>		Page 25	



## Safe Return to In-Person Instruction and Continuity of Services Plan (Reopening Plan) Self-Assessment Rubric

### Requirement 12:

Local school systems must establish a plan for the continuity of learning and services for any students who may need to quarantine.

<b>Requirement 12:</b> Plan must ensure that access to a free and appropriate public education will continue for any student who is quarantined due to exposure or possible exposure to COVID-19.	<b>Component is Included in the Plan</b> Yes   No	If the component was not modified since the last review, then write "No Changes" in the table. If the component was modified, then write the page number(s) from the Reopening Plan where the component can be found.	<b>Rating:</b> <ul style="list-style-type: none"> <li>● Developing</li> <li>● Acceptable</li> <li>● Comprehensive</li> <li>● Unable to be Rated</li> </ul>
<b>Reopening Plan describes the process to communicate quarantine procedures to students, staff, and the community.</b>		Page 22	
<b>Reopening Plan identifies the method of instruction designed to continue learning for all students in quarantine.</b>		No changes	
<b>Reopening Plan describes the process to record attendance, engage students, provide and collect assignments student engagement, schedule, assignments, assessments, and technology support) for families and students transitioning in and out of quarantine.</b>		No changes	



## Safe Return to In-Person Instruction and Continuity of Services Plan (Reopening Plan) Self-Assessment Rubric

<b>Requirement 12:</b> Plan must ensure that access to a free and appropriate public education will continue for any student who is quarantined due to exposure or possible exposure to COVID-19.	<b>Component is Included in the Plan</b> Yes   No	If the component was not modified since the last review, then write "No Changes" in the table. If the component was modified, then write the page number(s) from the Reopening Plan where the component can be found.	<b>Rating:</b> <ul style="list-style-type: none"> <li>● Developing</li> <li>● Acceptable</li> <li>● Comprehensive</li> <li>● Unable to be Rated</li> </ul>
<b>Reopening Plan identifies staff that will support instruction of students in quarantine.</b>		No changes	
<b>Reopening Plan describes protocols that will be implemented to ensure the continuity of education and services for students with disabilities during the period of quarantine.</b>		No changes	

## Appendix B: Stakeholder Group Participants

### HCPSS Recovery Plan Stakeholder Group

NAME (Last, First)	ORGANIZATION	STAKEHOLDER TYPE
<b>Awan, Zunaira</b>	Howard County Muslim Council	Parent
<b>Condron, Neysa</b>	UniServe Director	Teacher
<b>Dohner, Natalie (alternate)</b>	ARC of Howard County	Parent
<b>Drasin, Joshua</b>	Long Reach HS Student	Student
<b>Fortier Ardila, Yeidy</b>	Wilde Lake HS Student	ESOL Student
<b>Goldman, Dina</b>	SECAC	Parent
<b>Hilliard, Danielle</b>	Council of Elders	Parent
<b>Hmung, Zo Tum</b>	Chin Integration and Advocacy Network USA	Community Member
<b>Hobson, Sharon (alternate)</b>	HC Health Department	Community Member
<b>Johnson, Joan</b>	Early Childhood Specialist, HC Office of Children & Families	Community Member
<b>Johnson, Laura</b>	NAACP	Parent
<b>Jones, Carmen</b>	Lime Kiln MS Student	Student
<b>Kitchen, Maleeta</b>	Murray Hill MS Teacher	Teacher
<b>Kromm, Dr. Elizabeth</b>	HC General Hospital, VP of Population Health and Advancement	Community Member
<b>Lee, Seon Ok</b>	Howard County Korean American Parent Association	Parent
<b>LeMon, James</b>	HCPSS Div. of School Management & Instructional Leadership	Staff
<b>Lidgard, Mikaela</b>	Burleigh Manor MS Principal	Administrator
<b>Liggett-Creel, Stephen</b>	HC Dept. of Social Services/DHS	Community Member
<b>Lins Silva, Patricia</b>	Conexiones	Parent
<b>Moe, Colin</b>	Centennial HS Teacher	Teacher
<b>Morales, Marcia</b>	SECAC	Parent
<b>Morris, Colleen</b>	HCEA President (ES Teacher)	Teacher
<b>Novak, Nick</b>	Howard HS Principal (HCAA President)	Administrator
<b>Otradovec, Susan</b>	FIRN Deputy Director	Community Member
<b>Parr, Cindy (July 1 only)</b>	ARC of Howard County	Parent
<b>Ponnuri, Praven</b>	Indian Origins Network	Parent
<b>Pringle, Monica</b>	HCPSS Division of Operations - Transportation Office	Staff
<b>Ralph, Brian</b>	HCPSS Division of Operations - Food Services Office	Staff
<b>Randall, Dawn</b>	Owner of Good Beginnings, Laurel	Childcare Provider
<b>Ricks, Meg (alternate)</b>	PTACHC	Parent
<b>Robinson, Nan (alternate)</b>	Howard County Korean American Parent Association	Parent
<b>Rossmann, Dr. Maura</b>	HC Health Department	Community Member
<b>Scott, Jackie</b>	HC Dept. of Community Resources and Services	Community Member
<b>Seldon, Anais</b>	Oakland Mills HS Student	Student
<b>Shiplet-Katemkamp, Angela</b>	PTACHC	Parent
<b>Sonnier, Yolanda</b>	African American Comm. Roundtable; HC Office of Human Rights	Parent
<b>Stenzler, Yale</b>	Jewish Federation of Howard County	Parent
<b>Troy Todd</b>	Hanover Hills ES Principal	Administrator
<b>Walker, Caroline</b>	HCPSS Program Innovation & Student Wellbeing (CO)	Staff
<b>Wise, Darria</b>	SECAC	Parent
<b>Xu, Jean</b>	Chinese American Parent Association of Howard County	Parent
<b>Zaidi, Nooreen</b>	Howard County Muslim Council	Parent
<b>MEETING DATES/TIME</b>		
	6/23/2020, 4-6 p.m.	
	6/25/2020, 4-6 p.m.	
	6/29/2020 4-6 p.m.	
	7/1/2020, 4-6 p.m.	



## Appendix C

**DEPARTMENT OF HEALTH**

*Dennis R. Schrader, Secretary*

**STATE DEPARTMENT OF EDUCATION**

*Mohammed Choudhury, Superintendent*

### **K-12 School and Child Care COVID-19 Guidance**

Revised October 27, 2021

#### Contents

Introduction .....	2
Layered Prevention Strategies to Reduce Transmission of SARS-CoV-2 in Schools and Child Care Programs .....	2
A. Promoting Vaccination.....	3
B. Consistent and Correct Mask Use.....	4
C. Physical Distancing.....	4
D. COVID-19 Testing .....	5
Screening Testing in Schools.....	5
Diagnostic Testing in Schools.....	5
E. Ventilation.....	6
F. When to Stay Home and Get Tested .....	7
G. Contact Tracing in Combination with Isolation and Quarantine .....	7
Who Should Isolate.....	7
Who Should Quarantine .....	8
Length of Quarantine.....	9
MDH Modified Quarantine Options for K-12 Schools .....	9
Suspension of In-Person Learning.....	13

## Introduction

The following guidance is provided by the Maryland Department of Health (MDH) and the Maryland State Department of Education (MSDE) to assist local school systems, nonpublic schools, and child care programs to respond to the COVID-19 pandemic. The COVID-19 pandemic continues to rapidly evolve. It is important to frequently check this document and its links for updated information.

By law, each local school system, nonpublic school, and child care program may set their own policies and procedures for their schools, students/children, teachers, and staff. **However, MDH and MSDE strongly recommend that these entities work with local health departments to implement the [layered prevention strategies](#) (e.g., using multiple prevention strategies together consistently) needed to protect students/children, teachers, and staff in their setting and adopt policies consistent with the recommendations in this guidance.**

**For schools, the recommendations in this document are aimed to support opening for in-person learning at full capacity, as recommended by the CDC.** Schools should not limit a return to in-person learning at full capacity due to the inability to implement a certain prevention strategy, but rather focus on other layered prevention strategies that can be implemented to keep students and staff safe and ensure continuous full-time, in-person instruction.

Where applicable, and for items not discussed in this document, such as cleaning and disinfection practices, sports and other extracurricular activities, and considerations for those with special health care needs, schools and child care programs should refer to their local health departments and [CDC Guidance for COVID-19 Prevention in K-12 Schools](#) or [CDC COVID-19 Guidance for Operating Early Care and Education/Child Care](#) for further guidance.

## Layered Prevention Strategies to Reduce Transmission of SARS-CoV-2 in Schools and Child Care Programs

Schools and child care programs have mixed populations of both vaccinated and unvaccinated people, and child care programs primarily serve children who are not yet eligible for vaccination. This makes it critical that schools and child care programs work with local health departments to determine and implement the [layered prevention strategies](#) needed in their area to protect students/children, teachers, and staff. [As recommended by the CDC](#), decisions about layered prevention strategies should be informed by monitoring levels of community transmission, COVID-19 vaccine coverage, use of screening testing to detect cases in K-12 schools, ages of children served, and the associated factors that may impact the risk of transmission and feasibility of different prevention strategies. There is no single strategy that, implemented alone, will create a safer school and child care environment. Instead, MDH and MSDE, in alignment with the CDC, recommend that schools and child care programs consider implementation of the following layered prevention strategies which should minimize the need

to close entire school and child care buildings, further disrupt learning, and compound the adverse health and emotional stress on children:

- Promoting vaccination among teachers, staff and students
- Consistent and correct mask use
- Physical distancing
- Screening testing to promptly identify cases, clusters and outbreaks
- Ventilation
- Handwashing and respiratory etiquette
- Staying home when sick and getting tested
- Contact tracing, in combination with isolation and quarantine
- Cleaning and disinfection

When a school or child care program cannot implement a certain strategy (ex. vaccination for children not yet eligible), it is even more important that other strategies such as consistent and correct mask use and physical distancing be utilized.

#### **A. Promoting Vaccination**

**MDH and MSDE strongly recommend that all eligible Marylanders receive a COVID-19 vaccine.**

Schools and child care programs can promote vaccinations among teachers, staff, eligible students/children, and their families; schools and child care programs interested in learning more about vaccine promotion strategies should refer to their local health departments and [CDC guidance](#). While vaccination is one of the most critical strategies to help schools resume regular operations, decisions about in-person education should not be based on the level of vaccination of teachers, staff, or eligible students/children.

Policies or practices related to requesting, providing, or receiving proof of COVID-19 vaccination should comply with all relevant laws and regulations. The protocol to collect, secure, use, and further disclose this information should comply with relevant statutory and regulatory requirements, including Family Educational Rights and Privacy Act (FERPA). Existing state law and regulations already require certain vaccinations for children attending school and child care, and designated school and child care staff regularly maintain documentation of these immunization records. Similarly, designated staff who maintain documentation of student/child and staff COVID-19 vaccination status can use this information, consistent with applicable laws and regulations, to inform prevention strategies, school-based testing, contact tracing efforts, and quarantine and isolation practices. Schools and child care programs that plan to request voluntary submission of documentation of COVID-19 vaccination status should use the same standard protocols that are used to collect and secure other immunization or health status information about students/children.

## B. Consistent and Correct Mask Use

[Emergency regulations](#) promulgated by MSDE and the Maryland State Board of Education and approved on 9/14/2021 by the Joint Committee on Administrative, Executive and Legislative Review (AELR), **require that all individuals cover their mouth and nose with a face covering while inside a public school facility.**

**For all other schools and for child care programs, MDH and MSDE, in alignment with [CDC guidance](#), strongly recommend the following:**

- Indoor masking for all individuals age 2 years and older, including students/children, teachers, staff, and visitors, regardless of vaccination status
- Outdoor masking for people who are not fully vaccinated when they are in crowded outdoor settings or during activities that involve sustained close contact with other people

Schools and child care programs should be aware that the [federal order](#) that face masks be worn by all people while on public transportation conveyances, including public and private school buses, is still in effect.

School and child care programs should refer to [CDC guidance](#) for important exceptions and additional safety considerations related to the use of masks.

## C. Physical Distancing

Local school systems, nonpublic schools, and child care programs should follow CDC guidance for physical distancing. Schools should implement physical distancing to the extent possible, but should not exclude students from in-person learning to keep a minimum distance requirement.

For schools, [CDC guidance](#) recommends maintaining at least 3 feet of physical distance between students within classrooms, combined with indoor mask wearing to reduce transmission risk. When it is not possible to maintain a physical distance of at least 3 feet, it is especially important to layer multiple other prevention strategies, such as screening testing, cohorting, improved ventilation, handwashing and respiratory etiquette, staying home when sick, and regular cleaning to help reduce transmission risk. A distance of at least 6 feet is recommended between students and teachers/staff, and between teachers/staff who are not fully vaccinated. Mask use by all students, teachers, staff, and visitors is particularly important when physical distance cannot be maintained.

In child care programs, maintaining physical distance is often not feasible, especially during certain activities (e.g., diapering, feeding, holding/comforting, etc.) and among younger children in general. When it is not possible to maintain physical distance, it is especially important to layer multiple prevention strategies such as those noted above to help reduce

transmission risk. Mask use is particularly important when physical distance cannot be maintained, especially for unvaccinated people. A distance of at least 6 feet is recommended between adults who are not fully vaccinated and between children and staff from different cohorts.

Cohorting is one of the layered prevention strategies that schools and child care programs can use to limit mixing between children and staff, especially when it is challenging to maintain physical distancing. A cohort is a distinct group of children and staff that stays together throughout the entire day and remains the same every day, so that there is minimal or no interaction between groups. The use of cohorting can limit the spread of COVID-19 between cohorts but should not replace other prevention measures within each group. MDH and MSDE recommend that child care programs follow [CDC guidance](#) on specific strategies for cohorting in child care programs.

#### **D. COVID-19 Testing**

##### ***Screening Testing in Schools***

MDH and MSDE recommend that schools consider the use of screening testing as part of a layered prevention approach, in accordance with [CDC guidance](#). Screening testing involves testing asymptomatic persons at a regular frequency (e.g. once per week). Screening testing can help promptly identify and isolate cases, quarantine those who may have been exposed to COVID-19 and are not fully vaccinated, and identify clusters to reduce the risk to in-person education.

Screening testing may be most valuable in areas with substantial or high community transmission levels, in areas with low vaccination coverage, and in schools where other prevention strategies are not implemented.

##### ***Diagnostic Testing in Schools***

The use of diagnostic testing in the school setting should also be considered. With diagnostic testing, persons with symptoms and their unvaccinated close contacts are tested. At minimum, schools and child care programs should offer referrals to diagnostic testing for any student/child, teacher, or staff person who develops symptoms of COVID-19 at school or child care and to any identified close contacts in the school or child care setting.

**MDH and MSDE have grant support to offer screening and diagnostic testing services in K-12 schools.** Schools should note that individuals with a high school diploma or GED may be designated to collect specimens for COVID-19 testing and perform point of care antigen tests after the appropriate training. Schools that are interested in onsite testing operations should contact the MDH COVID-19 Testing Task Force at [MDH.K12Testing@maryland.gov](mailto:MDH.K12Testing@maryland.gov). Schools should refer to [CDC guidance](#) for specific testing recommendations when developing their testing plans.

## E. Ventilation

Improving ventilation is an important COVID-19 prevention strategy for schools and child care programs. Along with other preventive strategies, including wearing a well-fitting, multi-layered mask, bringing fresh outdoor air into a building helps keep virus particles from concentrating inside. This can be done by opening multiple doors and windows, using child-safe fans to increase the effectiveness of open windows, making changes to the HVAC or air filtration systems, and selective strategic use of portable filtration. The [U.S. Department of Education](#) has specifically noted the use of American Rescue Plan education funds to improve indoor air quality for in-person instruction in schools.

**MDH and MSDE strongly recommend that school facilities personnel carefully evaluate all classrooms and occupied areas for adequacy of ventilation prior to or as schools reopen, and monitor ventilation adequacy on an ongoing basis.**

Strategies to improve air quality in school and child care facilities include, but may not be limited to:

- Avoiding the use of poorly ventilated spaces as much as possible
- Cleaning and properly installing air filters so that air goes through the filters, rather than around them, with as high a MERV rated filter as can be accommodated by the HVAC system
- Implementing a strict preventive maintenance program focused on air handling units and exhaust fans to ensure they are working properly
- Disabling demand-controlled ventilation systems
- Maximizing outside air by using the highest outside air setting possible for the equipment
- Opening windows and doors as much as safely possible
  - A couple of inches can significantly increase the number of air changes in the room
- Using measured CO<sub>2</sub> levels as a good proxy of ventilation. In occupied areas, the IAC [COVID-19 Risk Reduction Strategies for Reopening School Facilities](#) set the CO<sub>2</sub> maximum for occupied spaces at 1,200 PPM, although levels should mostly be below 1,000 PPM, and levels in the 600-800 PPM range are preferred indicating very good ventilation. If available, inexpensive portable CO<sub>2</sub> meters can be used to evaluate areas where there is a question of ventilation adequacy.
- Utilizing portable HEPA or other high efficiency air filtration units, which can be effective in small spaces such as offices, health suites/nursing suites, and isolation rooms (particularly if they are poorly ventilated), though they are usually less effective for larger areas
- Minimizing time in enclosed spaces, and maximizing time outdoors as much as possible (when appropriate)
- Avoiding the use of temporary barriers, particularly desk partitions, because they reduce ventilation and have not been shown to protect the users from COVID infection.

MDH and MSDE recommend that schools and child care programs refer to CDC guidance [Ventilation in Schools and Child Care Programs](#) for additional strategies to improve indoor air quality in their settings.

## **F. When to Stay Home and Get Tested**

It is important for schools and child care programs to stress and frequently reinforce that students/children, teachers, and staff who are sick or have any COVID-19 symptoms should not attend or work in a school or child care program and should be referred to their healthcare provider for evaluation and testing.

In addition, students/children, teachers, and staff should stay at home if they:

- Have not completed quarantine (if recommended) after having been in close contact with someone diagnosed with COVID-19 or suspected of having COVID-19;
- Are waiting for a COVID-19 test result due to symptoms; or
- Have been diagnosed with COVID-19 and have not completed isolation.

Schools and child care programs should communicate procedures for notifying the school or child care program of absences due to illness related to COVID-19 symptoms and the requirement for timely pick up of a student/child or staff who has a fever or exhibits symptoms while at school or child care. Each school and child care program should identify a room or other space for isolation of persons who become ill during the day that is separate and distinct from spaces that are used for other purposes and provides the appropriate level of safety and supervision for an ill student/child.

Schools and child care programs should follow the MDH/MSDE guidance entitled "*Response to Confirmed Case of COVID-19 and Persons with COVID-19 Symptoms in Schools and Childcare*" (attached to this document) for exclusion, isolation, and quarantine recommendations as well as communication and notification processes.

## **G. Contact Tracing in Combination with Isolation and Quarantine**

Local school systems, nonpublic schools, and child care programs should collaborate with state and local health departments to report and provide information about COVID-19 cases and people exposed to COVID-19 within these settings in accordance with applicable laws and regulations. This allows contact tracing to identify which students/children, teachers, and staff with positive COVID-19 test results should isolate, and which close contacts should quarantine.

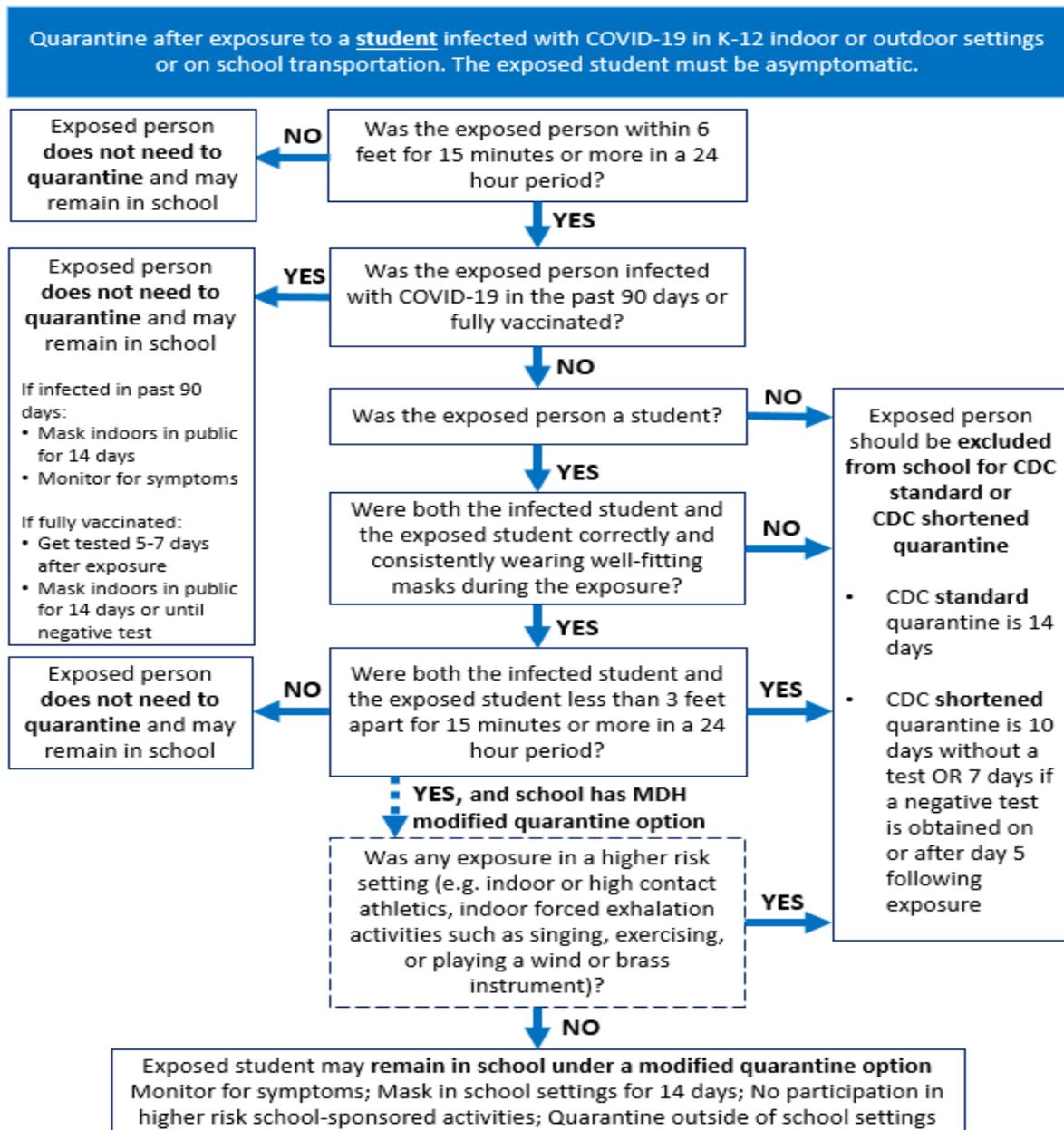
### ***Who Should Isolate***

Persons with COVID-19 should **isolate** and may return to school or child care when they have completed isolation in accordance with [CDC guidance](#). Persons with COVID-19 should isolate regardless of presence of symptoms or vaccination status.

## Who Should Quarantine

Close contacts of a person with COVID-19 who was in the school or child care building should be identified for the purpose of making quarantine recommendations. Based on CDC guidance, asymptomatic fully vaccinated persons are not currently required to quarantine following an exposure to someone with COVID-19.

**Figure 1.** Flow diagram to help determine who should quarantine and for how long following exposure to an infected **student**, given local school policies and approaches to quarantine.



**NOTE:** If either the infected person or exposed person is a **teacher/other staff**, and the exposed person was within 6 feet for 15 minutes or more in a 24 hour period, the exposed person should be excluded from school for **CDC standard or CDC shortened quarantine**.

### ***Length of Quarantine***

For unvaccinated close contacts who should quarantine, a **CDC standard quarantine** period of 14 days remains the safest option.

Based on [guidance](#) from the CDC, the following options for **CDC shortened quarantine** may be an acceptable alternative in K-12 schools depending upon local circumstances and resources:

- Quarantine can end after Day 10 if NO symptoms have been reported during daily monitoring; OR
- Quarantine can end after Day 7 if a diagnostic specimen (collected on Day 5 or later) tests negative and if NO symptoms have been reported during daily monitoring. The specimen may be collected and tested within 48 hours before the time of planned quarantine discontinuation, but quarantine cannot be discontinued earlier than after Day 7.

When a person meets these criteria and quarantine is ended early, all of the following must be implemented:

- Daily symptom monitoring continues through Day 14; AND
- Persons are counseled regarding the need to adhere strictly to all recommended mitigation strategies including correct and consistent face mask use, physical distancing, and self-monitoring for symptoms of COVID- 19 through Day 14; AND
- Persons are advised that if any symptoms develop, they should immediately self-isolate and contact their health care provider to determine if they need to be tested and how long they should be excluded from work or school/child care.

For persons that are unable to comply with correct and consistent face mask use such as young children and persons with a disability or medical condition that makes wearing a mask unsafe, a shorter quarantine option may NOT be used and these persons should quarantine for a full 14 days.

**NOTE:** Child care programs may use the CDC shortened quarantine period of 10 days for a child or staff person when all of the criteria above can be met. Physical distancing should be maintained when masks must be removed while eating and during naptime.

### ***MDH Modified Quarantine Options for K-12 Schools***

MDH and MSDE recognize that there is a lack of data on modified quarantine options in K-12 school settings. However, studies have shown extremely low risk of COVID-19 transmission in classroom settings when face masks were used appropriately by both the person with COVID-19 infection and the potentially exposed person, as well as having multiple layers of prevention measures in place to prevent transmission. While a 14-day quarantine period remains the safest option to reduce the risk of in-school transmission, the risk of in-school transmission

must be balanced with the negative impact of prolonged and repeated quarantine on students and staff.

Some local school systems and nonpublic schools may choose to modify their approach to quarantine. If a local school system or school chooses to implement any of the modified quarantine options below, MDH and MSDE strongly recommend the following:

- All individuals should be required to wear masks when inside a school facility.
- Local school systems/schools should ensure that multiple layered prevention strategies are in place.
- Close contacts in the school setting should continue to be identified, notified, and reported to local health departments for the purposes of contact tracing.
- Close contacts identified in the school setting should continue to quarantine outside of school settings and should not participate in higher risk school-sponsored activities (ex. indoor or high contact athletics, band, chorus) for the duration of the typical quarantine period.
- Local school systems/schools should collect and track data on COVID-19 cases and close contacts to ensure that use of modified quarantine options are not contributing to increased COVID-19 transmission within schools.
- Parents/students should be given the ability to opt out of a modified quarantine option and quarantine at home per current CDC recommendations.
- In the setting of a school COVID-19 outbreak, if there is indication of ongoing or uncontrolled transmission associated with the school or a school-sponsored activity, modified quarantine options might not be appropriate and other outbreak control measures may be required, as directed by the local health department.

The following **MDH modified quarantine** options may be considered for asymptomatic unvaccinated students who are identified as close contacts of a COVID-19 case in a K-12 setting. Individual schools can select one of these modified quarantine option to implement.

**NOTE:** These options do not apply to teachers, staff, or other adults in the school setting. In addition, exposures that are higher risk or occur where masks are not being worn do not qualify for modified quarantine (e.g. lunch, indoor or high contact athletics, indoor forced exhalation activities such as singing, exercising, or playing a wind or brass instrument).

1. Modified quarantine with implementation of “test to stay” protocols

**While each of the modified quarantine options poses a risk for in-school COVID-19 transmission, the “test to stay” option potentially poses the least amount of risk.** With frequent COVID-19 testing of close contacts, there is an increased likelihood that infected asymptomatic students will be identified quickly. These students can then be excluded and isolated in order to prevent infection of others in the school setting.

Asymptomatic unvaccinated students who are a close contact of a student with COVID-19 in K-12 indoor or outdoor settings or school transportation AND both the infected

student and exposed student(s) were correctly and consistently wearing well-fitting masks for all exposures are not required to quarantine if the students are tested daily for at least 5 days (or a reasonable alternative such as days 1, 3, 5, and 7) following exposure and remain asymptomatic. The exposed student(s) should continue to wear a mask for 14 days in school settings.

Schools should ensure that testing can be done on-site in order to implement this option.

2. Modified quarantine with implementation of weekly screening testing

**This modified quarantine option potentially poses risk for in-school COVID-19 transmission.** COVID-19 screening tests, when performed on close contacts, can provide the opportunity to identify asymptomatic infected students. These students can then be excluded and isolated in order to prevent infection of others in the school setting. However, based on the frequency and timing of testing, screening testing may not identify all infected students, leading to the potential for in-school transmission to occur.

Asymptomatic unvaccinated students who are a close contact of a student with COVID-19 in K-12 indoor or outdoor settings or school transportation AND both the infected student and exposed student(s) were correctly and consistently wearing well-fitting masks for all exposures are not required to quarantine if they are actively participating in at least weekly school screening testing and remain asymptomatic. The exposed student(s) should continue to wear a mask for 14 days in school settings.

3. Modified quarantine with correct and consistent use of well-fitting masks

**This modified quarantine option potentially poses the highest risk for in-school COVID-19 transmission.** Without any COVID-19 test results for close contacts, there is a greater likelihood that infected asymptomatic students will be present in school settings and infect others. Before adoption, schools should consult with their local health department and carefully consider whether this is an appropriate option for their student and staff population and school setting.

Asymptomatic unvaccinated students who are a close contact of a student with COVID-19 in K-12 indoor or outdoor settings or school transportation AND both the infected student and exposed student(s) were correctly and consistently wearing well-fitting masks for all exposures are not required to quarantine, as long as they remain asymptomatic. The exposed student(s) should continue to wear a mask for 14 days in school settings.

**NOTE:** MDH modified quarantine options may be considered in child care programs when all of the children are age 5 years and above and all of the conditions described above can be met.

Local school systems, nonpublic schools, and child care programs should work with their local health departments to determine the appropriate quarantine approach for their population of students/children, teachers, and staff. Table 1 summarizes the available approaches to quarantine, including eligibility, length of time to quarantine, and additional requirements.

**Table 1.** Approaches to quarantine for asymptomatic unvaccinated persons who are close contacts of a person with COVID-19 in K-12 indoor and outdoor settings and on school transportation

	<b>Approaches to Quarantine* for Asymptomatic Unvaccinated Persons Who are Close Contacts of a Person with COVID-19 in K-12 Indoor and Outdoor Settings and on School Transportation</b>				
	<b>CDC Standard Quarantine</b>	<b>CDC Shortened Quarantine</b>	<b>MDH Modified Quarantine Options</b>		
			<b>Test to Stay</b>	<b>Weekly Screening Testing</b>	<b>Correct and Consistent Use of Well-Fitting Masks</b>
<b>Eligible Persons</b>	Teachers, staff, and students, regardless of whether masks were worn		Students exposed to students, both correctly and consistently wearing well-fitting masks for all exposures		
<b>Applicable for Higher Risk Exposures**</b>	Yes		No		
<b>Length of Exclusion from School</b>	14 days	10 days OR 7 days with a negative test on or after day 5 after exposure	No exclusion if the exposed students are tested daily for at least 5 days (or a reasonable alternative) following exposure	No exclusion if the exposed students are participating in at least weekly school screening testing	No exclusion if the infected student and exposed students were correctly and consistently wearing well-fitting masks for all exposures
<b>Additional Requirements</b>	<ul style="list-style-type: none"> <li>● Monitor for symptoms</li> </ul>		<ul style="list-style-type: none"> <li>● Monitor for symptoms</li> <li>● Mask in school settings for 14 days</li> <li>● No participation in higher risk school-sponsored activities**</li> <li>● Quarantine outside of school settings</li> </ul>		

\*Risk of in-school transmission increases from left to right across quarantine options.

\*\*E.g. Indoor or high contact athletics, indoor forced exhalation activities such as singing, exercising, or playing a wind or brass instrument.

## Suspension of In-Person Learning

While the goal is to continue in-person learning whenever possible, MDH and MSDE recommend the following criteria for temporary suspension of in-person learning in a specific school (or classroom/cohort within a school):

- When there is evidence of substantial, uncontrolled in-school transmission
- When schools need additional time to identify, notify, and exclude close contacts
- When there are logistical or safety concerns arising from the number of cases and close contacts
- When discussed with and recommended by local public health and medical professionals

Decisions around the suspension of in-person learning for an entire school or a portion of a school due to COVID-19 as well as the duration of the suspension of in-person learning should be made in coordination with the local health department and the local school system as applicable.



DEPARTMENT OF HEALTH

*Dennis R. Schrader, Secretary*

STATE DEPARTMENT OF EDUCATION

*Mohammed Choudhury, Superintendent*

## **Response to a Confirmed Case of COVID-19 and Persons with COVID-19 Symptoms in Schools and Child Care**

Updated October 27, 2021

This guidance applies to persons with confirmed COVID-19, regardless of whether they have symptoms, and persons with symptoms of COVID-19 (including probable cases who have symptoms and exposure) and is to be implemented by schools and child care programs in collaboration with the local health department (LHD). This guidance is meant to supplement, where necessary, current communicable disease and outbreak investigation processes, current child care and school health services illness management processes, and current LHD COVID-19 response processes. Schools and local health departments should also refer to the CDC guidance, [Considerations for Case Investigation and Contact Tracing in K-12 Schools and Institutions of Higher Education](#).

### **Communication and Notification**

- Schools and child care programs should develop processes to inform staff and parents that they are expected to notify the school or child care program as soon possible about absences due to illness, when a staff person or student/child has tested positive for COVID-19, and when a staff person or student/child has had close contact with a person with confirmed or probable COVID-19;
- Schools and child care programs should communicate to parents the expectation that students/children who become ill at school or child care MUST be picked up within a specified period of time;
- Schools and child care programs must follow existing procedures for reporting communicable diseases (COMAR 10.06.01) and notify the LHD when a student/child or staff member has tested positive for COVID-19. Child care programs should also notify their licensing specialist;
- While the LHD should lead the processes of case investigation and contact tracing, schools and child care programs play a key role in obtaining and communicating critical information and should have a plan to collaborate and coordinate with the LHD for case investigation and contact tracing procedures including determining the role of the school or child care administrator, school nurse, and the LHD;
- Schools and child care programs should provide written notification to all identified close contacts. The notification should include specific quarantine instructions (as applicable) based upon MDH and local quarantine guidance. The notification should

also make it clear that the contact should expect a call from health department contact tracers.

### **Exclusion, Isolation, Quarantine, and Return to School and Child Care**

- If a student/child or staff member develops symptoms of COVID-19 while they are at school or child care, the school or child care program should:
  - Safely isolate the person in the designated isolation area with appropriate supervision;
  - If it is safe to do so, place a face covering/mask on the person if they are 2 years of age or above and not wearing one;
  - If at school, the school health services staff member should don the appropriate PPE and conduct the appropriate determination of the student's condition based on presenting symptoms;
  - Begin the process for the person to vacate the school or child care program as soon as possible;
  - Follow [CDC guidance](#) for cleaning and disinfecting the facility when someone is sick.
- The school or child care program should follow the *Decision Aid: Exclusion and Return for Persons with COVID-19 Symptoms and Close Contacts in Child Care, Schools, and Youth Camps* (attached);
- The school or child care program should also follow the instructions from the LHD for all matters regarding exclusion, isolation, quarantine, and return to school or child care for persons with confirmed or probable COVID-19 and close contacts; and
- If the number of laboratory confirmed cases of COVID-19 meets the definition of an outbreak, the response decisions, including possible suspension of in-person learning, child care classroom/program closure, and recommendations for COVID-19 testing of staff and students/children will be made by the LHD and the local school system as applicable.

## Decision Aid: Exclusion and Return for Persons with COVID-19 Symptoms and Close Contacts in Child Care, Schools, and Youth Camps

For the purposes of this decision aid, **COVID-19 symptoms** are any ONE of the following: fever of 100.4° or higher, sore throat, cough, difficulty breathing, diarrhea or vomiting, new onset of severe headache (especially with fever), or new loss of taste or smell. For persons with chronic conditions such as asthma, the symptoms should represent a change from baseline.

<b>Exclude</b> all persons (child, care provider, educator, other staff) with COVID-19 symptoms and recommend evaluation by a health care provider and testing for COVID-19 <sup>1</sup>	<b>Recommendations for the person with symptoms who is NOT FULLY VACCINATED</b>  Individuals are fully vaccinated 2 weeks after receiving either 1) both doses of a 2-dose vaccine series or 2) a single dose vaccine.	<b>Recommendations for asymptomatic <a href="#">close contacts</a> of the person with symptoms</b>
Person has symptoms and positive test for COVID-19 or clinical diagnosis of COVID-19	May return when it has been at least 10 days since symptoms first appeared AND no fever for at least 24 hours without fever-reducing medication AND improvement of other symptoms.	Close contacts who are fully vaccinated <sup>2</sup> OR have been infected with COVID-19 in the past 90 days do not need to quarantine. All other close contacts should follow MDH and local quarantine guidance.
Person has symptoms and negative test for COVID-19	If no known exposure, may return when symptoms have improved, no fever for 24 hours without fever-reducing medication, AND applicable criteria in the <a href="#">Communicable Diseases Summary</a> have been met.  If known exposure, may return when quarantine completed according to MDH and local guidance.	Close contacts do not need to quarantine.
Person has symptoms and health care provider documents symptoms are due to a specific alternative diagnosis (ex. strep throat, otitis media, pre-existing condition such as asthma)	If no known exposure, may return when symptoms have improved, no fever for at least 24 hours without fever-reducing medication, AND applicable criteria in the <a href="#">Communicable Diseases Summary</a> have been met.  If known exposure, may return when quarantine completed according to MDH and local guidance.	Close contacts do not need to quarantine.
Person has symptoms with no negative test for COVID-19 AND no specific alternative diagnosis	If no known exposure, may return when it has been at least 10 days since symptoms first appeared AND no fever for at least 24 hours without fever-reducing medication AND improvement of other symptoms.	Close contacts do not need to quarantine.
	If known exposure, may return when it has been at least 10 days since symptoms first appeared AND no fever for at least 24 hours without fever-reducing medication AND improvement of other symptoms.	Close contacts who are fully vaccinated <sup>2</sup> OR have been infected with COVID-19 in the past 90 days do not need to quarantine. All other close contacts should follow MDH and local quarantine guidance.

<sup>1</sup>For persons with symptoms who were previously infected with COVID-19 and recovered, follow [CDC guidance](#).

<sup>2</sup>Fully vaccinated persons who are exposed to someone with COVID-19 should follow [CDC guidance](#).

## Decision Aid: Exclusion and Return for Persons with COVID-19 Symptoms and Close Contacts in Child Care, Schools, and Youth Camps

For the purposes of this decision aid, **COVID-19 symptoms** are any ONE of the following: fever of 100.4° or higher, sore throat, cough, difficulty breathing, diarrhea or vomiting, new onset of severe headache (especially with fever), or new loss of taste or smell. For persons with chronic conditions such as asthma, the symptoms should represent a change from baseline.

<b>Exclude</b> all persons (child, care provider, educator, other staff) with COVID-19 symptoms and recommend evaluation by a health care provider and testing for COVID-19 if indicated <sup>1</sup>	<b>Recommendations for the person with symptoms who is FULLY VACCINATED</b>  Individuals are fully vaccinated 2 weeks after receiving either 1) both doses of a 2-dose vaccine series or 2) a single dose vaccine.	<b>Recommendations for asymptomatic <a href="#">close contacts</a> of the person with symptoms</b>
Person has symptoms and positive test for COVID-19 or clinical diagnosis of COVID-19	May return when it has been at least 10 days since symptoms first appeared AND no fever for at least 24 hours without fever-reducing medication AND improvement of other symptoms.	Close contacts who are fully vaccinated <sup>2</sup> OR have been infected with COVID-19 in the past 90 days do not need to quarantine. All other school close contacts should follow MDH and local quarantine guidance.
Person has symptoms and negative test for COVID-19	May return when symptoms have improved, no fever for 24 hours without fever-reducing medication, AND applicable criteria in the <a href="#">Communicable Diseases Summary</a> have been met.	Close contacts do not need to quarantine.
Person has symptoms and health care provider documents symptoms are due to a specific alternative diagnosis (ex. strep throat, otitis media, pre-existing condition such as asthma)	May return when symptoms have improved, no fever for at least 24 hours without fever-reducing medication, AND applicable criteria in the <a href="#">Communicable Diseases Summary</a> have been met.	Close contacts do not need to quarantine.
Person has symptoms and no negative test for COVID-19 AND no specific alternative diagnosis	If no known exposure, may return when symptoms have improved, no fever for 24 hours without fever-reducing medication, AND applicable criteria in the <a href="#">Communicable Diseases Summary</a> have been met. Person should have written health care provider assessment that COVID-19 testing is not indicated and risk of COVID-19 is low.	Close contacts do not need to quarantine.
	If known exposure, may return when it has been at least 10 days since symptoms first appeared AND no fever for at least 24 hours without fever-reducing medication AND improvement of other symptoms.	Close contacts who are fully vaccinated <sup>2</sup> OR have been infected with COVID-19 in the past 90 days do not need to quarantine. All other close contacts should follow MDH and local quarantine guidance.

<sup>1</sup>For persons with symptoms who were previously infected with COVID-19 and recovered, follow [CDC guidance](#).

<sup>2</sup>Fully vaccinated persons who are exposed to someone with COVID-19 should follow [CDC guidance](#).



## Addendum-Appendix C

### DEPARTMENT OF HEALTH

*Dennis R. Schrader, Secretary*

### STATE DEPARTMENT OF EDUCATION

*Mohammed Choudhury, Superintendent*

#### Memorandum

To: Local School Systems  
Nonpublic Schools  
Licensed Child Care Providers

From: Mohammed Choudhury, State Superintendent of Schools, MSDE  
Dennis R. Schrader, Secretary, MDH  
Jinlene Chan, MD, MPH, Deputy Secretary for Public Health Services, MDH

CC: Local Health Officers

Subject: Interim K-12 School and Child Care COVID-19 Isolation and Quarantine Guidance

Date: January 2022

In response to the recent changes in COVID-19 isolation and quarantine recommendations for the general public put forth by the Centers for Disease Control and Prevention (CDC), the Maryland Department of Health (MDH) and the Maryland State Department of Education (MSDE) are providing the following interim guidance for local school systems, nonpublic schools, and child care programs. For issues not addressed in this memo, CDC [recommendations](#) should be followed.

This interim guidance temporarily replaces the isolation and quarantine guidance in the [K-12 School and Child Care COVID-19 Guidance](#) document dated October 27, 2021. As the CDC is expected to issue specific updates to its recommendations for K-12 schools and child care programs in the near future, it should be noted that this interim guidance is subject to change.

#### ***Persons Who Have Confirmed or Suspected COVID-19 (Isolation)***

All persons who test positive for COVID-19 or have suspected COVID-19, regardless of vaccination status, should complete isolation as follows:

- Stay home for at least 5 full days from the date of symptom onset if symptomatic or the date of the positive test if no symptoms
  - Day 1 is considered the first full day after symptoms started in symptomatic persons or the first full day after the person tested positive if asymptomatic.



## DEPARTMENT OF HEALTH

*Dennis R. Schrader, Secretary*

## STATE DEPARTMENT OF EDUCATION

*Mohammed Choudhury, Superintendent*

- After Day 5, if the person has no symptoms or if symptoms are improved and they have had no fever for at least 24 hours without medication, they may return to school or child care **IF** they wear a well-fitting mask when around others\* for an additional 5 days.
- If the person is unable to wear a mask around others, they should remain at home for a full 10 days.

### ***Persons Who Are Exposed to Someone with COVID-19 (Quarantine)***

#### 1. The following recommendations apply to:

- Adults 18 years and older who have been boosted OR completed the primary series of Pfizer within the last 5 months or Moderna vaccine within the last 6 months OR completed the primary series of J&J vaccine within the last 2 months AND they have no symptoms;
- Children 5-17 years old who have completed the Pfizer vaccine series as recommended AND they have no symptoms; and
- Persons who had confirmed COVID-19 within the last 90 days (i.e. tested positive using a viral test).

These persons do not need to quarantine after exposure but should:

- Wear a well-fitting mask around others\* for 10 days after the last close contact with the person with COVID-19 (Day 1 is considered the first full day after the date of last close contact)
- Get tested at least 5 days after the last close contact (persons who had confirmed COVID-19 within the last 90 days do not need to test).
  - If the person tests positive or develops symptoms they should stay home and follow recommendations for isolation above.
  - If the person tests negative or is unable to get a test, they should continue to wear a well-fitting mask around others\* for 10 days after the last close contact.

#### 2. The following recommendations apply to:

- Persons of all ages who are unvaccinated; and
- Adults 18 years and older who have completed the primary series of Pfizer vaccine over 5 months ago or Moderna vaccine over 6 months ago and are not boosted OR completed the primary series of J&J over 2 months ago and are not boosted.



**DEPARTMENT OF HEALTH**

*Dennis R. Schrader, Secretary*

**STATE DEPARTMENT OF EDUCATION**

*Mohammed Choudhury, Superintendent*

- These persons should quarantine after exposure as follows:
- Stay home for at least 5 days after the last close contact with the person with COVID-19 (Day 1 is considered the first full day after the date of last close contact)
- If no symptoms, get tested at least 5 days after the last close contact.
  - If the person tests negative, they may return to school or child care **IF** they wear a well-fitting mask when around others\* until 10 days after their last close contact;
  - If the person tests positive, they should follow the recommendations for isolation above;
  - If the person is unable to get a test, they may return to school or child care after Day 5 **IF** they wear a well-fitting mask when around others\* until 10 days after their last close contact.
- If the person develops symptoms they should get tested immediately and remain at home; if the test is positive, they should follow the recommendations for isolation above.
- If the person is unable to mask around others, they should remain at home for 10 days from the date of last close contact.

\*NOTE: For people who are returning either from isolation (after a positive COVID-19 test) or quarantine (after exposure), the recommendation is that masks may be removed only when eating and during naptime. Unmasked time should be minimized and physical distancing and ventilation maximized during these times. People should not be participating in any other activities unmasked.

Please note that schools and child care programs may still use the MDH modified quarantine options in the [K-12 School and Child Care COVID-19 Guidance](#) dated October 27, 2021 if they meet all of the requirements that are outlined. MDH and MSDE will provide additional updates to this guidance document and its attachments as soon as possible.

Questions about the interim guidance contained in this memo may be directed to Rachel Nurse-Baker at [rachel.nurse-baker@maryland.gov](mailto:rachel.nurse-baker@maryland.gov).

# Returning to Fully In-Person Instruction



## 2021-2022 School Year Communication Planning Document

### PURPOSE

This communication and engagement strategy sets clear expectations for cultivating awareness, understanding, support, and confidence in the planning and implementation efforts of the school system to welcome back all students for the 2021-2022 school year in a transparent and comprehensive manner.

### OVERVIEW

HCPSS schools will open their doors to all students to begin the 2021-2022 school year following over 17 months of fully virtual and hybrid instruction. The implementation of the Digital Education Center will provide virtual instruction for approximately 500 students in grades K-6 who chose to participate.

There continues to be an evolving health landscape in Howard County, the State, and nationally that directly impacts protocols in schools such as masking, social distancing, school visitations, and several other areas.

The HCPSS Office of Communications and Engagement will lead efforts for providing accessible information and regular updates to share information with students, staff, parents and guardians, and community members. The Communications Office collaborates with staff in the six HCPSS divisions and with school administrators to develop messaging. Because of the virtual environment in which many stakeholders continue to operate, the HCPSS Communications Office continues to leverage all available platforms, staff from all divisions and school administrators to amplify messaging and engagement. Additionally, greater consideration is still being given to translating material developed for families.

### KEY AUDIENCES

**Families:** Parents and families want to be informed, have genuine opportunities for input, and trust the process. Family members are a valued partner in this process and will be provided with information as it becomes available and clear parameters around input opportunities.

**Students:** No other stakeholder is impacted as much by this pandemic as students. They will continue to be actively informed of opportunities to provide insights and feedback and educated on the purpose and outcomes of decisions.

**Teachers and Staff:** Teachers and staff will be engaged stakeholders in decisions made through the evolution of this pandemic.

**School Administrators:** Much of the information distributed to the greater community will come from School Administrators. They will be provided with messaging, information and resources to be able to respond to questions and provide information to the communities they serve.

**Board of Education Members:** Members of the Board of Education will be provided the information required to make informed decisions and to engage and involve the community they serve.

**Elected Officials:** Elected members of our county’s delegation and county government will be kept informed of progress and opportunities for input.

**Community Partners:** Partners and leaders from the county will be kept informed of progress and upcoming opportunities for input.

## ROLES & RESPONSIBILITIES

### Public Information

- Creates messaging to regularly update all stakeholders
- Actively engages local media outlets to amplify HCPSS messaging and responds to media inquiries
- Addresses inquiries from parents and the general public

### Multimedia Communications

- Developed and maintains a robust website to share information, updates and engagement opportunities
- Updates the [HCPSS Help site](#) to provide answers to frequently asked questions
- Amplifies messaging on the system’s social media platforms
- Supports school staff to update school websites with new information

### School Communication Supports

- Collaborates with the Division of School Management and Instructional Leadership
- Develops messaging with school administrators to update individual school communities
- Supports school administrators to answer questions and concerns raised by their communities

### Partnerships

- Collaborates with community organizations to enhance opportunities and support the needs of students, staff and the school system
- Works with the Bright Minds Foundation to secure funding for additional student and staff needs through the Access to Learning Fund including access to technology

### Print Services

- Provides printed materials for students and families with limited access to online resources
- Provides adapted print materials that fulfill the needs of students receiving special education services
- Coordinates additional print projects to provide instructional materials to students as needed by instructional staff
- Develops signage for schools in anticipation of an eventual return to school buildings

**Recovery Team:** HCPSS originally convened an internal team of staff to develop plans for virtual programming. This team continues to navigate the hurdles that arise amid the evolving health landscape and its impact on schools. The communications team works collaboratively with recovery team members to align work across all divisions and publicly share information developed through the recovery team work.

## KEY RISK & POTENTIAL ISSUES

**Trust Through Transparency:** Community mistrust about the process or decisions is the primary risk to success. While not all stakeholders will be pleased with the decisions, it is inexcusable if transparency isn't maintained and information made easily accessible to stakeholders.

**Limiting Misinformation:** A process with high visibility will attract interest by local media and social media engagement. While widespread misinformation will be corrected, the best way to prevent misinformation is to ensure accurate, timely, and consistent information is being provided.

**Information for All Stakeholders:** With so many considerations to plan for, it will be important that the needs and interests of every stakeholder is included in planning and messaging.

**Clarity of Process:** Stakeholders must understand the process being followed and why decisions are being made. Clarity around the process, timeline, and opportunities for input will help ensure trust.

**Equity in Process:** One way to lose the trust of stakeholders is to elevate the interests of one above others. All stakeholders will have the same opportunities to provide input to the process and feedback on the plan.

**Managing Unknowns:** Many of the considerations for developing a plan are driven and decided by health organizations and other external entities. It is critical to communicate what we know and the processes for learning what we need to make well informed decisions that prioritize health and safety.

**Changes in Health Realities:** The ability to remain fully in-person could be influenced by the Howard County Health Department (HCHD), Maryland Department of Health (MDH), or Centers for Disease Control and Prevention (CDC) at any point based on the virus' evolving trajectory and impact.

## KEY MESSAGING

### Healthy & Safety

- All students, educators, staff and visitors should feel comfortable and safe in their school environments
- Continuous reminders about the efforts HCPSS takes to ensure buildings remain healthy environments
- Student and staff emotional well-being
- Aligning efforts and decisions to guidance from the Centers for Disease Control and Howard County Health Department

### Instruction

- Student academic recovery and acceleration is paramount
- Teachers and staff receive training and support to assist students as they return to in-person instruction
- Students receiving special education and other vital supports continue to receive them
- All students continue to receive the individualized supports that staff have always provided

### Reflection

- Provide opportunities for ongoing engagement of stakeholders to receive feedback
- Learn from past practices and collaborate with educational colleagues around the state

### **Inclusive & Equitable**

- Overcoming barriers to learning for all students (technology, language, special needs, etc.)
- Strive to provide equitable access to instruction for all students
- This is not a one-size fits all approach

### **Support & Understanding**

- Compassion towards others
- Support students and colleagues
- Patience as we continue adapting to a dynamic situation

### **Adapt & Evolve**

- Be flexible and adapt as needs arise and as the pandemic situation changes
- Evolve together as one system

## **COMMUNICATION & ENGAGEMENT INITIATIVES/CHANNELS**

**Community Update Emails:** Regular updates and information are sent to families and community members regularly by email.

**Staff Update Emails:** Staff are provided with regular updates and information by emails from the Superintendent.

**Student Newsletter:** A weekly newsletter is sent to all middle and high school students to keep them informed of decisions and opportunities that impact them. The HCPSS Communications Office collaborates with the Howard County Association of Student Councils to develop the content of each weekly newsletter.

**HCPSS News Posts:** A weekly news digest is emailed to families, staff and community members that capture information that has been posted to the website and shared on various platforms.

**Staff Hub:** Information is posted on the internal online hub and notifications are delivered to staff by email.

**Staff Communication & Community Engagement Updates:** The HCPSS Communications team sends weekly updates to central office staff and school administrators that include links to communication supports, system updates, and links to internal and external news items.

**HCPSS Website:** The HCPSS website is the primary hub for information and a page has been developed specifically for the virtual fall instructional plan. Additionally, FAQs, links to external resources, timelines, language supports, and input opportunities are posted on the site.

**Social Media:** All HCPSS social media platforms are leveraged to amplify messaging being posted on the website.

**School Communication Support:** The HCPSS Office of Communications develops information and messaging templates and posts to the internal Canvas page for school administrators to leverage and inform their communities.

**SMIL Weekly E-Newsletter:** Staff and community messaging will be amplified in the weekly newsletter emailed to school administrators by the HCPSS Division of School Management and Instructional Leadership (SMIL).

**Canvas:** Students are able to access community updates through a quick link that was added to their Canvas Learning Management System accounts.

**External Media:** Local external print and television outlets will be provided with releases and in regular contact with an HCPSS media liaison so they may amplify messaging to the Howard County community.

## LANGUAGE SUPPORTS

- Support school support teams, including liaisons, to assist and inform families.
- Offer translations of priority information on the HCPSS web site.
- Spanish-speaking families who have questions about virtual learning can call the Spanish language call center at 410.313.1591
- Call Center Numbers
  - Chin: 410.313.5968
  - Chinese: 410.313.5920
  - Korean: 410.313.1591
  - Spanish: 410.313.1591
  - All other languages contact Monica Ranta at 410.313.7102



## **Appendix E: PARCC 2019 Data**

The Maryland State Department of Education (MSDE) has released 2019 Partnership for Assessment of Readiness for College and Careers (PARCC) Mathematics and English Language Arts/Literacy (ELA/L) assessment results for Grades 3 through 8, Algebra I, Geometry, Algebra II, and English 10.

The PARCC consortium categorizes student scores into five performance levels to indicate whether or not students meet grade level expectations:

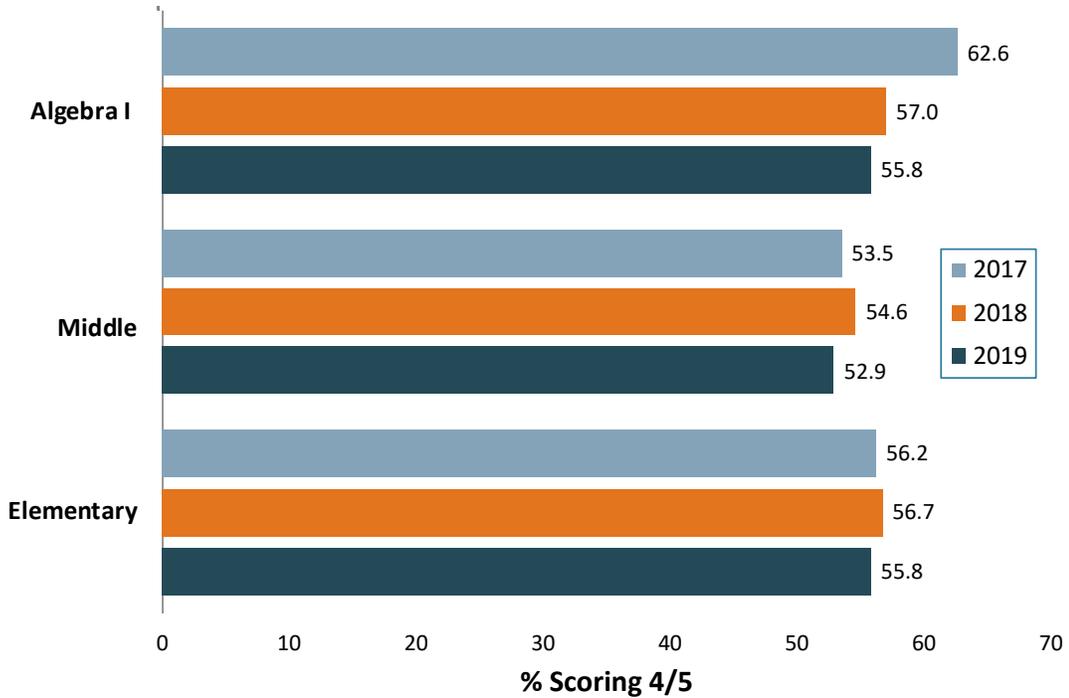
- Level 1: Did not meet expectations
- Level 2: Partially met expectations
- Level 3: Approached expectations
- Level 4: Met expectations
- Level 5: Exceeded expectations

Students scoring at performance levels 4 and 5 are considered meeting grade level standards. The summary below is based on all test takers in the 2018-2019 school year.

### **PARCC Performance by Level**

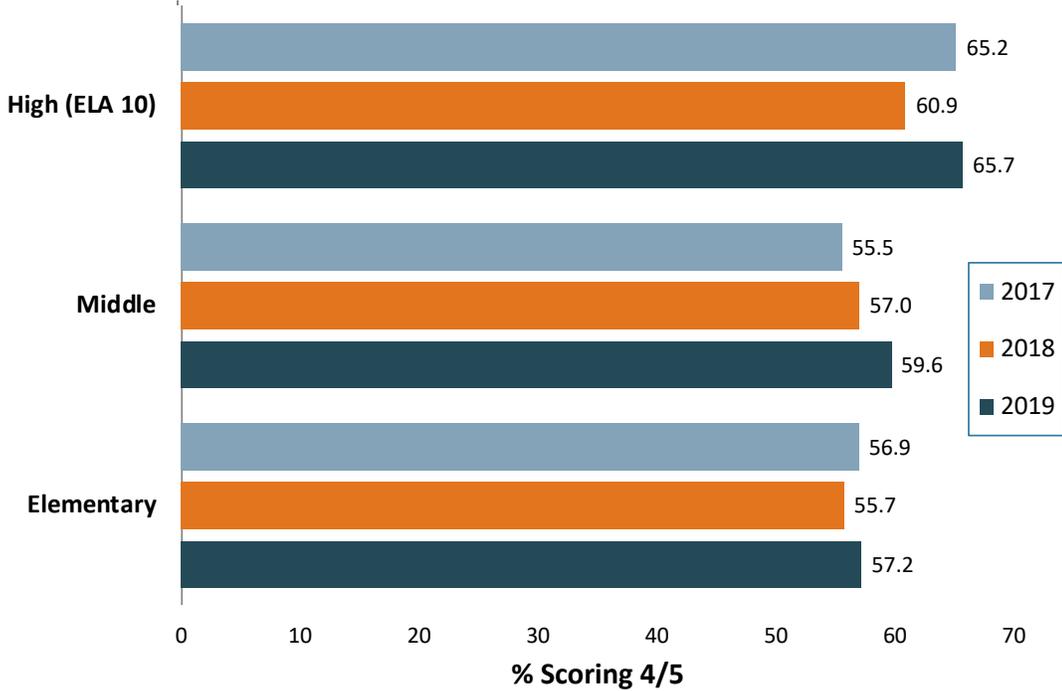
30,853 HCPSS students participated in PARCC mathematics tests. 55.8 percent of Algebra I students performed at a level 4 or 5. 52.9 percent of students in grades 6-8 and 55.8 percent of students in grades 3-5 performed at a level 4 or 5 for mathematics. All levels showed slight declines from 2018. Due to limitations in the PARCC contract, Algebra II test takers in 2019 were limited to grade 9 and excluded from the analysis. Chart 1 summarizes the mathematics performance of the HCPSS PARCC test takers by level.

Chart 1: PARCC Math % Scoring 4/5 by Level



31,365 test takers participated in PARCC English Language Arts (ELA) testing. 65.7 percent of English 10 students performed at a level 4 or 5. 59.6 percent of students in grades 6-8 and 57.2 percent of students in grades 3-5 performed at a level 4 or 5 for ELA. All levels showed gains in ELA performance from 2018. Chart 2 summarizes the ELA performance of the HCPSS PARCC test takers by level.

Chart 2: PARCC ELA % Scoring 4/5 by Level



A breakdown of combined mathematics PARCC performance by student group is presented in charts 3 and 4. By race/ethnicity, decreases are observed across student groups, with 2019 performance within or about a percentage point from 2018—only Hispanic/Latinx students demonstrated a one-year increase. Algebra II was excluded due to MSDE limiting the 2019 test takers.

Chart 3: PARCC Math % Scoring 4/5 by Race/Ethnicity  
(Combined Math 3-8, GEO and ALG I)

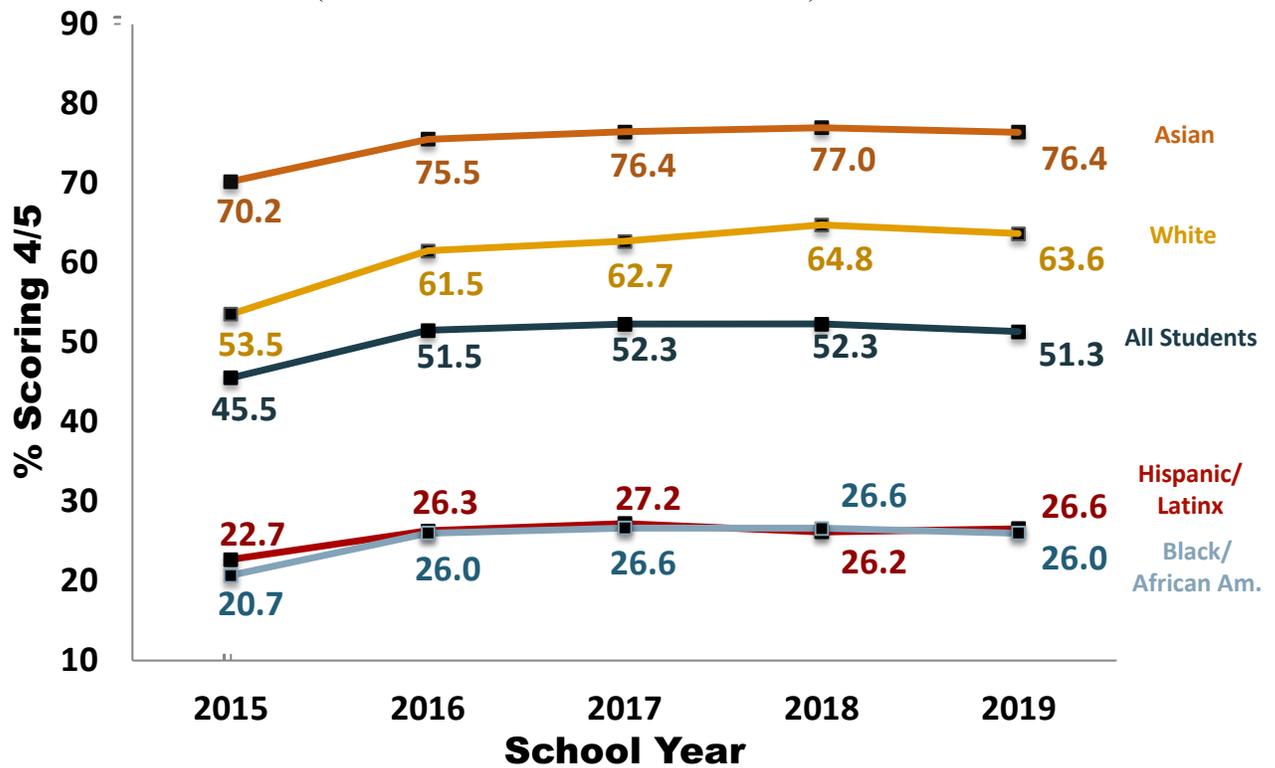
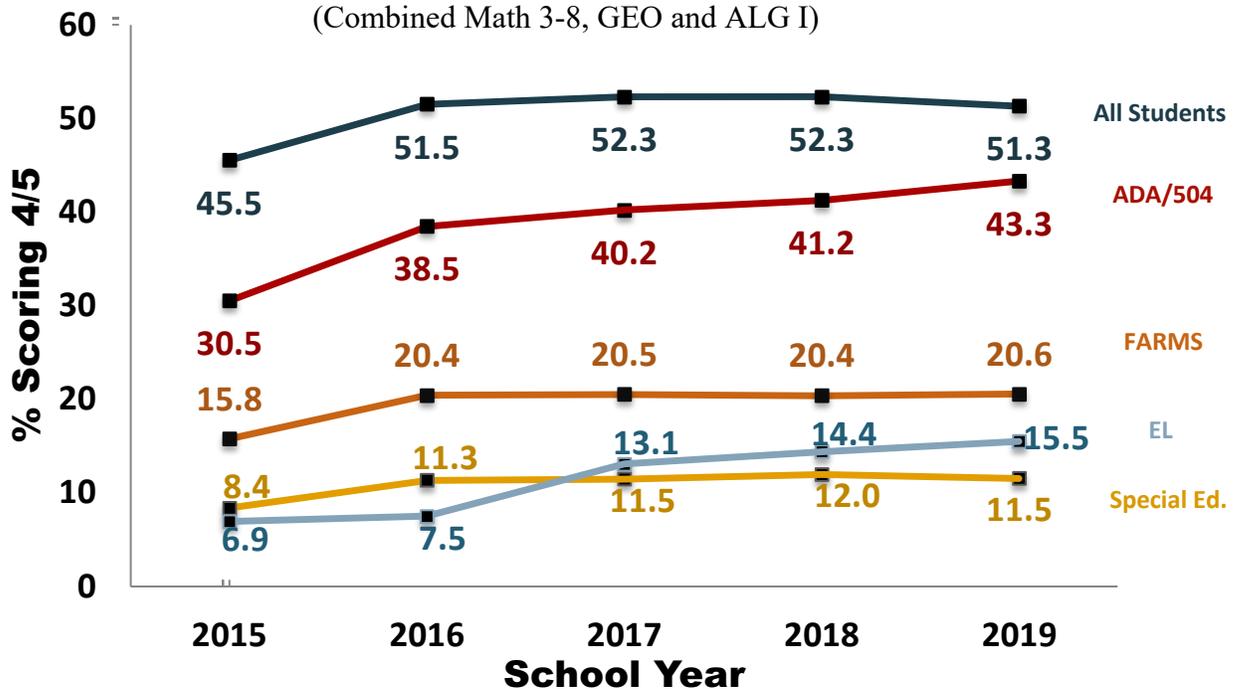


Chart 4: PARCC Math % Scoring 4/5 by Student Group  
(Combined Math 3-8, GEO and ALG I)



A breakdown of ELA PARCC performance by student groups is presented in charts 5 and 6. Almost all student groups demonstrated increases in ELA performance from 2018 to 2019. English Learners' 2019 performance was relatively stable compared to 2018.

Chart 5: PARCC ELA % Scoring 4/5 by Race/Ethnicity  
(Combined ELA 3-8 & 10)

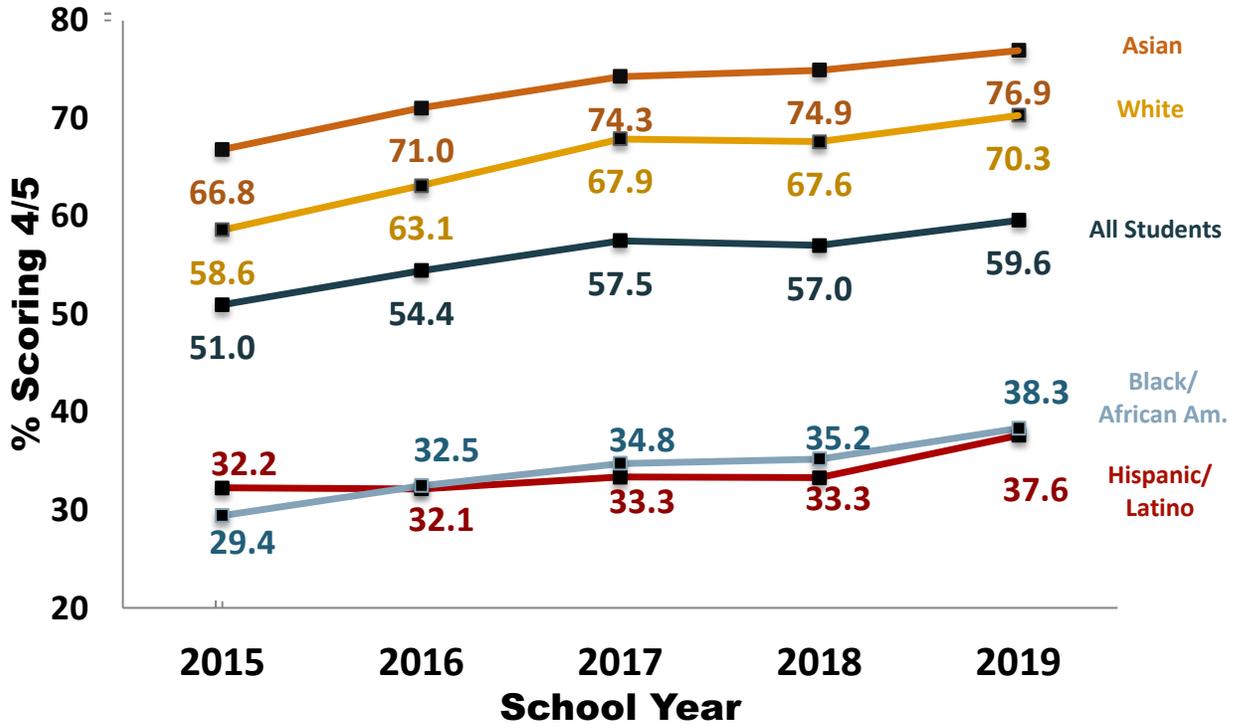
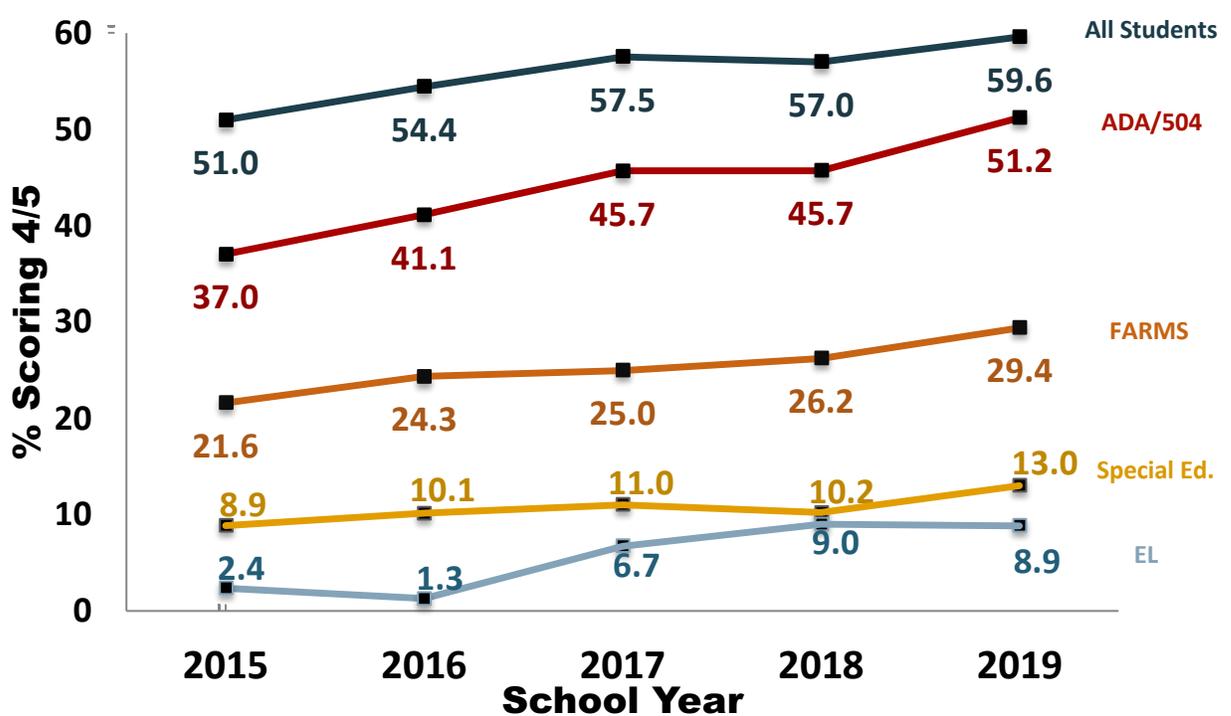


Chart 6: PARCC ELA % Scoring 4/5 by Service Group  
(Combined ELA 3-8 & 10)



## Breakdown of HCPSS PARCC Results by School (Charts 7-13)

Chart 7: PARCC Elementary Mathematics by School

School	% Performance Level 4+				% Performance Level 3+			
	2017	2018	2019	2yr Δ	2017-	2018-	2019-	2yr Δ-
District 3-5	56.2%	56.7%	55.8%	-0.4%	79.7%	78.4%	78.2%	-1.6%
Atholton Elementary	57.8%	60.6%	58.0%	0.2%	80.6%	81.2%	80.7%	0.1%
Bellows Spring Elementary	56.5%	57.0%	58.4%	1.8%	83.3%	77.0%	81.5%	-1.8%
Bollman Bridge Elementary	35.6%	32.7%	25.4%	-10.2%	57.9%	59.5%	52.7%	-5.2%
Bryant Woods Elementary	39.6%	44.4%	31.9%	-7.7%	66.3%	72.0%	57.3%	-9.0%
Bushy Park Elementary	60.6%	67.4%	73.3%	12.7%	87.1%	91.3%	92.1%	5.0%
Centennial Lane Elementary	81.2%	81.9%	76.6%	-4.7%	93.7%	92.3%	91.5%	-2.1%
Clarksville Elementary	84.2%	88.7%	88.7%	4.5%	96.2%	96.5%	96.5%	0.3%
Clemens Crossing Elementary	68.3%	60.5%	65.3%	-3.0%	89.4%	87.6%	88.7%	-0.7%
Cradlerock Elementary	30.4%	24.4%	18.6%	-11.8%	60.3%	52.4%	43.5%	-16.9%
Dayton Oaks Elementary	73.0%	76.7%	68.8%	-4.2%	91.9%	91.1%	89.5%	-2.4%
Deep Run Elementary	36.8%	35.3%	41.1%	4.3%	64.9%	62.5%	66.6%	1.7%
Ducketts Lane Elementary	42.7%	40.4%	37.6%	-5.1%	71.4%	69.3%	64.8%	-6.5%
Elkridge Elementary	37.3%	42.0%	43.6%	6.3%	68.5%	67.0%	70.3%	1.8%
Forest Ridge Elementary	43.8%	49.1%	46.5%	2.7%	77.2%	73.7%	73.1%	-4.1%
Fulton Elementary	69.3%	72.9%	66.2%	-3.2%	89.7%	87.6%	87.5%	-2.2%
Gorman Crossing Elementary	59.0%	57.3%	52.7%	-6.3%	83.9%	81.7%	81.6%	-2.3%
Guilford Elementary	36.2%	35.6%	31.2%	-5.0%	65.2%	58.9%	60.5%	-4.7%
Hammond Elementary	58.3%	56.9%	54.6%	-3.7%	83.1%	80.9%	77.3%	-5.8%
Hanover Hills Elementary			37.8%	-			63.4%	-
Hollifield Station Elementary	48.7%	53.2%	52.5%	3.7%	73.7%	76.2%	77.8%	4.1%
Ilchester Elementary	73.4%	74.4%	77.8%	4.4%	92.0%	90.2%	91.5%	-0.5%
Jeffers Hill Elementary	38.2%	34.2%	41.7%	3.5%	66.7%	64.9%	68.9%	2.3%
Laurel Woods Elementary	43.0%	37.3%	35.9%	-7.1%	67.8%	66.7%	66.4%	-1.4%
Lisbon Elementary	59.1%	55.6%	57.7%	-1.3%	82.7%	85.7%	84.1%	1.4%
Longfellow Elementary	38.8%	45.0%	41.8%	3.1%	67.0%	67.8%	71.6%	4.7%
Manor Woods Elementary	70.5%	74.2%	69.5%	-1.0%	90.2%	89.9%	86.6%	-3.6%
Northfield Elementary	61.6%	62.1%	62.7%	1.1%	88.5%	82.4%	86.9%	-1.6%
Phelps Luck Elementary	34.6%	32.6%	37.5%	2.9%	62.4%	57.4%	65.8%	3.4%
Pointers Run Elementary	78.8%	79.5%	78.8%	0.0%	92.6%	93.6%	92.6%	0.0%
Rockburn Elementary	60.8%	62.6%	70.5%	9.8%	86.4%	88.8%	88.0%	1.6%
Running Brook Elementary	29.0%	30.9%	35.1%	6.1%	59.7%	59.6%	59.1%	-0.6%
St. Johns Lane Elementary	68.5%	65.8%	61.8%	-6.7%	90.7%	85.8%	83.5%	-7.2%
Stevens Forest Elementary	38.3%	32.0%	32.3%	-6.1%	66.0%	68.0%	61.3%	-4.7%
Swansfield Elementary	32.6%	28.9%	24.9%	-7.7%	50.2%	49.2%	51.6%	1.4%
Talbott Springs Elementary	35.9%	47.3%	48.5%	12.6%	73.1%	74.3%	72.5%	-0.6%
Thunder Hill Elementary	54.3%	60.1%	56.2%	1.9%	77.8%	81.4%	78.6%	0.8%
Triadelphia Ridge Elementary	75.6%	78.9%	78.7%	3.1%	94.0%	91.4%	94.0%	0.0%
Veterans Elementary	63.4%	58.0%	61.2%	-2.3%	85.7%	80.0%	81.5%	-4.2%
Waterloo Elementary	53.8%	57.7%	57.8%	4.0%	78.6%	75.5%	75.7%	-2.9%
Waverly Elementary	76.3%	79.1%	75.9%	-0.4%	93.1%	94.6%	94.3%	1.2%
West Friendship Elementary	74.7%	73.4%	64.9%	-9.8%	91.4%	87.5%	88.7%	-2.6%
Worthington Elementary	74.6%	67.9%	79.8%	5.2%	93.2%	90.9%	94.3%	1.0%

Chart 8: PARCC Elementary ELA by School

School	% Performance Level 4+				% Performance Level 3+			
	2017	2018	2019	2yr Δ	2017-	2018-	2019-	2yr Δ-
District 3-5	56.9%	55.7%	57.2%	0.2%	79.5%	78.1%	78.6%	-0.9%
Atholton Elementary	62.1%	50.7%	60.4%	-1.7%	83.7%	76.1%	79.7%	-4.0%
Bellows Spring Elementary	62.4%	62.6%	64.9%	2.5%	87.8%	83.0%	82.6%	-5.2%
Bollman Bridge Elementary	34.2%	30.6%	33.7%	-0.4%	58.4%	60.8%	61.4%	3.0%
Bryant Woods Elementary	35.6%	43.6%	33.5%	-2.1%	63.8%	67.0%	61.1%	-2.7%
Bushy Park Elementary	67.4%	72.7%	77.2%	9.9%	89.1%	91.6%	94.2%	5.1%
Centennial Lane Elementary	76.9%	74.7%	71.6%	-5.4%	92.3%	91.1%	89.8%	-2.5%
Clarksville Elementary	84.2%	82.4%	85.3%	1.1%	96.2%	94.5%	96.1%	-0.1%
Clemens Crossing Elementary	69.8%	65.1%	71.4%	1.6%	86.8%	86.8%	90.6%	3.8%
Cradlerock Elementary	37.4%	32.5%	21.9%	-15.5%	62.6%	58.1%	48.5%	-14.0%
Dayton Oaks Elementary	67.4%	70.1%	68.7%	1.3%	87.3%	91.7%	88.6%	1.3%
Deep Run Elementary	38.9%	30.9%	38.1%	-0.9%	66.4%	58.5%	64.9%	-1.5%
Ducketts Lane Elementary	46.7%	41.2%	39.9%	-6.8%	72.5%	69.5%	62.9%	-9.5%
Elkridge Elementary	44.4%	42.5%	45.9%	1.5%	70.2%	67.9%	70.2%	0.0%
Forest Ridge Elementary	42.1%	49.3%	46.6%	4.5%	70.9%	73.2%	76.7%	5.8%
Fulton Elementary	68.4%	71.5%	66.8%	-1.6%	90.4%	89.9%	86.4%	-4.0%
Gorman Crossing Elementary	58.8%	54.0%	49.3%	-9.6%	83.2%	77.7%	76.6%	-6.6%
Gulford Elementary	31.7%	35.6%	35.8%	4.1%	62.4%	61.2%	62.3%	-0.1%
Hammond Elementary	55.1%	51.0%	55.8%	0.7%	79.3%	75.1%	77.0%	-2.3%
Hanover Hills Elementary			38.3%	-			66.6%	-
Hollifield Station Elementary	54.2%	52.3%	46.7%	-7.5%	77.4%	76.1%	77.2%	-0.2%
Ilchester Elementary	76.5%	78.8%	73.3%	-3.1%	91.7%	91.9%	91.1%	-0.6%
Jeffers Hill Elementary	38.2%	46.4%	50.2%	12.0%	66.2%	74.1%	69.8%	3.5%
Laurel Woods Elementary	35.1%	37.8%	38.7%	3.6%	66.3%	66.2%	66.4%	0.1%
Lisbon Elementary	58.2%	68.4%	66.9%	8.7%	87.3%	89.3%	86.2%	-1.1%
Longfellow Elementary	40.1%	43.4%	45.9%	5.8%	65.6%	65.6%	66.5%	0.9%
Manor Woods Elementary	67.4%	68.5%	71.1%	3.7%	89.5%	87.0%	87.7%	-1.8%
Northfield Elementary	70.9%	59.5%	69.3%	-1.5%	91.3%	81.0%	87.4%	-3.9%
Phelps Luck Elementary	39.5%	34.9%	42.9%	3.4%	62.8%	61.2%	66.0%	3.1%
Pointers Run Elementary	74.0%	69.0%	75.7%	1.7%	91.1%	88.5%	91.8%	0.7%
Rockburn Elementary	66.5%	62.3%	62.9%	-3.5%	86.4%	86.6%	84.7%	-1.7%
Running Brook Elementary	35.9%	31.7%	40.9%	5.0%	60.6%	60.9%	62.4%	1.8%
St. Johns Lane Elementary	66.0%	63.3%	63.7%	-2.3%	90.7%	85.5%	84.6%	-6.1%
Stevens Forest Elementary	31.9%	35.1%	37.8%	6.0%	60.8%	62.9%	60.5%	-0.2%
Swansfield Elementary	34.2%	27.3%	30.1%	-4.1%	58.0%	52.1%	53.3%	-4.7%
Talbott Springs Elementary	44.4%	51.6%	51.1%	6.7%	68.6%	74.0%	74.9%	6.3%
Thunder Hill Elementary	59.6%	57.6%	60.4%	0.9%	80.1%	81.4%	82.4%	2.3%
Triadelphia Ridge Elementary	69.5%	71.3%	73.3%	3.7%	89.5%	89.6%	92.2%	2.7%
Veterans Elementary	59.6%	54.2%	57.8%	-1.7%	80.4%	79.7%	78.7%	-1.7%
Waterloo Elementary	65.7%	61.3%	63.7%	-2.0%	82.3%	76.8%	78.3%	-4.0%
Waverly Elementary	78.0%	78.2%	79.6%	1.6%	94.6%	93.8%	95.0%	0.4%
West Friendship Elementary	76.7%	76.1%	77.1%	0.3%	89.5%	90.2%	92.6%	3.1%
Worthington Elementary	60.8%	63.9%	72.7%	11.9%	86.8%	88.9%	92.7%	5.9%

Chart 9: PARCC Middle School Math Performance by School  
(Math 6-8, Algebra I, Geometry & Algebra II)

School	% Performance Level 4+				% Performance Level 3+			
	2017	2018	2019	2yr Δ	2017-	2018-	2019-	2yr Δ-
District 6-8	53.5%	54.6%	52.9%	-0.6%	75.7%	77.7%	76.1%	0.4%
Bonnie Branch Middle	53.1%	53.7%	54.3%	1.1%	76.6%	76.3%	75.8%	-0.8%
Burleigh Manor Middle	74.7%	74.2%	73.8%	-0.9%	89.9%	89.4%	89.8%	-0.1%
Clarksville Middle	83.3%	84.0%	82.2%	-1.1%	95.4%	96.0%	95.6%	0.2%
Dunloggin Middle	62.7%	60.1%	61.9%	-0.7%	86.9%	85.8%	83.7%	-3.2%
Elkridge Landing Middle	45.6%	46.8%	45.8%	0.3%	77.6%	75.4%	74.9%	-2.8%
Ellicott Mills Middle	64.2%	69.5%	60.5%	-3.7%	86.6%	88.8%	84.7%	-2.0%
Folly Quarter Middle	81.6%	78.9%	76.3%	-5.2%	95.7%	94.2%	93.3%	-2.4%
Glenwood Middle	62.5%	66.5%	66.6%	4.0%	88.2%	90.1%	89.9%	1.7%
Hammond Middle	50.2%	54.3%	54.1%	3.9%	77.1%	81.6%	80.9%	3.7%
Harpers Choice Middle	34.7%	35.4%	28.3%	-6.4%	59.4%	59.1%	51.4%	-8.0%
Lake Elkhorn Middle	26.3%	27.9%	25.7%	-0.5%	55.3%	57.8%	54.4%	-0.9%
Lime Kiln Middle	67.5%	71.1%	69.5%	2.0%	90.3%	90.4%	88.3%	-2.0%
Mayfield Woods Middle	40.6%	41.5%	36.2%	-4.4%	68.1%	70.0%	62.6%	-5.6%
Mount View Middle	73.8%	77.2%	76.5%	2.7%	93.0%	92.7%	93.2%	0.2%
Murray Hill Middle	37.6%	35.5%	38.3%	0.7%	66.1%	64.5%	65.2%	-0.9%
Oakland Mills Middle	27.3%	29.2%	27.7%	0.5%	55.5%	56.5%	56.5%	1.0%
Patapsco Middle	65.3%	65.2%	59.6%	-5.7%	84.1%	86.0%	83.2%	-0.9%
Patuxent Valley Middle	36.1%	36.4%	35.6%	-0.6%	67.3%	64.7%	65.3%	-1.9%
Thomas Viaduct Middle	28.0%	29.6%	29.3%	1.4%	59.7%	59.3%	60.1%	0.4%
Wilde Lake Middle	28.7%	30.9%	30.9%	2.2%	56.1%	59.1%	54.5%	-1.6%

Chart 10: PARCC Middle School ELA Performance by School

School	% Performance Level 4+				% Performance Level 3+			
	2017	2018	2019	2yr Δ	2017-	2018-	2019-	2yr Δ-
District 6-8	55.5%	57.0%	59.6%	4.1%	79.0%	79.6%	81.3%	2.3%
Bonnie Branch Middle	48.4%	51.3%	56.9%	8.5%	77.0%	73.8%	78.3%	1.3%
Burleigh Manor Middle	77.4%	79.2%	75.7%	-1.7%	92.8%	92.9%	91.4%	-1.3%
Clarksville Middle	83.6%	85.4%	86.1%	2.5%	96.8%	96.9%	96.0%	-0.8%
Dunloggin Middle	66.4%	63.8%	65.2%	-1.2%	87.1%	86.1%	87.5%	0.3%
Elkridge Landing Middle	54.6%	58.3%	60.0%	5.5%	82.3%	83.4%	84.0%	1.7%
Ellicott Mills Middle	63.7%	66.7%	64.4%	0.7%	86.0%	87.3%	86.7%	0.7%
Folly Quarter Middle	77.3%	73.9%	72.7%	-4.6%	94.5%	92.6%	91.5%	-3.0%
Glenwood Middle	69.4%	59.4%	81.4%	12.0%	92.9%	87.4%	96.1%	3.1%
Hammond Middle	61.3%	65.4%	70.7%	9.4%	83.3%	86.5%	88.3%	4.9%
Harpers Choice Middle	33.6%	34.5%	31.6%	-2.0%	58.7%	61.7%	57.3%	-1.5%
Lake Elkhorn Middle	30.6%	35.4%	36.6%	5.9%	61.1%	63.5%	63.6%	2.5%
Lime Kiln Middle	71.0%	76.4%	76.5%	5.5%	92.6%	92.4%	91.9%	-0.8%
Mayfield Woods Middle	42.3%	44.1%	43.3%	1.1%	67.8%	71.2%	71.1%	3.3%
Mount View Middle	72.4%	72.8%	78.4%	6.1%	92.2%	92.0%	94.0%	1.8%
Murray Hill Middle	37.8%	39.9%	46.2%	8.4%	67.0%	67.2%	74.6%	7.7%
Oakland Mills Middle	30.3%	32.8%	36.9%	6.7%	59.2%	59.2%	63.9%	4.6%
Patapsco Middle	58.1%	56.3%	59.0%	0.9%	82.5%	80.9%	82.3%	-0.3%
Patuxent Valley Middle	41.3%	44.4%	47.3%	5.9%	68.5%	74.0%	75.1%	6.6%
Thomas Viaduct Middle	35.6%	39.8%	47.1%	11.5%	66.8%	67.6%	75.9%	9.1%
Wilde Lake Middle	37.7%	43.4%	45.6%	8.0%	59.3%	66.4%	67.6%	8.3%

Chart 11: PARCC Algebra II\* Performance by School (# of Test Takers)

School	% Performance Level 4+				% Performance Level 3+			
	2017	2018	Column2	2yr Δ	2017-	2018-	Column3	2yr Δ+
District HS Alg II (1646)	43.7%	42.5%	74.5%	30.8%	63.0%	61.9%	83.4%	20.4%
Atholton High (157)	46.5%	51.5%	75.8%	29.3%	68.5%	72.5%	89.8%	21.3%
Centennial High (163)	63.3%	57.8%	85.3%	22.0%	81.0%	76.3%	90.2%	9.2%
Glenelg High (113)	59.9%	56.0%	85.8%	25.9%	79.2%	78.7%	94.7%	15.5%
Hammond High (107)	28.2%	30.7%	55.1%	27.0%	45.8%	47.6%	64.5%	18.7%
Howard High (169)	45.6%	40.1%	79.9%	34.3%	71.1%	63.7%	89.9%	18.8%
Long Reach High (65)	24.8%	22.5%	63.1%	38.3%	46.7%	43.1%	80.0%	33.3%
Marriotts Ridge High (150)	62.0%	68.0%	94.0%	32.0%	78.0%	80.3%	96.7%	18.6%
Mount Hebron High (145)	50.2%	50.7%	81.4%	31.1%	69.4%	69.6%	90.3%	21.0%
Oakland Mills High (103)	23.3%	17.6%	34.0%	10.7%	42.8%	41.8%	59.2%	16.4%
Reservoir High (161)	27.7%	38.6%	57.1%	29.4%	46.1%	57.2%	66.5%	20.4%
River Hill High (214)	74.1%	65.0%	92.1%	17.9%	87.8%	83.4%	93.5%	5.7%
Wilde Lake High (99)	25.2%	18.6%	54.5%	29.4%	43.7%	35.1%	60.6%	16.9%

(-) = Test Takers      \*Includes students who participated in reassessment for College and Career Readiness.  
 2019 data is limited to 9th grade and students who participated in CCR reassessment.

Chart 12: PARCC Algebra I\*\* Performance by School

School	% Performance Level 4+				% Performance Level 3+			
	2017	2018	2019	2yr Δ	2017-	2018-	2019-	2yr Δ+
District HS Alg I (2705)	26.2%	26.8%	25.7%	-0.5%	57.5%	59.3%	59.0%	1.5%
Atholton High (168)	36.2%	24.2%	25.6%	-10.6%	69.5%	67.5%	67.3%	-2.3%
Centennial High (122)	53.1%	44.4%	37.7%	-15.4%	77.9%	80.6%	73.8%	-4.1%
Glenelg High (133)	24.8%	47.2%	63.9%	39.1%	68.6%	78.2%	89.5%	20.9%
Hammond High (311)	19.1%	23.7%	19.9%	0.8%	44.1%	54.4%	50.5%	6.4%
Howard High (247)	37.9%	32.6%	25.5%	-12.4%	69.8%	73.6%	68.4%	-1.4%
Long Reach High (380)	11.0%	12.1%	13.2%	2.2%	39.4%	43.2%	43.4%	4.0%
Marriotts Ridge High (124)	36.6%	40.1%	30.6%	-5.9%	75.3%	75.9%	75.0%	-0.3%
Mount Hebron High (233)	38.0%	43.1%	38.2%	0.2%	67.7%	67.5%	64.4%	-3.3%
Oakland Mills High (257)	9.9%	13.8%	10.9%	1.0%	43.2%	45.9%	44.7%	1.5%
Reservoir High (272)	30.1%	32.3%	31.3%	1.1%	65.7%	62.4%	68.0%	2.4%
River Hill High (151)	58.8%	65.9%	50.3%	-8.4%	93.8%	86.4%	80.1%	-13.6%
Wilde Lake High (307)	6.0%	7.1%	10.1%	4.1%	34.8%	40.2%	38.8%	4.0%

(-) = Test Takers      \*\*Includes students who participated in reassessment for graduation.

Chart 13: PARCC English 10\*\* Performance by School

School	% Performance Level 4+				% Performance Level 3+			
	2017	2018	2019	2yr Δ	2017-	2018-	2019-	2yr Δ+
District ELA 10 (4898)	65.2%	60.9%	65.7%	0.5%	80.8%	76.8%	79.5%	-1.3%
Atholton High (393)	73.1%	73.9%	80.9%	7.8%	89.6%	89.0%	91.9%	2.3%
Centennial High (422)	76.5%	80.0%	84.1%	7.7%	93.1%	90.4%	92.7%	-0.5%
Glenelg High (291)	87.0%	82.4%	89.3%	2.3%	97.3%	91.8%	95.5%	-1.7%
Hammond High (432)	53.7%	46.5%	45.1%	-8.5%	73.3%	61.4%	65.0%	-8.3%
Howard High (528)	70.6%	62.5%	66.5%	-4.2%	86.2%	80.7%	82.8%	-3.4%
Long Reach High (452)	46.1%	39.1%	48.7%	2.6%	66.2%	61.6%	62.2%	-4.0%
Marriotts Ridge High (360)	90.8%	80.3%	83.6%	-7.2%	95.1%	93.6%	94.4%	-0.6%
Mount Hebron High (435)	64.6%	57.2%	68.0%	3.5%	81.3%	73.1%	81.8%	0.5%
Oakland Mills High (386)	36.2%	42.9%	48.7%	12.5%	56.3%	64.5%	65.8%	9.5%
Reservoir High (476)	56.5%	63.7%	64.3%	7.7%	74.3%	80.4%	83.0%	8.7%
River Hill High (321)	85.6%	86.1%	88.2%	2.6%	95.3%	95.3%	94.1%	-1.2%
Wilde Lake High (402)	53.9%	42.5%	48.0%	-5.9%	73.6%	61.6%	67.2%	-6.5%

(-) = Test Takers      \*\*Includes students who participated in reassessment for graduation.

Chart 14: PARCC Math % Scoring 4/5 by Gender  
(Combined Math 3-8, GEO and ALG I)

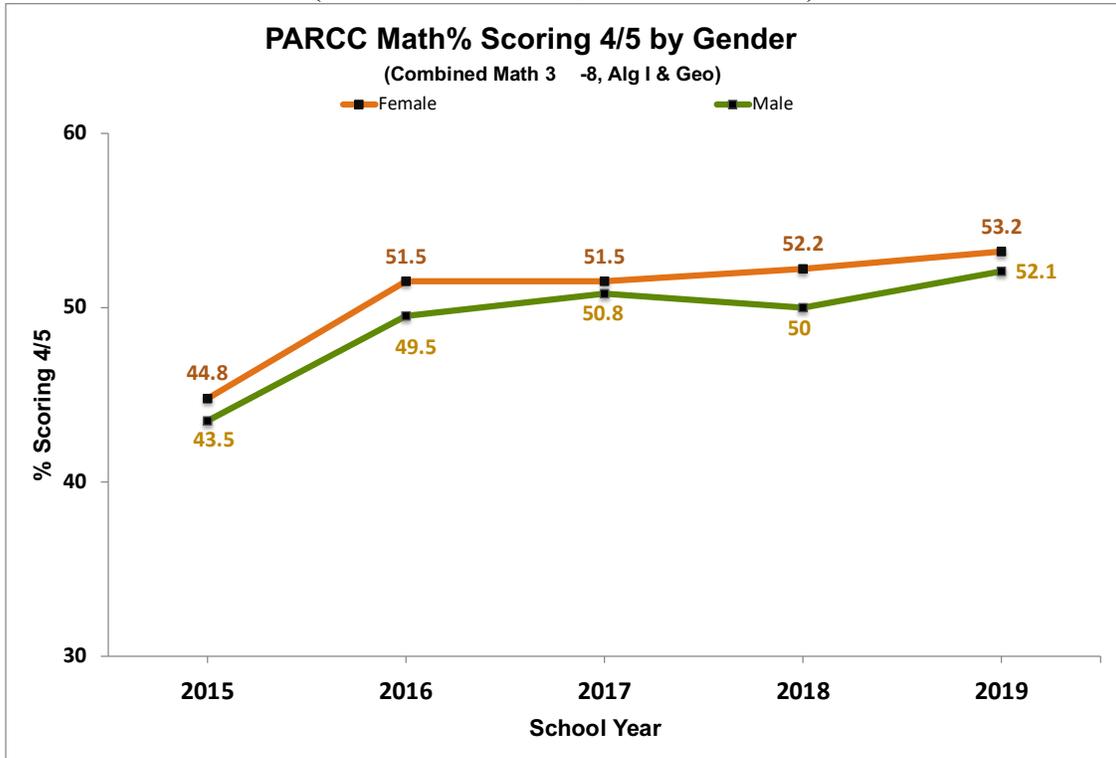


Chart 15: PARCC ELA % Scoring 4/5 by Gender  
(Combined ELA 3-8 & 10)

