



REOPENING PLAN

2022–2023



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REOPENING PLAN 2022-2023

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February 2023

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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 continuing in-person instruction and supports. 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.

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. 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 continued 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.

During the continued 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
✓	1. All requirements are posted on the website for the school system.
✓	2. Educational equity is reflected through the Reopening Plan.
✓	3. A successful reopening plan must include the input and collaboration of diverse stakeholders.
✓	4. Collect and use data to develop systems to recover learning loss and accelerate learning to support student success.
✓	5. State standards are taught in all content areas.
✓	6. Educational services for students are protected under IDEA, Section 504, and ADA federal programs guaranteeing services continue during any extended school closure.
✓	7. Safety, prevention, and mitigation elements, as recommended by the CDC are included in the plan.
✓	8. Protocols are established for mitigating the spread of COVID-19 on school buses or other modes of transportation for students.
✓	9. School systems must develop a process to track attendance.
✓	10. A communication plan is established with a clear coordination process.
✓	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.
✓	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.

Summer Programming

As the 2021-2022 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](#).

Planning for the 2023 summer program is ongoing and will be similar to the 2022 summer program.

Stakeholder Input

Stakeholder concerns and priorities have been carefully considered in all fall planning decisions. To obtain feedback from stakeholders on the reopening plan, HCPSS Central Office staff organized four primary channels: (a) a dedicated email address (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.

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. An updated reopening plan is submitted to the Maryland State Department of Education (MSDE) 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 frequently 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.

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 releasing an updated SCTA to kickoff the school year. The updated SCTA highlights priority strategies that will also guide the system through the remainder of the pandemic.

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 continued fully in-person instructional model for the 2022-2023 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 an 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 school 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 2022-2023 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, hybrid instruction, and staff and student absences, students may continue to 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 are used by teachers to determine instructional needs and supports for student success.

District and School Data

During the 2019-2020 and 2020-2021 school years, 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, but was delivered in the spring of 2022. Due to standard setting, the assessment results have just become available. For reference, 2022 Spring MCAP data is included within Appendix E by student group, grade level and school. Significant declines in mathematics performance match overall state data trends. The MAP assessment continues to be delivered in 2022-2023 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 implemented a census administration of the Kindergarten Readiness Assessment (KRA) to monitor the skills of our incoming class. Performance was similar to pre pandemic performance. HCPSS also utilizes PSAT in grades 9-11 to gauge high school student academic progress and provide students with preparation for the SAT.

Mathematics

At the elementary level, grade-level standards-based data, centered on numbers and operations as well as algebraic thinking and problem solving, are provided through the use of DreamBox, adaptive instructional software for mathematics. Teachers administered 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 are collecting and using formative assessment information through daily 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 administered 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.

Language Arts

Elementary Language Arts is using 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 participate in reading experiences in Lexia Core5. Lexia Core5 placement assessment and real-time performance data is 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 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 review formative and summative assessments aligned to reading instruction to determine students' progress toward grade-level expectations.

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

Other Content Areas

For other content courses, staff 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 struggling students. 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 the Maryland Leads grant initiative.

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 the Maryland Leads grant initiative. 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 are continuing a normalized instructional model in which they attend in-person five days each week. Student attendance will follow traditional attendance practices outlined in HCPSS Policy 9010 - Attendance.

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.

Career and Technical Education (CTE)

Career and Technical Education (CTE) career academies are 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 are 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 is also available. These are 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 are required to complete an HCC application for admission. 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, are 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 are 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 are provided. With input from the family, the mode of service delivery that fully addresses the child and family needs are agreed upon. It is recognized that as children return to their in-person 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 are delivered in accordance with what is documented on the IEP. All instructional and assistive technologies the students need are 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 are provided. Students may continue to have 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.

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 school year will also include access for students with disabilities. This also includes ensuring receipt of their FAPE as outlined in the IDEA. 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 are 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 are trained in this process and procedure.

Some students with disabilities with underlying health conditions and/or complex medical needs may require additional instructional model considerations. Appropriateness of Home and Hospital Teaching, alternative supports, and resources are considered for each student. Students determined eligible for Home and Hospital Teaching would receive instruction in accordance with their IEP and the support and service hours are customized to accommodate their individual needs.

When student masking is recommended due to close contacts or return from isolation, 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.

General education teachers, special education teachers, related service providers and support teachers 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.

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 are 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 communications are 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.

Individual student-based decisions are 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. When student masking is recommended due to close contacts or return from isolation, the HCPSS will provide ongoing support for students with 504 plans. Students 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 due to extended school building closure, compensatory services are 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 are receiving 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 receive small group instruction differentiated at their current academic and ELP levels. The ESOL teacher collaboratively plans and co-teaches 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 are 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 are receiving 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 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 have co-taught lessons with an ESOL teacher and certified content teachers that include differentiated learning assignments with targeted language supports. Classes 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 is placed at the entry and throughout buildings to alert staff and students of the options to wear face coverings; 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 have been implemented by the Division of Operations.

As school continues 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 are routinely cleaned and disinfected. Handwashing continues to be encouraged by students and staff, and hand sanitizing stations are strategically placed in areas where handwashing is not available.

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, and continues to implement a combination of measures to improve building ventilation at each school, including installing portable HEPA fan/filtration units in each classroom, cafeteria and COVID isolation room. The HVAC units serving all student-occupied areas of HCPSS school buildings and all other portable classrooms provide outdoor air ventilation.

The following improvements to building ventilation also have been implemented at all schools:

1. Air filters having a minimum efficiency reporting value (MERV) rating of MERV 13 have been installed in all HVAC units wherever possible.
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 16 air filters has also been addressed in all HVAC units to ensure that all air passes through the air filters and not around them.

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.
4. HVAC units provide approximately six room air changes per hour during student-occupied hours.
5. Demand-controlled ventilation has been disabled to ensure that 100% of the outdoor airflow designed for each space are continuously delivered whenever schools are occupied.
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.
7. Portable high-efficiency particulate air (HEPA) fan/filtration units have been installed in the areas described above.
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.

To reduce the risk of infection, high touch surfaces are cleaned with a Green Seal certified multipurpose solution and disinfected with an EPA approved disinfectant. School buildings are routinely cleaned 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 is implemented as needed and will follow recommendations by the Maryland Department of Health and CDC.

Transportation of Students

Optional masking and ventilation are being utilized to mitigate risk of COVID exposure on buses. Families that do not feel safe with buses at full capacity, are provided the option of driving their children to school.

The HCPSS transportation office recommends, weather permitting, to increase ventilation by opening 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.

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/Testing:

The Maryland Department of Health and the Maryland State Department of Education “[strongly recommend](#) that all eligible Marylanders ages 6 months and older receive all recommended doses of the COVID-19 vaccine, including boosters;” however, proof of COVID-19 vaccination for Maryland public school students is not required. Additionally, HCPSS no longer provides mass COVID-19 testing opportunities for staff or students. Howard County Health Department [testing](#), [vaccination](#) and [booster](#) information can be found online.

Students and school staff who develop symptoms during the school day may receive a rapid test in the school health room. Parent/guardian consent is required to administer a test to students under the age of 18. Students aged 18 years or older are considered “eligible students” and must complete a print version of the consent form. [Details on providing consent for COVID-19 testing](#) can be found online.

Students/staff with a negative rapid test result who do not have a fever and do not need to be excluded for other communicable disease concerns, may remain in school. If symptoms persist, it may be necessary for the health room staff to refer the individual for medical evaluation.

Anyone who tests positive from an at-home test should [complete this online form](#) to report the positive result to the Maryland Department of Health. HCPSS will continue the current processes for students or staff who test positive in school by sending names and addresses to the Howard County Health Department. HCPSS is not conducting any contact tracing.

At Home Health Checks:

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 perform the following COVID-19 health check every day before the student leaves home.

Students and staff should NOT come to school with any of these symptoms:

- fever of 100.4 degrees 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.

Exposure to COVID 19

Someone who was less than 6 feet away from an infected person (laboratory-confirmed or a clinical diagnosis) for a total of 15 minutes or more over a 24-hour period, is defined as a close contact. Regardless of vaccination status, staff and students who may be close contacts can continue to attend school and child care as long as they remain asymptomatic. Close contacts who can wear a mask should do so for 10 days (Day 0 is the last date of exposure). A test at 3-5 days after exposure is recommended, especially for those who cannot wear a mask .

Isolation/Quarantine:

The [Maryland Department of Health and the Maryland State Department of Education recommends](#) that persons with symptoms of COVID-19 should be tested. If the test is negative, they may return when symptoms are improved, they have no fever for 24 hours without medication, and applicable criteria in the Communicable Diseases Summary have been met.

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 from the date of the positive test if no symptoms.
 - Day 0 is considered the day symptoms started in symptomatic persons or the day of the positive test (based on the date of testing) if asymptomatic.
- 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* for 5 additional days (day 6 through day 10). If the person tests negative on or after day 5, with 2 negative rapid antigen tests 48 hours apart, they may remove their mask prior to the end of the 10-day period.
 - If a person is unable to wear a mask, they may return to school or child care if they have 2 negative rapid antigen tests 48 hours apart at day 5 or later; otherwise, they should remain at home for day 6 through day 10. A negative test at day 10 or after is not needed to return.

*Masks do not need to be worn in schools or child care programs while eating, drinking, sleeping or outside.

Student Supports for Quarantine/Isolation

With updated quarantine and isolation procedures for the 2022-2023 school year, HCPSS has aligned COVID related absence support to the same procedures used for other lawful absences. A student may make up work and receive a recorded grade for work missed due to a lawful absence or field trip attendance. Students returning from lawful absences or field trips will have the number of days equal to the number of days lawfully absent to complete the make-up work (i.e., Work due on the day of a field trip will be turned in on the next school day; work assigned on a day of a lawful absence will add one school day to the due date.). For absences beyond two weeks, an administrator can allow for additional days for work to be completed.

Fall and Winter Sports

In the indoor environment, all student-athletes, coaches, officials, game management staff and spectators have the option to wear face coverings. All individuals are encouraged to wear face coverings in any setting whenever they would feel more safe. Student athletes are no longer required to provide vaccination status when registering for sports.

HCPSS will continue to adhere to the [Maryland Public Secondary Schools Athletic Association \(MPSSAA\) handbook](#) and any health and safety recommendations that may be released during the 2022-2023 sports season.

Additional Supports

Tiered System of Supports for Mathematics and Language Arts

Mathematics

A system of tiered supports for elementary and secondary mathematics are provided. Assessment tools mentioned in the “Assessing Instructional Needs” section are 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) and teacher-assigned tasks. Supplemental intervention (Tier II) is delivered in small group instruction focused on fragile or incomplete understanding of prior grade skills and concepts. Tier II instruction includes additional time on DreamBox Learning for assigned lessons focusing on targeted, prior-grade level content. Grades 2-5 Tier II support also focuses on basic fact recall and computational fluency. Intensive intervention (Tier III) focuses on previous grade level(s) skills and concepts. Instruction will use focusMATH, which also receives the highest rating for evidence-based intervention programs. FocusMATH is 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), secondary mathematics teachers 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) and show strong evidence for meeting ESSA standards. Staff 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 are provided with Illustrative Mathematics/Kendall Hunt print versions of student instructional materials.

Additionally, secondary mathematics staff provides small group tutoring (Tier III support) for students enrolled in Mathematics 6 through Algebra 2. Middle and high schools will enlist the support of mathematics tutors to work with students over an 8-week tutoring program. Each week, students 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 are provided. First instruction (Tier I) features standards-based, grade-level reading and writing experiences taught by classroom teachers.

Reading Specialists 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 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 provide reading intervention (Tier II and Tier III) to individual and small groups of students. This instruction will focus on specific reading deficiency by providing direct instruction utilizing focused interventions. There are 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 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 receive the following supports:

Elementary

GT teachers provide instruction for fourth and fifth grade GT mathematics classes. GT Resource teachers 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 offer GT Instructional Seminars, open to all students, to provide additional enrichment and talent development opportunities.

Middle

Students enrolled in GT classes 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 receive instruction during their designated class periods. GT resource teachers 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 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 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.

Given the recent economic impact of the pandemic, we believe there is likely an increase rather than a decrease in students experiencing homelessness. HCPSS is taking additional measures to ensure we are identifying the students and meeting their needs. This includes 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 (EHCY) staff (including Title I) continuously collaborate in meeting the needs of homeless families. The Homeless Advisory Committee also continues 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. 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 are being employed to support students. Particular attention is given to students who are 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 II supports may be provided in a small group format to students with similar areas of need. Tier III 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.

School Teams

	Academic Support Process	Behavior Support Process
Elementary	<p>All students: <u>Interventionists:</u> Resources/ideas to support differentiated instruction. IIT may support.</p> <p>For additional support: <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>All students: <u>Student Services Staff:</u> Resources/ideas to support classroom strategies.</p> <p>For additional support: <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>

<p>Middle</p>	<p>All students: <u>Interventionists:</u> Resources/ideas to support differentiated instruction. IIT may support.</p> <p>For additional support: <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>All students: <u>Student Services Staff:</u> Resources/ideas to support classroom strategies.</p> <p>For additional support: <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>
<p>High</p>	<p>All students: <u>Interventionists:</u> Resources/ideas to support differentiated instruction.</p> <p>For additional support: <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>All students: <u>Student Services Staff:</u> Resources/ideas to support classroom strategies.</p> <p>For additional support: <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><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 continued

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 is 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 are being conducted:

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 collaborates 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 works closely with the Office of Curriculum, Instruction and Assessment to ensure curriculum aligns with the district commitment to being diverse and inclusive, 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 is being 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.

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 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 refer students about whom they have concerns to the Student Support Team, who 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 continues 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 were 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 utilize provided resources that 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 are 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 were provided for all staff before students returned 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. 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.

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 in the midst of the COVID-19 pandemic and racial/social unrest.

Initiatives included:

- A re-introduction and further exploration of Counseling and Support Services
- 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 approved several 3-hour early dismissal days for staff and students in the 2021-2022 school year. The early dismissals provided 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. Another series of these half days have been adopted in the [2022-2023 academic calendar](#).

Employee Incentives

In the 2021-2022 school year, HCPSS utilized 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 received a prorated bonus. As schools contended with staff shortages, increased demands on workload, and a changing pandemic, these bonuses were 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 were paid for the hours they work at their per diem rate AND, if they worked all the hours stipulated in their Summer Agreement, they received a \$1,000 stipend bonus and had 1 (one) Sick Day added to their leave bank (not eligible for use during the Summer Program).

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

Food and Nutrition Program

For the previous two school years, federal waivers were in place to offer all students universal meals at no charge. These waivers expired on June 30, 2022 and we have returned to pre-pandemic ways of providing meals to students based on eligibility (free, reduced-price, and paid). Families are encouraged to [complete Free and Reduced Meal applications](#), based on household income eligibility.

HCPSS offers a variety of meal choices with the goal of providing excellent service and high quality meals that meet or exceed federal and state requirements. The HCPSS is committed to providing food that students are excited about eating. The HCPSS Food and Nutrition program 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.

Appendices

- Appendix A: Reopening Plan Evaluation Rubric
- Appendix B: Stakeholder Group Participants
- Appendix C: PK-12 School and Childcare COVID-19 Guidance
- Appendix D: Communication Plan
- Appendix E: Projected Student MCAP Performance for 2022-2023

Appendix A:

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

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Name of Local School System: Howard County Public Schools

Date Submitted: 2/1/2023

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. The Reopening Plan Rubric will be used to evaluate the level of completeness and degree to which content meets requirements of the Reopening Plan

Directions:

Complete the self-assessment rubric and submit the rubric with the updated Reopening Plan. Review each requirement in the rubric. If a requirement has not changed 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, then **highlight** the area in the submitted plan that was changed. If something has been removed from the plan since it was last evaluated, then please indicate exactly what sections were removed and justification for why it was removed.

Review Process

Each school system must submit the self-assessment rubric and updated Reopening Plan to the MSDE on or before February 1, 2023. The rubric and Plan can be emailed to Dr. Paula Cage, Director of Academic Acceleration, at 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.

Appendix A:

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

Requirement 1:

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

Requirement 1: All requirements are posted on the website for the school system.	Component is Included in the Plan 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.	Rating: <ul style="list-style-type: none"> Comprehensive Acceptable Developing Unable to be Rated
Reopening Plan is posted to and easy to locate on the school system's website.	Yes	No Changes	
Reopening Plan is in an understandable and uniform format.	Yes	No Changes	
Reopening Plan is available in an accessible and translatable format for all stakeholders.	Yes	Posted to website in pdf format that can be translated in Google or other services. Minimal formatting for translation services and accessibility. Important parent facing resources are translated in the language area of the website and supported through the multilingual call center.	

Appendix A:

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

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. __

Requirement 2: Educational equity is reflected through the Reopening Plan.	Component is Included in the Plan 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.	Rating: <ul style="list-style-type: none"> • Comprehensive • Acceptable • Developing • Unable to be Rated
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.	Yes	No Changes	
Reopening Plan describes procedures and practices to ensure that there are no obstacles to accessing educational opportunities for any student.	Yes	No Changes	
Reopening Plan prioritizes the use of data and focuses on students who face obstacles in engagement in the learning process.	Yes	No Changes	

Appendix A:

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

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.

Requirement 3: A successful reopening plan must include input from diverse stakeholders.	Component is Included in the Plan Yes No	Identify the page number(s) from the Reopening Plan where the component can be found.	Rating: <ul style="list-style-type: none"> • Comprehensive • Acceptable • Developing • Unable to be Rated
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).	Yes	No Changes	
Stakeholders had the opportunity to review and provide feedback on the Reopening Plan within the last six months (September 2022 – February 2023).	Yes	No Changes	
Stakeholder feedback was used to determine if revisions to the Plan were necessary.	Yes	No Changes	
Stakeholder feedback was used to inform revisions to the Plan.	Yes	No Changes	

Appendix A:

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

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.

Requirement 4: Collect and use data to develop systems to recover learning loss and accelerate learning to support student success.	Component is Included in the Plan 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.	Rating: <ul style="list-style-type: none"> Comprehensive Acceptable Developing Unable to be Rated
Reopening Plan determines the process (including the metrics) to identify readiness, learning gaps, by grade level and course, early in the school year.	Yes	No Changes	
Reopening plans include baseline and projected student outcomes data that is disaggregated by race, service group, and gender.	Yes	Updated with spring 2022 MCAP data. Appendix E	
Reopening Plan includes a plan for instructional success.	Yes	No Changes	

Appendix A:

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

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.

Requirement 5: State standards are taught in all content areas.	Component is Included in the Plan 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.	Rating: <ul style="list-style-type: none"> Comprehensive Acceptable Developing Unable to be Rated
Reopening Plan sets the expectation that PreK-12 MCCRS and State Standards , which include Career and Technical Education (CTE), must be taught in all content areas.	Yes	No Changes	
Reopening Plan sets the expectation for and establishes guidance on the use and integration of the PreK-12 MCCRS Curriculum Frameworks for applicable content areas across schools.	Yes	No Changes	

Appendix A:

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

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.

Requirement 6: Educational services for students are protected under IDEA, Section 504, and ADA federal programs guaranteeing services continue during any extended school closure.	Component is Included in the Plan 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.	Rating: <ul style="list-style-type: none"> • Comprehensive • Acceptable • Developing • Unable to be Rated
Reopening Plan provides guidance on ensuring schools comply with IDEA, 504, and Title II.	Yes	No Changes	
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.	Yes	No Changes	
Reopening Plan provides considerations for school operations, teaching, learning, technology, and the social-emotional needs of students.	Yes	No Changes	



Appendix A:

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

Reopening Plan specifies health and safety strategies for providing appropriate and reasonable accommodations for students with disabilities.	Yes	No Changes	
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Appendix A:

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

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.

Requirement 7: Safety, prevention, and mitigation elements, as recommended by the CDC and Maryland Department of Health are included in the plan.	Component is Included in the Plan 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.	Rating: <ul style="list-style-type: none"> • Comprehensive • Acceptable • Developing • Unable to be Rated
Reopening Plan describes the policies and procedures adopted for following health and safety strategies.	Yes	No Changes	
Reopening Plan specifies health and safety strategies on universal and correct wearing of masks, physical distancing, handwashing, and respiratory etiquette.	Yes	No Changes	
Reopening Plan specifies health and safety strategies for cleaning, disinfecting, and maintaining healthy facilities, including improving ventilation.	Yes	No Changes	

Appendix A:

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

Reopening Plan specifies health and safety strategies for contact tracing in combination with isolation and quarantine, in collaboration with State , local, territorial, and Tribal health.	Yes	No Changes	
Reopening Plan specifies health and safety strategies for diagnostic and screening testing, and efforts to provide vaccinations for educators, staff, and students (if eligible).	Yes	No Changes	
Reopening Plan promotes health equity for groups disproportionately affected by COVID-19.	Yes	No Changes	

Appendix A:

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

Requirement 8:

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

Requirement 8: Protocols are established for mitigating the spread of COVID-19 on school buses or other modes of transportation for students.	Component is Included in the Plan 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.	Rating: <ul style="list-style-type: none"> • Developing • Acceptable • Comprehensive • Unable to be Rated
Reopening Plan describes safety protocols (protective equipment, seating, face coverings, etc.) for transporting students.	Yes	No Changes	
Reopening Plan describes school bus safety which must include regular and routine inspections, cleaning and disinfection, and school driver training.	Yes	No Changes	
Reopening Plan addresses transportation options and suggestions for students traveling to and from school (see Transportation Consideration, Department of Education COVID-19 Handbook, p.15-16).	Yes	No Changes	

Appendix A:

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

Requirement 9:

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

Requirement 9: School systems must develop a process to track attendance.	Component is Included in the Plan 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.	Rating: <ul style="list-style-type: none"> Comprehensive Acceptable Developing Unable to be Rated
Reopening Plan describes the platform used to manage and track attendance.	Yes	No Changes	
Reopening Plan identifies the process utilized to collect and monitor attendance data.	Yes	No Changes	
Reopening Plan describes a process to engage students that are consistently marked absent.	Yes	No Changes	

Appendix A:

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

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.

Requirement 10: A communication plan is established with a clear coordination process.	Component is Included in the Plan 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.	Rating: <ul style="list-style-type: none"> • Comprehensive • Acceptable • Developing • Unable to be Rated
Reopening Plan describes the communication plan.	Yes	No Changes	
Reopening Plan identifies a process to coordinate communications through a communication officer, point person, or small team.	Yes	No Changes	

Appendix A:

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

Requirement 11

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

Requirement 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.	Component is Included in the Plan 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.	Rating: <ul style="list-style-type: none"> • Comprehensive • Acceptable • Developing • Unable to be Rated
Reopening Plan includes evidence that the school system is implementing the MPSSAA Athletic Program.	Yes	No Changes	

Appendix A:

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

Requirement 12:

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

Requirement 12: 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.	Component is Included in the Plan 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.	Rating: <ul style="list-style-type: none"> Developing Acceptable Comprehensive Unable to be Rated
Reopening Plan describes the process to communicate quarantine procedures to students, staff, and the community.	Yes	No Changes	
Reopening Plan identifies the method of instruction designed to continue learning for all students in quarantine.	Yes	No Changes	
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.	Yes	No Changes	

Appendix A:

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

Reopening Plan identifies staff that will support instruction of students in quarantine.	Yes	No Changes	
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.	Yes	No Changes	

Appendix B: Stakeholder Group Participants

HCPSS Recovery Plan Stakeholder Group

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

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: Guidance to Support Safe In-Person Operations for PreK-12 Schools and Child Care Programs

Date: July 22, 2022

Please find attached updated guidance for school and child care programs developed by the Maryland Department of Health (MDH) and the Maryland State Department of Education (MSDE). This guidance document provides recommendations for use by local school systems, nonpublic schools, child care programs, and local health departments to assist with decision-making about prevention strategies for decreasing transmission of infectious diseases, including SARS-CoV-2, in school and child care settings. In line with [guidance from the CDC](#), schools and child care programs should put in place a core set of infectious disease prevention strategies as part of their normal operations. The addition and layering of COVID-19-specific prevention strategies should be tied to [COVID-19 Community Levels](#) and other local factors.

Please note that the attached guidance replaces all previous school and child care guidance documents issued by MDH and MSDE in response to the COVID-19 pandemic. Questions about this guidance as it pertains to schools may be directed to Rachel Nurse-Baker at rachel.nurse-baker@maryland.gov. Questions about the guidance as it pertains to child care programs may be directed to Manjula Paul at manjula.paul1@maryland.gov.



DEPARTMENT OF HEALTH

Dennis R. Schrader, Secretary

STATE DEPARTMENT OF EDUCATION

Mohammed Choudhury, Superintendent

Guidance to Support Safe In-Person Operations for PreK-12 Schools and Child Care Programs

July 22, 2022

A. Introduction

The Maryland Department of Health (MDH) and the Maryland State Department of Education (MSDE) are committed to full-time in-person learning and quality child care for Maryland children. SARS-CoV-2, the virus that causes COVID-19, continues to evolve and there are tools available to lessen its severe effects. As such, guidance regarding prevention efforts in schools and child care programs should also evolve to reflect local conditions and degree of risk. This document provides recommendations for use by local school systems, nonpublic schools, child care programs, and local health departments to assist with decision-making about prevention strategies for decreasing transmission of infectious diseases, including SARS-CoV-2, in school and child care settings. In line with [guidance from the CDC](#), schools and child care programs should put in place a core set of infectious disease prevention strategies as part of their normal operations. The addition and layering of COVID-19-specific prevention strategies should be tied to [COVID-19 Community Levels](#) and other local factors.

B. Strategies for Everyday Operations

1. Staying Up to Date on Vaccinations

Staying up to date on routine vaccinations is essential to prevent illness from many different infections. For COVID-19, vaccination is the leading public health strategy to prevent severe disease. Not only does it provide individual-level protection, but high vaccination coverage reduces the burden of COVID-19 on schools, child care programs, and communities. MDH and MSDE strongly recommend that all eligible Marylanders ages 6 months and older receive all recommended doses of the COVID-19 vaccine, including boosters. Schools and child care programs can promote vaccinations among teachers and other staff, eligible students/children, and their families; schools and child care programs interested in learning more about vaccine promotion strategies should contact their local health departments and refer to [CDC guidance](#).

It is recommended that schools and child care programs take steps to understand the level of vaccination in their staff and students/children. 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. 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. The protocol to collect, secure, use, and further disclose this information should comply with relevant statutory and regulatory requirements, including the Family Educational Rights and Privacy Act (FERPA).

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 infection prevention strategies.

2. Staying Home When Sick

Schools and child care programs should stress and frequently reinforce that staff and students/children who have symptoms of an infectious illness such as COVID-19, influenza, respiratory syncytial virus (RSV), and gastrointestinal infections, should not attend or work in a school or child care program and should be tested for COVID-19 if appropriate. Staff and families should be instructed to notify the school or child care program when a staff or student/child has a reportable infectious disease, including a positive test for COVID-19. Schools and child care programs must continue to follow existing procedures for reporting certain diseases (COMAR 10.06.01) including COVID-19 to the local health department.

When a person becomes ill during the day while at school or child care, they should be moved to a room or other space that allows separation from well persons and provides the appropriate level of safety and supervision for an ill student/child. Placement of a well-fitting mask on a person with symptoms of an infectious respiratory illness should be considered. Schools and child care programs should set the expectation for timely pick up of students/children who are ill.

It is recommended that persons with symptoms of COVID-19 should be tested. If the test is negative, they may return when symptoms are improved, they have no fever for 24 hours without medication, and applicable criteria in the [Communicable Diseases Summary](#) have been met.

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 from the date of the positive test if no symptoms.
 - Day 0 is considered the day symptoms started in symptomatic persons or the day of the positive test (based on the date of testing) if asymptomatic.

- 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* for 5 additional days (day 6 through day 10).
 - If they are unable to wear a mask, they may return to school or child care if they have a negative test at day 5 or later; otherwise, they should remain at home for day 6 through day 10. A negative test at day 10 or after is not needed to return.

*Masks do not need to be worn in schools or child care programs while eating, drinking, sleeping or outside.

Schools and child care programs can refer to Appendix A: *MDH/MSDE Guidance for COVID-19 Symptoms, Isolation, and Quarantine* for additional guidance.

3. Maximizing Ventilation

Schools and child care programs can optimize ventilation and improve indoor air quality to reduce the risk of germs and contaminants spreading through the air.

MDH and MSDE strongly recommend that school and child care facilities personnel carefully evaluate all classrooms and occupied areas for adequacy of ventilation and monitor this on an ongoing basis. Strategies to improve air quality in school and child care facilities include:

- 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
- Maximizing outside air by using the highest outside air setting possible for the equipment
- Using measured CO2 levels as a proxy of ventilation. Levels in the 600-800 PPM range indicate very good ventilation. Portable CO2 meters can be used to evaluate areas where there is a question of ventilation adequacy.

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

4. Hand Hygiene and Respiratory Etiquette

Washing hands can prevent the spread of infectious diseases. Schools and child care programs should teach and reinforce proper [handwashing](#) to lower the risk of spreading viruses, including the virus that causes COVID-19. Schools and child care programs should monitor and reinforce these behaviors, especially during key times in the day (ex. before and after eating and after

recess) and should also provide adequate handwashing supplies, including soap and water. If washing hands is not possible, schools and child care programs should provide hand sanitizer containing at least 60% alcohol. Hand sanitizers should be stored up, away, and out of sight of younger children and should be used only with adult supervision for children ages 5 years and younger.

Schools and child care programs should teach and reinforce [covering coughs and sneezes](#) to help keep individuals from getting and spreading infectious diseases, including COVID-19.

5. Cleaning and Disinfection

Schools and child care programs should clean high touch surfaces at least once a day to reduce the risk of germs spreading by touching surfaces. If a facility has had a sick person or someone who tested positive for COVID-19 within the last 24 hours, the space should be cleaned and disinfected. For more information, see [cleaning and disinfecting your facility](#). Additionally, child care programs should follow [recommended procedures](#) for cleaning, sanitizing, and disinfection in their setting such as after diapering, feeding, and exposure to bodily fluids.

C. COVID-19 Community Levels and Associated Prevention Strategies

CDC's [COVID-19 Community Levels](#) can help guide the addition of COVID-19 prevention strategies in schools and child care programs. When the COVID-19 Community Level indicates an increase in transmission and disease burden, particularly if the level is high, schools and child care programs should consider adding layered prevention strategies, described below, to support safe, in-person learning and keep schools and child care programs open. In addition, schools and child care programs should work with their local health departments to consider other local conditions and factors when deciding to implement prevention strategies. For example, indicators such as the level of student and staff absenteeism or student and staff vaccination rates can also help with decision-making. It is important to note that schools and child care programs may choose to add layered prevention strategies at any COVID-19 Community Level, based on local or facility needs.

With decreasing or low COVID-19 Community Levels, schools and child care programs can consider removing prevention strategies one at a time, followed by close monitoring of the COVID-19 Community Level in the weeks that follow.

1. Contact Tracing and Quarantine of Close Contacts

Universal contact tracing is no longer recommended in schools and child care programs. When a COVID-19 case has been identified in a staff member or a student/child at any [COVID-19 Community Level](#):

- The staff member with COVID-19 or parents of the student/child with COVID-19 should be encouraged to notify their own/their child's [close contacts](#).
- Schools and child care programs should provide notification of the COVID-19 case to the school or child care community at the cohort level (e.g. classroom, grade, sports team, bus route, etc.).
- Staff and students/children who may be close contacts, regardless of their vaccination status, can continue to attend school and child care as long as they remain asymptomatic.
 - Those who can wear a mask should do so for 10 days (day 0 is the last date of exposure).
 - A test at 3-5 days after exposure is recommended, especially for those who cannot wear a mask (ex. children under 2 years of age).

Schools and child care programs can refer to Appendix A: *MDH/MSDE Guidance for COVID-19 Symptoms, Isolation, and Quarantine* for additional guidance.

Based on local conditions, schools and child care programs may elect to perform universal or targeted contact tracing and quarantine of close contacts per [CDC quarantine guidance](#) to provide an additional layer of protection. Contact tracing and quarantine are recommended in response to an outbreak (see School and Child Care Outbreaks below).

2. Mask Use

Wearing a [well-fitting mask](#) consistently and correctly reduces the [risk of spreading the virus](#) that causes COVID-19. Schools and child care programs should be aware that at all [COVID-19 Community Levels](#), people can choose to wear a mask based on personal preference or informed by personal level of risk to themselves or their household or social contacts. Schools and child care programs should have policies in place to support voluntary masking for any reason and to deter bullying.

For community settings including school and child care programs, the CDC recommends universal indoor mask wearing only at the high COVID-19 Community Level. Persons who are immunocompromised or otherwise at [high risk](#) for severe COVID-19 should discuss with their health care provider when to wear a mask. To protect themselves and others from COVID-19, [CDC recommends](#) that people wear the most protective mask they can that fits well and that they will wear consistently.

Schools with students at risk for getting very sick with COVID-19 must make reasonable modifications when necessary to ensure that all students, including those with disabilities, are able to access in-person learning. Schools might need to require masking, based on federal, state, or local laws and policies, to ensure that students with conditions that increase their risk

for getting very sick with COVID-19 can access in-person learning. For more information, visit the [U.S. Dept. of Education Disability Rights](#) webpage.

Because mask use is not recommended for those younger than 2 years old and may be difficult for very young children or for some children with disabilities who cannot safely wear a mask, child care programs and schools may need to consider other prevention strategies such as cohorting and avoiding crowding when the COVID-19 Community Level is high. A critical prevention strategy is promoting vaccination among those who are eligible (ex. care providers) because the risk for people who have not been vaccinated is lower when the people around them have been vaccinated. Child care programs may choose to implement universal indoor mask use to meet the needs of the families they serve, which could include people at risk for getting very sick with COVID-19.

In addition, at times of an outbreak or increased transmission within a school or child care program, the use of masks may be recommended by local health departments regardless of COVID-19 Community Level.

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

3. COVID-19 Testing

MDH and MSDE strongly recommend that schools and child care programs promote and offer (as appropriate) COVID-19 diagnostic testing as part of a layered prevention approach. Diagnostic testing, which involves testing of persons with symptoms and those who come into close contact with someone with COVID-19, is a critical strategy for identifying and isolating COVID-19 cases in staff and students/children. As feasible and as resources allow, diagnostic testing can be performed using point of care rapid antigen tests, RT-PCR tests sent to a laboratory, and/or through use of at-home rapid antigen tests. At minimum, schools and child care programs should provide referrals to community sites that offer testing. Diagnostic testing is recommended at all [COVID-19 Community Levels](#).

In addition, schools and child care programs can consider the use of screening testing at certain times. Screening testing involves testing asymptomatic persons in order to identify infected people who may be contagious, so that measures can be taken to prevent further transmission. The CDC recommends that screening testing be considered when COVID-19 Community Levels are moderate or high. Screening testing can also be considered for high-risk activities such as indoor sports and some extracurricular activities, returning from scheduled breaks, prior to large gatherings/events, and for staff serving students/children who are at [high risk](#) for getting very sick with COVID-19. As feasible and as resources allow, screening testing can be performed using point of care rapid antigen tests, RT-PCR tests sent to a laboratory, and/or through the use of at-home rapid antigen tests.

Schools and child care programs must have a CLIA certificate of waiver in order for staff to perform rapid antigen testing on site. A school or child care program without a CLIA certificate of waiver may provide at-home rapid antigen test kits to individuals, parents, or guardians if the testing is performed and interpreted by the individual, parent, or guardian. These tests can be performed at home, or at the school or child care.

Schools and child care programs that choose to rely on at-home rapid antigen test kits should ensure equal access and availability of the tests, establish accessible systems that are in place for ensuring timely reporting of results to the school or child care program, and communicate with staff and families the importance of staying at home if they receive a positive test. Staff and families should be encouraged to report positive at-home rapid antigen tests results through the [Maryland COVID Positive At-Home Test Report Portal](#).

At this time, the US Food and Drug Administration (FDA) has not approved or authorized any at-home rapid antigen test for use in children under 2 years of age. However, at-home rapid antigen tests may be used off-label in children under 2 years of age for purposes of post-exposure, isolation, and symptomatic testing. Schools and child care programs should refer to [CDC guidance](#) for recommendations about interpreting COVID-19 rapid antigen test results.

MDH and MSDE are able to support testing in schools through the provision of point of care and at-home rapid antigen test kits. Schools should contact MDH COVID-19 Recovery Operations at MDH.K12Testing@maryland.gov for more information. Schools and child care programs are able to access PCR testing through the U.S. Department of Health and Human Services [Operation Expanded Testing](#) program. In addition, child care providers can access at-home rapid antigen tests through their local health department.

4. Cohorting

Cohorting is the practice of keeping people together in a small group and having each group stay together throughout the day, while minimizing contact between cohorts. In areas with high [COVID-19 Community Levels](#), this can be used to limit the number of people who come in contact with each other. It is important to ensure any use of cohorting for learning is designed to support inclusion of English language learners, students with disabilities consistent with their Individualized Education Program (IEP) or 504 plans, and other underserved students, and not result in segregation. In areas with high COVID-19 Community Levels, schools and child care programs can also discourage crowding indoors to reduce the risk of spreading COVID-19.

5. Considerations for High Risk Activities

Some indoor activities with increased and forceful exhalation such as sports, band, choir and theater may place students/children and staff at increased risk for getting and spreading

COVID-19. Schools and child care programs can consider implementing screening testing for these high-risk activities or may consider temporarily stopping these activities to control a school or program associated outbreak, or during periods of high [COVID-19 Community Levels](#). Additional prevention strategies such as masking can be considered when close contact occurs, such as during feeding and diapering young children and infants in child care programs.

6. Additional Ventilation Improvements

Schools and child care programs can take additional steps to increase outdoor air intake and improve air filtration when [COVID-19 Community Levels](#) are high. These include opening windows and doors as much as safely possible and using child-safe fans to increase the effectiveness of open doors and windows; minimizing time in enclosed spaces, and maximizing time outdoors as much as possible (when appropriate); and utilizing portable HEPA or other high efficiency air filtration units in small spaces such as offices, health suites, and isolation rooms, particularly if they are poorly ventilated.

Considerations for Prioritizing COVID-19 Prevention Strategies

Schools and child care programs, with help from local health departments, should consider local context when selecting strategies to prioritize for implementation. The risks from COVID-19 should be balanced with educational, social, and mental health outcomes when deciding which prevention strategies to put in place. Additional factors include the age of the population served; the availability of specific resources; feasibility and acceptability of strategies to the community; risk of severe disease for students/children, staff, and families served; equity at both the individual and facility levels; and requirements under state and federal disability law to provide reasonable modifications, when necessary, to ensure equal access to in-person learning for students with disabilities. School and child care programs should refer to [CDC guidance](#) for additional recommendations.

D. School and Child Care Outbreaks

Schools and child care programs must continue to follow existing procedures for reporting communicable diseases (COMAR 10.06.01) and immediately notify the local health department of a COVID-19 outbreak. The local health department will recommend control measures in response to the outbreak, including some of the prevention strategies described above. It is important for schools and child care programs to follow the recommendations of the local health department.

For example, during outbreaks, contact tracing should be performed for cases linked to the outbreak and identified close contacts should quarantine per [CDC quarantine guidance](#). In these situations, investigations should focus on persons who started having symptoms or tested

positive for COVID-19 in the last 5 days and notification of close contacts should focus on those who were exposed in the last 5 days. As an alternative to CDC quarantine during an outbreak, school and child care programs can consider the use of [Test to Stay](#) protocols.

During an outbreak, other common control measures that may be recommended on a temporary basis include:

- Masking of staff and students at the classroom, grade, or school/program level
- Testing of staff and students at the classroom, grade, or school/program level
- Increased handwashing with soap and water or alcohol-based hand sanitizer
- Rescheduling events (e.g., extracurricular activities or field trips) or pausing higher risk activities such as indoor sports, physical education or exercise, singing or playing a wind or brass instrument (or moving them outside if possible).

E. Suspension of In-Person Learning or Child Care Operations

While the goal is to continue in-person learning and child care whenever possible, MDH and MSDE recognize that temporary suspension of in-person learning or child care operations may be advisable under certain limited conditions to protect the safety of students/children, staff, and their families. The following extenuating circumstances can be considered for temporary suspension of in-person learning or operations in a specific school or child care program (or classroom/cohort within a school or child care program):

- When there is evidence of substantial, uncontrolled transmission in the school or child care program
- 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 or child care due to COVID-19 as well as the duration of the suspension should be made on a case by case basis in coordination with the local health department, the local school system, and child care licensing specialists as applicable.

Appendix A: MDH/MSDE Guidance for COVID-19 Symptoms, Isolation, and Quarantine

Staff or Student/Child with	Guidance for Management
COVID-19 symptoms	<ul style="list-style-type: none"> • Staff or student/child should not attend or work in a school or child care setting • COVID-19 testing is recommended • If test is negative, may return when symptoms have improved, no fever for 24 hours without medication, and applicable criteria in the Communicable Diseases Summary have been met
Positive test for COVID-19, regardless of symptoms	<ul style="list-style-type: none"> • Staff or student/child must stay home for 5 days from the start of symptoms or from the date of the positive test if no symptoms • After day 5, may return if symptoms have improved and no fever for at least 24 hours without medication • Upon return, must wear a mask for 5 additional days (except while eating, drinking, sleeping or outside) • If unable to wear a mask, may return if they have a negative test at day 5 or later; otherwise, they should remain at home for days 6 -10
Close contact with someone with known or suspected COVID-19 but no symptoms	<ul style="list-style-type: none"> • Staff or student/child can continue to work in or attend school and child care regardless of vaccination status • Those who can mask should do so for 10 days from the last day of exposure • A test at 3-5 days after exposure is recommended, especially for those who cannot mask (ex. children under 2 years of age).

Returning to Fully In-Person Instruction

2022-2023 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 2022-2023 school year in a transparent and comprehensive manner.

OVERVIEW

HCPSS schools will open its doors to all students in person for the 2022-2023 school year. There will be no virtual option.

The HCPSS Office of Communications 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 all HCPSS divisions and with school administrators to develop messaging. 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 being given to translating materials for students and 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: Students 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 the decision-making process.

School Administrators: Much of the information distributed to the greater community will come from school administrators. The HCPSS Communications Office will provide school administrators with messaging, information and resources to be able to respond to questions and provide information to the communities they serve.

Board of Education: Members of the Howard County Board of Education will be provided with 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: School system partners and leaders from the county will be kept informed of progress and upcoming opportunities for input.

ROLES & RESPONSIBILITIES

Communication and Engagement

- 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
- Collaborates with the HCPSS division leadership on issues of concern

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 with training and information needed to update school websites
- Develops messaging for 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

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
- Develops necessary signage for schools and/or office buildings

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 said misinformation in the first place 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 and other health and safety protocols 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

Health & Safety

- All students, educators, staff and visitors should feel comfortable and safe in their school environments
- Student and staff emotional well-being
- Aligning efforts and decisions to guidance from the Centers for Disease Control, the Maryland Department of Health, and the Howard County Health Department

Instruction

- Student academic recovery and acceleration is paramount
- Teachers and staff receive training and support to assist students
- Students receiving special education and other vital supports continue to receive them
- All students continue to receive the individualized supports that HCPSS staff have 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

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 by email.

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.

HCPSS News: A weekly news digest is emailed to families and subscribers that captures information posted to the website and shared on various platforms.

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.

Midweek Update: Staff and community messaging emailed to school administrators and central office staff every Wednesday.

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 Sunday E-Newsletter: Staff and community messaging will be amplified in the newsletter emailed to school administrators and posted on Canvas on Sundays by the HCPSS Division of School Management and Instructional Leadership (SMIL).

Staff Emails: Staff are provided with regular updates and information by email.

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

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 newsletter content.

Weekly Communications Updates: HCPSS Communications sends weekly updates to central office staff and school administrators that include links to communication supports, system updates, and internal and external news items.

LANGUAGE SUPPORTS

- Support school support teams, including liaisons, to assist and inform families.
- Offer translations of priority information on the HCPSS website.
- 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: Projected Student MCAP Performance for 2022-2023

Based on local assessment data trends, HCPSS anticipates performance on the 2023 MCAP assessment to be similar to the 2019 PARCC performance. 2022 data is based on preliminary data provided by MSDE. 2022 data is Due to recovery efforts, HCPSS expects to return to similar pre-pandemic proficiency levels during the 2023 spring administration.

2022-2023 Projections/Targets

	ELA		
Student Group	2019	2022	2023 Target
All Students	59.6%	57.8%	59.6%
Asian	76.9%	77.0%	76.9%
Black or African American	38.3%	38.0%	38.3%
Hispanic/Latino of any race	37.6%	34.5%	37.6%
Two or more races	62.3%	60.8%	62.3%
White	70.3%	67.5%	70.3%
Free/Reduced Meals	29.4%	27.1%	29.4%
English Learner	8.9%	14.8%	8.9%
Special Education	13.0%	13.1%	13.0%
Female	67.0%	64.7%	67.0%
Male	52.5%	51.1%	52.5%

	Mathematics		
Student Group	2019	2022	2023 Target
All Students	52.7%	36.0%	52.7%
Asian	77.5%	61.3%	77.5%
Black or African American	26.5%	15.0%	26.5%
Hispanic/Latino of any race	27.0%	14.4%	27.0%
Two or more races	52.6%	37.3%	52.6%
White	64.8%	44.0%	64.8%
Free/Reduced Meals	20.9%	10.6%	20.9%
English Learner	15.3%	10.7%	15.3%
Special Education	11.8%	8.7%	11.8%
Female	53.2%	34.8%	53.2%
Male	52.1%	37.2%	52.1%