### How the LEA will maintain the health and safety of students, educators, and other staff and the extent to which it has adopted policies, and a description of any such policies, on each of the following safety recommendations established by the Centers for Disease Control and Prevention (CDC)

<table>
<thead>
<tr>
<th>CDC Safety Recommendations</th>
<th>Has the LEA Adopted a Policy? (Y/N)</th>
<th>Describe LEA Policy:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Universal and correct wearing of masks</td>
<td>N</td>
<td>• In alignment with Centers for Disease Control (CDC) and Maricopa County Department of Public Health (MCDPH), it is optional for ASU Prep students and staff wear to masks while on school campuses.</td>
</tr>
</tbody>
</table>
| Modifying facilities to allow for physical distancing (e.g., use of cohorts/podding)     | N                                 | • Physical distancing is in use when possible  
• Modified classroom layouts  
• Communal spaces will be open, unless the a school is in outbreak status(library, cafeteria, gymnasium, auditorium, media centers)  
• Lunch will be served in the classroom when a school is in outbreak status |
| Handwashing and respiratory etiquette                                                     | N                                 | • Students have access to hand sanitizer in the classroom and are encouraged to wash hands frequently. Young children are being reminded to wash thoroughly. |
| Cleaning and maintaining healthy facilities, including improving ventilation               | N                                 | • Cleaning and disinfecting of the facilities. High touch point surfaces are disinfected daily. |
| Contact tracing in combination with isolation and quarantine, in collaboration with the State, local, territorial, or Tribal health departments | N                                 | • ASU Preparatory Academy is working closely with Maricopa County and Pinal County on the status of COVID-19. If there is an outbreak in a school community, we will follow the CDC and MCDPH guidelines.  
• ASU Preparatory Academy follows the MCDPH guidelines and flow charts for contact tracing, isolation and quarantine. |
| Diagnostic and screening testing                                                          | N                                 | • Parent/Legal Guardian will be contacted and asked to take their student(s) home if they are symptomatic.  
• Testing is available on each site for symptomatic students |
### Safe Return to In-Person Instruction and Continuity of Services Plan (ARP Act)

**Efforts to provide vaccinations to school communities**
- Pooled Testing is currently suspended

**Appropriate accommodations for children with disabilities with respect to health and safety policies**
- ASU Preparatory Academy sends information to parents both encouraging vaccination in general and sharing specific vaccination events.

**Coordination with State and local health officials**
- Other learning models are available such as virtual or hybrid. Students can wear a mask at school and maintain physical distancing if that will meet their needs.

- ASU Preparatory Academy is working closely with Maricopa County and Pinal County on the status of COVID-19. If there is an outbreak in a school community, we will follow the CDC guidelines. [Health & Safety Protocols Document]

<table>
<thead>
<tr>
<th>How the LEA will ensure continuity of services, including but not limited to services to address students' academic needs and students' and staff social, emotional, mental health, and other needs, which may include student health and food services</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>How the LEA will Ensure Continuity of Services?</strong></td>
</tr>
<tr>
<td><strong>Coordination between classroom teacher and families on work to be done at home to prepare for their return to school; consideration of mental health needs at return</strong></td>
</tr>
<tr>
<td><strong>Students’ Needs:</strong></td>
</tr>
<tr>
<td>Academic Needs</td>
</tr>
<tr>
<td>Social, Emotional and Mental Health Needs</td>
</tr>
<tr>
<td>Other Needs (which may include student health and food services)</td>
</tr>
<tr>
<td><strong>Staff Needs:</strong></td>
</tr>
<tr>
<td>Social, Emotional and Mental Health Needs</td>
</tr>
<tr>
<td>Other Needs</td>
</tr>
</tbody>
</table>

The LEA must regularly, but no less frequently than every six months (taking into consideration the timing of significant changes to CDC guidance on reopening schools), review and, as appropriate, revise its plan for the safe return to in-person instruction and continuity of services through September 30, 2023.

**Date of Revision**  March 2022

**Public Input**

Describe the process used to seek public input, and how that input was taken into account in the revision of the plan:

Our regular newsletters include information about health practices in place as do our all staff communications.
We continue to have regular parent forums at individual campuses and health and safety updates at board meetings. Changes to the details of the plans have been made based on parent and teacher input as well as the number of cases in our schools.

Ongoing: There is a monthly Health and Safety committee meeting that reviews the data and discusses procedures. Health Plan is posted on the website with a link for input.

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

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

(a) An LEA must describe in its plan under section 2001(i)(1) of the ARP Act for the safe return to in-person instruction and continuity of services—

(i) how it will maintain the health and safety of students, educators, and other staff and the extent to which it has adopted policies, and a description of any such policies, on each of the following safety recommendations established by the CDC:

(A) Universal and correct wearing of masks.
(B) Modifying facilities to allow for physical distancing (e.g., use of cohorts/podding)
(C) Handwashing and respiratory etiquette.
(D) Cleaning and maintaining healthy facilities, including improving ventilation.
(E) Contact tracing in combination with isolation and quarantine, in collaboration with the State, local, territorial, or Tribal health departments.
(F) Diagnostic and screening testing.
(G) Efforts to provide vaccinations to school communities.
(H) Appropriate accommodations for children with disabilities with respect to health and safety policies.
(I) Coordination with State and local health officials.

(ii) how it will ensure continuity of services, including but not limited to services to address students' academic needs and students' and staff social, emotional, mental health, and other needs, which may include student health and food services.

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

(ii) In determining whether revisions are necessary, and in making any revisions, the LEA must seek public input and take such input into account

(iii) If at the time the LEA revises its plan the CDC has updated its guidance on reopening schools, the revised plan must address the extent to which the LEA has adopted policies, and describe any such policies, for each of the updated safety recommendations.

(c) If an LEA developed a plan prior to enactment of the ARP Act that meets the statutory requirements of section 2001(i)(1) and (2) of the ARP Act but does not address all the requirements in paragraph (a), the LEA must, pursuant to paragraph (b), revise and post its plan no later than six months after receiving its ARP ESSER funds to meet the requirements in paragraph (a).

(d) An LEA's plan under section 2001(i)(1) of the ARP Act for the safe return to in-person instruction and continuity of services must be—

(i) In an understandable and uniform format;
(ii) To the extent practicable, written in a language that parents can understand or, if it is not practicable to provide written translations to a parent with limited English proficiency, be orally translated for such parent; an

(iii) Upon request by a parent who is an individual with a disability as defined by the ADA, provided in an alternative format accessible to that parent