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| **Entity ID** | **CTDS** | **LEA NAME** |
| 78783 | 078785000 | Fit Kids, Inc. dba Champion Schools |

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| 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)** |
| **CDC Safety Recommendations** | **Has the LEA Adopted a Policy? (Y/N)** | **Describe LEA Policy:** |
| Universal and correct wearing of masks | Y | 1. Face coverings are no longer required, but we **encourage mask wearing** on School campuses or at School-sponsored events.
2. Face coverings are permissible, and students and staff are permitted to wear face coverings on School campus or at School-sponsored events, so long as such face coverings are otherwise consistent with applicable dress code standards.  The School will not tolerate any bullying, harassment, or discrimination arising from or related to students or staff wearing a face covering.
3. The School reserves the right to reinstate a face covering requirement on School campus and at School-sponsored events if future guidance from federal and local health officials suggests such a requirement is necessary or prudent, and if such requirement is otherwise permissible under applicable law.
 |
| Modifying facilities to allow for physical distancing (e.g., use of cohorts/podding) | Y | 1. We have modified our facility by adding plexiglass barriers and floor stickers to promote social distancing
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| Handwashing and respiratory etiquette | Y | 1. Handwashing and respiratory etiquette is taught and enforced by all staff with respect for students' age and capabilities.
2. Any corrective action will be managed with kindness an explanation of necessity
 |
| Cleaning and maintaining healthy facilities, including improving ventilation | Y | 1. We have added new robust air filters to classrooms and common areas.
 |
| Contact tracing in combination with isolation and quarantine, in collaboration with the State, local, territorial, or Tribal health departments | Y | 1. New student management software has visual capabilities to ensure that school staff can track students’ contacts.
2. Protocols provided by the local health department will be followed by our medical staff
 |
| Diagnostic and screening testing | Y | 1. Our school refers staff and families to local medical facilities for diagnostic  testing and screening.
 |
| Efforts to provide vaccinations to school communities | Y | 1. Our school refers staff and families to local health facilities for vaccinations
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| Appropriate accommodations for children with disabilities with respect to health and safety policies | Y | 1. Accommodations for children with disabilities will be provided, including providing visual cues for health and safety routines, and  specialized masks when/if needed
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| Coordination with State and local health officials | Y | 1. Our school maintains communication with local health officials
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| 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** |
| **How the LEA will Ensure Continuity of Services?** |
| 1. Our school is providing a Medical Assistant at each campus to assess the health of both students and staff, with temperature checks, contact tracing and communicating with parents to maintain a safe and healthy school environment.
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| **Students’ Needs:** |
| Academic Needs | 1. The academic needs for students after the challenging past year began with a robust summer program and will continue throughout the first term with assessments to determine the review/reteach required. Additional tutoring, academic intervention, and enrichment will be provided to ensure that students re-adjust to in person instruction.
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| Social, Emotional and Mental Health Needs | 1. Our school is providing referrals to behavioral health agencies and intend to hire a social worker to meet the social emotional needs of students and provide an SEL (Social Emotional Learning) curriculum during the school day and after schools to ensure that students’ return to school is seamless.
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| Other Needs (which may include student health and food services) | 1. Since physical activity is a key component of our school design, we have enhanced and reinvigorated our physical programming with the knowledge that students have not been as active as normal during the past school year.
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| **Staff Needs:** |
| Social, Emotional and Mental Health Needs | 1. Supportive workshops focusing on self-care and mindset
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| Other Needs | NA |

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| 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** | **5/4/2023** |
| **Public Input** |
| Describe the process used to seek public input, and how that input was taken into account in the revision of the plan: | Parent input communicated through medical assistant and other school staff. |

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

1. **LEA Plan for Safe Return to In-Person Instruction and Continuity of Services**
2. 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—
3. 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:
4. Universal and correct wearing of masks.
5. Modifying facilities to allow for physical distancing (*e.g.,* use of cohorts/podding)
6. Handwashing and respiratory etiquette.
7. Cleaning and maintaining healthy facilities, including improving ventilation.
8. Contact tracing in combination with isolation and quarantine, in collaboration with the State, local, territorial, or Tribal health departments.
9. Diagnostic and screening testing.
10. Efforts to provide vaccinations to school communities.
11. Appropriate accommodations for children with disabilities with respect to health and safety policies.
12. Coordination with State and local health officials.
13. 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.

1. In determining whether revisions are necessary, and in making any revisions, the LEA must seek public input and take such input into account
2. 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.
3. 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).
4. 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—
5. In an understandable and uniform format;
6. 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
7. 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