Parkston School District #33-3

102C South Chapman Drive
Parkston, South Dakota 57366-2017
TELEPHONE: (605) 928-3368
FAX: (605) 928-7284

Superintendent
Shayne McIntosh Ext 203
Shayne.McIntosh@k12.sd.us

Business Manager
Craig Bruening Ext 201
Craig.Bruening@k12.sd.us

Secondary Principal
Eric Norden Ext 132
Eric.Norden@k12.sd.us

Elementary Principal & Activities Director
Matt Yost Ext 207
Matt.Yost@k12.sd.us

Technology Coordinator
Tony Kinneberg Ext 119
Tony.Kinneberg@k12.sd.us

Special Meeting Agenda
Parkston School Board Meeting
July 27, 2020 6:30 P.M. – Tentatively High School Library

1. Call to Order
2. Establish a quorum
3. Pledge of Allegiance
4. Approve agenda/changes to agenda
5. Conflict of Interest
6. Correspondence/Public Input
7. Action Items
   a. Set Preschool Prices
   b. Set Date for August Board Meeting
   c. Reopening Plan
8. Executive Session
   a. Negotiations
9. Consider Contracts
10. Adjournment

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4. Approve agenda/changes to agenda

Comments:

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Action: Motion_____ Second_____ Vote Y___, N___

5. Conflict of Interest

Comments:

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Action: Motion_____ Second_____ Vote Y___, N___

6. Correspondence/Public Input

Comments:

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Action: Motion_____ Second_____ Vote Y___, N___

7. Action Items

   a. Set Preschool Prices – Our recommendation is to set the price for preschool at 10 payments: August $65, September thru April, $130, and May $65. Should the district close DUE TO COVID 19 (Only) parents will be given the opportunity to continue or discontinue services. If services are discontinued, the district will reimburse/or not charge for the days when services are not provided. To clarify, the district will provide services during a closure to those families wanting them.

Comments:

Action: Motion_____ Second_____ Vote Y___, N___

b. Set Date for August Board Meeting – We believe there will be a conflict with any option, and recommend having the meeting at the regularly scheduled date and time and ask that missing members call in to the meeting.

Comments:

Action: Motion_____ Second_____ Vote Y___, N___

c. Reopening Plan – The board will discuss and act upon the Reopening Plan as recommended by the committee. Enclosed, you will find a copy of the proposed plan, a copy of survey results, letters from the South Dakota State Medical Association and Avera St. Benedict Medical Staff, along with other supporting documentation.

Comments:

Action: Motion_____ Second_____ Vote Y___, N___

8. Executive Session

a. Negotiations

9. Consider Contracts – We have contracts for Hanna Heisinger, .8 FTE Elementary, $ 31,320; Donna Soulek. $14.79; SPED Paraprofessional , State of South Dakota, Auxiliary Placement Contract (attached), Behavior Care Specialist Contract (attached) , and transportation contract.

Comments:

Action: Motion_____ Second_____ Vote Y___, N___

10. Adjournment

Parkston School District - Return to school proposed plan -

*** The reader should note the following are recommendaitons from the Return to School Task Force to the Parkston School Board, who will consider the recommendations at a special school board meeting, September 27. The committee respects all positions on this matter, and while not everyone will agree with the recommendations, please keep in mind that the goal of the committee is to keep people safe and provide the best educational experience as possible.

Any action by the school board upon this proposal will be subject to change as conditions warrant.

Students Get Ready for Learning	Parents will conduct student symptom screening checklist daily, before sending child to school. Checklist attached Parents will check with medical professional if symptomatic DO NOT bring children to school if symptomatic.
Transportation	Parents need to realize that we are unable to provide social distancing on our busses. Riding the bus is "at-your-own-risk". Parents are asked to transport children when possible It is the committee recommendation to require masks while riding the bus due to the inability to social distance. Protect driver. Students will be assigned seats. In family units. Windows will be open when possible Students will be asked to use hand sanitizer upon getting on the bus Busses will be sanitized daily. Upon arriving at the school, students will wear masks until home room. They will proceed directly to classrooms, unless they want breakfast. Breakfast will be served, it may be of the grab and go variety.
Student Arrives at School	Committee recommends buildings will be unlocked at 8:00 am. Board will need to work with PEA regarding the teacher work day per neg agreement. Administration recommendation is to change the work day from 8:05-3:35 to 8:00 -3:30. We ask that parents not bring their children to school earlier if at all possible, unless they have made previous arrangements with staff. Parents should stay in their vehicles during drop-off and pick-up whenever possible. For first day pictures, a back drop/location will be provided outdoors for parents to utilize. Students will remain outside when possible, until 8 am, when classrooms will be open In the case of inclement weather, the MPR and Armory will be used for waiting area in order to provide social distancing Students will go directly to their classroom/first period classroom Students will be asked to "cohort" with their classmates to reduce the number of contacts they have each day Breakfast will be served. This will be in a grab-and-go format, with students eating in the classrooms Students will always walk in the hall, on the right side of the hallway, in single file. Temperature checks may be performed? Vendors will be allowed in the school only when they have made appointments. Mask required Mail will be left in vestibule if not. All other deliveries will be left in vestibule. They will ring in and let us know they are leavign the delivery. Table there Classroom volunteers will not be utilized to start the school year. This will be revaluated as conditions warrant. All visitors will be required to wear mask while in school. Hand washing schedules will be developed so students wash hands on regular basis. Hand sanitizer will be available in all classrooms, restrooms, near entrances and on busses. Social distance whenever possible The committee highly recommends, masks be worn at all times. The committee recommends that masks be required on the bus and during passing time or anytime not in classroom.
Delivery of Instruction	Three different models of instruction will be used depending upon the circumstances in the community. Phase 1: Face-to-Face instruction. Teachers will also utilize swivels to broadcast to homes of those who do not want to attend Phase 2: Hybrid model - Create Social Distrancing, reduce class size, swivel, ect... Phase 3: Distance Learning - Regular class schedule, teachers work from school, broadcast, take attendance, ect...
Students and Specials	Art, Vocal, Instrumental and Physical Education The principals will work with the special teachers to determine how best to deliever these courses. Locker rooms will be used in a fashion that provides the most social distancing. They will be wiped down after each class, including the disinfecting of the showers.

Large Group Settings	Lunch will be served. Classes will be kept in cohorts, with social distancing between cohorts. Meals may be ate in classrooms, armory, MPR, or outdoors. Recess will be provided, students will be kept in cohorts.
Small Group Settings	Practice Social Distancing when possible Staff will wear PPE, masks, face shields or approved eye covering, gloves, sanitize frequently.
Classroom Environment	Hand Sanitizer in each classroom Schedule hand washing Teachers wear masks, Face Shields Sanitize area regularly Plexiglass in offices Air filtration to merv 13 Double air exchange Staff should not congregate, must social distance from each other Office will be closed to all traffic Staff will sanitize Copy Machines before starting and after completion
Extra Curricular	We will follow the SDHSAA recommendations and guidelines for both HS and JH activities Events - There may be times when we need to limit attendance. Committee highly recommend masks. Admissions - staff will wear PPE while selling tickets, behind old glass booth, masks and gloves shall be worn. Do we provide concessions? DOH has recommendations. Board will be asked to decide.
Student with a Positive Test	Will follow guidance from the SD DOH. They will notify school of positive cases along with close contacts. People/students will be placed into quarantine (close contact) or isolation (infected) depending upon situation. Those in quarantine will learn/teach from home if possible. No absenses or sick leave would be used. Those in isolation, sick leave and absenses apply. DOH will help with communiction to families in the case of a positive case If student becomes symptomatic during the day - ICE (isolate, Call parents, exit building asap Nursing services are being sought. An isolation room will be identified, one where there is not a common air/air return source with other rooms.
Teachers	The recommendaton is to required PPE Professional development will be provided for PPE and technology. If needed the board may be asked to move the inservice days located during the school year, to the front of the school year, if necessary. Staff will complete a screening tool each day, prior to coming to work. Attached.
Board Action	Depending upon the situation, the board may need to consider the absentee policy considering our strong emphassis on parents keeping kids home The board may be asked to modify school calendar if deemed necessary by the administration. The board may need to meet with PEA to work out any conflicts with the negotiated agreement. ** Start date is based on belief that we will have all of our PPE equipment and items installed The board will need at some point to address use of facilties by outside groups.
Masks	Required for: riding bus, passing time in halls, staff at all times Highly Recommended for: Class time, for all for extra curricular events *** We have a legal opinion on these matters as well as a recommendation from Avera. Both forthcoming.
Other notes	The building and classrooms will be sanitized throughout the day, with high touch points sanitized multiple times daily Daily task cards will be developed for custodial staff Classroom teachers will all be supplied with sanitizer, clothes and gloves to help sanitize their work areas. Air filters will be changed out to MERV 13 quality Air exchange will be increased to double the normal exchange rate Drinking fountains are being swapped out for the bottle filler type. Students will be asked to bring a water bottle to use Bottles will be provided for those without. Classes will be socially distanced by class during lunch or they will eat in their classrooms. All items will be served to the students, there will be no self serve. Lunch Keypad will be operated by staff, with student providing number orally, at least 6 feet away from staff member who will utilize PPE. Students may be allowed to go outside and eat. Salads will be pre packaged. Staff will be required to social distance from other staff and students. Parents should clean waterbottle and masks daily Parents can pickup students, only in the east parking lot, after busses have departed. Parents will not be allowed to come into the building to pick up their child. Busses have typically departed at 3:20. Staff will be required to wear mask and eye covering at all times Social distancing should be practiced whenever/wherever possible

SOUTH DAKOTA STATE MEDICAL ASSOCIATION

Values. Ethics. Advocacy.

2600 W. 49th Street, Suite 100
Sioux Falls, SD 57105-6569
605-336-1965
Fax 605-274-3274
www.sdsma.org

July 21, 2020

PARKSTON SCHOOL DISTRICT 33-3
ATTN: SCHOOL BOARD PRESIDENT
102C S CHAPMAN DR
PARKSTON, SD 57366

Dear School Board President,

As schools prepare for the fall 2020 school year, the South Dakota State Medical Association (SDSMA) strongly recommends school districts to require educators, staff and students to wear face coverings and follow CDC guidelines related to youth sporting activities.

On July 14, 2020, the CDC issued a guideline recommending that Americans wear masks to help prevent the spread of COVID-19. In that statement, the CDC affirmed that cloth face coverings are a critical tool in the fight against COVID-19 and their use could reduce the spread of the disease when used universally within communities.

The CDC guideline for face coverings is based on two recent studies. One study, published in the *Journal of the American Medical Association (JAMA)*, concluded that adherence to universal masking policies reduced SARS-CoV-2 transmission within a Boston hospital system, and the second, published in the CDC's *Morbidity and Mortality Weekly Report (MMWR)*, showed that wearing a mask prevented the spread of infection from two hair stylists to their customers in Missouri.

In agreement with CDC guidelines, the SDSMA believes that everyone should wear a cloth face covering when leaving their homes, regardless of having symptoms of COVID-19, with the exception of young children under the age of 2, anyone who has trouble breathing, is unconscious, incapacitated, or otherwise unable to remove the mask without assistance.

Cloth face coverings may prevent the person wearing the mask from spreading COVID-19. If everyone were to wear a cloth face covering when out in public the risk of exposure to COVID-19 can be reduced for the community. Since people may spread the virus before symptoms start, or for those who have the virus but show no symptoms, wearing a cloth face covering may protect others around you. Additionally, face coverings worn by others may protect you from getting the virus from people carrying it.

Additional CDC guidelines to prevent the spread of COVID-19 include:

- Staying home as much as possible;
- Practicing social distancing by remaining at least 6 feet away from others; and
- Washing hands often.

The SDSMA strongly recommends that as boards are considering their plans for the 2020-21 school year they follow CDC guidelines and consider requiring cloth face coverings for educators, staff and students when in public including in schools. Schools should also follow CDC guidelines for keeping youth athletes safe. The SDSMA believes that by following these guidelines schools can protect the health of educators, staff and students who will be in classrooms and on the field together with others for up to five days a week for seven hours a day. We strongly recommend that boards adopt this same position.

Sincerely,

Benjamin C. Aaker, MD
SDSMA President

Dear Parkston School District,

We know that returning to school in the midst of the COVID-19 pandemic is concerning to you, and you are receiving a lot of feedback from parents, educators and others.

As your partner in health care who is concerned about the well-being of all people we serve, we'd like to help by offering our perspective that has been developed through the latest research, physician advice and recommendations from the Centers for Disease Control and Prevention (CDC).

Avera advocates the wearing of masks by everyone in a public setting. Current research is showing that masks may reduce community transmission of the virus and prevent illness in healthy people. We also know that a fair percentage of people who have the virus do not show symptoms – yet they can pass the virus on to others.

Therefore we recommend that all staff and students wear face masks in school.

We understand that some staff or students would be unable to wear masks due to a developmental or physical condition, for example, a sensory disorder or pulmonary condition.

Schools can determine their own policies, but as an example, these exceptions could be determined by school health and special education professionals, and outlined in the student's individualized education plan (IEP).

Masks are more effective if everyone wears them. They are also more effective when used with other measures such as hand hygiene and social distancing.

The type of mask can vary – from a disposable or cloth face mask that loops over the ears to a neck covering that can be pulled up over the nose and mouth. Teachers might find that face shields are more effective for oral communication.

Equipment and high-traffic areas should be cleaned and disinfected often. We also recommend that hand sanitizer be readily available, that frequent handwashing be encouraged, and that staff be screened for symptoms, as well as students as is feasible.

Schools and other group settings are prime locations for virus transmission. We see this annually with colds and influenza. Masking and other measures will help protect everyone and possibly prevent the possibility of having to close schools again.

For each person in our society, wearing a mask might make the difference that prevents someone else from becoming seriously ill or dying from this virus. We can all do our part to prevent these tragedies. For all these reasons and based on the latest research, we highly recommend policies that include masking of everyone who is out in public – including students, teachers and other school staff.

For information that can be shared with parents about wearing and laundering masks, as well as other ways to mitigate the risk of COVID-19, please download our COVID-19 New Normal Patient Toolkit at avera.org/toolkit.

Sincerely,

Avera St. Benedict Medical Staff

[illegible] MD
[illegible] MD
[illegible]

[illegible] CNP
[illegible] MD
[illegible] CNP
[illegible] CNP
Rebecca [illegible] CNP

COVID-19:
Recommendations for School Reopening

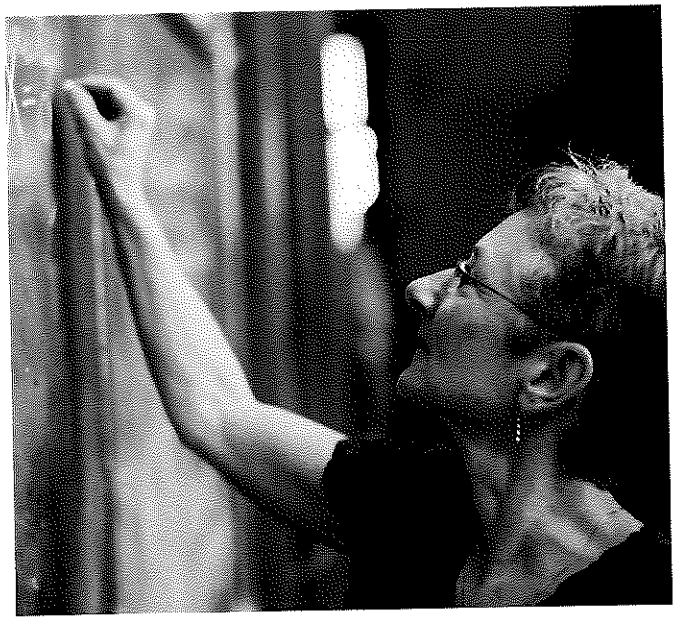
June 17, 2020

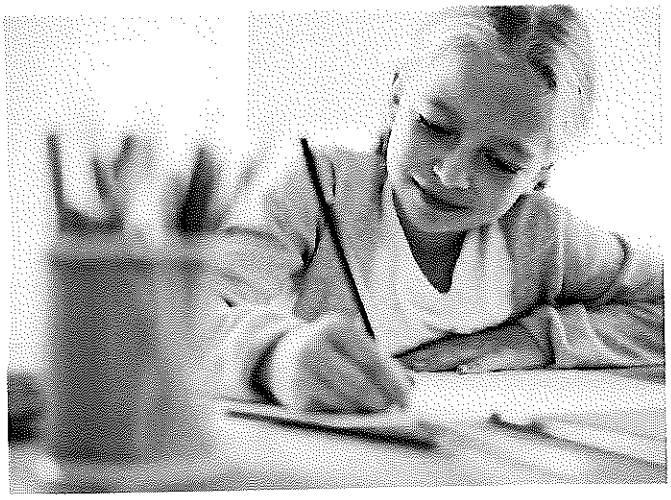
SickKids®

Preamble

In considering the resumption of schools during the current phase of the coronavirus disease 2019 (COVID-19) pandemic, it is critical to balance the risk of direct infection and transmission of SARS-CoV-2 (the causative agent of COVID-19) in children with the harms of school closure on their physical and mental health. While school closures may have been reasonable as part of the early pandemic response, current evidence and experience support the concept that children can return to school in a manner that maximizes children's health and minimizes risks from a Public Health perspective.[1,2]

The main objective of this document is to provide support and general guidance for school reopening during the COVID-19 pandemic. We acknowledge that we are not educators of elementary or secondary school children and may not appreciate all the operational and logistical considerations in running a classroom, school or a school board. With this in mind, this document is not intended as an exhaustive school guidance document or implementation strategy, as this is the primary responsibility of the Ministry of Education, with consideration for several key stakeholders (e.g. Ministry of Health, Ministry of Labour, Public Health authorities, teachers, schools, parents and children). It acknowledges the existence of various support documents from other jurisdictions aimed at providing guidance for the safe reopening of schools.[3,4]





Maximizing Children's Health

Multiple reports from around the world indicate that children account for less than 5-10% of SARS-CoV-2 infections.[5-7] In Canada, of 98,605 COVID-19 cases reported as of June 15th, 6,824 (6.90%) were in children aged 0-19 years.[8] While this may, at least in part, be related to testing practices and early school closure, evidence is mounting that children may be less susceptible to SARS-CoV-2 infection and may be less likely to transmit the virus to others.[9,10] There is also strong evidence that the majority of children who become infected with SARS-CoV-2 are either asymptomatic or have only mild symptoms, such as cough, fever, and sore throat.[5,6,11-13] While serious disease requiring hospitalization is known in children, including multisystem inflammatory syndrome in children (MIS-C), this is relatively rare and is generally treatable.[14] Severe disease requiring intensive care admission occurs in a small minority of paediatric cases, particularly among those with certain underlying medical conditions, but the clinical course is much less severe than in adults and deaths are uncommon.[5,7,15] There have been no paediatric deaths reported in Canada to date.

The community based public health measures (national lockdown, school closures, stay at home orders, self-isolation etc.) implemented to mitigate COVID-19 and "flatten the curve" have significant adverse health and welfare consequences for children. Some of these unintended consequences include decreased vaccination coverage[16], delayed diagnosis and care for non-COVID-19 related medical conditions, and adverse impact on children's behaviour

and mental health.[17-19] Increased rates of depression, trauma, drug abuse and addiction and even suicide can be anticipated. Several organizations including the American Psychological Association (APA) and World Health Organization have highlighted concerns about the potential impact of lockdown on family discord, exposure to domestic violence, child abuse and neglect.[20,21] Thus, the impetus to reopening schools is to optimize the health and welfare of children, not for the purposes of allowing parents to get back into the workforce or to facilitate re-opening of the economy.

As mentioned, it is critical that we balance the risks of COVID-19 in children, which appear to be minimal, with the harms of school closure which is impacting their physical and mental health. It should be recognized that it will not be possible to remove all risk of infection and disease now that SARS-CoV-2 is well established in many communities. Mitigation of risk, while easing restrictions, will be needed for the foreseeable future.

Minimizing Individual and Public Health Risks

Return to school has generally been associated with increases in cases of community-associated seasonal respiratory viral infections. As a result, it is anticipated that there will likely be an increase in cases of COVID-19 upon the resumption of school and as such, the appropriate measures should be proactively put in place to mitigate the effects of such an increase. This includes the need for readily available testing and contact tracing support, which is critical to avoid outbreaks. Consistency is essential for children and it will be important to ensure that once children return to school, the schools stay open to the extent possible. Furthermore, children rely on structure and schedule for stability, which supports the need for a daily school model.

With this in mind, the following document summarizes our recommendations for school reopening based on the available evidence as well as expert opinion, organized into the categories below:

1. Screening to prevent symptomatic individuals from entering the school
2. Hand hygiene
3. Non-medical and medical face masks for children
4. Physical distancing
5. Cohorting
6. Environmental cleaning
7. Ventilation
8. Mitigation of risk for students at higher risk for severe disease
9. Special Considerations for children and youth with medical and/or behavioural complexities
10. Mental health awareness and support for children
11. Protection of staff and at-risk persons or families
12. Communicating about COVID-19 to children, youth and parents/caregivers

1. Screening to prevent symptomatic individuals from entering the school

In order to prevent the spread of infection, students, teachers and other employees who have signs/symptoms of COVID-19 (according to Ministry of Health and local Public Health guidance) should stay home and decisions about testing and return to school should be guided by Ministry of Health in consultation with local Public Health protocols. In addition, return to school decisions for those who have had an exposure to SARS-CoV-2 should be in accordance with local Public Health recommendations.

Guidance statement(s):

- It is essential that strict exclusion policies are in place for symptomatic students and employees.
- Teachers and principals should be provided with information on signs and symptoms of COVID-19 in children so that appropriate action can be taken if children develop symptoms during the day.
- While student screening by school staff at the school may be appealing, it could result in increased lines and is not practical without significant staggering of start times.
- On site temperature taking is not recommended because fever is not a consistent symptom in children (present in about 50% of cases)[22] and would result in lines and delayed school entry.
- We would strongly recommend that parents and caregivers be empowered by placing the responsibility for screening on the parents/caregiver. A checklist should be provided for them to do daily screening before arriving at school to clear for entry.

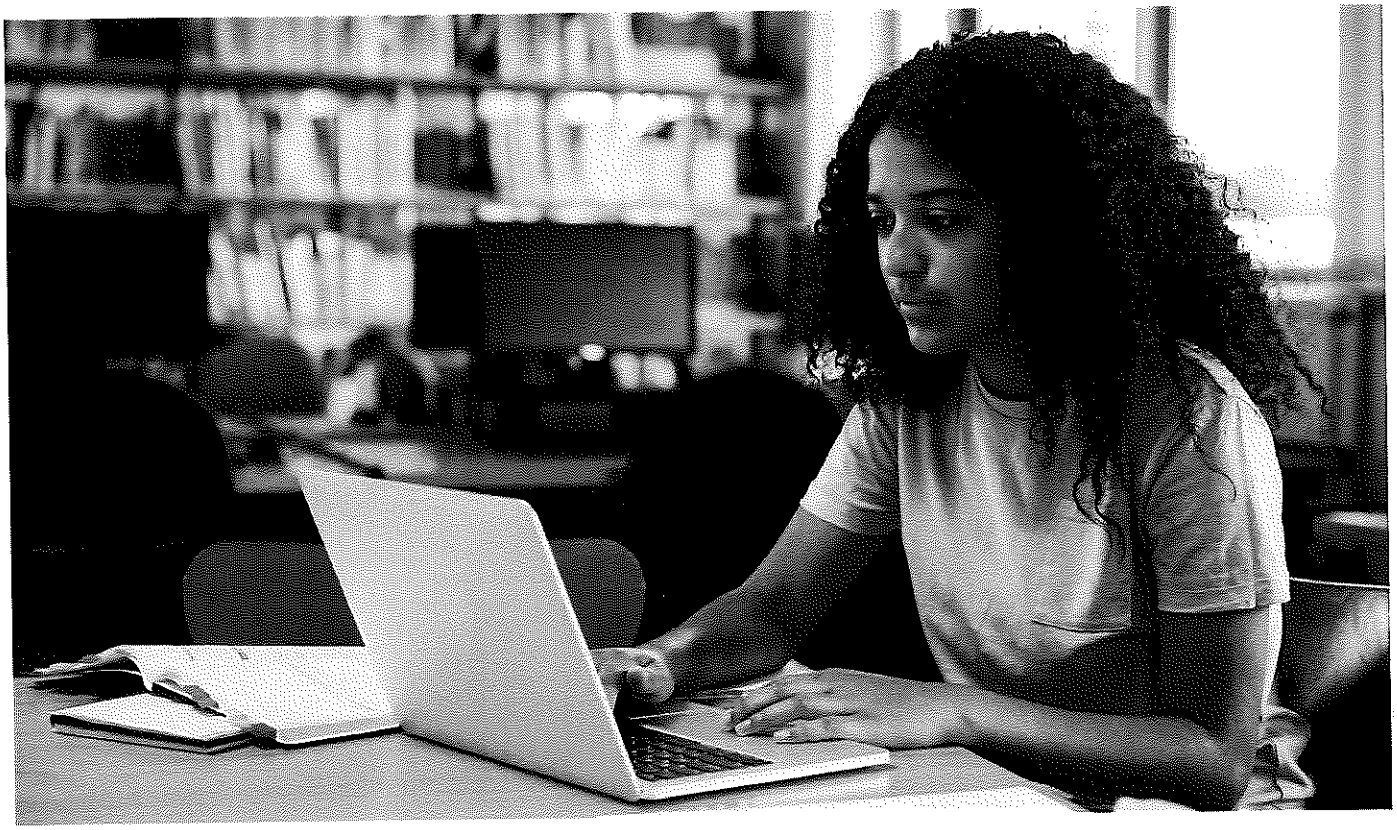
- Virtual learning or other forms of structured learning should be put in place for children who are required to stay home because they are sick or in isolation due to SARS-CoV-2 infection or exposure. It will be important to continue to work to identify options for students who have limited internet availability or other barriers to online learning.

2. Hand Hygiene

SARS-CoV-2 and other respiratory viruses are almost exclusively spread by respiratory droplet transmission. As a result, and because virus shedding may occur prior to symptom onset or in the absence of symptoms, routine, frequent and proper hand hygiene (soap and water or hand sanitizer) is critical to limit transmission.[23] In fact, proper hand hygiene is one of the most effective strategies to prevent the spread of most respiratory viruses including SARS-CoV-2, particularly during the pre-symptomatic phase of illness.

Guidance statement(s):

- Children should be taught how to clean their hands properly (with age appropriate material) and to try and avoid touching their face, eyes, nose and mouth as much as possible. This should be done in a non-judgemental and positive manner.
- Respiratory etiquette; children who have symptoms of a respiratory tract infection should stay home and children should be reminded to sneeze or cough into their elbow/sleeve.
- There should be age-appropriate signage placed throughout the school to remind children to perform hand hygiene.
- A regular schedule for routine hand hygiene, above and beyond what is usually recommended (before eating food, after using the washroom etc.) is advised. Possible options would be to have regularly scheduled hand hygiene breaks based on a pre-specified schedule (for example, scheduling a minimum of 5 times during the day). For practical reasons and to avoid excess traffic in the hallways, the preferred strategy for these extra hand hygiene moments would be hand sanitizer unless sinks are readily available in the classroom.
- Access to hand hygiene facilities (hand sanitizer dispensers and sinks/soap) is critical with consideration for ensuring accessibility for those with disabilities or other



accommodation needs. Ideally, hand sanitizer (60-90% USP grade alcohol, not technical grade alcohol) should be available at the entry point for each classroom.

- Adequate resources and a replenishment process needs to be in place to ensure supplies are available to perform hand hygiene frequently. Liquid soap and hand sanitizer will need to be replenished and tissues available for drying. No-touch waste receptacles should be available for disposal of materials.
- Consider providing disposable disinfectant wipes so that commonly used surfaces can be wiped down by individuals before each use (teachers, older students).

3. Non-Medical and Medical Face Masks for children

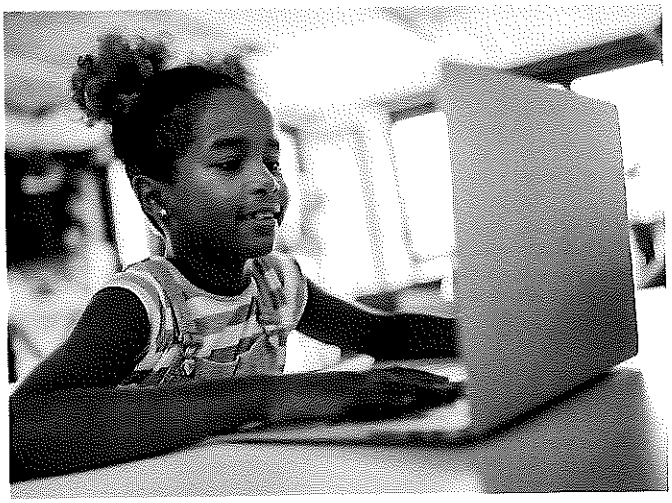
Non-medical masks may reduce transmission from individuals who are shedding the virus.[24] However, the extent of this benefit is unknown (especially in children) and would only be potentially beneficial if done properly. In fact, if worn incorrectly, it could lead to increased risk of infection and it is not practical for a child to wear a mask properly for the duration of a school day.[24] It is noteworthy that several European countries have had children successfully return to school without face masks.[2]

Guidance statement(s):

- Non-medical and medical face masks are not required or recommended for children returning to school.

The following points were considered in this recommendation:

- There is a lack of evidence that wearing a face mask prevents SARS-CoV-2 transmission in children.
- Children are not typically trained in their use and there is potential for increased risk of infection with improper mask use.
- In young children in particular, masks can be irritating and may lead to increased touching of the face and eyes which could increase the risk of infection.
- It is impractical for a child to wear a mask properly for the duration of the school day. Children would need assistance to follow appropriate procedures for putting on and taking off the mask (i.e. during meal times, snack times). In addition, during these times when the mask is removed, they would need to be stored appropriately to prevent infection spread.
- It is likely that masks will be disposed of improperly throughout the school and potentially lead to increased risk by children playing with them.
- The mask may not be tolerated by certain populations (i.e. children with underlying lung conditions, asthma, allergies) and especially during warm/humid time periods.
- It is recognized that some parents and children may choose to wear masks. This is a personal choice and should not be discouraged. To this end, equitable access to non-medical masks in the school setting is an important consideration.
- While at SickKids and other hospitals, patients have been required to wear a mask. This is a different situation as children can be closely monitored by their parents and hospital staff to ensure appropriate mask use and it is for a brief, defined period of time when there may be close interaction with a significantly immunocompromised population.



4. Physical distancing

The objective of physical distancing is to reduce the likelihood of contact that may lead to transmission and has been a widely used strategy during the pandemic.[25] However, strict physical distancing should not be emphasized to children in the school setting as it is not practical and could cause significant psychological harm. Close interaction, such as playing and socializing is central to child development and should not be discouraged. The following are some recommendations and considerations for children in the school setting.

Guidance statement(s):

Classrooms

- When children are in the classroom, to the extent possible, efforts should be made to arrange the classroom furniture to leave as much space as possible between students.
- Smaller class sizes, if feasible, will aid in physical distancing. However, the daily school schedule routine should not be disrupted to accommodate smaller classes for physical distancing.
- If weather permits, consideration could be given to having classes outside.

Large gatherings/assembly

- Large gatherings/assemblies should be cancelled for the immediate future.
- Choir practices/performances and band practices/ performances involving wind instruments may pose a higher level of risk and special consideration should be given to how they are held,[26] the room ventilation and the distance between performers. To the extent possible, instruments should not be shared between students and if sharing is required, the instruments should be disinfected between use.

Lunch breaks

- Stagger break and lunch times (or have lunch in classrooms).
- Hand hygiene should be performed prior to and after lunch breaks
- If weather permits, consideration could be given to having lunch breaks outside.

Outdoor and other activities

- During outdoor activities, such as recess, physical distancing should not be required.
- Children should perform hand hygiene prior to sports activities/outdoor play/playground use.
- Sports and physical education classes should be encouraged and continue according to available protocols. There should be special consideration as to whether re-starting sports with a high degree of physical contact (i.e. rugby, football and wrestling) should be postponed or modified for the present time. Sports equipment (e.g. balls, hockey sticks etc.) should be cleaned at the conclusion of the activity.
- Schools should endeavor to offer as many of their usual clubs and activities as possible.

5. Cohorting

The purpose of cohorting is to limit the mixing of students and staff so that if a child or employee develops infection, the number of exposures would be reduced. However, cohorting should not be done in a manner that compromises daily school attendance or alters the curriculum options available to children.

Guidance statement(s):

- To the extent possible, cohorting classes could be considered for the younger age groups and for children with medical and/or behaviour complexities (see section 9), so that students stay with the same class group and there is less mixing between classes and years. This applies to both indoor as well as selected outdoor activities. However, the daily school schedule should not be disrupted in order to accommodate smaller cohorts.
- Student well-being and mental health should be prioritized, however, such that class or program switching should not be denied on the basis of cohorting.

6. Environmental cleaning

Detailed recommendations are beyond the scope of this document. In brief, SARS-CoV-2 has been detected on a variety or surfaces[27] and it is possible that infection can be transmitted by touching contaminated surfaces and then touching mucous membranes (i.e. mouth, nose, eyes).

Guidance statement(s):

- A regular cleaning schedule should be used with emphasis on high touch surfaces.
- Efforts should be made to reduce the need to touch objects/ doors (no-touch waste containers, prop doors open).
- Reinforce "no sharing" of food, water bottles or cutlery policies.
- All toys and equipment used should be made of materials that can be cleaned and disinfected.

7. Ventilation

Detailed recommendations are beyond the scope of this document. In brief, it is expected that environmental conditions and airflow influence the transmissibility of SARS-CoV-2. Adequately ventilated classroom environments (e.g. open windows with air flow, and improved airflow through ventilation systems) are expected to be associated with less likelihood of transmission compared with poorly ventilated settings.

Guidance statement(s):

- Attention should be paid to improving classroom ventilation (e.g. optimizing ventilation system maintenance and increasing the proportion of outside air brought in through these systems)
- The use of outdoors or environments with improved ventilation should be encouraged (e.g. keeping windows open, weather permitting).

8. Mitigation of risk for students at higher risk for severe disease

Some children may be at higher risk of adverse outcome from COVID-19 due to underlying medical conditions such as immunocompromised states or chronic medical conditions such as cardiac and lung disorders.[15,28] Children and youth who are medically complex, particularly those with medical technological supports associated with developmental disabilities and/or genetic anomalies, are also in a potentially higher risk category.[15] However, at the present time, there is no convincing evidence to suggest the level of medical risk to these children from SARS-CoV-2 is different from that posed by other respiratory viruses, such as influenza. As a result, given the unintended consequences associated with not attending school, attending school is recommended for the majority of these children. (For more details pertaining specifically to medically and behaviourally complex children and youth, see section 9 below)

Guidance statement(s):

- Children with underlying conditions may attend school as they would per usual. However, it is important for parents to work with their child's health-care providers so that an informed decision can be made. This is particularly relevant for children with newly diagnosed illnesses requiring the first-time use of new or augmented immunosuppression.
- In the event that such children have a documented exposure to the virus, in addition to involvement of the local public health unit, it is recommended that the child's parent/caregiver(s) contact the child's health-care provider for further management.

9. Special Considerations for children and youth with medical and/or behavioural complexities

Return to school will present unique challenges to children and youth with medical and/or behavioural complexities (e.g. a child with cerebral palsy that requires feeding and respiratory supports in the classroom) and their families. Many of these families have had a prolonged period of time in home isolation compounded by a lack of respite and/or homecare supports. Transitioning medically and behaviourally complex children back to school requires specific focus and will be extremely important as many families are already in crisis mode.

Guidance statement(s):

- Liaise with parents to accommodate a more individualized return to school to ensure smoother transitions.
- Ensure that those families who choose to not send their children to school receive remote learning opportunities and do not lose access to home care and respite supports.
- Ensure that students continue to receive access to therapy and nursing services while in the school. Maximize continuity amongst those providing services and/or use virtual care for service provision, to decrease exposures.
- Provide environmental (e.g. smaller class size) and classroom supports (e.g. teacher aides) for those children who may need assistance with hygiene measures, such as some children with behavioural/developmental disorders.

10. Mental health awareness and support for all children

A proactive approach is important to minimize the mental health impact of the school closures on the return to school. Where foreseeable, schools and school boards should make every effort to address known sources of distress and extend flexibility within existing administrative processes.

For example, many children enrolled in transition years (grades 5/6, 8, 12) during the 2019-2020 school year were required to make decisions regarding special education programs, school registration, or other specific educational programming in the absence of usual sources of information, including school visits or meetings. Every effort should be made to allow program flexibility in this regard during the first months of the school year, in the event that children and parents realize they have made an incorrect program or school choice. It can be anticipated that rigidity would likely lead to increased stress, anxiety, depression and school refusal that could be otherwise avoided.

Similarly, children can be anticipated to return to school at diverse academic levels even within a classroom. It will be critical to provide opportunities for early identification of learning needs and academic support to ensure that children neither become overwhelmed nor bored in the school setting, as these are frequent antecedents to school refusal and mental health problems. For children who may find the new school environment particularly challenging, such as some children with developmental disabilities, extra supports will be needed. Consultation with their parents and families to better understand their individual circumstances and needs is recommended.

It can be anticipated that children and youth may experience increased stress and anxiety related to the COVID-19 pandemic.[18,29] In addition, children and youth may have mental health conditions, such as anxiety, depression and substance abuse, which may have been exacerbated by social distancing, including school closures, and may experience symptom escalation on return to school.

Guidance statement(s):

- Flexibility in program and/or school enrollment should be provided for children and youth who have transitioned to a new program or school for the 2020/2021 school year.
- Increased in-school educational support should be provided to students and classroom teachers to enable early identification and remediation of learning gaps that some students will have incurred during the school closures.

- Accessible mental health support services adapted for diverse groups and at risk populations should be provided.

11. Protection of staff and at-risk persons or families

While detailed recommendations are beyond the scope of this document, the safety of the school staff is an important consideration. Risk mitigation for teachers and other staff should be similar to those recommended for other public settings.

With regards to children's home environment, it would be appropriate to consider that the risk posed by potentially infected children to other household members likely varies in relation to socioeconomic status, household overcrowding and the presence of children and adults at increased risk of severe COVID-19 at home.

Guidance statement(s):

- Physical distancing of school staff from children and other staff should be emphasized.
- In general, masks should not be required for school staff if physical distancing is possible and is practiced appropriately. This is important as facial expression is an important part of communication which children should not be deprived of.
- If close prolonged contact with others cannot be avoided, wearing a mask is a reasonable option. However, if used in the classroom, the teacher should explain the rationale to the children.
- It is acknowledged that some teachers and other school staff may choose to regularly wear masks. This is a personal choice and should not be discouraged.
- Further guidance should be developed to mitigate risk in home situations where an affected child resides (in the same home) with siblings or older adults with underlying conditions that put them at increased risk for more severe disease.

12. Communicating about COVID-19 to children, youth and parents/caregivers

A detailed communication strategy is beyond the scope of this document. However, it is acknowledged that clear, age-appropriate communication about COVID-19 and what to expect when children and youth return to school should occur in advance of school reopening. In addition, it will be important that regular updates be provided to children and their parents/caregivers throughout the school year.

Guidance statement(s):

- Parents, children, youth and the community at large should be educated that SARS-CoV-2 is likely to persist and circulate like other respiratory viruses.
- They should be made aware that in general, SARS-CoV-2 causes mild disease in the majority of children and

young adults and that the best overall strategy for these cohorts and the population at large, taking into account the massive secondary adverse health and well-being implication of the lockdown, is to ease restrictions and return to school.

Summary:

This document provides guidance surrounding the reopening of schools as this relates to the measures to mitigate risks. As discussed, the risks of infection and transmission in children, which appear to be minimal, need to be balanced with the harms of school closure which is impacting their physical and mental health. On balance, it is recommended that children return to school and that the messaging around this clearly articulate the rationale for the recommendations outlined in this document in order to help reduce the fear and anxiety in parents, children and school staff. In our view, a daily school model is best as it allows for consistency, stability and equity regardless of the region in which children live. An important factor to consider in this respect is emerging evidence indicating inequalities in the social and economic burden of COVID-19,[30] which may further disadvantage children living in higher burden areas where educational inequality and barriers to online learning may be more pronounced. In addition, we appreciate that the living conditions for children vary across socioeconomic groups and therefore recommend that further work be done to develop guidance and identify supports needed for situations where children reside within the same home as individuals with underlying conditions that put them at increased risk of more severe disease. Finally, it is important to note that these recommendations reflect the evidence available at the present time and may evolve as new evidence emerges and as information is gathered from other jurisdictions that have opened schools already.

Prepared by: Michelle Science and Ari (Sean) Bitnun

Contributed to and Reviewed by: Upton Allen, Catherine Birken, Eyal Cohen, Justine Cohen-Silver, Ronni Cohn, Sloane Freeman, Jeremy Friedman, Ian Kitai, Daphne Korczak, Jeff Mainland, Shaun Morris, John Nashid, Stanley Read, Rachel Solomon, Laurie Streitenberger, Anupma Wadhwa, Valerie Waters

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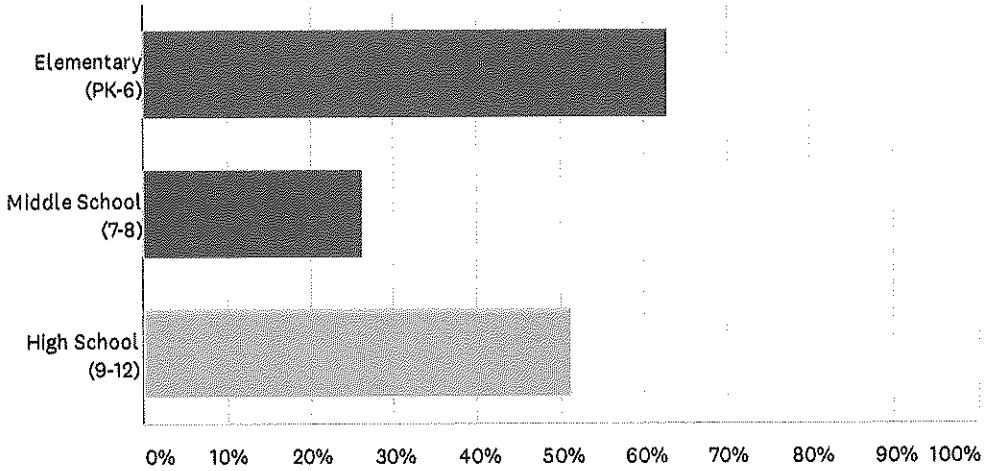
Q2 I have a child in

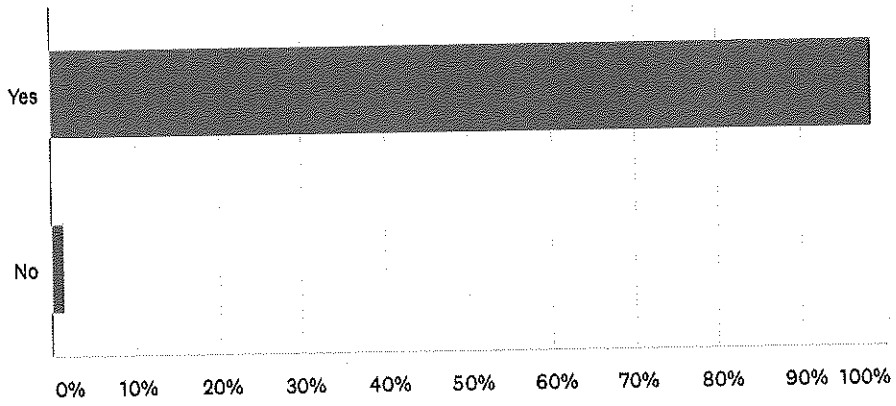
Answered: 189 Skipped: 13



ANSWER CHOICES	RESPONSES	
Elementary (PK-6)	62.96%	119
Middle School (7-8)	26.46%	50
High School (9-12)	51.32%	97
Total Respondents: 189		

Q3 Do you have reliable internet?

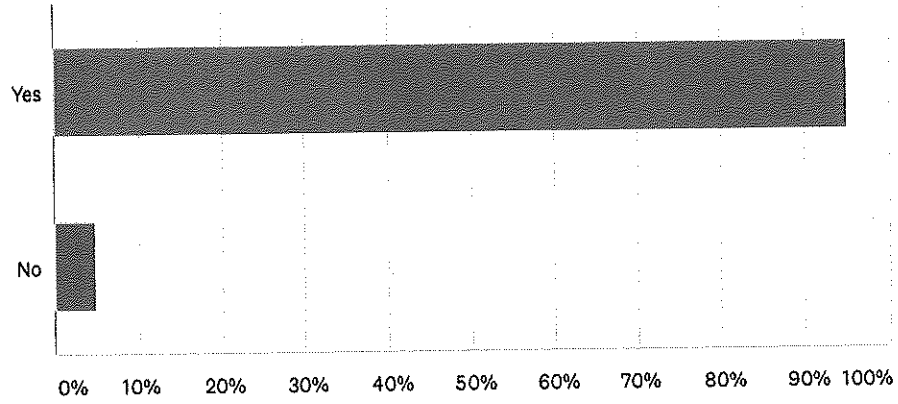
Answered: 192 Skipped: 10



ANSWER CHOICES	RESPONSES	
Yes	98.44%	189
No	1.56%	3
TOTAL		192

Q4 We will be unable to provide complete social distancing at school. With that in mind, if school were to start as scheduled, in person, with infection prevention measures on August 19th, would you send your child?

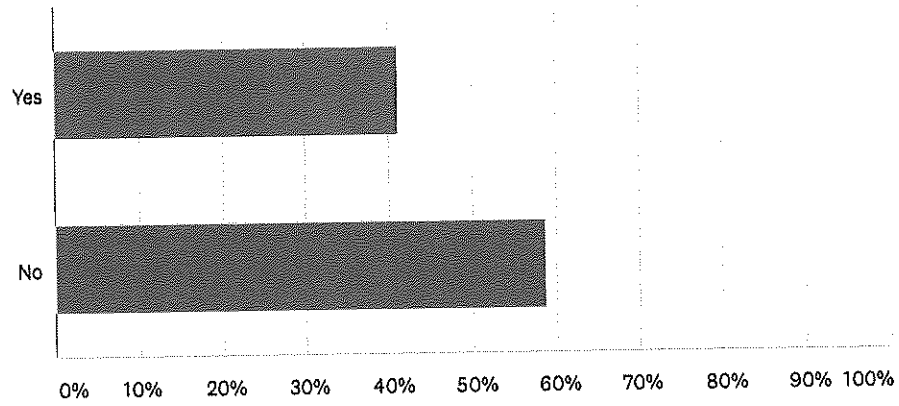
Answered: 186 Skipped: 16



ANSWER CHOICES	RESPONSES	
Yes	95.16%	177
No	4.84%	9
TOTAL		186

Q5 With bussing, we are not able to provide social distance per CDC guidelines. With that in mind, please answer the following questions. Does your child ride the bus?

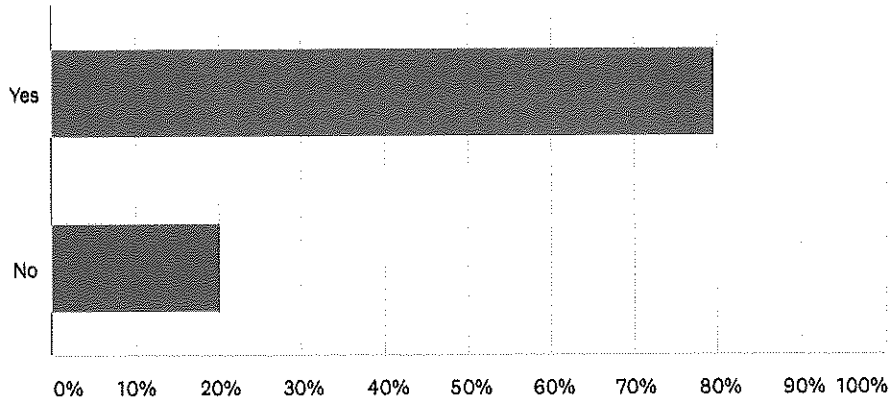
Answered: 187 Skipped: 15



ANSWER CHOICES	RESPONSES	
Yes	41.18%	77
No	58.82%	110
TOTAL		187

Q6 Do you feel comfortable sending your child on the bus to and from school this fall?

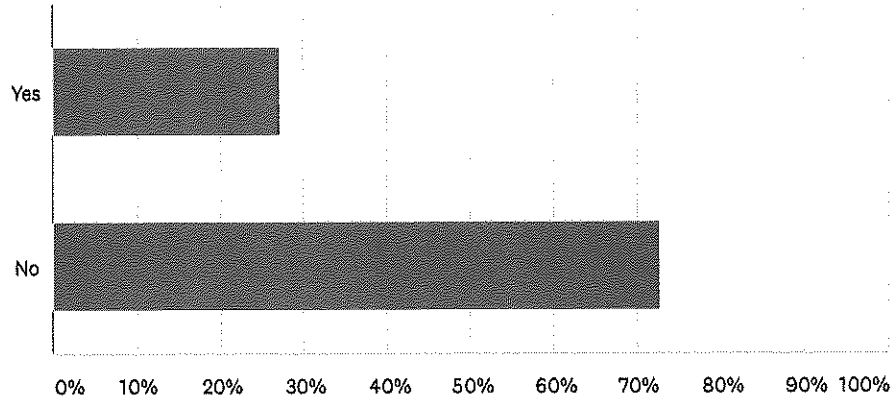
Answered: 79 Skipped: 123



ANSWER CHOICES	RESPONSES	
Yes	79.75%	63
No	20.25%	16
TOTAL		79

Q7 Do you live in Parkston and utilize in town bussing?

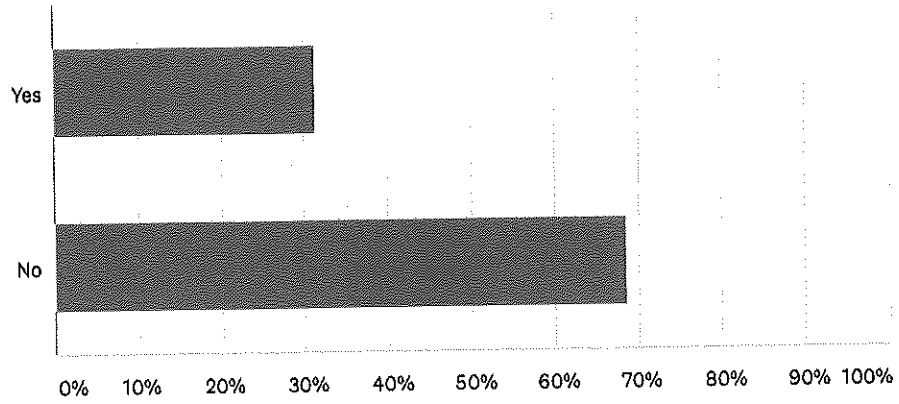
Answered: 184 Skipped: 18



ANSWER CHOICES	RESPONSES	
Yes	27.17%	50
No	72.83%	134
TOTAL		184

Q8 Is bussing a necessity for you?

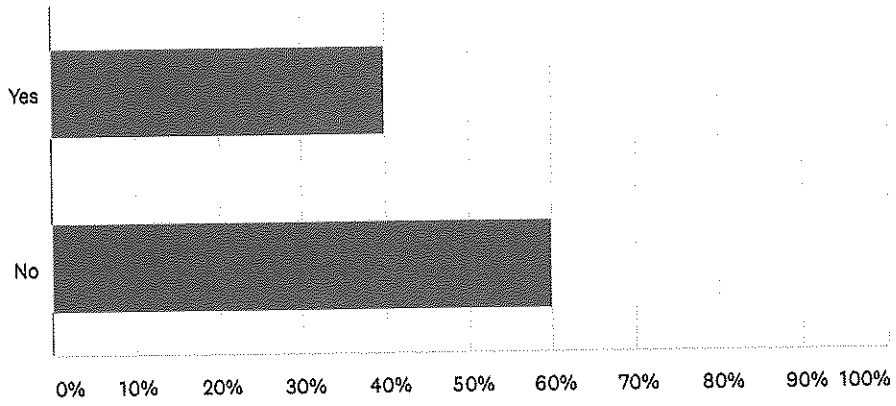
Answered: 51 Skipped: 151



ANSWER CHOICES	RESPONSES	
Yes	31.37%	16
No	68.63%	35
TOTAL		51

Q9 Should students be required to wear facemasks on the bus?

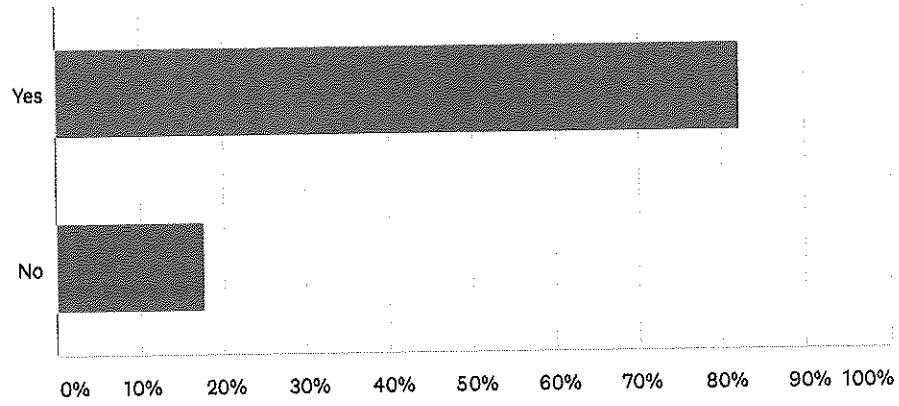
Answered: 183 Skipped: 19



ANSWER CHOICES	RESPONSES	
Yes	39.89%	73
No	60.11%	110
TOTAL		183

Q10 We will be getting guidelines and protocols from the South Dakota High School Activities Association and the Department of Health in the future. We are interested in our school community's thoughts on extracurricular activities. Do you feel comfortable with the school conducting extracurricular activities?

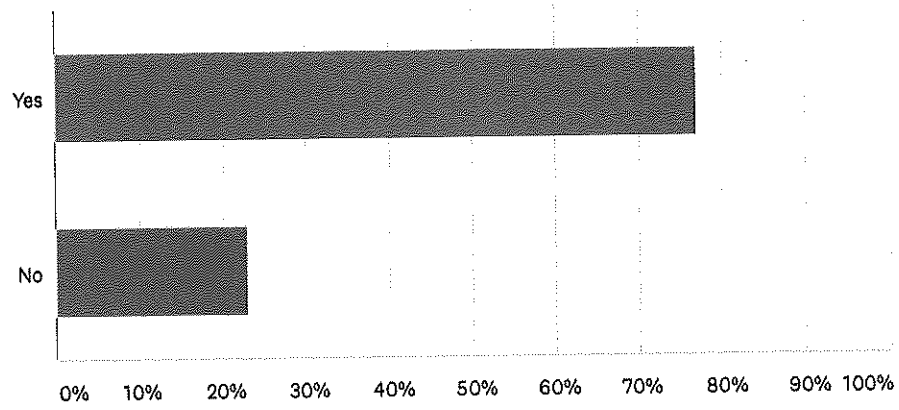
Answered: 181 Skipped: 21



ANSWER CHOICES	RESPONSES	
Yes	82.32%	149
No	17.68%	32
TOTAL		181

Q11 Do you think we should allow fans at extracurricular activities?

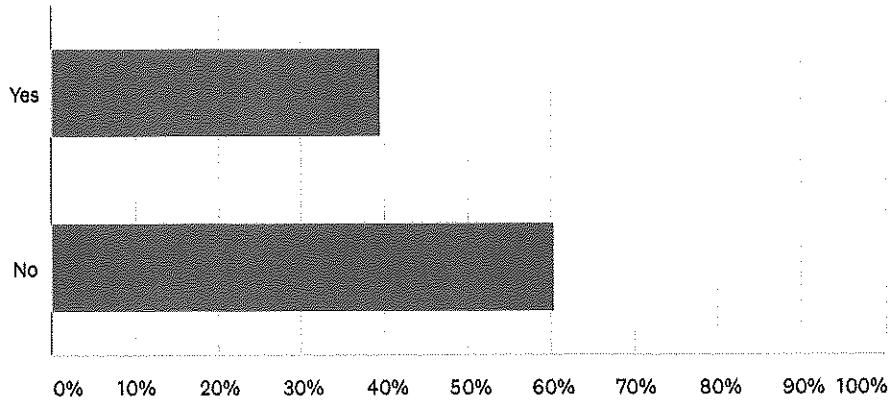
Answered: 182 Skipped: 20



ANSWER CHOICES	RESPONSES	
Yes	76.92%	140
No	23.08%	42
TOTAL		182

Q12 Should only parents be allowed at extracurricular activities?

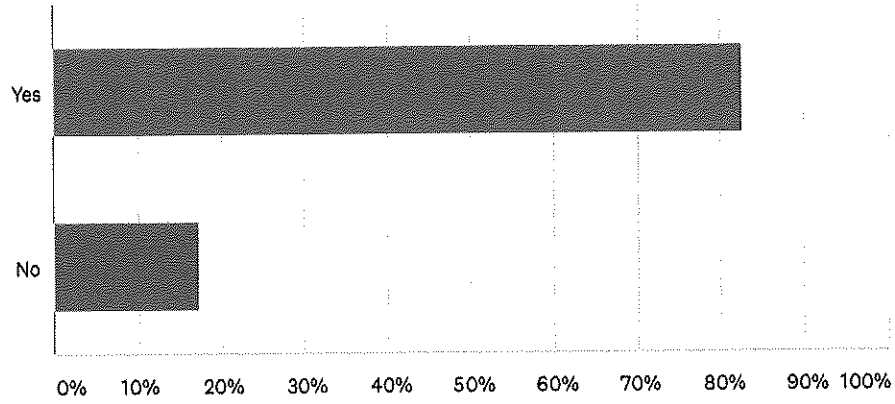
Answered: 182 Skipped: 20



ANSWER CHOICES	RESPONSES	
Yes	39.56%	72
No	60.44%	110
TOTAL		182

Q13 Should the school run Junior High extracurricular programs?

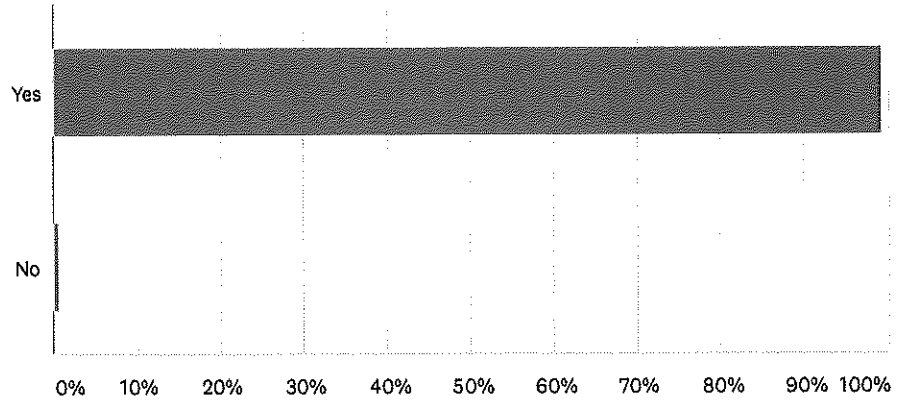
Answered: 179 Skipped: 23



ANSWER CHOICES	RESPONSES	
Yes	82.68%	148
No	17.32%	31
TOTAL		179

Q14 To prevent transmission through water fountains, do you have a water bottle that you can send with your student?

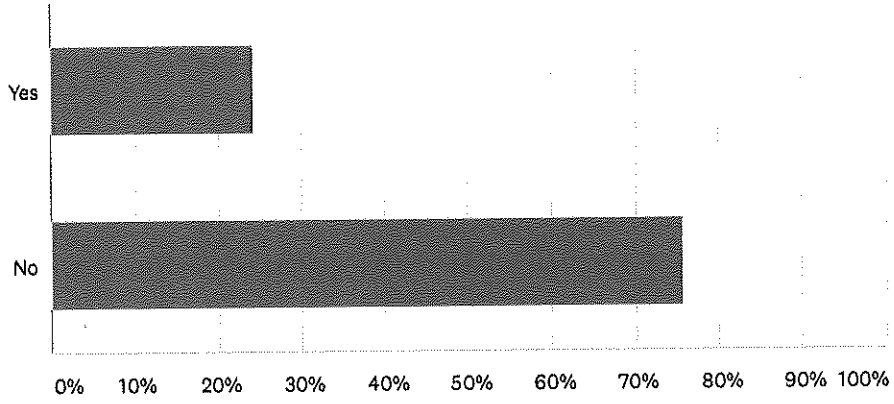
Answered: 183 Skipped: 19



ANSWER CHOICES	RESPONSES	
Yes	99.45%	182
No	0.55%	1
TOTAL		183

Q15 As a protection for your child and the others in the building, per CDC guidelines, we are interested in finding out what extent we need to use facemasks. Should students be required to wear facemasks in school?

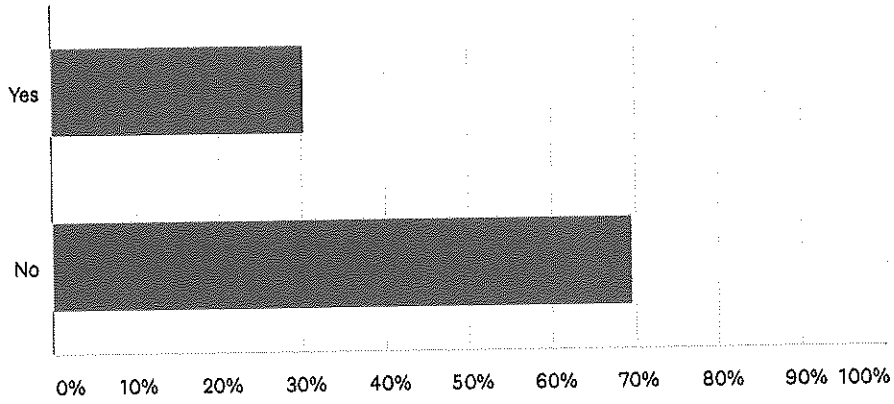
Answered: 182 Skipped: 20



ANSWER CHOICES	RESPONSES	
Yes	24.18%	44
No	75.82%	138
TOTAL		182

Q16 Would you have your child wear a facemask?

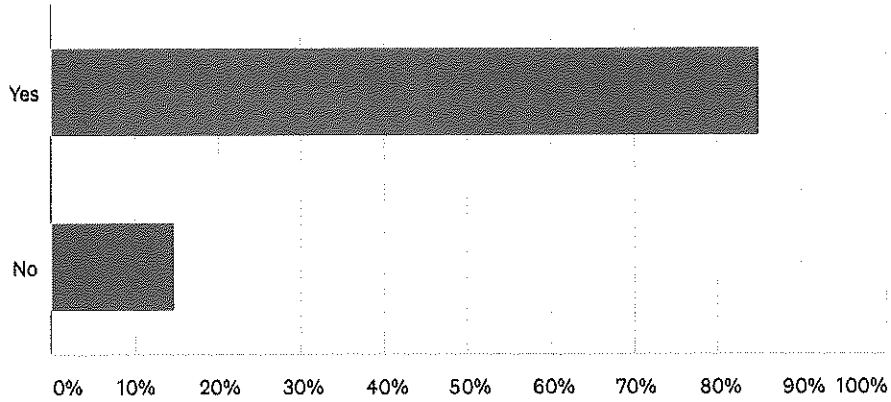
Answered: 181 Skipped: 21



ANSWER CHOICES	RESPONSES	
Yes	30.39%	55
No	69.61%	126
TOTAL		181

Q17 Would you provide your child a facemask if it were required to have one?

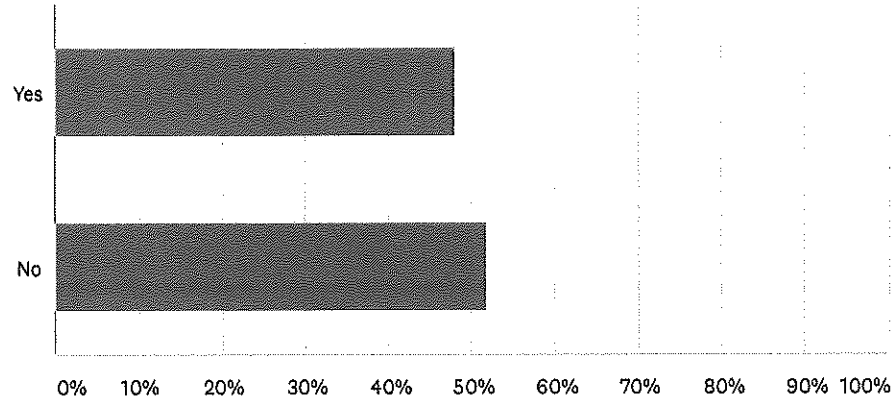
Answered: 181 Skipped: 21



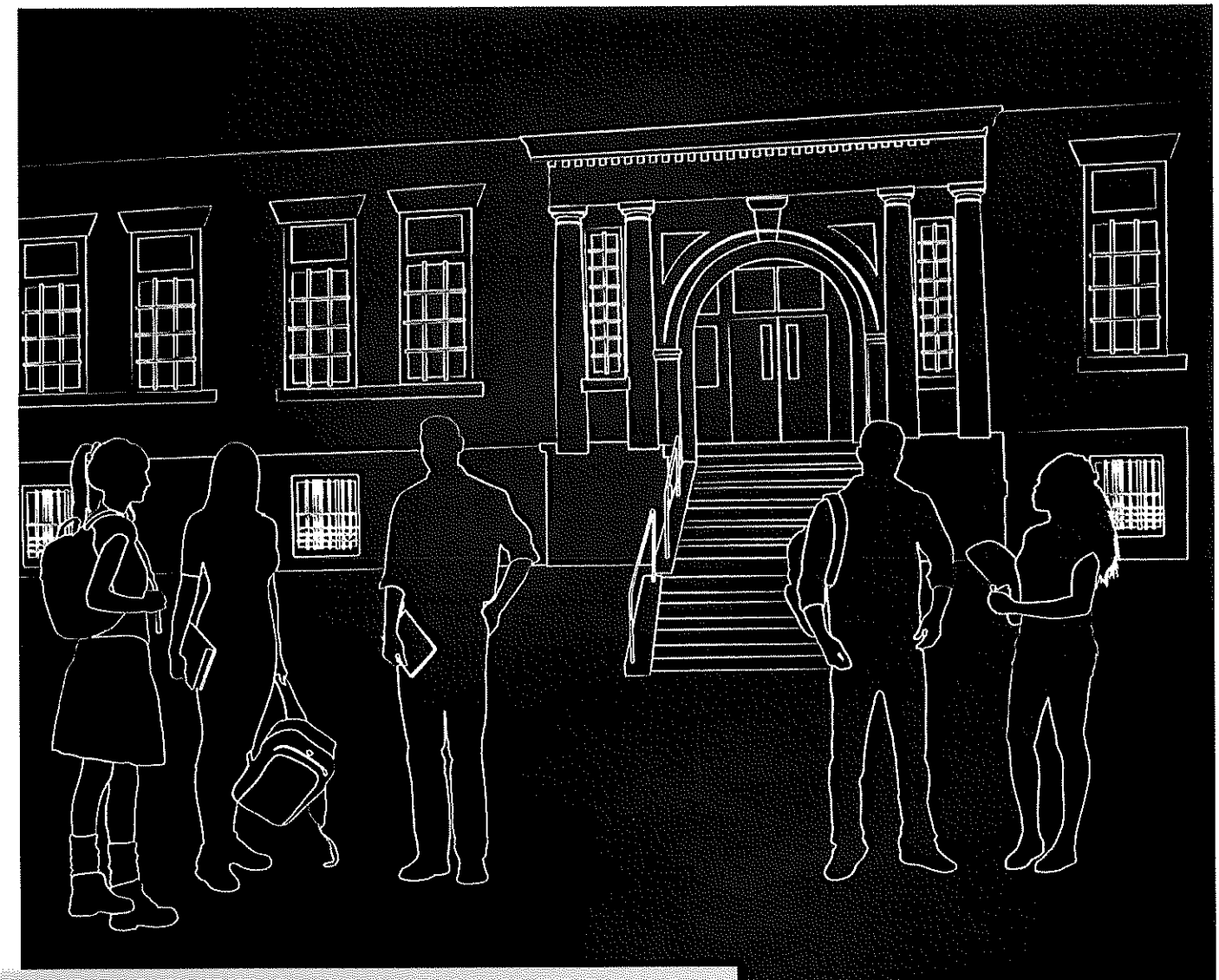
ANSWER CHOICES	RESPONSES	
Yes	85.08%	154
No	14.92%	27
TOTAL		181

Q18 Since we are not able to provide complete social distancing at school would you be interested in a modified schedule for presentation of school materials? Example: One-half of the students will attend school every other day. When students are at home, they will be required to do online learning during the day with a live broadcast from the classroom.

Answered: 181 Skipped: 21



ANSWER CHOICES	RESPONSES	
Yes	48.07%	87
No	51.93%	94
TOTAL		181



School Reentry Considerations

Supporting Student Social and Emotional Learning and Mental and Behavioral Health Amidst COVID-19

AMERICAN SCHOOL COUNSELOR ASSOCIATION

NASP

NATIONAL ASSOCIATION OF School Psychologists

School Reentry Considerations

Supporting Student Social and Emotional Learning and Mental and Behavioral Health Amidst COVID-19

Local education agencies and individual schools planning for students and staff to return following COVID-19 closures must prioritize efforts to address social and emotional learning and mental and behavioral health needs. Equally important is ensuring staff feel their physical and mental health needs are supported. Districts should ensure all policies or recommendations are culturally sensitive and ensure equity and access for all youth.

Addressing the academic skills gap remains an important objective; however, students will not be ready to engage in formal learning until they feel physically and psychologically safe. Establishing that sense of safety may take weeks or even months, depending on the evolving context in individual communities and a range of factors unique to each individual. Even within a school community, individual students and staff may be continuing to experience different stressors that could affect their personal sense of safety.

Schools should not rely on individuals to create and implement support plans in a patchwork fashion. District-level leadership can ensure a multitiered system of supports that addresses both academic skills and emotional and behavioral health. Schools and districts must make sure these supports are consistently available to all students and adults in each building.

This document outlines key considerations for district and building leaders, educators and school-employed mental health professionals (e.g. school counselors, school psychologists and school social workers) to guide efforts that support students' social and emotional well-being. The document also focuses on the many unique discussions that must occur locally to help prepare schools to support students' psychological safety, social and emotional learning, and mental and behavioral health.

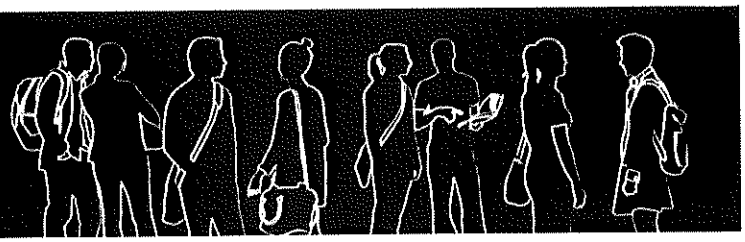
Decisions for each of these considerations will vary depending on the format in which instruction resumes (i.e., hybrid, staggered attendance, full return to face-to-face instruction). Each local community must evaluate needs and available resources when developing a local reentry plan.

The considerations included below are intended to help guide planning and decision making and should not be seen as an exhaustive list of considerations. The successful re-opening of buildings requires school administrators, families, school nurses, school-employed mental health professionals, local public health officials and community stakeholders to collaborate regularly and effectively.

We encourage readers to consult other experts to inform plans related to additional key aspects of school reentry (e.g. transportation, sanitation, continuity of operations, etc.) Guidelines from multiple agencies such as the Centers for Disease Control and Prevention (CDC) and state and local health departments will help inform planning around physical distancing, hygiene, scheduling, face masks, etc. All of these efforts should occur in conjunction with one another. The end of this document includes additional resources that may be helpful in planning for reentry.

***This document will be updated as various reentry plans evolve. Successful reentry plans will inform innovative ways schools address student and staff psychological safety, social and emotional learning, and mental and behavioral health during the transition to in-person learning.*

Multidisciplinary Decision Making



SCHOOLS AND DISTRICTS SHOULD:

- Establish a multidisciplinary team dedicated to planning for school reentry. Teams should include school administrators, school-employed mental health professionals (e.g. school psychologists, school counselors and school social workers), teachers, school nurses, local public health officials, and district and community stakeholders. Possible responsibilities of this team include:
  - Reviewing guidance from local, state and federal agencies
  - Coordinating responses within and across schools and the community
  - Clearly communicating reentry, short-term recovery and long-term recovery plans with parents, families and other relevant community stakeholders.
  - Engaging in resource mapping to identify available resources and needs. This process should include an examination of existing school-based teams.
  - Mapping common goals and streamlining efforts to avoid duplication.
  - Making decisions around temporary reallocation of resources depending on need (e.g., repositioning school nurses if certain parts of the district report more cases of COVID-19).
  - Provide scripts for teachers and other staff to read to students to ensure consistent communication from a trusted and familiar adult.

RELATED RESOURCES:

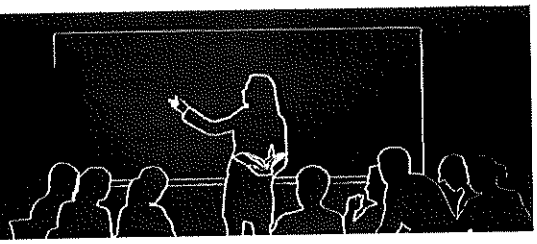
NASP COVID-19 Resource Center

Resource mapping strategy guide

Responding to COVID-19: Steps for school crisis response teams

School counseling during COVID

Addressing Social and Emotional Learning and Mental Health Needs



SCHOOLS AND DISTRICTS SHOULD:

- Develop strategies and supports for students, families and staff members for each phase of recovery (before reopening, immediately after reopening and long-term support).
- Develop a referral system for individuals who need targeted support as well as access to school-employed and community mental health professionals.
- Recognize home is not a safe place for some students and develop a plan to identify and support them. The degree of stress experienced by students during this period will vary significantly. For some, the impact on emotional well-being and neurology can be long-lasting, even after a return to the previous status quo.
- Examine infrastructure to conduct universal social and emotional screenings, recognizing typical base rates and norm comparison data may be skewed. See "Best Practices in Social, Emotional and Behavioral Screening An Implementation Guide" for more information and suggestions how to implement universal social and emotional screening. Generally, such screening processes should:
  - Ensure staff capacity to conduct the screening with fidelity
  - Have an established purpose ahead of time (e.g., helping identify students that may need follow up; helping identify capacity needs as a school/district; developing a system to provide tiered interventions)
  - Develop buy-in
  - Examine both risk factors as well as protective and promotive factors that reflect well-being and resilience
  - Not be used for diagnostic purposes
  - Help monitor social and emotional functioning
  - Establish a plan to analyze data and follow-up as needed, including ensuring appropriate staff is available to implement next steps
- In addition to and/or in the absence of formal screenings, school employed-mental health professionals should establish regular informal check-ins with all students especially in times of virtual learning. This allows prevention services to continue and establishes a system to determine how to provide effective intervention services as needed.
- Establish a process to help identify and provide supports to students or staff perhaps at higher risk for significant stress or trauma from COVID-19. This should involve conducting psychological triage to determine who needs crisis intervention support through a review of data about students and staff that they received during the closure. Data can include those experiencing death or loss of someone close to them; those with significant disruption to lifestyle such as food insecurity, financial insecurity; those with a history of trauma and chronic stress or other pre-existing mental health problems; those with exposure to abuse or neglect; and communities with previous history of educational disruption (e.g., significant natural disasters, school-located mass casualty events).
- Do not assume students in need will voluntarily disclose their distress or want to talk immediately.
- Consider the impact of masks on the ability to read emotions and facial expressions, follow speech, participate in speech-related interventions, and generally participate and focus on academics. Consider additional impacts on English-language learners, students with disabilities, including those with physical disabilities or those who are deaf and hard of hearing.
- Teach skills in validation, acknowledging everyone has/had a different experience from COVID-19, and not everyone in each school will be in the same place in recovery. Individual trajectories will vary significantly. Validate that some are disappointed, some had fun, some are grieving, some are exhausted from added responsibilities at home, some are scared, etc.
- Facilitate classroom meetings in collaboration with a school-employed mental health professional to allow students to collectively process their experience. This may need to occur more than once during the first few weeks of reentry and may need to be repeated if additional school closures occur.
- Facilitate evidence-based psychoeducational classroom lessons with school-employed mental health professionals to address mindset and behavior standards (e.g., learning strategies, self-management skills, social skills). These can follow models that may already be in place in the building (e.g., restorative/community circles, advisory period, social and emotional learning lessons).

Addressing Social and Emotional Learning and Mental Health Needs, CONTINUED

- Anticipate significant academic, emotional and social regression, yet try to build from some of the unique learning experiences students may have had at home.
- Recognize the potential negative impact of an environment that still requires minimized social interactions, face coverings and lack of shared manipulatives or toys to help de-stress. Schools may wish to invest in things like squeeze/stress balls for each individual student along with masks.
- Establish an intentional focus on social and emotional skill building, mental and behavioral health, personal safety and self-regulatory capacity, which likely regressed with a lack of social interactions. Avoid assuming that lack of demonstration of social skills represents willful disobedience or purposeful insubordination. This should take priority over academics.
- Social and emotional learning curriculum should be intentionally embedded into core academic subjects to ensure they can be delivered in scenarios that would require an abbreviated school-day, hybrid virtual school day or an abrupt switch to virtual schooling.
- If attendance drops due to higher rates of school refusal or if attendance becomes optional due to medically fragile students or family members, have a system in place for school-employed mental health professionals to check in with students and families during the timeframe COVID-19 may still be a threat.
- Acknowledge the potential loss experienced by students who cannot participate in various activities that contribute to their development and sense of self (e.g., sports, performances, traveling)

RELATED RESOURCES:

ASCA Mindsets and Behaviors for Student Success

Best Practices in Universal Social, Emotional and Behavioral Screening: An Implementation Guide

Mental and Behavioral Health Services for Children and Adolescents

Prevention and Wellness Promotion

School counselor and student mental health

School Counselor and Social/Emotional Development

School counselor role in risk assessment

Supporting children's mental health: Tips for parents and educators

Relationships and Transitions

SCHOOLS AND DISTRICTS SHOULD:

- Acknowledge the lack of closure many students and staff had from the previous school year.
- Consider opportunities (when available) to spend time with previous classmates or teachers. Some elementary schools may also consider "looping" to allow teachers to follow students for all or part of the year. Such decisions will require significant planning and consideration at the local level.
- Establish back-to-school social events to allow peers and staff to re-connect. These may need to occur virtually, including virtual school tours and classroom visits. Back-to-school transitions will likely require more time than usual.
- Acknowledge that, for some, returning to school will be incredibly challenging; whereas, the transition will be straightforward for others.
- Recognize the unique transition challenges of those entering a new school, either due to moving or aging up to a new school (e.g., kindergarten, new middle-schoolers, high school freshman). Provide additional opportunities to get acquainted.
- Work with feeder schools to see if/what transition activities occurred before or during school closures.
- Consider matching up peer-buddies, particularly for students who may be at risk of a challenging transition. Peer-buddies can include same grade peers or matching older and younger students.
- Consider establishing year-long homerooms or advisory periods that create opportunities for students to check-in before engaging in the instructional day.
- Put in a long-term plan to bolster the process of welcoming students to school each day (e.g., have staff greeting students as they exit the bus or at drop-off locations). Establish routines to make students feel welcomed amidst the potential for temperature checks, mask distribution and other health requirements as students enter the building each day.
- Make concerted efforts to build the school community and establish staff/student relationships (e.g., have staff learn student names, even those not in their classes or on their caseloads).
- Anticipate significant fatigue and sleepiness, particularly among adolescents. Implement a more gradual re-introduction of academic rigor compared with previous years, with a shift in focus and expectations on social and emotional well-being, self-efficacy and adaptive skills.
- Teach and reteach expectations and routines, and avoid punitive approaches when managing physical distancing requirements when possible. Consider refraining from introducing new academic content until routines are firmly re-established.
- Consider opportunities for students to work cooperatively, feel empowered and assist others, which can prove restorative following significant disruption and collective stress. This can include planting or working in a community garden, helping to make masks for health care workers or others in the community or creating a drive to support local businesses.
- Provide students opportunities to voice concerns, challenges and needs.

RELATED RESOURCES:

CASEL guide to schoolwide SEL essentials

Create a school-based mentor program

Second Step online tools and webinars

School counselor and peer support programs

School refusal: Information for Educators

Potential for Trauma

SCHOOLS AND DISTRICTS SHOULD:

- Recognize the potential for higher rates of certain adverse childhood experiences (ACES) and/or stressors during school closures, and underreporting of those stressors, that may put students at higher risk of trauma. These may include:
  - Parental substance use and abuse
  - Exposure to domestic violence
  - Child maltreatment
  - Homelessness (and general worsening of poverty and economic gaps)
  - Financial/food/occupational/housing insecurity
  - Mental health issues or exacerbation of underlying issues
  - Family separation (some were away and couldn't return, or not seeing loved ones)
  - Grief/loss that could not be processed (either personal or affecting the entire school community)
- Recognize stigma and racism that may occur as a result of COVID-19, including:
  - Asian American students and staff
  - African American students and staff who were targeted due to wearing masks in public
  - Undocumented students and families with no access to health care or who experienced detainment
  - Those who became sick or tested positive for COVID-19
  - Those who have a family member who became sick or tested positive for COVID-19
  - Those with allergies or respiratory illnesses that may result in coughing or sneezing

RELATED RESOURCES:

Address ACES

Addressing Grief

Countering Coronavirus Stigma and Racism

Creating Trauma-Sensitive Schools: Supportive Policies and Practices for Learning (Research Summary)

Guidance for Trauma Screening in Schools

School counselor and trauma-informed practice

Supporting students experiencing childhood trauma

Addressing Physical and Psychological Safety

SCHOOLS AND DISTRICTS SHOULD:

- Identify habits or systems to be put into place now to help ensure both physical and psychological safety. Clear evidence and understanding of safety measures reinforces psychological safety, which is critical to overall safety. This includes social distancing and sanitation and hygiene considerations for settings where students are gathered closely (e.g., lunch, physical education classes, recess, transportation). Some strategies may include:
  - Ensuring specialized instructional support personnel (e.g, school counselors, school psychologists, speech-language pathologists) have adequate space to conduct confidential sessions while maintaining social distancing requirements.
  - Posting videos on the district and/or schools' websites and social media showing school leaders and other personnel demonstrating what the district is doing to clean and sanitize schools as well as other healthy hygiene habits (e.g., handwashing, covering coughs and sneezes). This should occur both prior to opening and ongoing.
  - Consider a process for sanitizing shared objects, including those used by school psychologists or school counselors. These may include testing materials, fidget items or other manipulatives.
- Clearly define an expectation for using masks and other sanitization procedures. Separate guidelines may be necessary for students or staff who have medical or physical needs or who otherwise have been advised not to wear a mask. Maintain consistent guidelines to address situations where individuals or families refuse to wear a mask or follow social distancing expectations, while attempting to avoid punitive disciplinary measures. Acknowledge and be prepared to address possible stigma or fear if some people are wearing masks and some are not.
- Consider changes to a calm or wellness room, such as keeping items sanitized or ensuring more than one student can maintain a safe distance. Develop a virtual wellness space that include quotes, pictures, soothing music or videos and information on where to seek additional support if needed.
- Plan for individuals who are immune-compromised or otherwise at risk, including those with family members testing positive for COVID-19, students with health problems or physical disabilities, individuals with respiratory problems/allergies, etc.
- Consider virtual visits or phone calls to the school nurse for nonemergency concerns, and have spillover space to medically isolate at-risk individuals if needed.
- Be prepared for the potential that many students have not had access to medical care, either due to physical distancing or loss of medical insurance, which may increase the need or requests to see the school nurse.
- Establish attendance and sanitation guidelines for COVID-19-related illness and exposures (e.g., what to do if a student or staff tests positive for COVID-19 vs. student or staff exposure to COVID-19). This includes guidance on virtual learning expectations during the period a student is home and a timeline of how long a student or staff member should remain symptom-free before returning to school. Also communicate how the school will be cleaned.

RELATED RESOURCES:

CDC: Cleaning and disinfecting your facility

CDC: COVID-19 considerations for school

Framework For Safe and Successful Schools

Discipline

SCHOOLS AND DISTRICTS SHOULD:

- Acknowledge students have had inconsistent behavior and academic expectations for the previous several months. Expectations and appropriate behavior should be explicitly and regularly retaught.
- Focus on positive and effective discipline practices within a multitiered system of supports.
- View behaviors through a trauma-informed lens and as a potential symptom of deficits in regulatory skills and a prolonged adjustment period.
- Implement culturally responsive, restorative practices.
- Avoid punitive discipline such as suspension or expulsion that forces the student to leave the school environment, except for the most severe cases that put other students or staff in danger.
- Anticipate student defiance or resistance as a method of establishing control. Many students may feel disempowered, victimized, abandoned or resentful. Others will have lost trust and faith in the school's ability to care for and protect them or may experience emotional numbing. Adults working with these students should develop ways to empower students and provide unconditional positive support to build trust. Take extra time for relationship building.

RELATED RESOURCES:

NASP – Discipline: Effective school practices

NASSP – School discipline

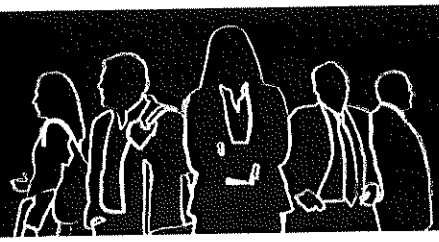
NPTA – Positive school discipline

Restorative school practices in action

School counselor and discipline

Effective School Discipline Policies and Practices (Research Summary)

Addressing Staff Needs



SCHOOLS AND DISTRICTS SHOULD:

- Recognize staff may have:
  - Potentially experienced their own loss or stress (financial, personal, social, physical/medical)
  - Seen negative comments about the school's response or feedback from families
  - Not been able to say goodbye to certain students or staff members who aren't returning to the school
- Establish systemwide approaches to address secondary traumatic stress and compassion fatigue (e.g., tap in, tap out; buddy classrooms; boundary setting; self-care in the background).
- Self-care should become part of the school culture rather than be the entire responsibility of each individual staff member.
- Identify community resources available to support school staff.
- Increase communication efforts to ensure school staff are aware of the district's employee wellness benefits (e.g., employee assistance programs, mental health and wellness insurance coverage, FMLA).
- Work with human resources to determine procedures for taking sick leave due to COVID-19 concerns with themselves and/or their family.

RELATED RESOURCES:

Coping With the COVID-19 Crisis: The Importance of Care for Caregivers

Resources to Promote Self-Care

Support for Teachers Affected by Trauma (STAT)

Tips for self-care

Family Engagement

SCHOOLS AND DISTRICTS SHOULD:

- Ensure all efforts to engage and communicate with families are culturally sensitive. Ensure all written and oral communications are available in easily accessible formats and multiple languages; translation services can be made available upon request.
- Provide activities to help families feel comfortable sending their children back to school, such as:
  - Back-to-school open houses at the school or in the community, with the ability to ask questions, meet teachers and request opportunities to talk with school-employed mental health staff
  - A dry run of getting to school a couple weeks before the first day
- Engage families to get a better understanding of their concerns regarding student needs and ways to collaborate to support a successful reentry plan. This may include a needs assessment survey for students and families to identify points of anxiety and triggers for future potential stress.
- Use input provided by families to inform possible changes to the established attendance policies.
- Consider offering family education on specific strategies they can use at home to support successful reentry. This should also include information on how to seek support if they have specific concerns about their child.
- Work with families to identify those who may need assistance with food, clothing and other basic needs.
- Determine and communicate procedures for schools conducting home visits.

RELATED RESOURCES:

Equity and family engagement COVID-19 resources

Talking to children about COVID-19: A parent resource

School-family partnerships

School Family Partnering to Enhance Learning: Essential Elements and Responsibilities

Access to School-Employed Mental Health Professionals and School Nurses

The need for access to school-employed mental health professionals (e.g., school psychologists, school counselors, school social workers) and school nurses has never been higher.

SCHOOLS AND DISTRICTS SHOULD:

- Ensure at minimum a maintenance of existing positions, and aspire to national recommendations
  - School psychologists: 1:500 students
  - School counselors: 1:250
  - School social workers: 1:250
  - School nurses: 1:750*
- Connect with community providers as needed to address gaps
- Consider ways to increase accessibility virtually by posting information on the website and creating pathways for families and students to connect as needed

*Note: This ratio is recommended when the student population is healthy. Districts heavily affected by COVID-19 may want to consider a much lower ratio of school nurses to students.

RELATED RESOURCES:

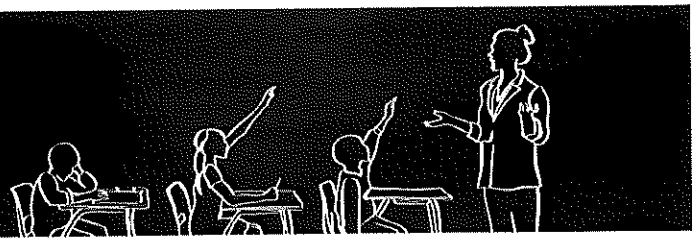
Role of the School Counselor

Role of the School Psychologist

Role of the School Social Worker

School nurses workload: Staffing for Safe Care

Plan for Unpredictable and Evolving Context



As new data emerges throughout fall 2020 and beyond, the structure of schooling may change rapidly and differ from region to region.

SCHOOLS AND DISTRICTS CAN:

- Leverage community resources (e.g., public libraries) to provide activities that support student social and emotional learning and academic growth on days students are not attending school in person.
- Review the successes and challenges from current COVID-19–related school closures to identify and address service gaps.
- Reinforce the importance of ongoing, relevant professional development for staff.
- Develop and clearly communicate decision points for additional school closures and plans to support students' academic, social and emotional, and mental and behavioral health needs.

AMERICAN SCHOOL COUNSELOR ASSOCIATION

ABOUT THE AMERICAN SCHOOL COUNSELOR ASSOCIATION

The American School Counselor Association (ASCA) promotes student success by expanding the image and influence of school counseling through leadership, advocacy, collaboration and systemic change. ASCA helps school counselors guide their students toward academic achievement, career planning and social/emotional development to help today's students become tomorrow's productive, contributing members of society. Founded in 1952, ASCA has a network of 50 state and territory associations and a membership of more than 36,000 school counseling professionals. For additional information on the American School Counselor Association, visit *www.schoolcounselor.org*.

NASP

NATIONAL ASSOCIATION OF School Psychologists

ABOUT THE NATIONAL ASSOCIATION OF SCHOOL PSYCHOLOGISTS

NASP represents more than 25,000 school psychologists who work with students, educators and families to support the academic achievement, positive behavior and mental health of all students. School psychologists work with parents and educators to help shape individual and systemwide supports that provide the necessary prevention, early identification and intervention services to ensure that all students have access to the mental health, social-emotional, behavioral and academic supports they need to be successful in school. For additional information about the National Association of School Psychologists, visit *www.nasponline.org*.

South Dakota High School Activities Association
804 North Euclid, Suite 102 • P.O. Box 1217 • Pierre, South Dakota 57501
Phone: (605) 224-9261 • Fax: (605) 224-9262

SDHSAA Fall Sports/Activities Task Force Recommendations
July 2020

Task Force Members:

Medical Representatives

Dr. Jeremy Cauwels Dr. Verle Valentine Paul Richter Tryg Odney

State Office Representatives

Dr. Ben Jones- SD Dept. of Education Linda Ahrent- SD Dept. of Health

SDHSAA- Dr. Dan Swartos, Jo Auch, Dr. John Krogstrand, Brooks Bowman

SDHSAA Board of Directors

Craig Cassens (Principal, Faulkton) Randy Soma (AD, Brookings),

Dan Aaker (Athletic Director- Winner) Mark Murphy (School Board, Aberdeen)

Superintendents

Dr. Becky Guffin- Aberdeen Dr. Jarod Larson-Brandon Valley

Shayne McIntosh- Parkston Joel Bailey- Platte-Geddes

Derek Barrios- Elk Point/Jefferson Blake Gardner- Hill City

Tom Cameron- White River Dr. Donavan DeBoer- Parker

Rick Weber- Flandreau

Athletic Directors

Casey Meile- Sioux Falls Public Jared Vasquez- Rapid City Stevens

Terry Rotert- Huron Brian Moser- Pierre T.F. Riggs

Chuck Wilson- Todd County Julie Eppard- Chester Area

Kelly Messmer- Harding County

Guiding Principles:

1. A return to sports/activities for regular season contests and state championships must be safe for athletes, coaches, officials, and fans.
2. The goal of the SDHSAA in 2020 should be to incorporate school-based sports and fine arts activities when practical and safe.
3. Standardized procedures should be in place at all schools for the screening of athletes and coaches. This procedure should also be followed by all officials and judges for contests.
4. Standardized protocols should be in place, in conjunction with the South Dakota Department of Health, at all schools regarding confirmed close contact and confirmed positive cases of rostered individuals, members of the coaching staff, and all officials and judges.
5. SDHSAA Policies should be in place regarding the re-scheduling of events, events to be deemed a "no contest", and events to be deemed a "forfeit".
6. Benchmarks should be established to signify the need to reconvene and re-evaluate the recommendations in this document.
7. The SDHSAA should offer guidance on issues that would normally be a matter of local control.

Principle #1 – Safety

- Following peaks in Mid-April and Mid-May, rates for confirmed cases, recoveries, and hospitalizations decreased and have since leveled out in South Dakota. Areas impacted significantly, including Minnehaha, Lincoln, Pennington, and Beadle counties have leveled out. Due to the disparate geography and population centers in the state, surges and peaks in cases, recoveries, and hospitalizations may not appear as apparent as they would in more densely populated areas of the country.
- The NFHS has proposed rule modifications for all Fall sports. Recommendations from SDHSAA staff on those rule modifications fall under three categories- mandatory, optional, and impermissible. **Those rule modification recommendations, in addition to Fine Arts considerations, are attached as Appendix A to this document.** In addition to fall sports, proposed solutions for fall fine arts events have also been created.
- The NFHS Sports Medicine Advisory has released recommendations for classification of sports and fine arts activities in regards to contact and risk. Those categories are Low, Moderate, and High.
- Fall Sports:
    - Low Contact/Risk- Golf, Tennis, Cross Country
    - Moderate Contact/Risk- Soccer, Volleyball
    - High Contact/Risk- Football, Competitive Cheer, Competitive Dance
- Fall Fine Arts:
    - Low Contact/Risk- Journalism, Oral Interp
    - High Contact/Risk- All-State Chorus and Orchestra

Principle #2- Keeping Students Active and Involved

- A recent study by the University of Wisconsin School of Medicine and Public Health (McGuine et al., 2020) examined the impact of school closures and sport cancellations on the health of adolescent athletes in Wisconsin. In the adolescents studied, 65% reported anxiety symptoms in May of 2020, 25% of which were in the moderate and severe category. Additionally, 68% reported symptoms of depression, compared to a historical baseline of 31%. Further, the study found a 50% decrease in physical activity in the athletes. As an overall trend the study found that the school closures and sport cancellations had a statistically significant negative impact on the physical health, psychosocial health, and overall health of the adolescents in the study.
- Season switches were explored by the committee and not determined to be practical or necessary at this time. Flexibility in scheduling could potentially allow us to shorten other seasons and resume unfinished fall seasons in the late spring (without overlapping with Spring sports) if necessary.

Principle #3- Screening Procedures

- All rostered individuals (athletes, managers, statisticians, coaching staff, cheerleaders) and other school personnel involved (bus drivers, etc) will be screened daily for CDC recommended indicators of COVID-19. Any individuals with unexplained positive responses (i.e.- intestinal issues following a large meal, headache with a history of migraines, etc.) must not be allowed to practice/compete/coach/assist until they have been evaluated by medical personnel. **Sample screening document found in Appendix B.**
- **NOTE- Individuals with positive screening responses are NOT automatically placed in a 14-day quarantine period. However, if individuals with positive responses refuse to be evaluated by medical personnel and provide that notification to the school, they must sit out and monitor for further symptoms for 14 days from the onset of symptoms to ensure recovery.**
- Depending upon school policies, screening for fever may be done at the school or at home.
- All contest officials and judges will self-screen the day of the contest and report to site host administrator. Any individuals with unexplained positive responses (i.e.- intestinal issues following a large meal, headache with a history of migraines, etc.) must not be allowed to officiate/judge until they have been evaluated by medical personnel.
- Athletes, participants, coaches, and officials who are in a vulnerable population should take extra precaution and visit with their physician about participation, particularly in sports/activities that do not allow for consistent social distancing.

Principle #4- Protocol for Confirmed Close Contact and Positive Cases

- **ALL indications of positive cases and confirmed close contact (within 6 feet for at least 15 minutes of time starting two days prior to symptom onset) must come through the South Dakota Department of Health.**
- Any Department of Health verified close contact (student/coach/official/judge/team personnel) must follow SDDOH guidelines. Currently, those guidelines require a 14-day quarantine from the date of contact away from school and daily screening of symptoms.
- Any Department of Health verified positive case (student/coach/official/judge/team personnel) must follow SDDOH guidelines. Currently, those guidelines require the individual to self-isolate for 10 days from the first onset of symptoms and must be fever free for 72 hours without the use of fever-reducing medications. Any individual (student/coach/official/judge/team personnel) with a verified positive case must have a physician complete the SDHSAA COVID Return to Play form prior to returning to competition/coaching/officiating/judging/team membership. For students, if the physician indicates the need for the return to play protocol due to hospitalization, cardiopulmonary concerns, or otherwise, the school must verify that the return to play protocol is followed. **Form located in Appendix C.**
- Schools must notify the SDHSAA of any verified close contact or positive cases of rostered individuals via the SDHSAA School Zone. No personally identifiable information will be contained in the notification to the SDHSAA. All information will be treated in compliance with HIPAA and FERPA from the member school and the SDHSAA. Dr. Swartos from the SDHSAA will be part of the SDDOE/SDDOH School Response Team.
- SDDOH Case Investigation outline from https://doe.sd.gov/coronavirus/documents/CaseInvestigation.pdf

Principle #5- SDHSAA Policies

- Re-Scheduling Contests- The SDHSAA will assist teams as much as possible in working towards the satisfactory rescheduling of missed contests. Re-scheduling of football contests will be difficult and may not be possible, with the exception of shared bye weeks.
- "No Contest"- If a school has substantial spread of cases within their building such that they are forced to deliver instruction completely via distance learning, all efforts should be made to reschedule. If that is not possible, the contest will be declared a "no contest" for both teams. Similarly, if both teams agree not to play, but are not in a "shutdown", in exceptional scenarios it could become a "no contest" with prior approval from SDHSAA.

- "Forfeit"- If a school decides on their own, without a school/district shutdown or without SDDOH recommendation, that they do not want to play a contest, the contest will be declared a "forfeit" with the team deciding not to play awarded a loss and the opposing team a win.
- Any post-season contests that are unable to be played will be considered a forfeit.
- The SDHSAA will act as a mediator and make final decisions as it pertains to forfeit and no contest determinations.
- The SDHSAA should develop policies for virtual Fine Arts events.

Principle #6- Benchmarks for Re-Evaluation

- The SDHSAA will work with this task force, in addition to the South Dakota Department of Health, throughout the fall to determine if it is necessary to re-examine this document.

Principle #7- Other Guidance

- Schools should post guidance regarding social distancing and hygiene at their facility entrances and other high traffic areas of their facilities.
- Schools should encourage and support the use of masks by spectators.
- Schools should evaluate local conditions in determining restrictions on crowd size. **If fan attendance is allowed at a contest, fans from both/all teams involved should be allowed to attend in the same capacity deemed safe for home teams to attend.**
- Schools should consider using 7- or 14-day trends and other indicators of active cases, new cases, and hospitalizations in their District/County area to develop a tiered system for fan attendance, such as:

TIER	Fan Attendance	Conditions
Tier 1	Open attendance	Steady/Decreasing rates of community active cases, new cases, and hospitalizations.
Tier 2	Parents/Student Body Only	Slow/intermittent increase of community active cases, new cases, and hospitalizations. Isolated cases, no evidence of exposures in large communal settings.
Tier 3	Student Body or Parents Only	Steady/incremental increase of community active cases, new cases, and hospitalizations. Sustained increases, potential exposures in large communal settings.
Tier 4	No Fans	Sharp increase of community active cases, new cases, and/or hospitalizations WITHOUT concurrent increase of cases/contacts within the school setting. Confirmed exposures in large communal settings.

- If fan attendance is being limited, schools should consider using a pass system to control crowd sizes and limit build ups at the gate. In addition, any pass system should be extended to visiting teams and coordinated between athletic directors prior to the contest.

- **The SDHSAA encourages conferences and other like groups of schools to consider agreeing to similar attendance policies across the conference/like group to avoid confusion from fans.**
- **During bus travel to away contests and for transportation to practice for cooperative programs, schools should strongly consider assigned seating and mandating the use of cloth face masks by everyone on the bus to assist with contact tracing and potentially assist with the numbers confirmed close contact.**
- Schools should consider cashless transaction at the gates via a system like Huddle. Ticket takers and other event workers should be offered protective equipment such as masks and gloves.
- With the dramatic rise in streaming capabilities for contests, in addition to the NFHS Network offer of free Pixellot systems to every school, schools should evaluate their current streaming offerings and **actively encourage fans to self-screen and watch from home if exhibiting any symptoms. Similarly, schools should actively encourage those who are vulnerable to watch from home.**
- A joint SDDOH/SDHSAA set of recommendations for concession stands is attached to this document as **APPENDIX D**.
- Schools should evaluate their media areas and attempt to reconfigure to allow social distancing.
- Facility cleaning guidance for the summer period should be continued throughout the school year.

FINAL RECOMMENDATIONS:

1. The task force recommends that all SDHSAA-sanctioned fall sports proceed according to schedule with the attached rule modifications, in addition to screening procedures and South Dakota Department of Health protocol for confirmed close contacts and confirmed positive tests.
2. Due to the nature of the event (nearly 1,100 students from over 150 different schools), the Task Force recommends that SDHSAA staff further consider the All-State Chorus and Orchestra concert, examine the results of the pending NFHS aerosol study, and make a determination on that event at a later date.
3. The Task Force recommends that remaining fall season SDHSAA Fine Arts Events (Journalism and Oral Interp) continue, with SDHSAA staff evaluating the need for the events to be held virtually due to the size of the event in student count and number of communities represented.

References

McGuine, T., Biese, K., Hetzel, S., Kliethermes, S., Reardon, C., & Bell, D. et al. (2020). *The Impact of School Closures and Sport Cancellations on the Health of Wisconsin Adolescent Athletes*. Madison, WI.

South Dakota High School Activities Association
804 North Euclid, Suite 102 • P.O. Box 1217 • Pierre, South Dakota 57501
Phone: (605) 224-9261 • Fax: (605) 224-9262

APPENDIX A

SDHSAA Fall 2020 Rule Modifications

Rule modifications are divided into three categories:

1. Mandatory- rule changes that must be followed until further advised
2. Optional- rules allowances that may be utilized if desired until further advised
3. Impermissible- items that are not allowed by SDHSAA rule

Golf

MANDATORY MODIFICATIONS	• **Follow all rules published by the host course and USGA guidelines that are in place for spectators, competitors and coaches alike. This includes leaving the flagstick and hole-barrier in place if the course is using that system for regular season play.** • **No-Touch Scorecards shall be used.** The USGA and Golf Genius are working on a tutorial to show how this can be provided free of charge through the USGA Tournament Management App on any mobile device with a data connection. Rules regarding illegal use of electronic devices will remain in place for competitors. • **Fans/Spectators and Rules Officials shall maintain** a 6' distance from all players throughout the round. • **No Awards Ceremonies** following play. Meet management shall distribute all awards to coaches, who will then present to the athletes. No draping of competitors in ribbons/medals. • **No common distribution of water accessible to multiple parties.** • **Clean** frequently touched areas, and provide ample hand sanitizer at all practices and contests.
OPTIONAL MODIFICATIONS	• **Consider** "putting through" or "uninterrupted putting" by players when on the green to allow for safer distancing as the golfers who are not up are able to remain distanced on/around the green. • **Consider** "Circle 10" option for scoring, where if a player exceeds 10 shots on a hole, they simply pick up. This allows for more consistent pace of play throughout events. • **Athletes** and coaches are allowed to wear masks/face coverings, and are invited to bring their own water bottle. • **Galleries** should be limited to "paths only" and keep 6' of distance between themselves and others throughout the round.

Tennis

MANDATORY MODIFICATIONS	• Use numbered sets of tennis balls, with a different number for each competitor/doubles team, and only handle your numbered tennis balls. Clean balls with Lysol or Clorox. • Maintain social distancing as possible during play. Avoid fist bumps or hand shakes prior to or following the contest. • Use your racquet or foot to move balls from your side to your opponents side. • Switch court sides on opposite sides of the court. • Clean frequently touched objects and areas and provide ample hand sanitizer for athletes and coaches.
OPTIONAL MODIFICATIONS	• Athletes and coaches are allowed to wear face masks/coverings. • Athletes should use their own water bottle.

Soccer

MANDATORY MODIFICATIONS	• **Rule 5-2: Pregame Conference** should only be attended by the Head Coach and **one** captain from each team, be held at midfield with social distancing of 6' encouraged • **Rule 6: Ballholders** shall be given similar screening as athletes and officials prior to working the game and should maintain 6' of space throughout the contest from one another as possible • **Rule 1: Team Bench** areas may be expanded to allow more space for distancing. Areas must be marked by cones or lines to delineate what is and is not allowable space, and should not extend beyond the front line of the penalty area. • **Officials' Table and Press Box areas** should be limited to essential personnel only. Team Statisticians other than an official book shall remain in their team or spectator areas. • **Post-Game – Officials** should immediately leave the field area and not linger to shake hands with teams following competition. • **No common distribution of water accessible to multiple parties.** • **Clean** frequently touched areas, and provide ample hand sanitizer at all practices and contests
OPTIONAL MODIFICATIONS	• **Athletes, coaches and officials** are allowed to wear masks/face coverings, and are invited to bring their own water bottle. • **Pre-Game introductions, if held,** should be done immediately in front of each team's bench area (touch line) and not in the traditional "World Cup" format". No pre-game handshake lines should occur.
IMPERMISSIBLE MODIFICATIONS	• **Officials may *not* use an electronic whistle or noise-maker without prior, specific, authorization from the SDHSAA office.**

Competitive Cheer and Competitive Dance

MANDATORY MODIFICATIONS	• **Sideline Cheer (2-1-14, 2-1-16)**- Participants should be appropriately spaced on the court, field, or sideline to ensure proper social distancing • **Cheer (3-1-1)**- Any mask worn during a routine that does not involve stunting but involves tumbling must be taped and secure. • **Dance (4-1-1)**- Any mask worn during a routine that involves tumbling must be taped and secure
OPTIONAL MODIFICATIONS	• **Cheer**- Megaphones should not be transferred from one to another. Cheer coaches should consider not sharing poms and signs. • **Cheer**- Coaches should consider working with stunt groups in "pods" to limit the number of close contacts between students. • **Cheer**- Masks may be worn if not stunting or tumbling. • **Dance**- Masks may be worn (see note above if tumbling) • **Dance**- It is recommended that social distancing be considered when creating routines. • **Cheer/Dance**- Shoes and hands should be sanitized prior to going on the performing surface. • **Cheer/Dance**- Mat/surface areas should be sanitized regular per manufacturers recommendations. • **Cheer/Dance**- It is recommended that there be no medal ceremonies.
IMPERMISSIBLE MODIFICATIONS	• **Cheer (3-1-1):** No masks may be worn in routines that involve stunting.

Cross Country

MANDATORY MODIFICATIONS	• **Rule 8-1-3:** Course must be widened to ensure 6' of width at its most-narrow point • **Finish Corral/Chute:** Removal of the "Chute" as an option for the finish area, and instead all meets should establish a "Corral" of over 100' in length and 12' in width to accommodate finishers • **Awards:** Awards ceremonies should not occur. Distribute awards directly from meet administration to coaches to provide to athletes. No draping of medals on competitors • **Starting Boxes:** Design start area with boxes of 6' in width, with an empty 6' box between each school/team. If unable to accommodate in a straight line, consider use of a staggered, wave or interval start. • **No common distribution of water accessible to multiple parties.** • **Clean** frequently touched areas, and provide ample hand sanitizer at all practices and contests. • **Spectators** must not have access to athletes, and should be restricted to areas outside of the 6' course width and a minimum of 6' away from team camps, starting and finish areas.
OPTIONAL MODIFICATIONS	• **For Students:** Masks/face coverings may be worn. Each athlete should be required to bring their own water bottle. • **Team Camp areas**, if permitted, should be isolated from spectators or other non-essential personnel. Team camps should be only available to members of that specific team, and not a shared/common space.

Football

MANDATORY MODIFICATIONS	• **Rule 1-2: Team Boxes** may be extended length-wise to the 15-yard lines on either end to promote social distancing of 6' from one another in the team box. • **Rule 1-3: Game Balls** may be rotated more frequently than previously allowed to ensure cleaning and sanitization of balls between downs. "Ball Boys" should practice social distancing and must remain on their own teams' sideline or end-zone area during the contest (and not on the opponents sideline). • **Rule 1-5: Face masks** with integrated visors that connect to the entirety of the mask may be worn, as long as the visor is 100% clear and free of tint. • **At this time – Cloth masks and face coverings are not permissible, as they affect the legality of and ability to properly wear chin straps and mouthguards. The NFHS SMAC will be releasing additional guidance on this matter soon.** • **Rule 2-6 & 3-5: Charged Time-Outs** are to be **120** seconds in length. Conferences during Charged Time-Outs must be held within the nine-yard marks on the field and not at the sideline. More than one coach, however, may now be part of this nine-yard mark conference, and, technological devices may be used in this conference. • **Rule 3-5: Quarter Breaks** are to be **120** seconds in length as well and follow the same guidelines as above for a charged time-out. • **Coin Toss: Only FOUR** captains may attend per team. Eliminate handshake as required in manual. • **Line-To-Gain Crew shall be located on the HOME team's sideline, regardless of orientation to press box.** Chain-gang crew shall not enter the playing field. If a measurement is needed, officials should deliver chains to the field, not the chain crew. • **Eliminate Individual Introductions of players/tunnel line from all contests. Starting Units** can be introduced, but not with the run-through action of athletes as names are called. • **No common distribution of water accessible to multiple parties. Each athlete must** have his or her own Water Bottle. **Officials** should provide/be provided their own, specific beverage containers as well. • **Clean** frequently touched areas, and provide ample hand sanitizer at all practices and contests • **NO NON-TEAM PERSONNEL IN THE TEAM BOX.** Media and others must remain outside of the team box area at all times.
OPTIONAL MODIFICATIONS	• **Strongly Encourage** facilities that use a shared sideline for both teams to reconfigure so that each team has their own sideline to enhance distancing. • **Consideration that the only field-level personnel during contests are officials and team personnel.** Media, parents, spectators, cheerleaders, etc., should be in a socially distant area of the facility away from the on-field action.
IMPERMISSIBLE MODIFICATIONS	• **Gloves, if worn,** must still meet the NOCSAE/SFIA specifications and cannot be non-compliant and worn during a football contest. • **Officials may *NOT* use an electronic whistle/noisemaker without prior, specific, authorization from the SDHSAA office.**

Volleyball

MANDATORY MODIFICATIONS	• ***Prematch Conference (1-2-4a; 1-6-2; 1-6-3; 2-1-10; 5-4-1h, k; 5-6-1; 7-1-1; 7-1-1 PENALTIES 1; 9-1a; 12-2-3)*** o Limit attendees to one coach from each team, first referee and second referee. o Move the location of the prematch conference to center court with one coach and one referee positioned on each side of the net. All four individuals maintain a social distance of 3 to 6 feet. **Coaches will indicate to the officials how many players are listed on their roster so officials will verify for the match.** o Suspend the use of the coin toss to determine serve/receive. The visiting team will serve first in set 1 and alternate first serve for the remaining non-deciding sets. • **Roster Submission**: Suspend roster submission at the prematch conference. Rosters are submitted directly to the officials' table before the 10-minute mark. • **Line up submission**: Coaches will turn in a small court sample or service order for HOME team and VISITING team for each set at the table. • ***Team Benches (5-4-4b, 9-1-2, 9-1-2 NOTE, 9-3-3b)*** o Suspend the protocol of teams switching benches between sets. In the event there is a clear and distinct disadvantage, teams may switch sides, observing all social distancing protocols. Officials will determine if a disadvantage is present. o Limit bench personnel to observe social distancing of 3 to 6 feet where possible. o Only team personnel allowed on the benches. Stats/managers/book keepers etc. should find areas to other than the bench to sit. • ***Deciding Set Procedures [1-2-4b, 5-4-4c, 5-5-3b(26), 9-2-3c]*** o Move the location of the deciding set coin toss to center court with team captains and the second referee maintaining the appropriate social distance of 3 to 6 feet. A coin toss, called by the home team, will decide serve/receive. o Suspend the protocol of teams switching benches before a deciding set. In the event there is a clear and distinct disadvantage, teams may switch sides, observing all social distancing protocols. Officials will determine if a disadvantage is present. • ***Substitution Procedures (2-1-7, 10-2-1, 10-2-3, 10-2-4)*** o Maintain social distancing of 3 to 6 feet between the second referee and the player and substitute by encouraging substitutions to occur within the substitution zone closer to the attack line. o Athletes should use hand sanitizer upon entering and leaving the contest. No high five or contact on the substitution exchange. • ***Officials Table (3-4)*** o Limit to essential personnel which includes home team scorer, libero tracker and timer with a recommend distance of 3 to 6 feet between individuals. Visiting team personnel (scorer, statisticians, etc.) are not deemed essential personnel and will need to find an alternative location.

	• *Line Judges*
	  o Line judges do not need to carry the ball with them to their standing position at the time-out by the first referee. Instead, the server should just set the ball on the service line and it will be available upon their return to play.
	• *Pre and Post Match Ceremony*
	  o At the end of the timed warmup, only the starters/libero (if using one) will be permitted on the endline for national anthem and introductions. When announced step forward and back. Non-starters will be at the bench are practicing social distancing.
	  o The first referee and the line judge working on the first referee sideline stand to the right of the first referee's stand. The second referee and line judge working on the second referee's sideline stand to the right of the net post on the second referee's side. The referees stand closest to the respective poles. All should face the court for introductions and face the flag for the national anthem.
	  o After the national anthem and introductions, the first referee whistles and signals the players to enter the court. Line judges will take their respective positions, R2 will check the line-ups and play will begin.
	  o The handshakes both before and after the match will be eliminated.
	• **Officials and Athletes should bring their own water/water bottle.**
	• **Game Balls** should be sanitized between sets/time-outs etc. If ball shaggers are used, it is recommend that they wear gloves and sanitize balls between serves while rotating volleyballs to the server. It is recommended that shaggers from the previous matches be used and stay on their side of the floor to sanitize balls. Example: JV contest is completed. Team A places shaggers on their end of the floor and Team B places shaggers on their end of the floor to help with ball control and sanitize balls.
	• **Have hand sanitizer located on each bench for athletes to use upon entering and exiting the contest (substitutions, timeouts, etc.)**

OPTIONAL MODIFICATIONS	• Teams should consider playing 20 dual matches and avoid tournament play until conference play and post-season events.
	• ***Rule 4-1 EQUIPMENT AND ACCESSORIES***
	  o Cloth face coverings are permissible. (4-1-4)
	  o Gloves are permissible. (4-1-1)
	• ***Rule 4-2 LEGAL UNIFORM***
	  o Long sleeves are permissible. (4-2-1)
	  o Long pants are permissible. [4-2-1i (1)]
	  o Under garments are permissible, but must be unadorned and of a single, solid color similar in color to the predominant color of the uniform top or bottom. [4-2-1h (3), 4-2-1i (2)]
	• ***Rule 5-3 OFFICIALS UNIFORM AND EQUIPMENT***
	  o By state association adoption, long-sleeved, blue collared polo shirt is permissible. (5-3-1 NOTES 2)
	  o Electronic whistles are permissible. (5-3-2a, b)
	  o Cloth face coverings are permissible.
	  o Gloves are permissible.

	• ***Disinfecting the ball*** ○ It is recommended to have someone in place to disinfect the game balls between sets and during timeouts. Another option would be to have a sanitized ball at the table ready for use, if needed. • **Two ball carts should be used,** one for each team. Teams only use ball cart assigned. • Media, spectators etc. should practice social distancing at all times in the stands. • Site administration needs to come up with safety plans for entering and exiting courts.

South Dakota High School Activities Association
804 North Euclid, Suite 102 • P.O. Box 1217 • Pierre, South Dakota 57501
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SDHSAA Fall 2020 Fine Arts Considerations

Journalism:

- In-person workshop sessions would need a plan for social distancing.
- Online workshop sessions would be an option.
- The state convention would have over 220 participants. If held, procedures would need to be in place for social distancing, staggered registration times, and the awards ceremony.

All-State Chorus and Orchestra:

- Orchestra auditions could be done via recording to minimize student exposure.
- In-person auditions themselves could be accomplished, but procedures for those waiting to audition or waiting for auditions to finish must be developed.
- The state event itself involves approximately 1,100 students who come from over 150 different schools.
- Hotels may be an issue if rooms are limited to 2 people per room.
- If restaurants are limiting seating, finding available food options during break for 1100 kids plus several hundred advisors may be difficult.

Oral Interp:

- District and region contests could be conducted virtually if necessary, with District and Region Chairs facilitating the contests.
- Alternates would need to be chosen at the district and region level. The alternates would advance if advancing schools or participants are unable to attend.
- At the state competition, only competitors and judges would be allowed in the room.
- Many small gathering areas would be necessary, as opposed to the normal large gathering area.
- If there is a state competition, plans would need to be implemented for social distancing and awards ceremonies.

NFHS SDHSAA SOUTH DAKOTA HIGH SCHOOL ACTIVITIES ASSOCIATION

(Insert School Logo Here)

APPENDIX B

COVID-19 Participant/Coach Monitoring Form

DATE: ________________ PERSON RESPONSIBLE: ________________________________

***NOTE:* Any individual who has had close contact (within 6 feet for at least 15 minutes) with someone who has a confirmed case of COVID-19 should contact the South Dakota Department of Health for further guidance.**

NAME	CIRCLE YES/NO BELOW															
	FEVER OF 100.4 OR GREATER		NEW/ WORSENING COUGH		UNEXPLAINED SORE THROAT		SHORTNESS OF BREATH		UNEXPLAINED FATIGUE OR MUSCLE/BODY ACHES?		HEADACHE NOT RELATED TO KNOWN CONDITIONS?		NEW LOSS OF TASTE OR SMELL?		NAUSEA/ VOMITING/ DIARRHEA	
	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO
	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO
	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO
	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO
	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO
	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO
	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO
	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO
	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO
	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO
	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO

SDHSAA COVID-19 Return to Play Form

If an athlete/coach/official/judge/team personnel has tested positive for COVID-19, he/she must be cleared for progression back to activity by an approved health care provider (MD/DO/PAC/ARNP)

APPENDIX C

Individual's Name: _____ DOB: _____ Date of Positive Test: _____

THIS RETURN TO PLAY IS BASED ON TODAY'S EVALUATION

Date of Evaluation: _____

Criteria to return (Please check below as applicable)

- ❑ 10 days have passed since symptoms first appeared
- ❑ Symptoms have resolved (No fever (≥100.4F) for 72 hours without fever reducing medication, improvement of symptoms (cough, shortness of breath)
- ❑ Individual was not hospitalized due to COVID-19 infection.
- ❑ Cardiac screen negative for myocarditis/myocardial ischemia (All answers below must be no)

Chest pain/tightness with exercise	YES	❑	NO	❑
Unexplained Syncope/near syncope	YES	❑	NO	❑
Unexplained/excessive dyspnea/fatigue w/	YES	❑	NO	❑
exertion New palpitations	YES	❑	NO	❑
Heart murmur on exam	YES	❑	NO	❑

NOTE: **If any cardiac screening question is positive or if athlete was hospitalized, consider further workup as indicated. May include CXR, Spirometry, PFTs, Chest CT, Cardiology Consult**

❑ Individual HAS satisfied the above criteria and IS cleared to return to activity.

❑ FOR ATHLETES ONLY: Due to factors, including hospitalization and/or additional cardiac screening/ procedures, the athlete is cleared to return to activity AFTER following the Return to Play Procedures below.

❑ Individual HAS NOT satisfied the above criteria and IS NOT cleared to return to activity

Medical Office Information (Please Print/Stamp):

Evaluator's Name: _____ Office Phone: _____

Evaluator's Address: _____

_____

Evaluator's Signature: _____

Return to Play (RTP) Procedures After COVID-19 Infection

Athletes must complete the progression below without development of chest pain, chest tightness, palpitations, lightheadedness, pre-syncope or syncope. If these symptoms develop, patient should be referred back to the evaluating provider who signed the form.

- **Stage 1:** (2 Days Minimum) Light Activity (Walking, Jogging, Stationary Bike) for 15 minutes or less at intensity no greater than 70% of maximum heatt rate. NO resistance training.
- **Stage 2:** (1 Day Minimum) Add simple movement activities (EG. running drills) for 30 minutes or less at intensity no greater than 80% of maximum heart rate
- **Stage 3:** (1 Day Minimum) Progress to more complex training for 45 minutes or less at intensity no greater than 80% maximum heart rate. May add light resistance training.
- **Stage 4:** (2 Days Minimum) Normal Training Activity for 60 minutes or less at intensity no greater than 80% maximum heart rate
- **Stage 5: Return to full activity**

Cleared for Full Participation by School Personnel (Minimum 7 days spent on RTP): _____

RTP Procedure adapted from Elliott N, et al. Infographic. British Journal of Sports Medicine, 2020.

SOUTH DAKOTA DEPARTMENT OF HEALTH covid.sd.gov

APPENDIX D

COVID-19 GUIDANCE: FOOD CONCESSION STANDS FOR SCHOOLS AND TEMPORARY EVENTS

OPERATIONS:

- Post signage at stand for patrons to maintain social distancing of 6' between parties near food stand
- Maintain a sanitize solution* for wiping cloths during operations and increase cleaning/sanitizing frequencies - especially high-contact surfaces such as equipment, utensils, and countertops
- Discontinue self-service operations for the public such as drink stations, condiment trays, cup/napkin/utensil dispensers and other amenities to help maintain infection control
- Consider the use of fans or open (screened) windows to improve air circulation in smaller indoor stands
- Consider barriers such as Plexiglass between employees and customers if practical

EMPLOYEES:

- STAY HOME if you have or develop symptoms of cough, shortness of breath, fever, chills, repeated shaking with chills, muscle pain, headache, sore throat, vomiting, diarrhea, or new loss of taste or smell
- STAY HOME if you have been in close contact with someone who was diagnosed or suspected to have COVID-19 in the last 14 days
- Wear a mask or face covering – this will also help prevent touching hands to the face
- ALWAYS practice effective hand hygiene including washing hands with soap and water for at least 20 seconds, especially after going to the bathroom, before eating, and after blowing your nose, coughing, or sneezing
- Use alcohol-based sanitizer (min. 60%) on clean hands - when soap and water is not readily available
- Use gloves or tongs to avoid direct bare hand contact with ready-to-eat foods
- Social distance; limit number of employees in confined spaces, keep at least 6 feet between yourself and other staff as best as possible.

***SD DOH approved sanitizing solutions:**
Chlorine (5.25% household bleach): Use 1 and ½ teaspoons of bleach per gallon of water
OR
Quaternary Ammonia per label recommendations

SDHSAA
SOUTH DAKOTA HIGH SCHOOL ACTIVITIES ASSOCIATION

DSS Purchase Order # 21SC082305
Provider Contract # 21-0823-305

STATE OF SOUTH DAKOTA
DEPARTMENT OF SOCIAL SERVICES
DIVISION OF ECONOMIC ASSISTANCE

Purchase of Services Agreement
For Provider Services
Between

Parkston School District 102C Chapman Dr. Parkston, SD 57366-9633	State of South Dakota Department of Social Services DIVISION OF ECONOMIC ASSISTANCE 700 Governors Drive Pierre, SD 57501-2291
Referred to as Provider	Referred to as State

The State hereby enters into a contract (the "Agreement" hereinafter) for procurement of goods or services. While performing services hereunder, Provider is an independent contractor and not an officer, agent, or employee of the State of South Dakota.

1. PROVIDER'S South Dakota Vendor Number is 12055602 .

2. PERIOD OF PERFORMANCE:
   A. This Agreement shall be effective as of June 1, 2020 and shall end on May 31, 2021, unless sooner terminated pursuant to the terms hereof.

   B. Agreement is exempt from the request for proposal process.

3. PROVISIONS:
   A. The Purpose of this Provider contract:
      1. Provide for an appropriate education program for youth.

      2. Does this Agreement involve Protected Health Information (PHI)? YES (X) NO ( )
      If PHI is involved, a Business Associate Agreement must be attached and is fully incorporated herein as part of the Agreement (refer to attachment A) .

      3. The Provider will not use state equipment, supplies or facilities.

   B. The Provider agrees to perform the following services (add an attachment if needed):
      1. 1. Maintain accreditation or approval by the Education authority in the facility's state, ensure an appropriate education program is provided and ensure the educational services are provided in accordance with the South Dakota Auxiliary Placement Program

   C. The TOTAL CONTRACT AMOUNT will not exceed **$ 196,000. Auxiliary Placement tuition rate per full school day of at least 5.5 hours of instructional time is $75.93. (School days less than 5.5 hours of instructional time will be 1/2 the rate).**
   Payment will be in accordance with SDCL 5-26

4. BILLING:
Provider agrees to submit a bill for services within (30) days following the month in which services were provided. Provider will prepare and submit a monthly bill for services. Provider agrees to submit a final bill within 30 days of the Agreement end date to receive payment for completed services. If a final bill cannot be submitted in 30 days, then a written request for extension of time and explanation must be provided to the State.

5. TECHNICAL ASSISTANCE:
The State agrees to provide technical assistance regarding Department of Social Services rules, regulations and policies to the Provider and to assist in the correction of problem areas identified by the State's monitoring activities.

6. LICENSING AND STANDARD COMPLIANCE:
The Provider agrees to comply in full with all licensing and other standards required by Federal, State, County, City or Tribal statute, regulation or ordinance in which the service and/or care is provided for the duration of this Agreement. The Provider will maintain effective internal controls in managing the federal award. Liability resulting from noncompliance with licensing and other standards required by Federal, State, County, City or Tribal statute, regulation or ordinance or through the Provider's failure to ensure the safety of all individuals served is assumed entirely by the Provider.

7. ASSURANCE REQUIREMENTS:
The Provider agrees to abide by all applicable provisions of the following: Byrd Anti Lobbying Amendment (31 USC 1352), Executive orders 12549 and 12689 (Debarment and Suspension), Drug-Free Workplace, Executive Order 11246 Equal Employment Opportunity, Title VI of the Civil Rights Act of 1964, Title VIII of the Civil Rights Act of 1968, Section 504 of the Rehabilitation Act of 1973, Americans with Disabilities Act of 1990, Title IX of the Education Amendments of 1972, Drug Abuse Office and Treatment Act of 1972, Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970, Age Discrimination Act of 1975, , Pro-Children Act of 1994, Hatch Act, Health Insurance Portability and Accountability Act (HIPAA) of 1996 as amended, Clean Air Act, Federal Water Pollution Control Act, Charitable Choice Provisions and Regulations, Equal Treatment for Faith-Based Religions at Title 28 Code of Federal Regulations Part 38, the Violence Against Women Reauthorization Act of 2013 and American Recovery and Reinvestment Act of 2009, as applicable; and any other nondiscrimination provision in the specific statute(s) under which application for Federal assistance is being made; and the requirements of any other nondiscrimination statute(s) which may apply to the award.

8. RESTRICTION OF BOYCOTT OF ISRAEL:
Pursuant Executive Order 2020-01 for contractors, vendors, supplies, or subcontracts with five (5) or more employees who enter into a contract with the State of South Dakota that involves the expenditure of one hundred thousand dollars ($100,000) or more - by signing this contract, the Provider certifies and agrees that it has not refused to transact business activities, has not terminated business activities, and has not taken other similar actions intended to limit any commercial relations as related to the subject matter of the contract with any person or entity that is either the State of Israel, a company doing business in or with Israel, or a company authorized by, licensed by, or organized under the laws of the State of Israel to do business, with the specific intent to accomplish a boycott or divestment of Israel in a discriminatory manner. It is understood and agreed that, if this certification is false, such false certification will constitute grounds for the State of South Dakota to terminate this contract. The Provider further agrees to provide immediate written notice to the State of South Dakota if during the term of the contract it no longer complies with this certification and agrees such noncompliance may be grounds for contract termination.

9. RETENTION AND INSPECTION OF RECORDS:

The Provider agrees to maintain or supervise the maintenance of records necessary for the proper and efficient operation of the program, including records and documents regarding applications, determination of eligibility (when applicable), the provision of services, administrative costs, statistical, fiscal, other records, and information necessary for reporting and accountability required by the State. The Provider shall retain such records for a period of six years from the date of submission of the final expenditure report. If such records are under pending audit, the Provider agrees to hold such records for a longer period upon notification from the State. The State, through any authorized representative, will have access to and the right to examine and copy all records, books, papers or documents related to services rendered under this Agreement. State Proprietary Information retained in Provider's secondary and backup systems will remain fully subject to the obligations of confidentiality stated herein until such information is erased or destroyed in accordance with Provider's established record retention policies.

All payments to the Provider by the State are subject to site review and audit as prescribed and carried out by the State. Any over payment of this Agreement shall be returned to the State within thirty days after written notification to the Provider.

10. WORK PRODUCT:
Provider hereby acknowledges and agrees that all reports, plans, specifications, technical data, drawings, software system programs and documentation, procedures, files, operating instructions and procedures, source code(s) and documentation, including those necessary to upgrade and maintain the software program, State Proprietary Information, as defined in the Confidentiality of Information paragraph herein, state data, end user data, Protected Health Information as defined in 45 CFR 160.103, and all information contained therein provided to the State by the Provider in connection with its performance of service under this Agreement shall belong to and is the property of the State and will not be used in any way by the Provider without the written consent of the State.

Paper, reports, forms, software programs, source code(s) and other materials which are a part of the work under this Agreement will not be copyrighted without written approval of the State. In the unlikely event that any copyright does not fully belong to the State, the State nonetheless reserves a royalty-free, non-exclusive, and irrevocable license to reproduce, publish, and otherwise use, and to authorize others to use, any such work for government purposes.

Provider agrees to return all information received from the State to State's custody upon the end of the term of this Agreement, unless otherwise agreed in a writing signed by both parties.

11. TERMINATION:
This Agreement may be terminated by either party hereto upon thirty (30) days written notice. In the event the Provider breaches any of the terms or conditions hereof, this Agreement may be terminated by the State for cause at any time, with or without notice. Upon termination of this Agreement, all accounts and payments shall be processed according to financial arrangements set forth herein for services rendered to date of termination.

12. FUNDING:
This Agreement depends upon the continued availability of appropriated funds and expenditure authority from the Legislature for this purpose. If for any reason the Legislature fails to appropriate funds or grant expenditure authority, or funds become unavailable by operation of the law or federal funds reduction, this Agreement will be terminated by the State. Termination for any of these reasons is not a default by the State nor does it give rise to a claim against the State.

13. ASSIGNMENT AND AMENDMENTS:
This Agreement may not be assigned without the express prior written consent of the State. This Agreement may not be amended except in writing, which writing shall be expressly identified as a part hereof, and be signed by an authorized representative of each of the parties hereto.

14. CONTROLLING LAW:
This Agreement shall be governed by and construed in accordance with the laws of the State of South Dakota, without regard to any conflicts of law principles, decisional law, or statutory provision which would require or permit the application of another jurisdiction's substantive law. Venue for any lawsuit pertaining to or affecting this Agreement shall be resolved in the Circuit Court, Sixth Judicial Circuit, Hughes County, South Dakota.

15. SUPERCESSION:
All prior discussions, communications and representations concerning the subject matter of this Agreement are superseded by the terms of this Agreement, and except as specifically provided herein, this Agreement constitutes the entire agreement with respect to the subject matter hereof.

16. IT STANDARDS:
Any software or hardware provided under this Agreement will comply with state standards which can be found at http://bit.sd.gov/standards/.

17. SEVERABILITY:
In the event that any provision of this Agreement shall be held unenforceable or invalid by any court of competent jurisdiction, such holding shall not invalidate or render unenforceable any other provision of this Agreement, which shall remain in full force and effect.

18. NOTICE:
Any notice or other communication required under this Agreement shall be in writing and sent to the address set forth above. Notices shall be given by and to the Division being contracted with on behalf of the State, and by the Provider, or such authorized designees as either party may from time to time designate in writing. Notices or communications to or between the parties shall be deemed to have been delivered when mailed by first class mail, provided that notice of default or termination shall be sent by registered or certified mail, or, if personally delivered, when received by such party.

19. SUBCONTRACTORS:
The Provider may not use subcontractors to perform the services described herein without express prior written consent from the State. The State reserves the right to reject any person from the Agreement presenting insufficient skills or inappropriate behavior.

The Provider will include provisions in its subcontracts requiring its subcontractors to comply with the applicable provisions of this Agreement, to indemnify the State, and to provide insurance coverage for the benefit of the State in a manner consistent with this Agreement. The Provider will cause its subcontractors, agents, and employees to comply with applicable federal, state and local laws, regulations, ordinances, guidelines, permits and requirements and will adopt such review and inspection procedures as are necessary to assure such compliance. The State, at its option, may require the vetting of any subcontractors. The Provider is required to assist in this process as needed.

20. STATE'S RIGHT TO REJECT:
The State reserves the right to reject any person or entity from performing the work or services contemplated by this Agreement, who present insufficient skills or inappropriate behavior.

21. HOLD HARMLESS:
The Provider agrees to hold harmless and indemnify the State of South Dakota, its officers, agents and employees, from and against any and all actions, suits, damages, liability or other proceedings which may arise as the result of performing services hereunder. This section does not require the Provider to be responsible for or defend against claims or damages arising solely from errors or omissions of the State, its officers, agents or employees.

22. INSURANCE:
Before beginning work under this Agreement, Provider shall furnish the State with properly executed Certificates of Insurance which shall clearly evidence all insurance required in this Agreement. The Provider, at all times during the term of this Agreement, shall obtain and maintain in force insurance coverage of the types and with the limits listed below. In the event a substantial change in insurance, issuance of a new policy, cancellation or nonrenewal of the policy, the Provider agrees to provide immediate notice to the State and provide a new certificate of insurance showing continuous coverage in the amounts required. Provider shall furnish copies of insurance policies if requested by the State.

A. Commercial General Liability Insurance:
Provider shall maintain occurrence-based commercial general liability insurance or an equivalent form with a limit of not less than $1,000,000 for each occurrence. If such insurance contains a general aggregate limit, it shall apply separately to this Agreement or be no less than two times the occurrence limit.

B. Business Automobile Liability Insurance:
Provider shall maintain business automobile liability insurance or an equivalent form with a limit of not less than $500,000 for each accident. Such insurance shall include coverage for owned, hired, and non-owned vehicles.

C. Worker's Compensation Insurance:
Provider shall procure and maintain Workers' Compensation and employers' liability insurance as required by South Dakota law.

D. Professional Liability Insurance:
Provider agrees to procure and maintain professional liability insurance with a limit not less than $1,000,000.

(Medical Health Professional shall maintain current general professional liability insurance with a limit of not less than one million dollars for each occurrence and three million dollars in the aggregate. Such insurance shall include South Dakota state employees as additional insureds in the event a claim, lawsuit, or other proceeding is filed against a state employee as a result of the services provided pursuant to this Agreement. If insurance provided by Medical Health Professional is provided on a claim made basis, then Medical Health Professional shall provide "tail" coverage for a period of five years after the termination of coverage.)

23. CERTIFICATION REGARDING DEBARMENT, SUSPENSION, INELIGIBILITY, AND VOLUNTARY EXCLUSION:
Provider certifies, by signing this Agreement, that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by the federal government or any state or local government department or agency. Provider further agrees that it will immediately notify the State if during the term of this Agreement either it or its principals become subject to debarment, suspension or ineligibility from participating in transactions by the federal government, or by any state or local government department or agency.

24. CONFLICT OF INTEREST:
Provider agrees to establish safeguards to prohibit employees or other persons from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain as contemplated by SDCL 5-18A-17 through 5-18A-17.6. Any potential conflict of interest must be disclosed in writing. In the event of a conflict of interest, the Provider expressly agrees to be bound by the conflict resolution process set forth in SDCL 5-18A-17 through 5-18A-17.6.

25. CONFIDENTIALITY OF INFORMATION:
For the purpose of the sub-paragraph, "State Proprietary Information" shall include all information disclosed to the Provider by the State. Provider acknowledges that it shall have a duty to not disclose any State Proprietary Information to any third person for any reason without the express written permission of a State officer

or employee with authority to authorize the disclosure. Provider shall not: (i) disclose any State Proprietary Information to any third person unless otherwise specifically allowed under this Agreement; (ii) make any use of State Proprietary Information except to exercise rights and perform obligations under this Agreement; (iii) make State Proprietary Information available to any of its employees, officers, agents or providers except those who have agreed to obligations of confidentiality at least as strict as those set out in this Agreement and who have a need to know such information. Provider is held to the same standard of care in guarding State Proprietary Information as it applies to its own confidential or proprietary information and materials of a similar nature, and no less than holding State Proprietary Information in the strictest confidence. Provider shall protect confidentiality of the State's information from the time of receipt to the time that such information is either returned to the State or destroyed to the extent that it cannot be recalled or reproduced. State Proprietary Information shall not include information that (i) was in the public domain at the time it was disclosed to Provider; (ii) was known to Provider without restriction at the time of disclosure from the State; (iii) that is disclosed with the prior written approval of State's officers or employees having authority to disclose such information; (iv) was independently developed by Provider without the benefit or influence of the State's information; (v) becomes known to Provider without restriction from a source not connected to the State of South Dakota. State's Proprietary Information shall include names, social security numbers, employer numbers, addresses and all other data about applicants, employers or other clients to whom the State provides services of any kind. Provider understands that this information is confidential and protected under applicable State law at SDCL 1-27-1.5, modified by SDCL 1-27-1.6, SDCL 28-1-29, SDCL 28-1-32, and SDCL 28-1-68 as applicable federal regulation and agrees to immediately notify the State if the information is disclosure, either intentionally or inadvertently. The parties mutually agree that neither of them shall disclose the contents of the Agreement except as required by applicable law or as necessary to carry out the terms of the Agreement or to enforce that party's rights under this Agreement. Provider acknowledges that the State and its agencies are public entities and thus are bound by South Dakota open meetings and open records laws. It is therefore not a breach of this Agreement for the State to take any action that the State reasonably believes is necessary to comply with the South Dakota open records or open meetings laws. If work assignments performed in the course of this Agreement require additional security requirements or clearance, the Provider will be required to undergo investigation.

26. REPORTING PROVISION:

Provider agrees to report to the State any event encountered in the course of performance of this Agreement which results in injury to any person or property, or which may otherwise subject Provider, or the State of South Dakota or its officers, agents or employees to liability. Provider shall report any such event to the State immediately upon discovery.

Provider's obligation under this section shall only be to report the occurrence of any event to the State and to make any other report provided for by their duties or applicable law. Provider's obligation to report shall not require disclosure of any information subject to privilege or confidentiality under law (e.g., attorney-client communications). Reporting to the State under this section shall not excuse or satisfy any obligation of Provider to report any event to law enforcement or other entities under the requirements of any applicable law.

27. COST REPORTING REQUIREMENTS:

☒ The Provider agrees to submit a cost report in the format required by the State, and is due four months following the end of the Provider's fiscal year.

or

☐ No reporting is required.

28. AUTHORIZED SIGNATURES:
In witness hereto, the parties signify their agreement by affixing their signatures hereto.

Provider Signature	Date
Shayne McIntosh	
Provider Printed Name	
State - DSS Division Director	Date
State - DSS Chief Financial Officer Laurie Mikkonen	Date

State Agency Coding:

CFDA #					
Company	1000				
Account	5206250				
Center Req	082230				
Center User					
Dollar Total	$196,000.00				

DSS Program Contact Person: Megan Newling
Phone: 605-773-3448

DSS Fiscal Contact Person: Contract Accountant
Phone: 605 773-3586

Provider Program Contact Person: Shayne McIntosh
Phone:
Provider Program Email Address: shayne.mcintosh@k12.sd.us

Provider Fiscal Contact Person:
Phone:
Provider Fiscal Email Address:

DSS Purchase Order # 21SC082305
Provider Contract # 21-0823-305

STATE OF SOUTH DAKOTA
DEPARTMENT OF SOCIAL SERVICES

The State of South Dakota requires all contracts signed July 1, 2009 and later to include documentation that the agency has complied with the procedures set forth in SDCL 5-18A through 5-18D (HB 1260). The documentation must include the request for proposal number (RFP) or the reason the agreement is exempt from the requirements of the law. Payments for contracts that have not complied with the law will be returned as illegal, unauthorized or improper (SDCL 4-9-7).

Provider's Name: Parkston School District

RFP #: _____

(OR)

Check the applicable exemption(s):

☒ (1) Sole Source is defined by SDCL 5-18D-21 as "services of such a unique nature that the contractor selected is clearly and justifiably the only practicable source to provide the service. Determination that the contractor selected is justifiably the sole source is based on either the uniqueness of the service or sole availability at the location required. Sole source contracts by their nature should be rare;
If checked, please provide explanation: Parkston School District provides the education program for youth placed at Our Home Parkston.

☐ (2) Emergency services necessary to meet an urgent or unexpected requirement or when health and public safety or the conservation of public resources is a risk;
If checked, please provide explanation: _____

☐ (3) Services subject to federal law, regulation, or policy or state statute, under which a state agency is required to use a different selection process or to contract with an identified contractor or type of contractor;

☐ (4) Services for professional legal services and services of expert witnesses, hearing officers, or administrative law judges retained by state agencies for administrative or court proceedings;

☐ (5) Services involving state or federal financial assistance passed through by a state agency to a political subdivision;

☐ (6) Medical services and home and community-based services;

☐ (7) Services to be performed for a state agency by another state or local government agency or contracts made by a state agency with a local government agency for the direct provision of services to the public; or

☐ (8) Services to be provided by entertainers for the state fair and other events.

☐ (9) Does not exceed $50,000.00; SDCL 5-18A-14, SDCL 5-18D-17

STATE OF SOUTH DAKOTA
DEPARTMENT OF SOCIAL SERVICES

Attachment A

Business Associate Agreement

1. Definitions

General definition:

The following terms used in this Agreement shall have the same meaning as those terms in the HIPAA Rules: Breach, Data Aggregation, Disclosure, Health Care Operations, Individual, Minimum Necessary, Notice of Privacy Practices, Protected Health Information, Required by Law, Secretary, Security Incident, Subcontractor, Unsecured Protected Health Information, and Use.

Specific definitions:

(a) Business Associate. "Business Associate" shall generally have the same meaning as the term "business associate" at 45 CFR 160.103, and in reference to the party to this agreement, shall mean the Provider, Consultant or entity contracting with the State of South Dakota as set forth more fully in the Agreement this Business Associate Agreement is attached.

(b) CFR. "CFR" shall mean the Code of Federal Regulations.

(c) Covered Entity. "Covered Entity" shall generally have the same meaning as the term "covered entity" at 45 CFR 160.103, and in reference to the party to this agreement, shall mean South Dakota Department of Social Services.

(d) Designated Record Set. "Designated Record Set" shall have the meaning given to such term in 45 CFR 164.501.

(f) HIPAA Rules. "HIPAA Rules" shall mean the Privacy, Security, Breach Notification, and Enforcement Rules at 45 CFR Part 160 and Part 164 (Subparts A, C, D and E). More specifically, the "Privacy Rule" shall mean the regulations codified at 45 CFR Part 160 and Part 164 (Subparts A and E), and the "Security Rule" shall mean the regulations codified at 45 CFR Part 160 and Part 164 (Subparts A and C).

(g) Protected Health Information. "Protected Health Information" or "PHI" shall mean the term as defined in 45 C.F.R. §160.103, and is limited to the Protected Health Information received from, or received or created on behalf of Covered Entity by Business Associate pursuant to performance of the Services under the Agreement.

2. Obligations and Activities of Business Associate

Business Associate agrees to:

(a) Not Use or Disclose Protected Health Information other than as permitted or required by the Agreement or as Required by Law;

(b) Use appropriate safeguards, and comply with Subpart C of 45 CFR Part 164 with respect to electronic Protected Health Information, to prevent Use or Disclosure of Protected Health Information other than as provided for by the Agreement;

(c) Report to covered entity any Use or Disclosure of Protected Health Information not provided for by the Agreement of which it becomes aware, including Breaches of Unsecured Protected Health Information as required at 45 CFR 164.410, and any Security Incident of which it becomes aware within five (5) business days of receiving knowledge of such Use, Disclosure, Breach, or Security Incident;

(d) In accordance with 45 CFR 164.502(e)(1)(ii) and 164.308(b)(2), if applicable, ensure that any Subcontractors that create, receive, maintain, or transmit Protected Health Information on behalf of the business associate agree to the same restrictions, conditions, and requirements that apply to the business associate with respect to such information;

(e) Make available Protected Health Information in a designated record set to the covered entity as necessary to satisfy covered entity's obligations under 45 CFR 164.524. Business associate shall cooperate with covered entity to fulfill all requests by Individuals for access to the Individual's Protected Health Information that are approved by covered entity.

If business associate receives a request from an Individual for access to Protected Health Information, business associate shall forward such request to covered entity within ten (10) business days. Covered entity shall be solely responsible for determining the scope of Protected Health Information and Designated Record Set with respect to each request by an Individual for access to Protected Health Information;

(f) Make any amendment(s) to Protected Health Information in a designated record set as directed or agreed to by the covered entity pursuant to 45 CFR 164.526, or take other measures as necessary to satisfy covered entity's obligations under 45 CFR 164.526. Within ten (10) business days following any such amendment or other measure, business associate shall provide written notice to covered entity confirming that business associate has made such amendments or other measures and containing any such information as may be necessary for covered entity to provide adequate notice to the Individual in accordance with 45 CFR 164.526. Should business associate receive requests to amend Protected Health Information from an Individual, Business associate shall cooperate with covered entity to fulfill all requests by Individuals for such amendments to the Individual's Protected Health Information that are approved by covered entity. If business associate receives a request from an Individual to amend Protected Health Information, business associate shall forward such request to covered entity within ten (10) business days. Covered entity shall be solely responsible for determining whether to amend any Protected Health Information with respect to each request by an Individual for access to Protected Health Information;

(g) Maintain and make available the information required to provide an accounting of Disclosures to the covered entities necessary to satisfy covered entity's obligations under 45 CFR 164.528. Business associate shall cooperate with covered entity to fulfill all requests by Individuals for access to an accounting of Disclosures that are approved by covered entity. If business associate receives a request from an Individual for an accounting of Disclosures, business associate shall immediately forward such request to covered entity. Covered entity shall be solely responsible for determining whether to release any account of Disclosures;

(h) To the extent the business associate is to carry out one or more of covered entity's obligation(s) under Subpart E of 45 CFR Part 164, comply with the requirements of Subpart E that apply to the covered entity in the performance of such obligation(s); and

(i) Make its internal practices, books, and records available to the covered entity and / or the Secretary of the United States Department of Health and Human Services for purposes of determining compliance with the HIPAA Rules.

3. Permitted Uses and Disclosures by Business Associate

(a) Except as otherwise limited by this Agreement, Business Associate may make any uses and Disclosures of Protected Health Information necessary to perform its services to Covered Entity and otherwise meet its obligations under this Agreement, if such Use or Disclosure would not violate the Privacy Rule if done by the covered entity. All other Uses or Disclosure by Business Associate not authorized by this Agreement or by specific instruction of Covered Entity are prohibited.

(b) The business associate is authorized to use Protected Health Information if the business associate de-identifies the information in accordance with 45 CFR 164.514(a)-(c). In order to de-identify any information, Business Associate must remove all information identifying the Individual including, but not limited to, the following: names, geographic subdivisions smaller than a state, all dates related to an Individual, all ages over the age of 89 (except such ages may be aggregated into a single category of age 90 or older), telephone numbers, fax numbers, electronic mail (email) addresses, medical record numbers, account numbers, certificate/ license numbers, vehicle identifiers and serial numbers (including license plate numbers, device identifiers and serial numbers), web universal resource locators (URLs), internet protocol (IP) address number, biometric identifiers (including finger and voice prints), full face photographic images (and any comparable images), any other unique identifying number, and any other characteristic or code.

(c) Business associate may Use or Disclose Protected Health Information as Required by Law.

(d) Business associate agrees to make Uses and Disclosures and requests for Protected Health Information consistent with covered entity's Minimum Necessary policies and procedures.

(e) Business associate may not Use or Disclose Protected Health Information in a manner that would violate Subpart E of 45 CFR Part 164 if done by covered entity except for the specific Uses and Disclosures set forth in (f) and (g).

(f) Business associate may Disclose Protected Health Information for the proper management and administration of business associate or to carry out the legal responsibilities of the business associate, provided the Disclosures are Required by Law.

(g) Business associate may provide Data Aggregation services relating to the Health Care Operations of the covered entity.

4. Provisions for Covered Entity to Inform Business Associate of Privacy Practices and Restrictions

(a) Covered entity shall notify business associate of any limitation(s) in the Notice of Privacy Practices of covered entity under 45 CFR 164.520, to the extent that such limitation may affect business associate's Use or Disclosure of Protected Health Information.

(b) Covered entity shall notify business associate of any changes in, or revocation of, the permission by an Individual to Use or Disclose his or her Protected Health Information, to the extent that such changes may affect business associate's Use or Disclosure of Protected Health Information.

(c) Covered entity shall notify business associate of any restriction on the Use or Disclosure of Protected Health Information that covered entity has agreed to or is required to abide by under 45 CFR 164.522, to the extent that such restriction may affect business associate's Use or Disclosure of Protected Health Information.

5. Term and Termination

(a) Term. The Term of this Agreement shall be effective as of and shall terminate on the dates set forth in the primary Agreement this Business Associate Agreement is attached to or on the date the primary Agreement terminates, whichever is sooner.

(b) Termination for Cause. Business associate authorizes termination of this Agreement by covered entity, if covered entity determines business associate has violated a material term of the Agreement.

(c) Obligations of Business Associate Upon Termination.

1. Except as provided in paragraph (2) of this section, upon termination of this agreement for any reason, business associate shall return or destroy all Protected Health Information received from, or created or received by business associate on behalf of covered entity. This provision shall apply to Protected Health Information that is in the possession of Subcontractors or agents of Business Associate. Business Associate shall retain no copies of the Protected Health Information.

2. In the event that business associate determines that returning or destroying the Protected Health Information is infeasible, business associate shall provide to covered entity, within ten (10) business days, notification of the conditions that make return or destruction infeasible. Upon such determination, business associate shall extend the protections of this agreement to such Protected Health Information and limit further Uses and Disclosures of such Protected Health Information to those purposes that make the return or destruction infeasible, for so long as business associate maintains such Protected Health Information.

(d) Survival. The obligations of business associate under this Section shall survive the termination of this Agreement.

6. Miscellaneous

(a) Regulatory References. A reference in this Agreement to a section in the HIPAA Rules means the section as in effect or as amended.

(b) Amendment. The Parties agree to take such action as is necessary to amend this Agreement from time to time as is necessary for compliance with the requirements of the HIPAA Rules and any other applicable law.

(c) Interpretation. Any ambiguity in this Agreement shall be interpreted to permit compliance with the HIPAA Rules.

(d) Conflicts. In the event of a conflict in between the terms of this Business Associate Agreement and the Agreement to which it is attached, the terms of this Business Associate Agreement shall prevail to the extent such an interpretation ensures compliance with the HIPAA Rules.

BEHAVIOR CARE SPECIALISTS

Changing Behavior, Changing Lives

Behavior Care Specialists INC
2804 E. 26th St. Suite 1
Sioux Falls SD 57103
605-271-2690

July 23, 2020

Parkston School District
102 S Chapman Dr Ste C
Parkston SD 57366

PURCHASE OF SERVICE CONTRACT

Parkston School District

This agreement is to be effective Sept 01, 2020 – May 14, 2021 between BEHAVIOR CARE SPECIALISTS, INC., and Parkston School District until a new contract needs to be put into place, or services are stopped by either party. Either party must provide 30 Days written notice prior to services being stopped.

1. Parkston School District agrees to pay

   Full Time Student with Direct Therapy Services
   Per Day Rate at $340.85 per staff member based on BCS Calendar
   - Up to 32.5 hours per week/6.5 hours per day per BCS calendar month
     - Note any hours over the BCS calendar month will be charged at the direct services rate
       - Direct Therapy Services (per staff): $67.96 per hour

   Mileage round trip- $0.58 a mile
   - From the BCS location to and from the determined destination

   Travel Time - $25 per hour per hour per staff (location to location)- when student/client is seen at a location other than BCS Center

   Additional Fees that will apply based on student needs and/or as requested

   - Behavior Assistance at $35 per hour per staff member
   - Direct Service Rate of $67.96 per hour when BCS provides services when BCS is closed for In-service Days when student/client is seen at the school district.
   - Case Management Fees above 10% of served hours: $115 per hour per certified staff
   - Consulting services per certified staff at $130.05 per hour

2. Parkston School District agrees:
   - To pay BCS after satisfactory completion of consultation and/or direct services.

- In the event that a scheduled direct service session is canceled with less than 4 hours advance-notice, BCS staff may be utilized to work with a different student or in a different classroom

3. Behavior Care Specialists, Inc. agrees:
   - Not to assign any provision of this contract to a subcontractor.
   - Not to charge clients any additional fees not outlined in relation to services provided under this contract.

Behavior Care Specialists Invoicing School year will run Sept 01, 2020 – May 14, 2021. Your 2020/2021 monthly tuition is listed below.

School District will follow the BCS school calendar. If a student is not in attendance for any reason, this is not considered a change to the school calendar, billing will remain the same.

When student/client is seen in the District and the district is open and BCS is closed, BCS will provide session at the hourly service rate listed above.

When needed Behavior Care Specialists will work along with Parkston School District to develop an appropriate transition plan to a different facility or return to the public-school system when appropriate for the student.

Behavior Care Specialist may assign any or all of its rights and responsibilities under this agreement to any entity controlling, controlled by or under common control with Behavior Care Specialists.

Acceptable forms of payment include check, credit card, ACH or money orders.

By signing below the CLIENT acknowledges that a representative of Parkston School District has read and understands the agreement above. Parkston School District understands that they are responsible for timely payment of all fees. A finance fee of 5% will apply monthly if payment is not received by invoice due date for each month following the due date.

School District Representative/ Date

Month and Payment Rate Schedule:

School Rates

September 2020	Full Time Service Rate/Travel Time/Mileage	$6,817.00/Travel Time/Mileage
October 2020	Full Time Service Rate/Travel Time/Mileage	$6,817.00/Travel Time/Mileage
November 2020	Full Time Service Rate/Travel Time/Mileage	$6,817.00/Travel Time/Mileage
December 2020	Full Time Service Rate/Travel Time/Mileage	$6,817.00/Travel Time/Mileage
January 2021	Full Time Service Rate/Travel Time/Mileage	$6,817.00/Travel Time/Mileage
February 2021	Full Time Service Rate/Travel Time/Mileage	$6,817.00/Travel Time/Mileage
March 2021	Full Time Service Rate/Travel Time/Mileage	$6,817.00/Travel Time/Mileage
April 2021	Full Time Service Rate/Travel Time/Mileage	$6,817.00/Travel Time/Mileage
May 2021 (through May 14h)	Full Time Service Rate (10 School Days)	$3,408.50//Travel Time/Mileage

- Additional fees will apply based on student needs and/or as requested as listed on page 1