



WORKING DRAFT: Return to Classroom Instruction Framework

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The Maine Department of Education, in collaboration with a diverse group of stakeholders and experts in the field, has created this initial iteration of a framework to assist in planning for a safe return to in-person instruction. It should be noted that this framework will be further developed and will evolve as additional information and guidance is provided about the epidemic.



This framework provides options, ideas, and considerations for organizing the work of reintegrating back to in-person, classroom instruction. In general, these steps are not intended to be used as requirements or mandates, rather they should be viewed as customizable starting points and resources for school administrative units (SAUs) in the difficult work of planning for the fall. Each SAU's Collaborative Planning Team, led by the superintendent, is responsible for the development and review of their Emergency Operations Plans. Your Collaborative Planning Team should include school nurses, administrators, educators, and representatives from transportation, food service, local emergency responders, and your local or regional community health experts. This team will need to determine procedures for the schools within that unit. Exceptions to this include any applicable executive orders, state laws or local ordinances, which may be subject to change during this unpredictable emergency, and the "minimum expectations for remote learning" which will be required of all SAUs.

The pillars of this framework include safety, equity, and accessibility for all students and staff, and should encourage innovation and honor the professional integrity of Maine educators.

This framework is organized in this way:

Part I - [Physical Health and Safety Considerations](#)

Part II - [Social, Emotional, Behavioral, and Mental Health](#) Considerations

Part III - [Academic Programs and Student Learning](#) Considerations

Part IV - [Common Foundation for Remote Learning](#)

Part V - [Additional considerations](#)

Part I: Physical Health and Safety

A.) Determining when it is safe:

Maine DOE, in partnership with CDC and MEMA, will determine when it is advisable for schools to begin in-person instruction. Decisions will be based on two categories of conditions:

1. Local/regional public health markers per Maine Reopening Plan:

- A downward trajectory of influenza-like illnesses and COVID-like syndromic cases;
- A downward trajectory of documented cases and newly hospitalized patients; and
- The capacity of local or regional hospital systems to treat all patients without crisis care and the ability of the state to engage in a robust testing program.



2. CDC's school capacity and readiness markers:

- Will reopening be consistent with applicable state and local orders?
- Is the school ready to protect children and employees at higher risk for severe illness?
- Are you able to screen students and employees upon arrival for symptoms and history of exposure?
- Is your school prepared to promote [healthy hygiene practices](#) such as [hand washing](#) and [employees wearing a cloth face covering](#) as feasible?
- Do you have capacity to intensify [cleaning, disinfection](#), and is there adequate ventilation?
- Is your school prepared to encourage [social distancing](#) through increased spacing, small groups and limited mixing between groups, if feasible?
- Have you trained all employees on health and safety protocols?
- Have you developed procedures to check for [signs and symptoms](#) of students and employees daily upon arrival, as feasible?
- Have you encouraged anyone who is sick to stay home?
- Does your school have a plan for when someone at the school tests positive for COVID-19?
- Do you have a communication plan to share and monitor developments with local authorities, employees, and families regarding cases, exposures, and updates to policies and procedures?

B.) Preparing prior to reintegration:

1. Engage your Collaborative Planning Team (CPT) in reviewing/updating the Infectious Disease Annex of your Emergency Operations Plan (EOP)
2. Assess school readiness to implement the CDC's safety actions for schools [here](#)
3. Consider equity: access to healthcare and supplies, school resources
4. Develop a communication plan that ensures equitable accessibility of messaging/language (translated resources found [here](#))
5. Develop a plan for reevaluating and reinforcing strategies once utilized.

C.) Preparing the facilities:

1. Communicate and consult with business managers, as well as facilities, grounds, and maintenance teams.
2. Identify and procure necessary equipment, materials, supplies for supporting the health and safety guidelines.
3. Thoroughly clean buildings and classrooms.
4. Remove any furniture, toys, rugs, and other items that cannot be easily cleaned each day.
5. Disinfect high-touch areas (door knobs, desk tops, faucets, etc).
6. Mark 6' standing spaces on the floor near doors, bathrooms, sinks or other places where students may line up.
7. Mark one-way directions if possible; mark hallways to keep traffic flow to the right side where one-way passage is not possible.
8. Post signs to remind students to keep hands to selves; fun examples of 6' distance; face coverings; handwashing protocols; etc
9. Plan vehicle traffic flow, drop-off, and pick-up logistics and place signage as needed.
10. Install plexiglass shields for high traffic staff.
11. If needed, set up additional hand washing or sanitizing stations outside school entrances and at convenient locations outside classrooms and common areas.
12. Ensure ventilation systems operate properly and increase circulation of outdoor air as much as possible, for example by opening windows and doors. Do not open windows and doors if doing so poses a safety or health risk (e.g., risk of falling, triggering asthma symptoms) to children using the facility. Use a fan to increase ventilation.
13. Develop a communication plan to raise awareness among staff, families, and students regarding any new procedures and expectations.

D.) Educating staff, families, and students PRIOR to re-entry:

1. Consult with school health staff, nurses, and physicians.
2. Train custodial staff in enhanced cleaning and disinfecting protocols
3. Train food services staff in new protocols
4. Train all staff in teaching and reinforcing health and safety guidelines to students within their purview (classroom/cafeteria/office/gym/bus...)
5. Consider a virtual "open house" or pre-entry webinar for families to explain new protocols and rules; health and safety guidelines; drop-off and pick-up routines; limitations on building access by family and community members; recognizing covid symptoms.
6. Ensure all communications, signs and procedures are communicated through languages/visuals and modes that ensure the information is accessible for all students.
7. Offer kid-friendly videos to teach proper donning and doffing of face coverings, keeping 6' apart, and other health and safety guidelines.
8. Establish plans for training staff and students about the unique needs of others and their abilities or possible struggles related to maintaining safety protocols.
9. Establish protocols for face coverings. Per CDC: Face coverings should be worn by staff and encouraged in students (particularly older students) if feasible and are most essential in times when physical distancing is difficult. Work with MDOE School Safety Center on procurement of Personal Protective Equipment (PPE). PPE guidance can be found [here](#).

10. Communicate expectations of staff and students (or family members as needed) for conducting a daily self-check. Use the following suggested self-check checklist, which should be modified to ensure accessibility for all (as CDC determines additional symptoms, these should be added to the checklist):
- Do I feel unwell today?
 - Do I have a cough or sore throat?
 - Do I have a fever or do I feel feverish?
 - Do I or have I had shortness of breath?
 - Do or have I had a loss of taste or smell?
 - Do or have I been around anyone exhibiting these symptoms within the past 14 days?
 - Do or have I been living with anyone who is sick or quarantined?
 - Have I been out of state in the last 14 days?

If the answer is yes to any of these, stay home.

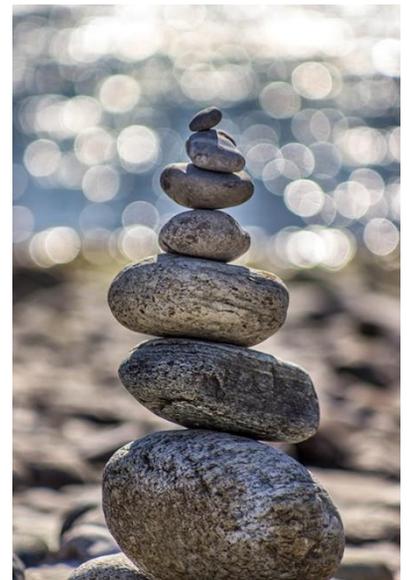
E.) Responding to a positive case of COVID-19

1. Work with school administrators, nurses, and other healthcare providers to identify an isolation room or area to separate anyone who exhibits COVID-like symptoms. School nurses and other healthcare providers should use [Standard and Transmission-Based Precautions](#) when caring for sick people. See: [What Healthcare Personnel Should Know About Caring for Patients with Confirmed or Possible COVID-19 Infection](#)
2. Establish procedures for safely transporting anyone sick home or to a healthcare facility.
3. Notify health officials, staff, and families immediately of a positive case while maintaining confidentiality and other applicable federal and state privacy laws.
4. Close off areas used by a sick person and do not use before cleaning and disinfection.
5. Advise sick staff members and children not to return until they have met CDC [criteria found here](#).
6. Inform those who have had close contact to a person diagnosed with COVID-19 to stay home and self-monitor for symptoms and to follow CDC guidance, [here](#), if symptoms develop. If a person does not have symptoms, follow appropriate CDC guidance for home isolation, [here](#).

Part II: Social, Emotional, Behavioral, and Mental Health

A.) Prior to re-entry:

1. Consult/communicate with mental health staff, counselors, social workers, educators.
2. Communicate plans, schedules, and updates to staff, families, and community – there's no such thing as too much communication when it comes to helping people feel safe. Consider a direct contact for each family.
3. Provide (virtual) forums in which families and students can ask questions or share concerns and ideas.
4. Reach out to higher needs students and families throughout the remote learning period and have social workers or counselors develop individualized support plans as needed.
5. Plan for school-wide trauma informed practices. The Maine School Safety Center can provide free training and resources, [here](#).



6. Consider and mitigate impacts of adjusting to new cultures, new languages, and new community resources and supports for students and families who are Black, Indigenous, People of Color (BIPOC) or who have an immigrant/refugee status.

B.) Structuring re-entry to support the unique needs of your school community:

1. Consult with mental health staff, counselors, social workers, educators.
2. Consider differentiated approaches based on age, grade, and developmental levels; consider looping models for flexibility.
3. Provide frequent check ins with staff; encourage mindfulness and use of employee assistance plans for well-being.

C.) Ongoing:

1. Encourage vigilance with respect to student and staff mental health; engage staff in professional development to increase awareness of the signs of anxiety and depression.
2. Utilize a multi-tiered system of supports for social/emotional needs.
3. Make widely available a list of resources to support children and/or adults experiencing distress. Normalize conversations around mental health to dispel stigma around asking for help. Cultural brokers may be necessary to navigate sensitive conversations for some students and their family members.

Part III: Academic Programs and Student Learning

A.) Engage staff in professional development over the summer in preparation for remote, in-person, and blended learning models.

1. Access free webinars and live sessions on remote learning and blended learning models at DOE ([website](#)).
2. Create a planning team for instruction to draft curriculum plans for rapidly transitioning between possible scenarios: all in-person learning; some staff and students remote; all remote learning.
3. Encourage visionary risk takers to create nontraditional models and plans. This is a time for innovation and big thinking.



B.) Consider flexible grouping, multi-age classrooms, looping, interdisciplinary courses and units:

1. Build in learning and practice for remote learning when students are in-person so that everyone is prepared.
2. Emphasize project-based, interdisciplinary learning activities which can provide both organic formative assessment opportunities, high engagement, and efficient delivery of many skills and concepts.
3. Plan to provide equitable services via remote learning methods (consider low-tech and no-tech options in addition to online learning; quasi-independent projects that can be completed with minimal resources at home) for each critical skill/concept/set of standards.
4. Keep equity at the forefront of decision-making around grouping.
5. Conduct needs assessments for students regarding access to technology, an adequate at home learning space, basic needs such as nutrition, to gauge their abilities and needs to access remote learning.
6. Develop plans in collaboration with building leaders, teacher teams, curriculum staff, and MTSS staff.

C.) Formative Assessment

1. Involve, consult, and communicate with teachers, MTSS, and curriculum staff.
2. Consider offering projects and assignments prior to the start of the school year that include embedded assessments to provide some baseline data for class groupings and accelerated learning plans.
3. Use formal assessments sparingly and efficiently to reduce stress. Avoid permanent or long-term ability groupings or placements; hold high expectations and offer scaffolded opportunities for all students to reach and exceed grade-level goals.

D.) Students with disabilities, students who are English Learners, and other special populations:

ELs, special populations and students with disabilities may be particularly impacted. Access should be considered broadly and include:

- Access to technology
- Access to academic skills necessary to engage with content
- Access to executive skills necessary to participate in remote learning
- Cognitive needs that may impact access to remote learning
- Access to communication to support engaging with virtual curriculum (e.g. verbal/written communication skills)
- Behavior and social/emotional supports required to access remote curriculum.

1. Make a plan for considering what will be needed to recover learning loss that may have occurred as a result of remote learning. These might be termed COVID Impact Recovery Services.

Consider what assessments may be used to measure student progress attained through the end of the third quarter and what was the expected growth through the end of the 2019-2020 school year. Consider the following:

- Formative academic measures (Math, ELA, Science)
- Social and Emotional Skills
- Progress monitoring and intervention data prior to March 2020 and current
- Executive Skills
- Access issues (Was the child able to meaningfully participate in remote learning?)

2. Identify the structures teams will use to review progress data for all students and then how each sub-group of students performs in relation to the general student population. In some cases, this will be reviewed by existing teams (IEP teams, grade level teams, MTSS teams, ELL teams, multidisciplinary)

3. With this information, school teams in partnership with parents, may calculate what recovery education will be needed to close the identified gaps.

4. Since all students will presumably be making up a gap when school reopens, some teams may decide to wait to see how the students are situated after school resumes and calculate the gap at that point. This period may continue into the first quarter of the 2020-2021 school year.

5. It will be important for the teachers, parents and administrators to communicate effectively about the decisions regarding learning loss, what recovery education will be provided and document the outcomes of the conversations.

Further considerations: If a student’s educational, social/emotional, or behavioral needs have changed to the degree that the student’s ongoing services or supports are no longer sufficient to access their educational programming, the student’s specialized team (EL Team, MTSS/RTI Teams, IEP Team) should meet to determine if student’s current needs require more support.

Part IV: Common Foundations for Remote Learning:

The Department recognizes that public education offered solely through remote learning cannot fully replicate the rich experiences, social contexts, and educational value that students receive through in-person settings. Therefore, we encourage SAUs to use fully remote learning only when necessary to protect health and safety. A process for continually evaluating public health, environmental factors, and school capacity for mitigating risk should be in place in order to ensure a transition to in-person instruction as soon as it is safe and practicable to do so.



Overall Components of a Remote Learning Plan – (SAU and school-level expectations)

1. A plan for instruction that provides students with learning opportunities aligned to, and which result in demonstration of achievement towards, the MLR. Plans must include forward movement along learning progressions or through grade level expectations as well as reinforcement of prior learning and necessary intervention.
2. A daily schedule to include age-appropriate engagement expectations for students; live daily contact between teachers and students (and/or caregiver); direct instruction (either synchronously or asynchronously); independent student work; opportunity for questions and feedback during teacher office hours.
3. The daily schedule offers sufficient educational service/interaction to be reasonably expected to promote student progress toward quarterly/semester/trimester grade-level educational goals and objectives.
4. A plan to equitably provide students with necessary materials and resources to support engagement in lessons.
5. A plan to certify student attendance each day, and a plan to address lack of attendance/engagement. Mandated reporter requirements remain in place in remote learning environments, so school staff should also be familiar with these policies and protocols.
6. A plan for identifying and addressing social/emotional, behavioral, and mental health concerns.
7. A plan for coordination of schedules, assignments, and workload when students have different teachers for different subjects.
8. A plan for regular/ongoing formative assessment of student learning and engagement to inform and guide instruction and pacing.
9. A multi-tiered system of supports plan for ensuring differentiation, IEP implementation, and equitable access for special populations. Services and accommodations must be adapted for a remote learning environment.
10. A plan for grading and for certifying achievement. This plan should take into consideration the uneven/inequitable conditions in which students will be accessing their educational experiences – including inequitable access to: supervision, technology, materials, quiet study space, adult support, and other basic needs.
11. A plan for providing student nutrition.
12. A communication plan to assist students and caregivers of students in understanding what to expect, how to engage in remote learning, where to get questions answered.
13. School-board approval of the collective remote learning plan.

Part V: Additional Considerations:

A.) Adult Education

1. SAU leadership and adult education directors meet to develop and/or adapt local guidance to ensure that it is appropriate for adult educators, learners, and staff.
2. Priority of services plans should be created to enable remote and classroom-based options for adults who need to complete their high school equivalency, job training, and college transition programs.
3. Integrate Maine Governor's strategies, as well as DECD, CDC, and OSHA guidance for businesses, into district guidance to enable job training programs to continue. (For example, health care certification programs implement guidance for health care facilities.)

B.) Career and Technical Education

1. Create a plan to sanitize any hand tools that may have to be shared between students.
2. Create a plan to address the public accessing the building such as daycares in Early Childcare Education programs as well as cafes in Culinary Arts.
3. Create a plan to sanitize all areas between sessions in the middle of the day.
4. Look for opportunities to utilize larger spaces, such as lab areas for classroom instruction.

C.) Child Nutrition Programs

1. Trained staff should teach and monitor all sanitation procedures while increasing the frequency of cleaning, maintenance of all sanitation charts, and review of HACAP with staff.
2. Maintain all CDC standards for food service, masks/face shields, distance, hygiene
3. Investigate alternative dining locations within the school or school grounds.
4. Consider how meals will be offered to students not in attendance or half days.
5. Improve ventilation by running exhaust fans more than normal in the kitchen.
6. Remove self-serve ability (bars, milk coolers, and extras)

D. School Health Office

1. Have a plan to decrease traffic to the school health office in order to prevent office congregation and possible exposure of healthy students to a symptomatic one.
2. Create a process for triage and monitoring of symptomatic students and supervised isolation while waiting for dismissal.
3. Create a standardized protocol for decision making in regards to ill students and staff. Communicate the protocol and consistently follow it.
4. Clarify for all staff the role of the school nurse in the care and/or assessment of symptomatic adults in the building.

E.) Transportation

1. School bus contractors collaborate with SAUs to adopt cleaning and disinfecting protocols, referencing use of products with valid label claims against human coronavirus and product label instructions, that will be used when each run is complete for all school buses and school transportation vehicles.

2. Consider supplementing local SAU transportation protocols with the School Transportation Aligned for the Return to School (STARTS) Task Force national recommendations that are estimated to release mid-July.
3. Adopt local implementation procedures for transportation staff and students who ride the school bus to wear a cloth face covering and accommodate students with special or medical needs that may not be able to wear a cloth face covering. Follow U.S. DOT NHTSA guidance letter about school bus driver shields that is estimated to release mid-June.
4. Work with local special education and McKinney-Vento staff and student families to develop a COVID-19 transportation protocol for each special needs and homeless student.