A photograph of four diverse elementary school students standing in a row, smiling. They are all wearing backpacks. The image is overlaid with a semi-transparent blue filter. A vertical dashed white line is positioned to the left of the text.

Adapt, Advance, Achieve:

Connecticut's Plan to Learn and Grow Together

Connecticut State
Department of Education
Updated August 3, 2020



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- The voices of thousands of parents and students who participated in surveys
- Connecticut PK–12 Reopen Committee
- Reopen Regional Advisory Teams
- Learn from Home Task Force
- Office of the Governor
- Connecticut Office of Policy and Management
- Connecticut Department of Public Health
- Connecticut Office of Early Childhood Education

Additionally, the leadership of the CSDE would like to acknowledge the incredible work of the entire department staff during the COVID-19 pandemic. The creation of the materials compiled in this document would not have been possible without the contributions of each member of the CSDE team. We also recognize that this pandemic will forever change the way public education looks in our state and across the nation. The success of our districts going forward will depend directly on the work of our dedicated leaders and staff.

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2. Foreword

It has been 100 years since educational, public health, and governmental leaders have had to grapple with the challenges we are facing today, and have been facing for the last several months. When the effects of the pandemic required that schools across Connecticut cancel in-school classes during March, it took moments to realize that education in Connecticut would be forever changed. Connecticut has long been focused on providing all students with equity and excellence in education, and this pandemic has forced us to further focus on the inequalities that still exist within our system and to begin to address them with renewed fidelity.

For the last several months, the Connecticut State Department of Education (CSDE) has been working hand in hand with the Office of the Governor, educational stakeholders, and philanthropic leaders to identify the technological needs of students across our state, and we've begun to address the issues of device access and internet connectivity. Eliminating those obstacles will bring us one step closer to leveling the playing field for all of our students in the event that we find ourselves in a similar remote learning situation in the future.

Similarly, access to universal high quality online curriculum has also been a barrier for our students in under-resourced districts. We recognize that in order to create future-ready learning environments, teachers, students, and families require access to high quality, high impact resources and curricular materials. Beginning June 30, 2020, the CSDE will launch the CT Learning Hub. This will be a place for universal access to curated high-quality, high-impact online learning content for math, English language arts, science, social studies, the arts, physical education and more anytime, anywhere. The CT Learning Hub is a free and interactive webpage of digital resources to support online and offline learning that will provide one more component to achieving true equity for our learners whether they are inside or outside of the classroom.

We must work together towards a collective goal to ensure that our students have highly effective and innovative instructional plans whether in school, in a hybrid environment, or through remote learning. Instruction must remain student-focused, flexible, and take advantage of the strengths of our communities, families, students, and teachers.

The thought of returning to schools is daunting for many teachers, students and parents alike. A fear of the unknown is natural. The CSDE has engaged repeatedly with state and local educational and public health experts to craft the following plan, keeping both the educational and public health needs of our students and educators in mind. We realize that going back to school will not look exactly the same in every schoolhouse across the state. Districts will be operating within their community and school buildings' unique circumstances. As such, this plan provides districts with a roadmap — guardrails to operate within — while allowing districts some flexibilities to create reopen plans that will most effectively serve their unique communities.

This document is intended to be a fluid document that will evolve based on the public health data trends as well as the understanding of the best way to mitigate spread. As we proceed toward the fall, we will continue to receive input from our educational partners, students, and families and will continue to work toward providing the best opportunities for our greatest resource—the students in the State of Connecticut.

In Partnership,



Miguel A. Cardona, Ed. D.
Commissioner of Education

3. Introduction

Guiding Principles

The following document is provided for local educational agencies (LEAs) as they begin planning for the fall. Because experts are continuing to learn more about COVID-19 and the conditions surrounding the pandemic are continually changing, this preliminary guidance will likely evolve and be amended or supplemented. Individualized considerations based upon unique circumstances in each school district may also be needed. Each LEA should use this document as a guide and consult with all relevant stakeholders to determine the best way to proceed consistent with the requirements.

As Connecticut schools plan to reopen, the guidance and considerations outlined in this document are grounded in six guiding principles:

1. Safeguarding the health and safety of students and staff;
2. Allowing *all* students the opportunity to return to school *full time* starting in the fall;
3. Monitoring the school, students, and staff and, when necessary, potentially canceling classes in the future to appropriately contain COVID-19 spread;
4. Emphasizing equity, access, and support to the students and communities that are emerging from this historic disruption;
5. Fostering strong two-way communication with partners such as families, educators, and staff; and
6. Factoring into decisions about reopening the challenges to the physical safety, social-emotional well-being, and the mental health needs of our students when they are not in school.

LEAs should enter into planning understanding that health developments may influence decisions to transition to a different instructional model.

Specifically, LEAs must balance their planning with contingency plans to provide robust blended learning or remote blended learning for all grades in the event that a school, district, or region has to cancel or limit in-person classes due to health precautions. Guidance on standards for quality blended learning is being developed and will be available on the CSDE website.

While the guiding principles of this document will require all LEAs to approach this with a certain level of consistency, LEAs retain discretion in implementing the approach to full time reopening. School boards are encouraged to develop local teams and secure input from all members of the community regarding the complex approach to resuming classes in the fall. The CSDE will stand ready to provide technical support and anticipates that this document will be followed by ongoing support documents, resources, and a variety of templates to assist local planning.

Equity

“What if we use this time to re-purpose our leadership structures to build our leadership muscle to be strategic equity leaders instead of reactive leaders. Strategic equity leaders identify education challenges through an equity lens and engage others in collaborative inquiry to figure out what to do to address the challenges. Strategic equity leaders build the competencies of others to interrupt status quo ways of doing things that perpetuate inequities...”

— Vasquez, [The National Equity Project](#)

During the fall of 2019, Connecticut education leaders representing the CSDE, the Connecticut Association of Public School Superintendents (CAPSS), and the Connecticut Association of Boards of Education (CABE) issued a joint statement due to a number of high profile acts of racism and anti-Semitism involving students in Connecticut schools. That statement emphasized our mutual commitment to providing all students with school environments “where they do not feel threatened regardless of their race, gender, gender identity or expression, religion, nationality, status of citizenship, or sexual orientation. It is our core responsibility as educators to do everything we can to foster environments that ensure equity, diversity and inclusion.”

The return to school is being contemplated amidst a global pandemic and national demonstrations generated by the recent, yet too familiar, acts of racial and social injustice against communities of color. In the midst of this crisis, our students, educators, families, and communities are searching for the way forward. It is critically important that we deeply examine policies, practices, and pedagogy through a culturally responsive and racial equity lens. Further, inequities such as access to devices/technology, access to high quality curriculum, access to social-emotional and mental health supports, and issues of exclusionary discipline must be addressed.

In the voice of a student:

“Attention toward Mental Health — We are all experiencing one trauma together, instead of just forcing us through it, talk about it with openness. So many students are struggling, and so few are saying things. Have people check in on them, have someone reach out. A lot of students need it.”

(Connecticut Student ThoughtExchange June 2020)

Educators need to be self-reflective so we are not blind to discrimination, inequity, racism, implicit bias, and white privilege. Only by addressing these issues head-on, providing professional learning for all staff, explicit engagement of students and families, and having courageous conversations, will we make positive progress and create truly equitable schools.

The CSDE along with our partnering educational organizations throughout the state will continue to provide extensive resources, guidance, and support to LEAs in their work to reduce the negative effects of inequity and to assert our roles as equity leaders. Our students and their families deserve our commitment. While resources alone will not change personal attitudes, which is necessary to accomplish these goals, we must continue to learn together to forge our way forward.

Key

How to Use this Document

Each section contains three main components:

Introduction, if applicable



Requirements are defined as elements that the Office of the Governor, the CSDE, and/or the Connecticut State Department of Public Health have identified as necessary for the LEA to complete or comply with in order to open schools successfully in the fall.



Guidance is defined as considerations put forth by the CSDE or referenced entity rooted in best practice, experience, and research that will aid in the successful reopening of schools in the fall.

This document reflects preliminary guidance and considerations as of the date published, and should not be interpreted as mandates, except where there is indication of a requirement. This is a working document that may be revised as public health conditions evolve.

4. Priorities

The chart below addresses the priority requirements and considerations based upon questions and feedback received to date. These issues are addressed in more depth further in this document.

Fall Reopening Model

LEAs should plan to have all students, in all districts, return to schoolhouses for full-time instruction at the beginning of 2020–2021, so long as public health data continues to support this model. This model will be supported with more intensive mitigation strategies and specific monitoring, containment and class cancellation plans.

In addition to full-time instruction plans as indicated above, LEAs must be prepared to modify their plans to support a partial reopening or to allow for scaling back at a future date if the public health data changes.

Priorities:

Operational Model:

- Prepare to initiate in-school instruction accessible to the full student population.
- Plan for educational opportunities to be primarily in-person, but allow for students and parents to choose not to participate based upon individual considerations.
- Establish a continuum of strategies for implementation of in-person schooling that anticipates potential alternative programs and robust blended learning if future public health data requires class cancellations. This will require engagement of contingent plans for blended learning, including but not limited to a mix of remote blended learning, synchronous and asynchronous class meetings, and other educator and staff outreach to students. Remote learning is defined as situations where students and educators are not physically present in a traditional classroom environment, and where instruction is relayed through technology, e.g., learning management systems.

Equity:

- Identify gaps and develop action plans for reopening that specifically address inclusion, equity, and access for all learners with strategies and clearly defined action steps.

Cohorts:

- Emphasize grouping students by the same class/group of students and teacher (into a cohort) so each team functions independently as much as possible.
- Consider this methodology by grade levels. Placing students in cohorts is strongly encouraged for grades K–8, and encouraged where feasible for grades 9–12.

Facilities:

- Prioritize collection of data from families to confirm the intent to participate, as that may affect facilities and operations planning.
- Review building space and reconfigure available classroom space, such as gymnasiums and auditoriums, to maximize social distancing, consistent with public health guidelines in place at that time.
- Review community and municipal spaces with local stakeholders to determine additional capacity and availability if school building space is inadequate. Technical support will be available as needed.

Transportation:

- Plan for buses to operate close to capacity with heightened health and safety protocols, including requiring all students and operators wearing face coverings. Plans must be developed to activate increased social distancing protocols based upon community spread.

Health and Safety Policies and Protocols:

- Expect all students and staff to wear a protective face covering or face mask that completely covers the nose and mouth when inside the school building, allowing for certain exceptions.

Monitoring, Containment, and Class Cancellations Plan

- Develop robust monitoring and containment protocols, and class cancellation plans, in the event there are public health indicators that may require temporary closure of the building, such as evidence of community transmission in the school.
- If public health data requires partial reopening, or if schools' containment efforts require partial closure, prioritize the return of vulnerable learner groups, with specific protocols to increase the in-school population over time until full in person instruction is achieved.

Fall Reopening Model

In assessing the approach to a required operating model, the Connecticut State Department of Education (CSDE) considered input from school representatives, educators, families and students, educational stakeholders, advocacy organizations, and union representatives, and conducted a review of nationally and globally published school reopening plans for the 2020–2021 school year.

Due to positive containment efforts in Connecticut, reopening schools in person can be successfully achieved based upon current data. Connecticut has determined it is appropriate to plan a consistent approach to the operating model, but be prepared to modify plans as necessary. Ultimately, the importance of access to in-person schooling rose as a priority related to educational opportunities, student safety and well-being, and social-emotional learning. Maximizing in-person instructional time after the current period of disruption is critical. However, given the uncertainty planning for reopening months from now, schools must be prepared to modify their reopening model to support a partial reopening if the public health data changes.

LEAs made strong and often very successful efforts at safeguarding students' social-emotional learning opportunities, and emotional safety during the spring of 2020 when in-person classes were canceled. Nonetheless, isolation outside of the schoolhouse is not ideal for students over

longer periods of time. For different age groups, multiple variables support the need for full-time education in school. In some cases, physical safety and access to basic needs such as food, supervision, and shelter are also strong factors in opening schools to students in the fall.

Another top priority that supports a full-time in-school model is to ensure equitable access to education, and mitigating any barriers to education or opportunity gaps that increased during the pandemic. Efforts to support equity, close the opportunity gap, and provide a wide range of support for students in the state is best achieved with in-person schooling opportunities for all ages.

As noted herein, however, structuring a statewide approach to the operating model and scheduling will only be successful when implemented in conjunction with a strong monitoring and containment strategy, which may ultimately result in schools, districts, or regions making individualized decisions in response to specific student/staff diagnoses, or changing public health data in a particular school or region. The CSDE and Department of Public Health (DPH) understand the importance of consistent decision-making should public health data require either modification of the reopening model, or that in the future students return to remote learning. Therefore, LEAs should expect forthcoming guidance from DPH to establish a tiered system to guide decision-making if additional public health and safety restrictions are required.

Temporarily Choosing Not to Participate

(See Addendum 1 on page 48)



Requirements

- Plan for parents and students who may temporarily choose not to participate in the return to school. There are defined requirements when participation of a student in the schoolhouse is limited due to a verified medical reason. However, parents and guardians may also voluntarily choose for students to temporarily engage in learning from home for a variety of other reasons. LEAs should develop temporary support options for students who continue remote learning from home, including but not limited to offering families the robust educational support options outlined in [Academics on page 28](#). In developing these plans, options include but are not limited to:
 - Consider how retired teachers and/or teachers who voluntarily identify as “high risk” or otherwise need to be accommodated outside of the school house may support operational needs via remote learning, including but not limited to the following:
 - Working with students (virtually) who are unable to attend school;
 - Developing and implementing district professional development (PD) (virtual or in person);
 - Assisting with continued PD to train teachers who need assistance with best practices for virtual teaching and learning. [See also Staffing and Personnel, page 44.](#)
 - Serving as online tutors for those who need additional assistance.
- CSDE, in consultation with stakeholders, will continue to support LEAs in developing options for students and families choosing not to participate, including by issuing future guidance.

School Liaison, Communications Plans, and Data Collection

Having a central contact and effective communications plan will be important for schools to perform effective outreach to stakeholders, families, staff, advocates, and other community partners. Schools should plan active communication before and during reopening, and cover a variety of topics, including but not limited to, COVID-19 related cleaning and hygiene protocols, prevention action items, and distribution of information if there is a need to cancel classes in whole or in part. This should include feedback from the school community, particularly as you begin implementation of different policies and protocols. A variety of communication resources related to COVID-19 are available on the [Centers for Disease Control and Prevention \(CDC\) website](#).



Requirements

School Liaison:

- Designate an employee to serve as a COVID-19 Health and Safety Compliance Liaison. This designated person will be responsible for engaging with students, parents, faculty, staff, and administrators to answer questions or concerns about health and safety requirements regarding COVID-19 concerns (e.g., school nurse). All school staff and families should know and have the contact information for the designee. This role can be assigned to an administrator or someone with the authority to address compliance issues.

Communications Plan:

- Put systems in place to communicate the most up to date policies and protocols related to the considerations herein, for staff, students, and families. Schools should leverage multiple communication methods (mail, e-mail, phone calls, text messaging, social media, LEA and school websites). Ensure all policies and protocols are clearly marked with version and date, as they may change over time. Consider a COVID-19 landing page in which communication and guidance can be updated regularly.
- Make communications plans available in relevant languages of families in the community, as well as accessible to those with visual and/or hearing impairments.
- Ensure the development of plans for ongoing two-way communication with the school community (staff, families, and students) about any new policies and/or protocols *prior* to reopening, any time there is a significant policy change, and upon re-entry if a school closes temporarily during the year. This should include feedback and consultation regarding the implementation of those policies.
- Develop expectations around frequency of communication, and ensure detailed updates are provided any time critical information regarding policies, protocols, or health data changes.
- Put in place a plan for how the community will be notified of any changed policies, need to cancel classes, or other changes or restrictions. [See also Cancellation of Classes, Remote Learning, and Reopening Plan, page 24.](#)
- Make plans easily accessible, including but not limited to being visible on the main landing page of the LEA and school websites.
- Ensure these baseline requirements related to communication are the overarching principles applied to other communication plans referenced in this document.

Data Collection:

- Prioritize gathering information from families prior to reopening. Collect information from families to properly plan for resuming classes in the fall. For example, assess whether certain families will choose not to participate and instead continue with remote learning, and, if so, how that may affect facilities and operations planning.

5. Operations Plan

[\(See Addendum 3 on page 56\)](#)

Before July 24, 2020, LEAs and all school operators, including but not limited to choice programs, charter schools, and endowed academies will be expected to submit a plan to the CSDE addressing the requirements outlined in this document. Connecticut Unified School District 1 (USD #1) and Unified School District (USD #2), provide unique programming including classes in residential settings, and measures necessary to protect the health and safety of students and staff in these districts may require flexibility of these guidelines, and working strategically with the CSDE and DPH related to submission of these plans. While the CSDE will not approve such plans, they will be retained and best practices communicated and will allow CSDE to provide technical support for those LEAs who require it. School administrators should work closely in consultation with local health officials and municipalities to develop appropriate plans that comply with the current public health guidance.

[The Connecticut LEA School Reopening Template](#) is provided here as a compilation of the critical requirements identified within this document needing to be addressed for each local educational agency (LEA) or school operator in submitting their reopening plan.

Facilities

Classroom Layout



Requirements

- Maximize social distancing between student workstations, achieving 6 feet when feasible, when determining the classroom layout. Desks should face in the same direction (rather than facing each other), or students should sit on only one side of tables, spaced apart.
- Where necessary, assess other space that may be repurposed for instruction in the school, in municipal or other community space, or if the school will require additional modular space.
- Maximize space between the teacher and students due to the risk of increased droplets from teachers during instruction. If a teacher removes face covering or mask during instruction, spacing should be increased beyond six feet. For teachers who stay seated, a physical barrier may be an effective option.



Guidance

- Determine the exact student-to-teacher ratio based upon individual student needs and available space. Both students and additional support professionals should be considered when assessing the appropriate density for a room.
- Install floor markings to illustrate social/physical distancing.
- Use outdoor instruction where health and safety conditions and physical space allow, considering, for example, allergies and/or asthma symptoms.
- Ensure the classroom cohort will have access to washing stations, and if necessary, plan for temporary washing stations or hand sanitizer dispensers.

Reopening of Facilities Before First Day of Classes



Requirements

- Comply with DPH [Guidance for Cleaning and Disinfecting of Schools](#) during COVID-19.
- Comply with DPH [Return to Service Guidance](#) for Building Water Systems.



Guidance

- Review floor plans, consider space, and perform any facility maintenance required.
- Ensure that every school building has a health room with running water.
- Ensure that an isolation room has been identified in every school building.
- Ensure that all [water](#) and [ventilation](#) systems are safe to use after a prolonged facility shutdown.
- Perform any necessary deep cleaning that may help prepare the building for students to return in-person.
- Consider allowing small cohorts to enter school prior to reopening to give them time to understand the new policies and protocols, and practice the changed routines and rules.

Signs and Messages



Requirements

- Ensure all signs and messages related to stopping the spread are accessible for students with disabilities and in languages appropriate for the school population.



Guidance

- Focus on distribution of information and regular communication about the actions school communities can take to [stop the spread](#). This includes posting [signs](#) in highly visible locations (e.g., school entrances, staff areas, and restrooms) that [promote everyday protective measures](#), and providing instruction related to [properly washing hands](#) and [properly wearing a cloth face coverings](#). Educate students about how coronavirus is spread, and how preventative actions help avoid the spread (for example, that masks keep droplets out of the air and hand hygiene keep the virus out of one's mouth/nose/eyes).
- Broadcast regular [announcements](#) related to stopping the spread on school intercoms, and ensure related resources (e.g., messages and [videos](#)) are distributed when communicating with staff, students, and families (such as on school websites, in emails, and on school [social media accounts](#)).
- Place signs near sinks reminding students and staff to wash hands before and after using the restroom.
- Find free CDC print and digital resources in several languages on CDC's [communications resources](#) main page.

Ventilation



Requirements

- Comply with DPH [Guidance for School Systems for the Operation of Central and non-Central Ventilation Systems](#) during the COVID-19 pandemic.



Guidance

- Plan to inspect building systems regularly to ensure they are operating properly. This includes but is not limited to developing a schedule to perform preventive maintenance, remediation (including necessary filter replacements), and repairs before opening and promptly when needed.
- Refresh stale indoor air by opening windows. Consider, however, how to avoid circumstances where opening a window may pose a health threat, such as exacerbating asthma or allergy symptoms or creating fall risks for young students where the open window is accessible.

- For facilities with central ventilation systems, increase ventilation rates and increase the percentage of outdoor air that circulates into the system where possible. For facilities where a central ventilation system is not used, window air conditioning units should be adjusted to maximize fresh air intake into the system, blower fans should be set on low speed and pointed away from room occupants to the extent possible.
- Ceiling fans should be adjusted so that fins are rotating in a direction that draws air up toward the ceiling rather than down onto occupants. Window fans should be turned to exhaust air out of the window in the direction of the outdoors. Window fans that blow air into a room or free-standing fans that only serve to circulate existing air around a room should not be used.

No-Touch Usage



Guidance

- Enable no-touch usage of items such as doors, trashcans, and bathroom fixtures, where possible.
- Where no touch technologies are not available, prop open doors in accordance with fire and safety codes, and remove trash lids.

Training Related to Facilities



Requirements

- Identify the training needs of staff related to health and safety protocols; perform such training prior to the first day of classes.
- For consistency and to facilitate refresher trainings, consider designating 1-2 people in each building to serve as trainers.
- Plan an in-person or online training that includes: social distancing; cleaning protocols; and hygiene practices. Require attendance by all students and staff, and make available to families who are interested. Consider repeating this training during the first months that school reopens, and as needed.
- Ensure training is provided to substitutes or others who may enter the school outside of the first day or typical calendar start.



Guidance

- Consider having training days and days to practice new protocols with staff only prior to having students enter the building.

Bathroom Protocols



Requirements

- Comply with DPH [guidance for cleaning and disinfecting of schools](#) during COVID-19.
- Maximize use of disposable towels in lieu of hand dryers, due to ventilation considerations. Turn off and avoid use of hand dryers.



Guidance

- Review the school floorplan and consider ahead of time the best way to use, assign, and access bathrooms.
 - Identify at least one separate bathroom near the isolation room, preferably single stall, that would be used in conjunction with any individual who began experiencing symptoms while at school.
 - Plan and communicate ways to maximize social distancing in multi-stall shared bathrooms.
 - Assess ways specific bathrooms should be assigned to student cohorts, if possible.

- Increase cleaning and disinfection of bathrooms consistent with CDC [disinfecting and cleaning guidelines](#). Set up policies and protocols for bathroom use to minimize contact with surfaces.
 - Optimize ventilation and fresh air intake.
 - When consistent with fire code, privacy considerations, and health and safety requirements, consider propping doors open.
 - Place a trashcan and paper towel roll by the bathroom door to allow students and staff to use in order to prevent from touching the handle with their hands.
 - Install touch-free single-use paper towel dispensers, garbage bins, faucets, urinals, and toilets if possible.
 - Discourage storage of any personal items within the bathroom (including staff bathrooms).

Daily Operations

Flexibility and Compartmentalization of Protective Measures



Requirements

- Develop the policies and protocols related to facilities and operations with the understanding that schools may need to react quickly to changing conditions.
- Ensure options to increase, or relax restrictions are available throughout the school year to respond effectively to changes in public health data. This requires compartmentalized solutions that can be deployed or recalled in a timely and organized way. [See also Cancellation of Classes, Remote Learning, and Reopening Plan, page 24.](#)

Class Groups and Teams (Cohorts)

The purpose of cohorting is to limit the number of students who are exposed to or may be diagnosed with COVID-19 if there is community transmission in a school. Maintaining stable cohorts helps to mitigate the risk of spreading COVID-19.

A “cohort” is a group or team of students and educators with consistent members that stay together throughout the school day.



Guidance

- Implement the key strategy of establishing stable cohorts within the school population, when feasible. Placing students in cohorts is **strongly encouraged** for grades K–8, and **encouraged where feasible** for grades 9–12.
- Develop a system for cohorting and logging for the purposes of contact tracing, if necessary, if there are interactions between different cohorts.
- Ensure cohorts are not based upon any specific demographic or disability criteria.
- Educate students, families, and staff on the value of cohorts. Ensure they understand that other health and safety guidelines remain important to minimize the risk of infection.
- Restrict the mixing of cohorts. Pay particular attention to eating times, open periods, and study halls.
- Assign classroom groups with teams of teachers and support personnel, and as much as possible restrict mixing between teams.
- Notify families of the cohorts so that they can use that information when scheduling any activities, carpools, or other engagement outside the schoolhouse.
- When possible, have teachers of specific academic content areas rotate, instead of student groups.

- Maximize other safety precautions where cohorts may have contact, such as more closely monitored use of facial coverings, hand washing and sanitizing between cohorts.
- When assessing the best approach to restriction of mixing teams, consider eating periods, open periods, and study halls.
- Where schools have different entrances, assign cohorts a specific entry and exit that remains consistent day-to-day. Consider similar design for assignment of restrooms, classrooms, and outside space where it is possible to restrict primary use to a single cohort, or consistent group of cohorts.

Foot Traffic, Hallways, and Shared Areas



Guidance

- Limit face-to-face encounters by designating foot-traffic patterns — such as one-way hallways and staircases — and by designating entrance-only and exit-only doors, when feasible.
- Install markings on floors to illustrate foot-traffic expectations.
- Consider staggering passing in hall by changing schedules around periods to ensure students change rooms, if necessary, at different times.
- Keep traffic moving in stairways and halls.

Outside Time and Playgrounds



Guidance

- Schools should assess ways to minimize exposure from playground and fitness equipment use, including but not limited to ensuring only the team cohort uses it at the same time, hand washing before and after use or use of hand sanitizer, and disinfecting fitness equipment or other smaller outside equipment after each group of students' use.
- Consider staggering recess times for each class/cohort.
- Plan increased supervision to monitor social distancing, as appropriate.

Other Individuals Entering the School Building



Requirements

- Develop consistent policies to address when clubs, before- and after-school programs, or other voluntary groups may be allowed to use school space. Include ways to safely allow access for before- and after-school and childcare programs.



Guidance

- Consider limiting or restricting nonessential volunteers and visitors, and activities held in the school such as assemblies or larger gatherings. Have a clear policy defining essential building access for parents, such as for PPT meetings, or consider virtual meetings when possible.
- Assess how parent access to buildings can be structured to facilitate compliance with CDC and other public health recommendations.
- Plan effective ways to communicate cleaning and hygiene protocols [as recommended by the CDC](#).
- In addition to full [cleaning and disinfection](#), plan to spot-disinfect high-touch surfaces throughout the day. These surfaces include soap and paper towel dispensers, doors within toilet stalls, and toilet handles.
- Consider delaying cleaning when school is not in session such as over the weekend, when possible and particularly if there is a suspected case, to allow for passive decontamination. For example, schedule deep cleanings on weekends for Sunday, not on Friday afternoon immediately after students and staff leave.

Choice Programs



Guidance

- Consider the unique characteristics of choice programs in planning for the year, particularly since students participate from various towns and regions. Plan to work strategically with the CSDE to make plans to adhere to these guidelines while also allowing flexibility if required to facilitate the programs.

Child Nutrition



Requirements

- Schools and institutions that participate in the National School Lunch Program (NSLP), School Breakfast Program (SBP), Afterschool Snack Program, and Special Milk Program (SMP) as applicable, must continue to determine eligibility for and make available free and reduced-price meals and snacks and free milk to all eligible students.
- Schools and institutions must comply with the U.S. Department of Agriculture's (USDA) regulations and policies for school meals and milk including the meal pattern requirements.
- Schools and institutions that participate in the NSLP are required to claim meals/milk provided to eligible students using accurate counting and claiming methods. Additionally, the number of free and reduced-price meals served and claimed for reimbursement must have adequate documentation on file to support the claim.



Guidance

- On-site Meal Service (for students while in school):** Determine the appropriate meal distribution method(s) (i.e., Cafeteria [or alternate] Pick-up Model, Classroom Delivery Model, or a Hybrid Delivery Model) of meal service based on social distancing, physical location, student traffic, space, staffing, etc.
- Off-site Meal Service (for days students who are remote learning or for unanticipated school closures):** Determine model(s) of meal service delivery options to be implemented (i.e., Parent/student Pick-up on Remote Learning Days; Dismissal Time Distribution, and School Bus/School Vehicle Delivery).
- Simultaneous Operation of Congregate and Non-Congregate meal Service:** Assess needs around work stations, social distancing of staff, the availability of food, equipment and supplies, storage space, staffing, etc.
- Financial Considerations:** Determine the probability of increased costs to operate the school nutrition programs and the financial impact to the LEA if there is a decrease in revenue because of the inability to offer a la carte sales, catering and a potential decrease in meal counts and increases in expenses related to the costs of food, supplies and labor.
- Cleaning and Sanitation:** Work in consultation with the appropriate local health departments on updated safety protocols, including standard operating procedures for sanitation of school kitchens, cafeterias, food warehouses, alternative meal distribution locations, and central production kitchens.
- Communication with Families:** Notify parents and the school community about school meal service and options. Use a variety of communication methods such as social media, newsletters, and school websites.
- Personal Protective Equipment (PPE):** Assess the need for PPE in food service operations such as masks, gloves, physical barriers in serving areas, etc.

Transportation

Providing student transportation to schools is an important legal mandate that requires ensuring that all students have access to education at school.

The CSDE will work strategically to plan for the fall with LEAs, and particularly with school choice programs, which face the additional challenges of multi-town transportation for students as plans are developed which adhere to these guidelines.

Preparation



Guidance

- Consider gathering data from families to properly plan for resuming classes in the fall, including an assessment of the number students expected to attend, and whether parents or guardians plan to transport their children.
- Consult with municipal leaders, including public safety officials, to assess the approach if the school determines parents/guardian transportation is an option, including whether the school can safely accommodate the traffic, and whether local streets will be impacted.
- Understand that parents or guardians generally cannot be compelled to transport their children if they choose not to, in which case the LEA maintains responsibility for transporting the student.
- Include all transportation providers, including public and contracted bus company representatives where applicable, in planning a return to service.

Pick Up/Drop Off



Guidance

- Assess if a staggered arrival and drop off, properly communicated, will enhance safety protocols in place.
- Plan vehicle flow and logistics particularly if there are more family transport vehicles.
- Consider arrival/departure procedures that limit unnecessary entrance of parents and guardians into the building.

Family or Guardian Transport



Guidance

- Consider ways to encourage parents and/or guardians to transport their children to schools. If parent and/or guardian transport is likely, schools should plan to safely accommodate new traffic patterns and foot traffic.
- Keep in mind the feasibility and availability of alternate transportation by parents/guardians.

Buses, Vans and Student Transportation Vehicles



Requirements

Protective strategies for bus transportation should align with the forthcoming tiered system established by DPH to assist leaders define the decision-making approach applied to individual school districts.



Safe Status

Bus transportation can operate with no restrictions.



Low Status

Bus transportation can operate up to full status with mask requirements and loading and unloading restrictions.



Moderate Status

Bus transportation can operate with seating and spacing restrictions, mask requirements, and loading and unloading restrictions.

Where either a vaccine is available or effective treatments for COVID-19 are available, bus transportation can operate as it did prior to the pandemic, with no restrictions.

Where there is low transmission risk in the community and some restrictions are in place in schools, buses will be able to operate up to full capacity. LEAs who believe they may need to operate buses at high capacity levels should prioritize assessing alternative options and increase monitoring of the mitigating strategies. Passengers will be required to wear a face mask or cloth face covering that completely covers the nose and mouth during transit. The passenger's face covering must be in place prior to boarding the bus and must be kept in place until they are completely off the bus. Passengers should load into the bus from the back row to the front (where the first passengers onto the bus sit in the back row) and then unload the bus in a controlled manner upon arrival at the school from front to back by seat. This will reduce the number of people passengers walk by as they get on the bus and will prevent crowding in the center aisle when the bus arrives for unloading.

Passenger density should be significantly reduced when there is moderate spread, because schools will be employing remote blended learning when in this status. Bus passengers should be spaced with family members sitting together and non-family members should be spaced 6 feet apart utilizing alternating diagonal seating. Passengers will be required to wear a face mask or cloth face covering that completely covers the nose and mouth during transit. The rider's face covering must be in place prior to boarding the bus and must be kept in place until they are completely off the bus. Students should load into the bus from the back row to the front (where the first passengers onto the bus sit in the back row) and then unload the bus in a controlled manner upon arrival at the school from front to back by seat. This will reduce the number of people passengers pass by as they get on the bus and will prevent crowding in the center aisle when the bus arrives for unloading.



Guidance

- Assess whether a temporary monitor on student transportation at the beginning of the school year will best facilitate successful compliance with school health policies as these new protocols are implemented, particularly for younger students.
- Provide back-up masks if students do not have face coverings when boarding the bus or van.
- Develop clear expectations for drivers and bus monitors related to face coverings and other safety measures.
 - Include a plan for instances where a student is waiting, and illustrate symptoms associated with COVID-19 that are observable to the bus operator.

- Do not allow passengers to change seats during the route.
- Plan to increase cleaning and sanitizing for all vehicles, and keep associated logs. Effectively communicate cleaning protocols to all staff, including measures to prevent harmful human exposure to chemicals.
- Magnet Schools, Charter Schools, Open-Choice Districts, and Connecticut Technical Education and Career System schools should consider the complexities of regional travel, and develop scenarios for how safe inter-district transportation will occur. Additional technical support from the CSDE will be provided for such unique transportation requirements.

Fiscal and Budgetary Considerations

The CSDE strongly encourages LEAs to work cooperatively in developing their budgets, with their local municipality and their local health departments, or in the case of regional boards of education with the participating municipalities. Regular, open lines of communication will allow for limited resources to be shifted to critical priorities in a timely fashion.



Guidance

Securing Funding and Planning:

- Develop funding scenarios to support the multiple areas that may require increased funding, including but not limited to student equipment, protective materials and cleaning supplies, increased staffing and physical changes to school buildings to enhance health and safety measures. Consider whether a regional approach will help streamline securing items.
- Maximize access to available federal funding first through application for Elementary and Secondary Education Emergency Relief funds and Coronavirus Relief funds, then through application to the local municipality for FEMA and Coronavirus Relief Funds. Guidance on accessing these funding sources is available on the CSDE's website.
- Maximize the use and braiding of current federal program funds, as permitted, for which federal waivers have been secured to support LEA priorities.

Engaging Stakeholders: Consider a proactive approach in communicating with local unions, student service contractors, including private special education providers, contractual suppliers of equipment and supplies, transportation vendors, and have contingency plans in place for contractual modifications that may be necessary during the course of the school year.

Funding Priorities: Assess how funds can best support efforts to provide equity and access to all students. As LEAs develop spending plans for the year, review and consider the [state level priorities established by the Commissioner of Education](#). This includes:

- Equitable Access to Technology:
 - Survey families to collect information about devices and connectivity in their homes to support blended learning.
 - Update policies for school-owned devices. Consider allowing broader use to address families' need for telehealth access and other state agency support if school device is the only one in the household.
 - Prepare for the possibility a student, class, or school will require robust blended learning at some time during the school year.
 - Assess if funding would be appropriate to support training adult family members more effectively in accessing Internet and digital resources used for blended learning opportunities.
 - Consult the CT Learning Hub, [See Academics, page 28](#).

- Equitable Access to High Quality Online Curriculum Including Necessary Supports
 - Use funding to support further development, in consultation with state-provided resources, of high quality online curriculum, including necessary supports.
 - Unlike the initial wave of the pandemic during spring 2020 where there was little time to prepare, schools should be well equipped to provide robust learning opportunities to students in the event additional class cancellations occur during the 2020-21 school year.
- Education Recovery and Reopening Schools
 - Ensure fiscal and budgetary planning includes support for education recovery, including but not limited to funding for staffing for extended day/afterschool remedial programming; summer school or extension of the school year; and additional instructional supplies/equipment.
- Social-Emotional Well-being
 - Review the detailed content of this document related to social-emotional learning (SEL) needs of students, staff, and the school community, and plan financial support for a heightened need.

Reserving Funds: Reserve and plan funding to support the school board's contingency plans to support students in cases of class cancellations, including but not limited to the required budgeting to provide meals, address digital access issues, engage in robust blended learning, and support SEL.

Contracting, Insurance Policies, and Internal Protocols: Assess with board counsel if contracts need revisions to align with the district's approach to reopening. Also, consider any other insurance policies, internal processes, and money-handling policies to determine if changes, additional spending controls, or available budget balancing strategies will be necessary.

6. Health Practices And Protocols

Standard Public Health Practices and Adequate Supplies

(See Addendum 3 on page 56)



Requirements

- Ensure that students are educated and engaged in the new expectations related to all public health policies and protocols. As part of this requirement, assess the best approach to communicating the information for the age group, and plan to set aside time at the beginning of the school year, as well as frequent reminders, to review the new policies and protocols.
- Familiarize all participants of the standard public health practices used to prevent the spread of diseases. These practices include, but are not limited to:
 - social distancing,
 - frequent hand washing and use of hand sanitizer,
 - use of face coverings that completely cover the nose and mouth,
 - respiratory and cough etiquette, and
 - enhanced cleaning/disinfection of surfaces.
- Provide adequate supplies, including soap, hand sanitizer with at least 60% ethyl alcohol or 70% isopropyl alcohol (for staff and older students who can safely use hand sanitizer), paper towels, tissues, disinfectant wipes, cloth face coverings (as feasible), and no-touch/foot-pedal trash cans.



Guidance

- Educate and train the school community in the standard public health practices, to help them make appropriate decisions and comply with school health policies and practices. The CDC has [more detailed information on](#) this topic. Related to schools as workplaces, the Occupational Safety and Health Administration (OSHA) has also provided important [measures for control and prevention](#) that should be communicated to the school community.
- Provide frequent reminders to students and staff of the importance of these precautions. Consider weekly refreshers on the key public health strategies.

Immunizations and Health Assessments



Requirements

- **Immunizations:** [Guidance from the Department of Public Health was issued dated June 17, 2020](#) emphasizing the importance of protecting students by staying up to date on immunizations.
- **Health Assessments:** [Guidance from the CSDE was issued dated June 26, 2020](#) outlining the requirements for [Health Assessments](#) prior to students enrolling in school.

Reporting Illnesses and Addressing Vulnerable Populations



Requirements

Staying at Home

- Instruct students and staff to inform the school if they are sick with COVID-19 related symptoms, particularly if they had a known contact with someone diagnosed with COVID-19 and have also had contact with the school population. They must stay home when they are sick, especially if they have COVID-19 symptoms such as fever and cough. The Equal Employment Opportunity Commission (EEOC) has provided [guidance](#) that confirms that, during a pandemic, it is permissible to ask employees if they are experiencing symptoms of the pandemic virus (such as fever, chills, cough, shortness of breath, or sore throat.) Employers must maintain all information about employee or student illness as a confidential medical record.
- Develop consistent protocols for information reporting, and a point person to appropriately receive and safeguard this information, such as the school nurse, district nursing supervisor, or principal.
- Educate staff and families about when to [stay home](#). Schools should properly communicate the content of this or any updated guidance.
 - Instruct staff and students (or their parents and guardians) to perform a self-assessment prior to leaving for school to identify fever and other possible COVID-19 symptoms. Communicate this expectation and provide parents with reminders about the [symptoms consistent with COVID-19](#) that require keeping their students at home. Examples include a check-list for parents or a web-based application such as Connecticut [How We Feel](#).
- Establish and communicate school-wide sick protocols, including signs and symptoms of COVID-19, and temperature thresholds requiring students or staff to stay home.
- Consistent with the applicable laws and school policies, offer options for school and work to staff and students with special healthcare needs (e.g., remote learning options, alternate or modified job responsibilities).



Guidance

Encourage staff members and teachers with concerns about individual risk factors to talk to their healthcare provider to assess their risk for working in an environment where social distancing might be difficult to maintain.

- Review and consider revising policies and procedures related to student and employee absences to ensure that policies do not incentivize coming into school even if sick (e.g., “perfect attendance” policies).
- Work with board counsel to properly apply and communicate any applicable leaves available for employees should they become sick, or have to quarantine due to exposure to COVID-19.

Returning to School

- Follow the relevant public health guidelines in place at that time and communicate with the local public health official related to the return. Review LEA policies to ensure they are consistent with those guidelines. At present, CDC's criteria to help inform when employees should return to work includes:
 - [If they have been sick with COVID-19](#)
 - [If they have recently had close contact with a person with COVID-19](#)

Social Distancing



Requirements

- In conjunction with the considerations outlined above concerning classroom and hallway social distancing rules, assist staff and students to maintain social distancing between individuals to reduce the transmission of the virus per the public health guidelines at that time.
- Be prepared to adjust the approach to social distancing if guidance from the CDC or DPH changes due to shifting public health data or evolving understanding of COVID-19 disease, including transmission.



Guidance

- Maintain the recommended social distancing to the maximum extent possible.
- Prepare in advance for times when social distancing may be particularly difficult, including but not limited to:
 - Accommodating students with special health care needs or disabilities whose learning (e.g., direct instruction) or other needs (e.g., assisting with toileting or ambulation) may require closer proximity and/or direct contact.
 - Conducting health assessments or screenings when there is a suspicion that symptoms exist or there was exposure (e.g., the school nurse listening to lung sounds).

Material Sharing



Guidance

- Develop protocols to minimize the need to have multiple students sharing high touch materials to the extent possible. Plan in advance by determining if additional supplies are necessary. These materials include, but are not limited to books, computers, calculators, writing utensils, computer keyboards/headphones, and art supplies.
- Appropriately clean, disinfect, or sanitize materials at the end of each school day, consistent with [CDC guidelines](#).

Use of Face Coverings, Masks, and Face Shields



Face Covering

A cloth, paper, or disposable face covering that covers the nose and mouth; may or may not be medical grade



Face Shield

A clear plastic shield that covers the forehead, extends below the chin, and wraps around the sides of the face



Clear Plastic Barrier

A clear plastic or solid surface that can be cleaned and sanitized often



Requirements

- Adopt policies requiring use of face coverings **for all students and staff when they are inside the school building, with certain exceptions listed below.**
 - For anyone who has trouble breathing, or anyone who is unconscious, incapacitated or otherwise unable to remove the mask without assistance, face coverings and masks should not be required, [per CDC guidance](#).

- For anyone who has a medical reason making it unsafe to wear a face covering, masks should not be required.
- Be prepared to provide a mask to any student or staff member who does not have one.



Guidance

- Teach and reinforce use of [cloth face coverings](#).
- Frequently remind individuals not to touch the face covering and to [wash their hands](#) frequently.
- Provide staff, students, and students' families information on [proper use, removal, and washing of cloth face coverings](#).
- Set clear guidelines regarding limited exceptions to use of face coverings when other mitigating practices are in place, such as:
 - For students, while eating, drinking, during PE, or when students are outside, and effectively practicing social distancing and any other possible mitigants. Exceptions may also be necessary for certain special education students or other special populations.
 - For teachers and staff, while teaching so long as they are properly socially distancing or remaining static behind a physical barrier as described herein, while eating, drinking, or when outside and effectively practicing social distancing and any other possible mitigants.
- Develop a consistent policy to address mask breaks throughout the day.
- Assess when face shields may be appropriate however, face shields alone are not a sufficient alternative to the wearing of face masks for source control, but rather both should be worn for additional protection. Educate staff on the fact that face shields protect the eyes, nose, and mouth from contamination from respiratory droplets, along with masks or respirators.
 - When medically appropriate, nurses should substitute use of metered dose inhalers and spacers for students with respiratory issues.
 - If aerosol-generating procedures cannot be avoided, address the need for additional protocols, including but not limited to use of face shields and increased protective equipment by staff (such as school nurses) who are involved in these type of procedures, such as provision of oxygen via high-flow nasal cannula, nebulizer treatments, and open suctioning.
 - Face shields worn with face masks may also be used by staff who support students with special healthcare needs (who are not able to wear masks and who may need assistance with activities of daily living, such as toileting, eating).
- If medically required or where services provided pursuant to an Individualized Education Program (IEP) would require it, including but not limited to for speech and language services, evaluations, language acquisition activities, etc., students and/or staff may wear face shields and clear masks, or remove masks when face coverings/masks are not appropriate for the activity. Any other possible mitigating strategy should be implemented in these cases, including but not limited to maximum social distancing.
 - Staff working with students who are not wearing face coverings due to one of the exceptions and also cannot maintain social distancing should be provided increased protective equipment, including but not limited to medical-grade masks and disposable gowns.

7. Health Monitoring Plan

Planning and Distribution of Information



Requirements

- Include in the LEA reopening plan written protocols for monitoring of symptoms that could be related to COVID-19, with the goal of decreasing the risk of spreading or contracting the virus and maintaining oversight related to the pandemic while complying with relevant privacy and health laws.



Guidance

- Review the most updated guidance on monitoring for COVID-19 and develop protocols consistent with the applicable recommendations.
 - As of the date of this document, [CDC guidance](#) provides that schools and childcare programs are not expected to daily screen students, students, or staff to identify cases of COVID-19. If a community (or more specifically, a school) has cases of COVID-19, local health officials will help identify those individuals and follow up on next steps.
 - While daily screenings by school staff are not required, be prepared if, at the recommendation of state and local departments of public health, screenings are initiated based on local factors such as a confirmed case or known exposures, or if a staff member of student presents with obvious symptoms.

Attendance Monitoring



Guidance

- Actively monitor staff and student absenteeism and track the reasons for their absences to identify any trends that would suggest spread of illness such as COVID-19.
 - Explore the ability to code student and staff absences with specific symptom codes within programs such as PowerSchool, fever or COVID-related symptoms are examples, compared to routine sick days.
 - Create a communication system for staff and families for self-reporting of symptoms, and for families to notify the school of known or presumed cases consistent with applicable privacy and confidentiality laws. [See Reporting Illnesses and Addressing Vulnerable Populations](#) section describing EEOC guidance.
- If, due to a containment plan, a school or region must cancel classes, be prepared to engage students and address attendance during periods of blended learning. [See Academics, page 28.](#)
- In forthcoming guidance related to parents and students who choose not to participate, attendance monitoring advice will be included.

8. Containment Plan



Requirements

- Include in the LEA reopening plan written protocols for containment and immediate response if an individual has signs or symptoms of COVID-19, there is a known exposure, or a member of the school community has a confirmed diagnosis of COVID-19. The purpose of containment plans are to decrease the risks of spreading COVID-19, and shall include the following:
 - Immediate coordination with the local health department, including being ready to comply with requests for information from the local health department to assist with contact tracing.
 - Identification of a response team within the school and LEA with specific responsibilities.
 - Consideration of what signs and symptoms exhibited by students or staff would require their immediate dismissal from school; for what period of time; and conditions for their re-admittance to school.
- If any person who has been present in school has a confirmed diagnosis of COVID-19, the local health department must be notified immediately.
- Identify an “isolation room” (besides the health office) to accommodate students who exhibit symptoms consistent with COVID-19 until a parent or guardian arrives. Students should remain supervised in the isolation room. For the purposes of contact tracing, schools should log all persons who entered the room. The individual supervising the room must be equipped with proper PPE.
- Initiate recommended [CDC cleaning procedures](#) following a confirmed COVID-19 case.
- Review [CDC guidance](#) to ensure compliance with most up to date information regarding containment.
- Create a consistent policy for dismissal of students or staff who exhibit symptoms of COVID-19 and must be dismissed from school. Include input, where appropriate, from the local health department, school medical advisor and school nurse supervisor.



Guidance

- Educate the school community about the signs and symptoms of COVID-19: see more information on the [CDC website](#). This will allow the community to best participate in observing, monitoring and when necessary, reporting symptoms.
- Provide resources to staff and families regarding local community testing, such as the contact information for [211](#).

9. Cancellation of Classes, Remote Learning, and Reopening Plans

Cancellation of Classes

LEAs must be prepared to adjust plans based on health indicators and guidance from health officials. Partial reopen plans must prioritize vulnerable populations, including but not limited to special education, those with barriers to remote learning, English Learners, and students in transition years.

LOW

- Schools operating up to 100% capacity, students/staff with underlying medical conditions should consider restrictions and blended/remote learning
- Buses up to full capacity with bus monitors recommended, facial coverings in place during transit, controlled loading/unloading of riders
- Face coverings for students and staff while inside school buildings
- Identification/isolation of sick students/staff
- Cohorting of students encouraged, particularly in younger grades, restrictions on congregating
- Maximize spacing of seating up to six feet when feasible
- Increased cleaning and sanitization protocols

DPH will be developing specific community and school-based indicators to assist leaders and define the appropriate decision-making approach.



MODERATE

- Schools operating at reduced capacity, with more reliance on hybrid model, blended/remote learning, prioritize access to school building for students who need the more learning support, including but not limited to those receiving special education, ELs or limited access due to devices or connectivity issues
- Buses at reduced capacity with bus monitors strongly recommended, facial coverings in place during transit, controlled loading/unloading of riders, spaced seating between unrelated riders
- Face coverings for students and staff while inside school buildings
- Maximize spacing of seating up to six feet or more when feasible with reduced class sizes
- Identification/isolation of sick students/staff
- Cohorting of students, restrictions on congregating, staggered start/stop times and hallway transit
- Indoor extracurricular activities should be suspended, sports and other outdoor activities should consider restrictions on activities
- Increased cleaning and sanitization protocols

DPH will be developing specific community and school-based indicators to assist leaders and define the appropriate decision-making approach.



HIGH

- Schools closed, 100% remote learning, bus transportation suspended, extracurricular activities, including sports, should be suspended



Requirements

- Develop a plan for school class cancellations and reopening to be implemented in the event that the superintendent, their designee, or state government suspends or cancels in-school classes for some or all participants.
- Notify and consult with the CSDE immediately if the LEA is contemplating class cancellations.
- Assume that any decision about school closure, reopening, or cancellation of school events will be made in coordination/collaboration with local health officials, and with the advice of the school medical advisor (if any) and school nurse supervisor.
- Anticipate that recommendations for the geographic scope (e.g., a single school, multiple schools, the full district, regionally), whether it will be partial or total, and duration of school dismissals will be made on a case-by-case basis using the most up-to-date information about COVID-19 and the specific cases in the community.
- Include a communication plan and clear policies for faculty and staff regarding individual roles and responsibilities in the event of a shutdown occurring during the school year.
- Prioritize ongoing educational opportunities when drafting the plan for shutdown. Materials for continuity of learning must be made available to allow for school sessions to continue remotely.



Guidance

- Review the CDC's updated guidance to [K-12 Schools and Child Care Programs](#) regarding temporary dismissal of students or staff for two to five days, if they attended school before being confirmed as having COVID-19. Take into consideration advice from public health officials or municipal officials, where needed or requested.
 - Be aware that the initial short-term dismissal allows (1) time for the local health officials to gain a better understanding of the COVID-19 situation affecting the school and (2) for the necessary cleaning and disinfecting of the facility. Appropriate next steps, may include an extended dismissal duration after review of the circumstances and consultation with relevant experts.
- Ensure the plan addresses the impact of class cancellations on extracurricular activities and before- and after-school programs.
- Initiate recommended [CDC cleaning procedures](#) following a confirmed COVID-19 case. Decisions on which, if any, staff should be allowed in the school should be made in collaboration with your local health department and school medical advisor, if applicable. When possible, allow time to lapse between dismissal and cleaning procedures.

Future Planning for Remote Blended Learning



Requirements

- Be prepared to provide remote blended learning opportunities immediately upon cancellation of in-school classes.
- Develop a plan for extended absences and communicate it with parents or guardians in the event of a second extended closure. Particular attention must be placed on communicating the distribution of food and devices or learning materials. Materials must be modified for use by students who are differently abled or multilingual.



Guidance

- Be prepared to provide remote blended learning opportunities immediately upon cancellation of in-school classes. Blended learning is defined as learning that combines online digital media with classroom methods, with some element of student control over time, place, path, or pace. Blended learning can take place on site, on campus, in a single classroom, or in remote settings.
- Define remote learning for the community. Remote learning, where students are not physically present in a traditional classroom environment, may happen through various platforms, such as a learning management system.
 - LEAs should consider their ability to switch from onsite to remote learning based on need. This requires preparedness.
 - Remote learning provides an opportunity for students and teachers to remain connected and engaged with the content while working from alternate locations. The transition to remote learning can keep students on track so that when they return to physical, onsite school environments, they will not be required to complete an excessive amount of make-up work.
 - Many of the requirements for onsite learning can remain in place while teaching and learning in remote locations.
- Consult resources for teaching in a blended learning environment that is both synchronous and asynchronous which can be found in the [Plan to Reimagine CT Classrooms for Continuous Learning](#).
- Consult the [COVID-19 Resources for Educators](#) provided by the CSDE as a tool to support student learning during school closures. Topics found here include:
 - Content specific resources to support student learning organized by both discipline and grade band;
 - Resources around student data privacy, grading practices, assessment, and professional learning; and
 - Instruction for three-tiered model of SRBI (Scientific Research-Based Intervention), SRBI resources, and MTSS (Multi-Tiered System of Support) behavioral resources.

Reopening Plan

If class cancellations were initiated and a determination must be made about the approach to reopening, consult the most up-to-date [decision tree related to schools](#) from the CDC. As of the date of this guidance, the decision tree is available [on page 27](#).

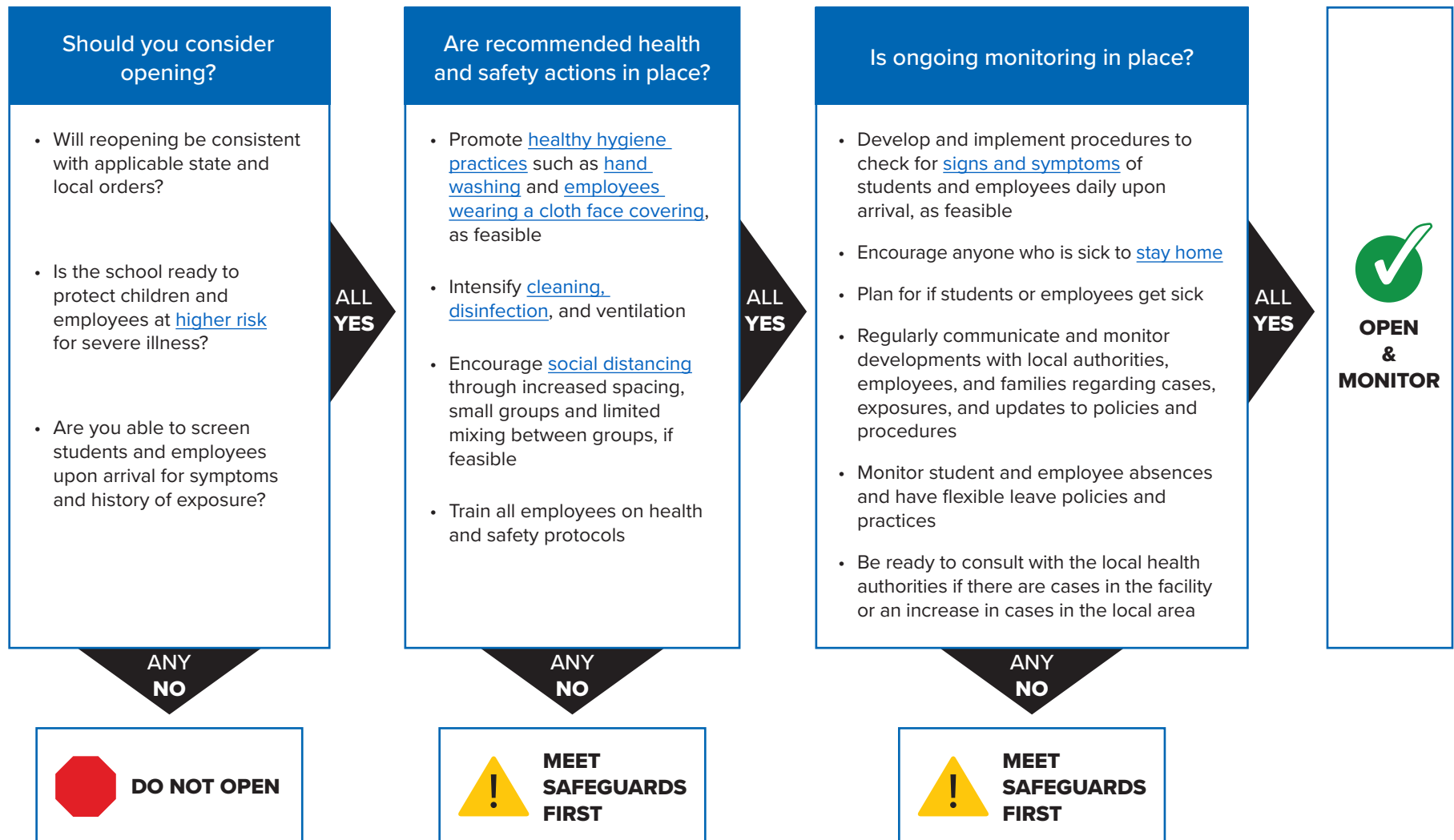
Also review the forthcoming DPH guidance.



cdc.gov/coronavirus

School Decision Tree

The purpose of this tool is to assist administrators in making (re)opening decisions regarding K–12 schools during the COVID-19 pandemic. It is important to check with state and local health officials and other partners to determine the most appropriate actions while adjusting to meet the unique needs and circumstances of the local community.



10. Academics

CT Learning Hub

The CSDE recognizes that in order to create future ready learning environments, teachers, students, and families require access to high quality, high impact resources and curricular materials. Beginning June 30, 2020, the CSDE will launch the CT Learning Hub. A place for universal access to curated high quality, high impact online learning content for math, English language arts, science, social studies, the arts, physical education and more anytime, anywhere. The CT Learning Hub is a free and interactive webpage of digital resources to support online and offline learning.

When a teacher, student, or parent clicks into the CT Learning Hub, they will be able to click on a menu of resources for core content (math, literacy, science, social studies, SEL), professional resources like lesson planning and blended learning templates, parent resources on how to support learning at home, and other digital and non-digital resources (online and offline).

Plan to Reimagine CT Classrooms for Continuous Learning

Continuity of learning, academic growth, and student connectedness are critical components of student well-being. Routines and connections with educators provide required stability, security, and structure that can keep our students happy, active, engaged, and healthy. The term “continuous learning” means establishing and maintaining connections with students and families to provide learning materials and supports using a variety of communication channels and modalities (e.g., email, phone, printed learning materials, and available online platforms).

The CSDE *Plan to Reimagine CT Classrooms for Continuous Learning* provides school systems with design principles as recommendations for how to assess capacity, analyze available instructional and technology resources, develop an approach to providing extended remote learning opportunities, and implement an extended remote learning plan. Each district must make local decisions in line with their needs and available resources, while aligning with the CSDE Plan to Reimagine CT Classrooms for Continuous Learning.



Guidance

- The CSDE strongly encourages *all districts to develop and implement the Plan to Reimagine CT Classrooms for Continuous Learning in partnership with teachers, families, and local education boards.*

The ***Plan to Reimagine CT Classrooms for Continuous Learning*** provides detailed strategies and resources for implementation. Resources include:

- Design principles for blended learning
- Role of families, students, educators and administrators
- Scheduling the school day and instructional time examples
- Recommendations for the design of the school day
- Guidance for supporting special populations (special education and ELs)

Assessment Practices for 2020–21

Resources to support the data analysis to inform instruction by the numbers and beyond the numbers can be found in the [CSDE Sensible Assessment Practice](#).

As schools plan for reopening in the fall and integrating their learners back into school, it is important to remember the following:

- Two-thirds of the 2019–20 school year was completed normally through in-person classes.
- During the remote learning period, nearly 75 percent of students participated fully though the quality of the learning experiences may have varied widely.
- Over 17 percent of students across the state experienced family, health, and trauma barriers to greater participation in remote learning.
- There is no single, “magic-bullet” assessment — whether screening or diagnostic or summative — that can meet the needs of all stakeholders and satisfy all purposes.
- For the vast majority of students who will enroll in Connecticut public schools in fall 2020, teachers already have a lot of longitudinal information available to them (e.g., annual state tests, universal screenings, early reading assessments, district benchmark tests from fall and winter, IEP progress reports, English language proficiency test results for ELs, student attendance patterns, disciplinary events, district and school mobility, course grades/failures, etc.).



Guidance

The CSDE recommends the following approach that is designed to ease students back into learning, fill any gaps, advance equity, minimize testing time, increase instructional time, and empower teachers (also see [infographic on page 31](#)). These practices are intended to apply to all students, including students with disabilities and English learners. The unique needs of these learners must be considered in the planning of both assessment and instruction, including the provision of supports, accommodations, and modifications as required in a student's IEP, Section 504 plan, or other intervention/learning plan.

Summer 2020 — Prior to the Start of School

- **Review Available Information:** This includes longitudinal data such as annual state tests, universal screening, early reading assessments, district benchmark tests from fall and winter, English language proficiency assessment results for ELs, IEP progress reports, student attendance patterns, disciplinary event, district and school mobility, course grades/failures, etc. Teachers can also learn a lot about their incoming class of students by talking individually with peers from the prior grade or in vertical teams. To assess means to evaluate or estimate. One does not need to administer a new test to “assess” students in fall 2020. Using multiple measures in lieu of a single test will result in a stronger “assessment” and better inferences. Students who are new to Connecticut public schools in 2020–21 will likely need a screening and/or overall assessment.
- **Plan the First Unit of Instruction:** To reduce student anxiety and ease them back into learning, educators should design the first unit of instruction for the start of the school year to not only engage students but also ensure that students will have a high probability of success with that unit. While the first unit is ideally an on-grade unit, in some instances it may be necessary for this unit to review standards from the prior grade. If a review approach is chosen for the first unit, then the selected content should emphasize the important prerequisite standards for new learning in the current grade.
- **Support Professional Learning:** Teachers may need professional learning opportunities on assessment/data literacy; formative assessment practices; differentiated instruction and personal learning; learning progressions of the Connecticut Core Standards; and blended learning (i.e., class that combines in-person classroom teaching with online instruction) approaches/tools.

Start of the School Year

- **Build Community with the New Class:** Some students may have experienced family issues, health emergencies, grief, and/or trauma due to the pandemic. Therefore, it is especially important in 2020–21 to take time at the start of the school year to build community and establish norms in the new class through fun and engaging activities. This will prepare students mentally to engage with the learning and any assessment. As mentioned earlier in this document, part of building community must include robust communication and engagement with families as learning partners, and these relationships should continue to be nurtured so if remote learning resumes, relationships between teachers and families will be strong. Without such community building at the outset, any formal assessment may artificially depress student achievement.
- **Deliver the First Unit:** The first unit should not only be engaging, but also allow students to have a high probability of success in learning the material. This will help students to ease into learning in the new school year and experience success early. Teachers should differentiate instruction and utilize formative assessment practices to gauge the impact of their teaching and adjust instruction as necessary. To minimize student anxiety at the start of the school year, this unit should not require the administration of a separate test. For certain students, Tier 2 supports can be embedded within the classroom to accelerate learning and advance equity.

Rest of the School Year

- Shift fully to on-grade instruction with scaffolds and supports as illustrated in the [infographic on page 31](#). The same cycle then continues for each instructional unit for the remainder of the year.

End of the School Year

At the end of the year, the student is administered an on-grade summative assessment (which may be the state assessment for students in Grades 3–8 and 11) to evaluate overall achievement on the state standards.

Sensible Assessment Practices in 2020–21 and Beyond

1. Summer 2020

★ Review Available Information

In lieu of a separate assessment, what can we already know about our students from existing data/information?*

Vertical Teams for Teachers, Interventionists, Instructional Specialists, and Related Service Providers

- What standards were taught in-person pre-COVID and during distance learning?
- How does the previous teacher describe the student's strengths and weaknesses?
- How well did the student engage in distance learning?

Longitudinal Data (Non-Assessment)

- Early Indication Tool support level (Low-Medium-High), attendance, discipline, mobility, course failures, etc.

Longitudinal Data (Assessment)

- K-Inventory, Smarter Balanced, NGSS, Alt. Assessments, LAS Links, IAB, F-IAB, Fall/Winter Benchmark, IEP Progress Reports

★ Plan the First Unit and Support Professional Learning

The first unit should not only engage students but also ensure that students will have a high probability of success. Teachers will need professional learning on topics such as assessment/data literacy, formative assessment practices, differentiated instruction, learning progressions, blended learning approaches/tools.

**Students new to CT public schools will likely need a screening and/or overall assessment such as the ICA or a local benchmark assessment.*

2. Start of the School Year

★ Build Community with New Class While Delivering the First Unit

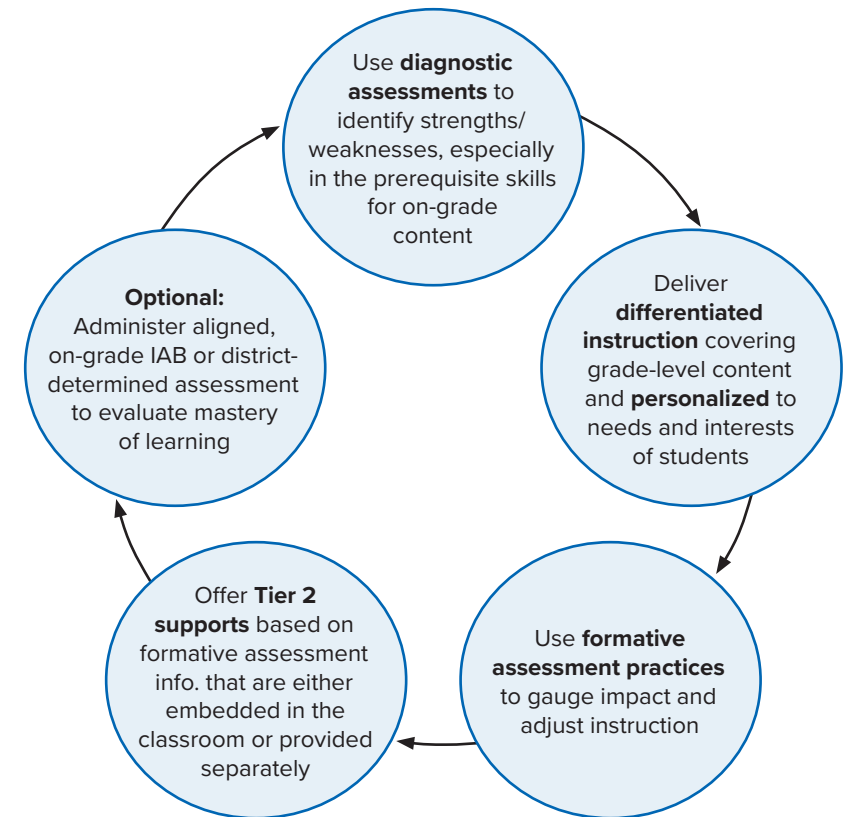
Acknowledge and address social-emotional learning needs and family/health/trauma issues due to pandemic. Start with a unit that is engaging and has high probability of success. Review key prior grade content if necessary.

- **Deliver differentiated instruction** by starting with engaging on-grade unit with high probability of success; review if necessary.
- **Use formative assessment practices** to gauge impact and adjust instruction.
- **Embed Tier 2 supports** in the classroom based on review of available information in the summer.

3. Rest of the School Year

★ Shift Fully to On-Grade Instruction with Scaffolds and Supports

If the first unit incorporates review, then the shift fully to on-grade instruction should occur within 2–3 weeks. Districts should identify prerequisite content for each instructional unit and the corresponding diagnostic assessment.



4. End

★ Administer End-of-Year Summative Assessment

Administer an on-grade summative assessment (which may be the state assessment for students in Grades 3–8 and 11) to evaluate overall achievement on state standards

Attendance and Discipline

Maximizing in-person instructional time after a lengthy period of disruption is critical. The CSDE, in consultation with stakeholders, will continue to support LEAs in developing options for students and families related to attendance and disciplinary issues in future guidance.



Guidance

- Address school attendance with parents, through teachers in the classroom, with community providers, and through all modes of communication.
- Ensure that systems are in place for early identification of students who are missing too much school, detecting the root causes, and implementing and monitoring effective tiered interventions for reversing a pattern of absenteeism.
- Revisit school discipline policies with a focus on re-engaging students in their building rather than removing them from school. Consider the unique circumstance students are facing returning to the structure of school after a period of disruption, and potentially factors such as grief or trauma that might influence behavior.
- Review the CSDE resource entitled [Improving Attendance by Addressing School Health Assessments and Immunizations](#), which provides strategies for schools, districts, and community health providers to work together to ensure that school health and immunization requirements are met prior to deadlines for school exclusion. Be reminded that on June 17, 2020, DPH confirmed the decision to require that all students be up to date on their immunizations when school starts.
- Further guidance for assessing student engagement and participation during remote learning and discipline in schools in the context of the pandemic is evolving and will be shared as it is released.
- Consider the following guidance:
 - [Attendance Guidance and Ensuring Student Engagement during School Class Cancellations Due to COVID-19, Memorandum, Commissioner Miguel A. Cardona, April 9, 2020](#)
 - [Attendance Playbook: Smart Strategies for Reducing Chronic Absenteeism in the COVID Era, FutureEd, Georgetown University, and Attendance Works](#)
 - [Guide to Using the Attendance Playbook: Smart Strategies for Reducing Chronic Absenteeism in the COVID Era, Attendance Works, June 2020](#)
 - [Monitoring Attendance in Distance Learning, a new data framework for monitoring attendance whether school is virtual or blended, Attendance Works, June 2020](#)

Special Education

While reopening may present challenges for all, students with disabilities may experience these challenges to a greater extent than their peers and take longer to remediate lost skills. Students with disabilities face many challenges, including health concerns and may be disproportionately affected by changes in their education, requiring flexibility in how their re-entry occurs.

To address the complexities of returning to school for our students who receive special education and related services, further guidance will be forthcoming and will be shared as it is released. See current [special education guidance](#) on the CSDE website.



Requirements

- Prepare with the understanding that there has been no waiver of requirements under the IDEA for provision of a free and appropriate public education (FAPE) in the least restrictive environment (LRE). During COVID-19 school closures, schools were required to provide FAPE consistent with the need to protect the health and safety of students, as well as those individuals providing education, specialized instruction, and related services to these students. Schools may not have been able to provide all services in the same manner that they are typically provided. Federal disability law allows for flexibility in determining how to meet the individualized needs of students receiving special education services.
- Treat students eligible for special education and other special populations as general education students first. Guidance and policies related to school reopening plans apply to all students, including students with special needs who qualify for individual education programs under the IDEA and accommodation plans for eligible students under section 504 of the Rehabilitation Act. If students with disabilities are unable to access the reopening plan as designed, facilitate individualized and alternative means of re-entry based upon student need, present levels of functioning, developmental levels, and student/parent input. Consider blended learning schedules if needed.
- Do not make programming decisions based on a student's disability category. However, the nature and/or severity of a student's disability may require unique considerations. Protocols should consider the student's developmental level and skills.



Guidance

- Anticipate flexibility with these guidelines for specific special education programs, so long as the program follows established standards as well as public health strategies such as proper hygiene, social distancing, and cleaning/sanitizing.
- Implement protocols to communicate safety guidelines to students, staff, and families to ensure that they feel safe within the school environment (use multiple means of communication in multiple languages to ensure equal access to the information).
- Communicate with families of students with a high level of need to develop transition plans to assist special population and special education students in their return to the school building. The use of social stories, visual cues, and other appropriate developmental strategies should be used to reinforce these new concepts and protocols.
- Work with local special education and McKinney-Vento staff and students/parents to develop a COVID-19 transportation protocol for each special needs and student.
- Identify students who have had the most difficulty accessing remote learning opportunities and prioritize access to in-person instruction, for example:
 - students who may require direct physical assistance for safety, health and self-care (feeding, toileting, activities of daily living [ADL]);
 - Staff/educators will continue to abide by all the OSHA guidelines.
 - Develop protocols for PPE and soiled clothing.
 - students who may exhibit significant behaviors that require de-escalation strategies and emergency safety protocols;
 - Training for staff in use of emergency physical interventions and use of PPE.
 - students that have significant communication and/or executive functioning deficits;
 - students with impaired vision, hearing, and/or other physical disabilities; and
 - students who have been unable to access related services.

- Identify students who are unable to wear protective personal equipment, practice social distancing, or adhere to other CDC or CSDE guidelines. In consultation with your local health department consider the following:
 - Environmental modifications
 - Use of alternative face coverings (clear)
 - Reduction of class size
 - Assign staff to specific students/instructional environments to limit exposure
 - Toileting/ADL protocols
- Consider protocols for community based learning opportunities including for students whose IEPs require transition services/activities.
- Be prepared that there may be certain high-risk students and/or families who may require continuing remote instruction full time due to underlying health conditions, undergoing disease treatment, or those with family members who are at-risk.

English Learners (ELs)

While returning to school will present challenges for all, English learners (ELs) may experience these challenges to a greater extent than their peers, as they transition back to a school setting from remote learning and continue to develop their English language proficiency concurrently while learning grade-level academic content. To mitigate these challenges, **schools must make every effort to provide support to ELs to allow them to access academic content as well as providing them with their supplemental language instruction program.** English language development is a part of universal instruction. It is paramount that grade level content be provided with adequate scaffolds and supports, so that ELs may access the grade level content being provided in the classroom while developing language proficiency.



Requirements

- Understand that like all other students, ELs are entitled to FAPE. The Civil Rights Act of 1964, Title IV, the Equal Educational Opportunities Act (1974) and the Elementary and Secondary Education Act (1965) provide guidance on the services to which ELs are entitled. ELs must have access to the general education curriculum as well as to a supplemental language instruction education program. During school closures due to COVID-19, ELs continue to be entitled to receive their supplemental EL instructional program in addition to their general education program of mainstream, grade-level and content-area instruction. Such language instructional education programs may consist of a range of services, including bilingual education, English as a Second Language (ESL), Sheltered Instruction and others. When returning to school buildings, language instruction education programs must continue.
- Comply with the requirement that eligible students in bilingual mandated districts are offered bilingual education programs. During COVID-19, school districts that are mandated to provide bilingual education remain required to offer a bilingual program to eligible students who have opted into the program. While program implementation may be altered during COVID-19 as compared to traditional in-building schooling, students in bilingual programs are still entitled to receive native language support as part of their school's designated bilingual program model. As with other language instruction education programs, when returning to traditional schooling, bilingual programs must continue.
- Communicate with parents and guardians that have limited proficiency in English in a language they understand as required by Title III of the Elementary and Secondary Education Act. As during traditional schooling, communications during school closures due to COVID-19 may be provided through translation and/or interpretation.

- Provide ELs who are also identified as students with disabilities supports for their EL needs, as well as supports for their disabilities. During COVID-19, these dually identified students must continue to receive these supports. As in times with traditional schooling, dually identified students should have their language needs represented in their annual meetings about their IEP.



Guidance

- Consider that flexibility may be necessary for the implementation of specific supplemental language instruction education programs, but these programs must continue to be provided to ELs during remote learning.
- Establish systems for ongoing collaboration between Bilingual and TESOL teachers, EL support providers and grade-level and content-area teachers. Ensure that mainstream teachers embed accessibility tools, such as scaffolds, explicit vocabulary instruction and differentiated supports into their grade-level and content-area instruction.
- Develop and maintain ongoing communication with families of ELs regarding remote learning and returning to their school building. Create procedures for supporting translation and interpretation for families with limited English proficiency regarding remote learning, instructional methods and returning to school.
- Encourage the maintenance and development of students' home and/or native language, whether during remote learning or when learning returns to school buildings. Develop a school culture where multilingualism is seen as a rich asset that contributes to the school and broader communities. Initiatives such as the Seal of Biliteracy and the establishment of dual language bilingual programs offer strengths-based, asset-oriented perspectives on multilingualism.
- Offer web-based, on-demand professional learning on how to serve ELs effectively through the Pathways to Success for English Learners professional development series or other online, high-quality professional learning. Note that the Pathways online modules are free of charge and intended primarily for generalist educators.
- Establish a process for carrying out the required procedures for potential English learners and identified English learners including:
 - ensuring adherence to the statewide identification procedures (i.e., Home Language Survey, English language proficiency screener);
 - continuing to provide parental notifications (i.e., EL identification letter, EL continuation of services letter, EL exit letter);
 - adhering to annual English language proficiency assessment requirements;
 - offering translation and/or interpretation to parents/guardians with limited English proficiency.
- Attend to the SEL needs of English learners, understanding that ELs may have unique, individual needs from each other and from their non-EL peers.

Physical Education, Athletics, Arts, and Extracurricular Activities

Plan to balance the importance of engaging students in a well-rounded educational opportunity, including physical education, unified arts, and extracurricular activities, with the need for modifications to avoid any increased public health risk.



Requirements

- Follow all CDC, state, and local guidelines related to social distancing and disinfecting areas and equipment used for physical education and physical activity, including recess.

- Develop plans for the implementation of a physical education, fine arts, and music curriculum that consider the needs of all students, including focusing on activities, adaptations, and modifications of all education decisions to ensure the full inclusion by all students.



Guidance

Physical Education

- Provide physical education through a combination of in-classroom instruction and activities tailored according to available spaces, restrictions on gatherings, and use of shared equipment.
- Provide professional development for revising curriculum and instruction to align with necessary modifications due to changes in the instructional space, blended learning, and alternative physical fitness activities.
- Focus on activities, fitness, exercises, and sports that are teacher led but performed individually and focus on lifetime fitness, utilizing alternative environments, land-based activities, and individual sports/activities such as mindfulness, tai chi, meditation, taekwondo, fitness-based activities, step aerobics, Pilates, yoga, individual sports, strength development, target activities, backyard games, dance (creative/modern dance, aerobic dance, traditional dance), power walking, orienteering, geocaching, outdoor education, hiking/reading trail signs, hoop games, track and field, singles racket games, etc.
- Support social-emotional learning through classroom instruction and utilizing appropriate games and activities.
- Match the instructional design to the available space; use stations, marked off areas, and staggered participation to ensure separation and distancing between students during activities. For example, the use of hula hoops on the ground or floor provide visual cues for maintaining distance to engage in learning.
- Plan for regular cleaning and disinfecting of all indoor and outdoor facilities, playscapes, and equipment between use by students.
- Repurposing gymnasiums to serve as classrooms may limit the ability to deliver some physical education content especially in the skill-building area. Cognitive and affective content and limited skill/fitness content could be delivered in an alternate space such as a classroom. Consider reorganizing and prioritizing the sequence of units to provide content and learning opportunities that can be delivered outdoors in appropriate weather and other content delivered later in the year through a blended approach in homerooms or online.
- If health and hygiene measures limit locker room use, this may affect hygiene needs associated with vigorous physical activity, which may limit the ability to fitness train and/or test. However, fitness/training concepts can still be taught through didactic instruction and reinforcing skill development and individual fitness goals.
- Loss of water fountain usage could affect physical activity delivery as hydration is important for student health and safety. Allow students to use personal water bottles and provide water bottles as needed. Guard against sharing water bottles.
- Educators can incorporate additional opportunities for movement in and/or out of the classroom through stretching, seated yoga, and walking outdoor classrooms.
- For further considerations on interscholastic athletics and activities, consult the [guidance provided by CIAC](#).

Arts and Music Education

- Consult the resources provided by the [Connecticut Arts Administrators Association](#).
- For handling musical instruments, consult the [National Association for Music Education's COVID-19 Instrument Cleaning Guidelines](#).
- Provide sufficient instructional minutes to support standards-based curriculum, student learning expectations, and district goals.
- Add to class time for materials and tools to be distributed by teacher only or area designated for individual storage and to allow for proper cleaning of materials.
- Strive to maintain current program of studies and course offerings, within safety precautions.
- Maintain proper spacing of at least 12 feet when students are singing or performing wind instruments by scheduling large ensembles in auditoriums, outdoors, cafeterias, gyms or other large spaces. Focus on maximizing distancing for instruments that require blowing or for singing, compared with string and percussion instruments.
- Schedule large ensembles into smaller groups throughout the day. Shift curriculum focus to solo and small ensemble work. Shift from a concert format to a recital format. Create virtual performance experiences and assessments.
- Maintain small homogeneous groupings of instruments for lesson instruction.
- Continue full access to beginning instrumental music.
- Provide individual art supply kits for each student, or plan for increased sanitization between all use.
- Include tech devices as options for photography at home, storage of photos and exporting image files.
- Use on-line apps or platforms for student work (e.g., SeeSaw, Artsonia, Google Classroom, Flip Grid, SmartMusic, Sound Trap, Acapella, museum collections, painting/drawing platforms), video displays (e.g., YouTube), and slides (e.g., Google Slides, PowerPoint).
- Further guidance related to chorus instruction will be shared as it is released.

11. Family and Student Engagement

Reopening schools is an opportunity to deepen relationships and engage families in authentic partnerships to support evolving models of teaching and learning.

Family Support and Communication



Requirements

- Comply with all state and federal family engagement requirements (e.g., School Governance Councils and Title I requirements) during the COVID-19 pandemic.
- Prepare to provide families with clear and ongoing communication about what to expect, during and prior to reopening. This includes, but is not limited to, guidance on the school protocols related to health and safety guidelines.
- Continue to engage with families and students as the reopening moves forward to ensure they are informed and have the ability to provide feedback.
- Make reopen plans available on the LEA website, accessible, and clearly identify the school liaison.



Guidance

- Align the reopening plan with evidence-based family engagement and, importantly, with families' perspectives on partnering with schools. [Connecticut's Framework for Family Engagement](#) provides a definition of family engagement that was co-created with families from across the state and is grounded in research and best practice:

“Family Engagement is a full, equal, and equitable partnership among families, educators and community partners to promote children’s learning and development from birth through college and career.”

- Provide training opportunities for families on device use and access to school platforms. Plan ways to engage in person at the beginning of the school year, following all health and safety rules, since the target audience may not be able to access training online.
- Use Connecticut’s [definition of family engagement](#) to frame the objectives for an effective approach to school-family partnerships.
 - *Create full, equal and equitable partnerships.* View families as full partners in education. Recognize that families bring valuable knowledge to the table and involve them in advance planning and decision-making. Empower families to work with educators, public officials, and community partners to remove systemic, structural, and organizational barriers that perpetuate inequities and injustice.
- Implement high-impact family engagement strategies by applying the [guiding principles](#) in Connecticut’s Framework for Family Engagement.
 - *Build collaborative, trusting relationships.* Recognize that all high-impact family engagement strategies are grounded in trust and respect. Create a welcoming atmosphere in school buildings and in all school communications. Establish reliable systems for two-way, personal and ongoing communication with families.

- *Prioritize what families say about their children's interests and challenges.* Consider monthly parent-teacher conferences or connections throughout the 2020–21 school year to support and engage families and gain their perspectives on their children's experiences during this time.
- *Model high-quality learning practices.* Consider webinars for families to demonstrate teaching techniques and other supports for learning that they can use at home.
- *Share information frequently with families about how their children are doing.* Consider how families might track their students' progress and provide opportunities for families to ask questions and understand the expectations for progress.
- *Engage students in conversations about how they want teachers and families to support their learning.*
- *Co-develop cultural competence among staff and families.* Create opportunities for families and staff to work together to build students' home cultures into programming and curriculum by centering families as authorities on their cultures and experiences.
- *Support parents to become effective leaders and advocates for children.* Empower parent-led groups to support families by providing timely and accurate information and resources. Invest in parent leadership training opportunities.

Social-Emotional Learning (SEL) and Mental Health



Requirements

- Develop a detailed plan to reengage all students, staff and families. Particularly identify strategies to identify and engage populations and specific students that have been disengaged.
- Prepare staff to identify issues related to abuse and neglect in the context of the pandemic and comply with all mandated reporting requirements.



Guidance

- Provide a period of time for students to acclimate back to school. Focus on the whole child and use this period to reestablishing routines and relationships.
- Intensify communication efforts with all families and at the same time provide additional supports for students who are struggling or at risk.
- Communicate the importance of SEL as a foundational and necessary aspect of a highly functioning school community.
- Consult the available resources on SEL, for example, the Collaborative for Academic, Social, and Emotional Learning (CASEL) publication, [Leveraging the Power of SEL as You Prepare to Reopen and Renew your School Community](#).
- Consider staff in addressing SEL and mental health support.
 - Design opportunities for adults to connect, heal, and cultivate their own SEL competence. Work with school and district-based mental health staff, psychologists, counselors, social workers, and school nurses to lead these efforts.
 - Ensure access to mental health and trauma support for adults.

- Incorporate SEL and mental health support activities into online learning by employing activities such as wellness checks, discussion circles about important issues, and lessons that directly address SEL and mental health.
- Consult the multiple support resources related to SEL and mental health that may be accessed here: [COVID-19 Resources for Families and Educators](#).
- Review and incorporate the [Kindergarten through Grade 3 Social, Emotional, and Intellectual Habits Framework](#) as it represents the knowledge, skills, and dispositions that form an essential blueprint for college and career readiness to achieve academic success and social/emotional learning.

After-school Programming

After-school programs can play an important role in providing supports for students during traditional after-school hours, including days in which students are engaged in remote learning and not scheduled to be in class. Traditional after-school programs do not need to operate only after school dismissal and can support families on days when students are not scheduled for classroom instruction. As schools reopen and parents return to working outside the home, after-school programs can assist in providing safe places to provide care for students while simultaneously providing support and assistance to enhance remote learning.



Requirements

- Programs receiving funding from the CSDE through the State After School, Extended School Hours (ESH) and 21st Century Community Learning Centers (21CCLC) programs, consult with the CSDE for individual grant-specific guidance.
- Follow the requirements outlined in this document, as applicable, including but not limited to requiring the use of face coverings that cover the nose and mouth, and maximizing social distancing.



Guidance

- Consider the logistics of after-school program space utilization to ensure that social distancing requirements are maintained and students are exposed to the fewest practicable number of other students and staff.
- Consider utilization of classrooms for on-site after-school programming that minimizes students' exposure to other students and common areas. For example: staff participating in the after-school program use the same classroom that students are in during the school day and provide after school care from the end of the school day until 5 p.m.
- Partner with community-based organizations (YMCA/YWCA, Boys and Girls Clubs, faith-based organizations, etc.) to identify space outside the school to provide off-site after-school programming.
- Maximize social distancing and limit exposure to other students during classroom instruction, after-school activities, meals, bathroom usage and transportation.
- Apply the same cohorting recommendations for the school day, when feasible.

Adult Education



Guidance

- Create a set of policies and procedures to address the physical return of students and teachers to the buildings. All policies and procedures should be in line with this document, LEA policies, and CDC guidelines in order to ensure a safe and productive educational environment. [See also Cancellation of Classes, Remote Learning, and Reopening Plan, page 24.](#)
- Consider protocols that address specific times of entry and social distancing while waiting; registration policies and procedures; assessment, placement, and testing; and class structure such as options for blended classes or remote learning in addition to in-person classes.

12. Career and Technical Education

Connecticut's vision is that schools provide each student access to rigorous pathways and programs of study that result in students graduating with the essential knowledge, skills and employability expertise to successfully meet the demands of Connecticut's expanding economy. Connecticut Career and Technical Education (CTE) programs are part of the comprehensive educational system and due to the nature of CTE programs and the hands-on approach that is necessary, additional elements must be considered as schools plan for a safe reopening.

CTE programs use a hands-on approach to develop job readiness skills and trade competencies. The core of the curriculum is experiential and students often work closely together in small groups. Many CTE programs require students to develop physical dexterity and motor skills through regular practice over significant periods of time. CTE instruction is maximized when it is delivered in-person through practical experience, whether in the classroom, at production sites or through work-based learning.

During CTE instruction, students may need to share tools, materials or equipment during the course of a school day. Although the guidelines prohibit this type of sharing, CTE programs may need to take unique precautions, such as providing students with gloves and other PPE, minimizing the amount of sharing, following an accepted protocol of cleaning and sanitizing and training both staff and students in COVID-19 related safety.

Flexibility with these guidelines is permitted for CTE activities as long as the CTE program follows established workplace industry standards as well as public health protocols.



Requirements

- Develop a plan for cleaning and disinfecting shared equipment in the shop or lab, before and after each use. Many CTE courses assign tasks to students who assist in cleanup at the end of class, and the students should be trained in all safety processes and procedures. Include a properly labeled spray bottle or disinfectant wipe near the equipment along with a small trash receptacle. Include a process for collection, sanitation, and logging of equipment and tools.



Guidance

- Apply the standards outlined above for cleaning and disinfecting high touch areas.
- Create a plan to address the public access to the building including Early Care and Education Programs as well as cafes in Culinary Arts.
- Anticipate that student run early child programs will need to comply with all relevant public health guidance outlining the enhanced cleaning, sanitizing, social distancing, face covering use, and hygiene requirements for these programs.
- Determine the appropriate safety measure for the Culinary Foods labs while food is being prepared and consumed. This may include, but is not limited to, staggered schedules, repurposing of space, use of gloves, increased hand washing protocols, and prioritizing "to go" options for food.
- Consider ways to minimize exposure when exchanging payment in any CTE program.
- Ensure students are actively accessing their CTE curriculum by considering the following:
 - Provide students with options for demonstrating their understanding.
 - Incorporate tools and materials that students can access at home.

- Focus on Instruction and Engagement: Acknowledge the challenges and constraints of home-based, remote learning. Remain flexible and open to improvisation. Provide clear instructional goals and keep CTE lessons relevant.
- Use online, interactive simulators (e.g., CAD, online welding simulators, safety lessons and fabrication mathematics).
- Chunk and scaffold assignments.
- Provide short, online learning videos that are integrated into lessons to explain concepts or demonstrations (e.g., Motor Oil on YouTube).
- Offer online CareerSafe and OSHA 10 training.
- Develop portable lab kits that can be sent home.

13. Staffing and Personnel

Certification and Personnel Planning

The CSDE has maintained the timely processing of applications for certification during the pandemic. The CSDE will continue to provide support to LEAs to hire appropriately certified educators for the 2020–21 school year to help support equitable access to highly qualified educators.

The employment of appropriately certified, authorized and/or permitted educators remains crucial to the success of all students. To assist this goal, all LEA-based forms have been adopted to accommodate the timely processing of temporary authorizations and requests including Durational Shortage Area Permits (DSAPs), 90-Day Initial Certificates, Charter School Educator Permits (CSEPs), Long Term Substitute Authorizations, Emergency Coaching Certificates and Resident Educator Certificates. For additional information about processing these forms remotely, please see the following [CSDE educator certification newsletter](#).



Requirements

- Prepare with school human resources and board counsel to comply with legal and regulatory requirements related to personnel, including but not limited to the EEOC [guidance](#) related to the ADA and the COVID-19 pandemic.
- Assess how to engage a full roster of staff, including potential substitute plan, and whether stipends or changes in substitute pay is required to support the needs of the school.



Guidance

- Engage certified and uncertified staff in surveying the experience from the Spring of 2020 during the period of school disruption, and request implementable ideas to support the LEA's approach the fall 2020 reopening.
- Assess if schools will require increased certified staff, additional support staff, or new positions related to care and cleaning of facilities.
- Utilize the [EdSight Active Endorsement Search Tool](#) to access Connecticut Educator Certification data for strategic recruitment and hiring information to maximize student access to qualified educators. For additional information, please see the [EdSight Secure FAQ](#).
- Plan to support staff health. Implement flexible sick leave policies and practices that enable staff to stay home when sick, have been exposed, or are caring for the sick.
- Engage with staff labor representatives and consider whether Memoranda of Understanding (MOUs) are appropriate or necessary to define the role for different staff units in the context of the COVID-19 pandemic.

Educator Evaluation and Support Plans

The CSDE, in consultation with stakeholders, will be issuing future guidance related to Educator Evaluation and Support Plans for the 2020–2021 school year.

Professional Development



Requirements

- Prioritize mandatory training for staff, before the beginning of the school year, that covers signs and symptoms of COVID-19, Standard Public Health protocols, Hygiene Practices, PPE, Reporting Illnesses, and supporting SEL. Plan ongoing trainings as changes occur in recommendations and public health data.



Guidance

- It is recommended that Professional Development & Evaluation Committees (PEDCs) meet (virtually or via phone) to make recommendations about professional learning, resources, and supports for paraeducators, teacher, and administrators.
- Beyond training for the health and safety related needs of the school community, plan to provide teacher and staff professional development related to use of technology platforms, training on supporting and giving feedback to students training on the accessibility needs of students with disabilities, and training on effective student engagement (by grade level) within online/hybrid learning environments. Include substitute teachers when possible.
- Provide professional learning to build educators capacity to support students' SEL and also support their own mental health and wellness. Sessions can be led by mental health staff on topics such as active listening, compassion, relationship building. One such mental health related training option is Question, Persuade, Refer (QPR).

Additional Resources

The pandemic has required greater flexibility for all Connecticut residents and the need to adjust to changes with limited notice, therefore, the CSDE plans to continue to develop and update guidance documents and support schools in their efforts to navigate educating our students while also prioritizing health and safety. Please review the [CSDE website](#) regularly.

Please also find the links below that were referenced throughout this document along with additional sites that were identified as useful.

CDC

[CDC Considerations for Schools](#)

[CDC Reopening Guidance for Cleaning and Disinfecting Public Spaces, Workplaces, Businesses, Schools, and Homes](#)

[CDC Cleaning & Disinfecting Guidance](#)

[CDC Symptoms of Coronavirus](#)

[CDC What You Do If You Are Sick](#)

[CDC Quarantine & Isolation](#)

[CDC Use of Cloth Face Coverings to Help Slow the Spread of COVID-19](#)

[CDC When and How to Wash Your Hands](#)

[CDC Planning for K-12 Schools and Child Care Programs](#)

[CDC Interim Guidance for Administrators of US K-12 Schools and Child Care Programs](#)

[CDC Schools Decision Tree for Schools Reopening](#)

[CDC Guidance Keeping Students Healthy While School's Out](#)

CDC Communications & Print Materials

[CDC Communications Resources](#)

[CDC COVID Print Resources, Multiple Languages](#)

[CDC COVID PSAs](#)

[CDC COVID Videos](#)

[CDC COVID Social Media Toolkit](#)

[CDC Child Posters, Multiple Languages](#)

[CDC What you Need to Know About Handwashing VIDEO](#)

CSDE

[Connecticut LEA School Reopening Template](#)

[COVID Resources for Educators](#)

[State Level Priorities: Sustaining Local School District Capacity & Providing Equity and Access to a High Quality Education for All Children](#)

[Attendance Guidance and Ensuring Student Engagement during School Class Cancellations Due to COVID-19](#)

[Improving Attendance by Addressing School Health Assessments and Immunizations](#)

Plan for [Reimagining CT Classrooms for Continuous Learning](#)

[Sensible Assessment Practices 2020-21 and Beyond](#)

[Full, Equal and Equitable Partnerships with Families: Connecticut's Definition and Framework for Family Engagement](#)

[edSight Active Endorsement Search Tool](#)

Other

DPH: [Guidance for the Cleaning and Disinfection of Schools during the COVID-19 Pandemic](#)

DPH: [Return to Service Guidance for Building Water Systems](#)

DPH: [Guidance for School Systems for the Operation of Central and non-Central Ventilation Systems during the COVID-19 Pandemic](#)

[U.S. Equal Employment Opportunity Commission COVID-19 Guidance](#)

[CIAC Resocialization of Interscholastic Athletics and Activities Programs Guidelines](#)

[NAFME COVID-19 Instrument Cleaning Guide](#)

[School Re-Entry Considerations: K-12 Physical Education, Health, Education & Physical Activity](#)

[Leveraging the Power of SEL as You Prepare to Reopen and Renew](#)

[Partner Resources](#) (multiple languages)

APPENDIXES

Addendums

Addendum 1

(July 27, 2020)

Temporarily Opting into Voluntary Remote Learning Due to COVID-19

This guidance outlines the expectation that school districts provide temporary remote learning opportunities for those parents and students voluntarily opting into remote learning programming while other students attend in-person instruction. This voluntary family choice is not intended to be the same as the opportunities provided when classes are cancelled for a broader population, should public health data require it. Communication will be a key component as school districts, educators, and families move forward with this unique option during the 2020-2021 school year. School districts should develop models that take into consideration educator input and avoid setting unreasonable expectations for staff.

This guidance *does not* change any of the school districts' obligations to provide access to educational opportunities to students where an existing legal requirement exists, such as instruction for students whose participation in-person is limited due to a verified medical reason. This guidance also does not address the circumstances where a full remote learning model applies for all students.

Relationship Between Opting Into Remote Learning and Requirement for Schools to Provide 180 days/900 hours of Actual Instruction

Generally, schools are obligated to provide in-person schooling consistent with Connecticut state and federal statutes and regulations. Unless public health data related to the COVID-19 pandemic requires action by the State, the requirement is that boards of education provide “no less than one hundred and eighty days of actual school sessions for grades kindergarten to twelve, inclusive, [and] nine hundred hours of actual school work for full-day kindergarten and grades one to twelve...”

If public health data continues to support full time access to in-person instruction and for school buildings to be open, the current requirement for the school district to provide the opportunity for students to access 177 days of school and 900 hours of instruction should be fulfilled.¹ Any individual student's choice to opt into remote learning should not affect the school district's obligation.

Proper Notification

School districts should make every effort to provide a comprehensive remote learning experience, while also making sure parents are aware of any limitations that apply. School districts should prioritize notification to families of the implications of the choice to temporarily participate in remote learning.

The notification should include as much specific information as possible for families making this voluntary choice, including but not limited to:

- limitations that exist under the district's planned remote learning programming (what will not be provided for students and families under this option);
- the expectations for the family to supervise and support student attendance and engagement, as noted below;
- that the nature of the voluntary remote learning programming may not result in matching instructional hours 1:1 with an in-person learning model and as such, identification of the anticipated active instructional time;
- what model the district will employ (including but not limited to: district-run models that pool students by grade district-wide and assign them to a teacher who needs to work remotely, even for students in different school attendance zones; cooperative models within a region; programs operated by another public school district or RESC; or use of an online program consistent with the school curriculum);
- the temporary nature of the remote learning programming, as described further below;
- protocols regarding opting into remote learning and a local procedure to request parents provide notice if the student will return to in-person classes (and establishing the boundaries around opting into voluntary remote learning, such as the requirement the option be exercised as a full day, not selection of some classes in-person and others remote); and
- confirmation that this voluntary family choice be **clearly differentiated from the circumstance where classes are cancelled for a broader population, should public health data require it.**

School districts should develop local protocols and procedures setting expectations for families to continue the remote learning programming. It would not be appropriate to exclude students from in-person school if the school is offering that option to all other students. However, the option being outlined in this guidance does not require an “a la carte” model for families. Districts may choose to require that, in order for students to participate in school activities not related to the core curriculum (such as extracurricular activities or electives), students must be attending in school in-person and not have opted into remote learning programming.

For the health and safety of both the student resuming in-person classes, and the school community, it is appropriate to request notice for a reasonable preparation time before students change their learning location. Providing schools a reasonable time for students changing their learning location will be of the utmost importance for proper planning.

Obligations of the Parents and Family

While the 2020–2021 school year unquestionably presents unique challenges, school districts must communicate with families to ensure the understanding that Connecticut law continues to require children to engage in public school education unless they receive equivalent instruction elsewhere. It is our expectation that school districts will adapt to this unique circumstance during the 2020-2021 school year. Notwithstanding this expectation, families continue to have a legal obligation to engage in public school education unless the children are receiving equivalent instruction elsewhere (such as through home-schooling or in non-public schools), as set forth in Connecticut General Statutes Section 10-184. Therefore, in collaboration with the school district, parents who decide to opt into voluntary remote learning will also be expected to supervise and engage their children to fully and effectively access the remote learning programming that is offered through the public school district.

Temporary Nature of the Remote Learning Programming

Should public health data support a changed approach, the policy directives from CSDE related to the provision of this option may change to determine there is no longer a need for this temporary option. It is important to notify families that the school district’s remote learning programming is temporary, and it may not be available the full year.

Funding and Enrollment

While the unique circumstances outlined here are unprecedented, this guidance anticipates that the students opting to temporarily participate in remote learning programming remain enrolled in the school they otherwise would have attended, unless the families determine they will fully pursue homeschooling or another mode of education and unenroll their children.

Where the students remain enrolled and in attendance via remote learning programming, they remain students of the district and should be reported to the CSDE through the Public School Information System (PSIS) and included in the October PSIS collection. This includes students who attend choice programs and opt to temporarily participate in remote learning through their choice program. Reporting these students in PSIS will ensure that they are included in the count for the purpose of funding and support, as well as accountability.

The CSDE will be collecting student-level data that specifically identifies those who opt-in to remote learning programming, and may also collect data including but not limited to: the availability of a device and adequate connectivity in the home. *More specific guidance on these topics will be provided by the CSDE.*

Curriculum, Prescribed Courses of Study, and Graduation Requirements

The intent of the school district’s voluntary remote learning programming should be to make best efforts to develop these options without penalty for families/students who choose to participate. It will also be important for school districts to consider remote learning programming in line with the district expectations, because students will transition back into in-person classes after this temporary option is no longer available. Therefore, to the extent possible, curriculum and grade progression should be made accessible. For high school students, school districts should consider Conn. Gen. Stat. Sections 10-16b and 10-221a in their planning.

Tracking Attendance for State Reporting

All districts will be expected to track attendance on a daily basis for students who opt in to remote learning. This tracking should be consistent with the State Board of Education’s definition for attendance which states that “A student is considered to be ‘in attendance’ if present at their assigned school, or an activity sponsored by the school (e.g., field trip), for at least half of the regular school day.”

The CSDE will provide additional guidance on the variety of approaches that could be used by local districts to track this attendance for state reporting purposes; in addition to attendance in synchronous online classes, these may include presence in virtual meetings, time documented in electronic systems, and extent of daily work completed. Districts may continue to track attendance in other ways that meet their local needs so long as they can satisfy the state reporting requirement.

Assessments

Students participating in remote learning programming will be expected to access statewide assessments in-person, unless the assessments are available remotely. Other optional district assessments that are not mandated by federal or state laws/regulations are subject to local decision, depending upon whether those assessments are available online and can be administered remotely.

Special Education

In order for a district to provide a student with a free and appropriate public education (FAPE) and implement the student's individualized education program (IEP) as designed, special education and related services are typically programmed for in-person access. This method of instructional delivery generally affords the student with the most equitable educational experience in the least restrictive environment (LRE).

State and federal laws, and the associated guidance, do not address the provision of special education services via remote learning as a matter of choice, which constitutes a different circumstance than a state or local public health mandate, individual medical necessity, or a determination made by a planning and placement team (PPT). The CSDE will be providing further guidance regarding special education students who voluntarily opt into remote learning.

The requirements under state law for the provision of homebound and hospitalized instruction for special education students remain unchanged. Districts are still required to provide homebound and hospitalized instruction to special education students who are unable to attend school due to a verified medical reason which may include mental health issues.

Homebound and hospitalized instruction, pursuant to state law, should not be confused with instruction in the home, which is an articulated placement on the continuum of educational placements outlined in the Individuals with Disabilities Education Act (IDEA). Such placement would occur as the result of a PPT recommendation that instruction in the home provides the student with FAPE in the least restrictive environment and would be reflected in the student's IEP.

Labs/Electives/Extracurricular Activities

While the curriculum and instructional practices are unique to each elective and extracurricular activity, some methods will be able to be delivered in remote, virtual settings. School districts should determine the level of availability and notify parents and students of these options when they make their choice to opt into remote learning.

While allowing access to the mandatory aspects of public education cannot be restricted, school districts should consult with board counsel regarding proper notification and acknowledgement of families that when they opt into temporary remote educational programming, this may mean access to certain classes or activities is not possible from a health and safety and planning perspective.

Future Guidance

The CSDE plans to continue its efforts to provide guidance in this unprecedented arena. Additional considerations include, but are not limited to, student nutrition, discipline in the context of remote learning, and use of remote learning for students exposed to COVID-19 and quarantined.

Addendum 2

(July 27, 2020)

COVID Guidance and Considerations for Preschool Located in Public Schools

Addendum to *Adapt, Advance Achieve: Connecticut's Guidance for Preschool in Public Schools*

Introduction

Preschool opportunities are of great value to children and their families. Attending a high-quality preschool that is in a public school or is community based provides children with rich experiences that support on-going success in school. Given these unusual times, preschool experience, especially for our most vulnerable populations (e.g., children with disabilities, English language learners), can help close opportunity and achievement gaps that have been persistent in CT.

In CT there are almost 19,000 3-, 4- and 5-year olds served in public school based preschool classrooms. Preschool classrooms in public schools may receive support through a variety of funding streams (e.g., Smart Start, School Readiness, the Individuals with Disabilities Education Act [IDEA], Care 4 Kids, Head Start). As a result, school districts often receive guidance from the CT State Department of Education (CSDE), the CT Office of Early Childhood (OEC) and/or Head Start. During the COVID-19 public health emergency, as guidance is being issued in response to changing circumstances and information, districts may be uncertain which guidance to follow. In most instances, it is recommended that preschool in public school implement the more restrictive guidance offered; however, there are circumstances in which the more restrictive guidance is NOT appropriate for preschool children. This document is designed to highlight current exceptions and additions to CSDE's *Adapt, Advance, Achieve: Connecticut's Plan to Learn and Grow Together*. This includes instances in which more restrictive guidance should be implemented and instances when the CSDE guidance is not appropriate for preschool-age children.

Please note that many community-based childcare programs continue to serve children safely through the COVID-19 public health emergency. We have learned from their experiences and have used this information to inform guidance as we move forward together.

Assumptions

This guidance had been created jointly by CSDE and the OEC based on the following assumptions:

- Health and safety of students and staff is paramount. The CSDE and the OEC guidance is informed by published information by the Centers for Disease Control and Prevention (CDC) as well as the CT Department of Public Health (DPH) and is likely to change over time;
- Although programs operated by public schools are considered exempt, childcare licensing standards inform guidance for health and safety practices and remain in effect;
- The CSDE document [Adapt, Advance, Achieve \(AAA\)](#) contains important requirements and guidance for public schools and was used as the foundation for this document, which highlights specific requirements and guidance for preschool students served in public schools;
- There has been no waiver of any requirements of the Individuals with Disabilities Education Act; and
- Health and safety practices that are necessary to mitigate the spread of COVID-19 must be implemented in a manner that maintains trusting relationships between schools, children and families and supports child development and well-being. This includes the concept of cohorting.

Priorities

Additional Priorities Related to Serving Preschool Children and Families

[Adapt, Advance, Achieve](#) (AAA) outlines key priorities across several areas. For preschool students, the following priorities also apply:

Operational Model

- Preschoolers learn through relationships and active, hands-on exploration. To the extent possible, services should prioritize on-site opportunities or the coaching and facilitation of hands-on active learning at home.

Equity

- Although preschool is not a required grade for general education, access to preschool is an issue of equity. Depending upon previous classroom size and current group size guidance, LEAs may not be able to serve the same number of preschool students as they did prior to COVID-19. LEAs should take an equity lens when making decisions about preschool services and enrollment.
- Young children with IEPs have a right to a free and appropriate public education (FAPE) in the least restrictive environment (LRE). LEAs must consider time with non-disabled peers (TWNDP) for children with IEPs as they determine enrollment.
- Many families of young children have a need for services and supports outside of the school system. School districts are part of a larger community and should work with local councils (e.g., School Readiness Councils), community-based childcare providers, and other services to best serve children and families.
- Cohorts are a primary prevention strategy for preschoolers due to the unrealistic nature of asking preschoolers and preschool teachers to maintain social distancing. As a result, public school preschool classrooms should maintain a class size that is consistent with current OEC guidance. This requirement currently limits group size to no more than 14 children. Group size is anticipated to increase to 18 by the time school reopens, as long as disease transmission continues to trend in a positive direction.
- Each cohort/classroom group should be as strictly maintained as possible.

Facilities

- Any reconfiguring of building and classroom space must take into account the size, age, and developmental level of preschool-age students served. For example, preschoolers should not be assigned to spaces that do not have appropriately sized furniture or playground equipment. Spaces newly assigned to this age group should be carefully checked for safety concerns (e.g., outlets covered, no long cords on window blinds). For guidance about appropriate facilities for young children see the American Academy of Pediatrics *Caring for Our Children: National Health and Safety Performance Standards Guidelines for Early Care and Education Programs* (<https://nrckids.org/CFOC>).

Transportation

- Additional planning for the busing needs of preschool students will be necessary as requirements related to mask wearing and the use of car seats during transportation require specific consideration.

Health and Safety Policies and Protocols

- Children in preschool shall not be required to wear masks.
- Face coverings shall not be placed on young children under the age of 2; anyone who has trouble breathing; or anyone who is unconscious, incapacitated, or otherwise unable to remove the mask without assistance.
- Individuals shall be careful not to touch their eyes, nose, and mouth when removing their face covering, and wash hands immediately after removing.

Operations Plan

Facilities

- Groups of children must be in their own separate space, of sufficient size to accommodate the group of 14, or more as group size changes. Spaces may be separated by a full or a half-wall or other physical barriers. Rooms that are large enough to accommodate more than one group of children must be arranged so that a distance of 6 feet is maintained between groups of children. Group size changes will be made as circumstances warrant and updated guidance will be issued by the CSDE and OEC as needed.

Classroom Layout

The layout in a preschool classroom differs from that of a traditional arrangement for older students involving desks. In addition, the educational and social-emotional needs of preschool students differ from those of older students. Therefore, this is an area in which the more restrictive guidance is not warranted.

- Young children should have access to centers and a variety of classroom activities and should be able to move about the room. Teachers may reduce the number of children in certain spaces or centers to increase distance between students. Planning for learning centers should account for both numbers of children allowed in each center and distance between centers.
- Maintain social distancing when possible and appropriate for the activity.
 - Space children, ideally 6 feet apart, at meal or snack times.
 - If possible, at nap time, ensure that children's naptime cots are spaced out as much as possible, ideally 6 feet apart; and consider placing children head to toe in order to further reduce the potential for viral spread.
- Children should be allowed to interact with other children; however, enhanced cleaning practices and the provision of adequate materials is necessary.
 - Surfaces and objects that are frequently touched, especially toys and games, are part of a routine of cleaning, sanitizing and disinfection.
 - Materials shall not be shared with other classrooms unless they are thoroughly cleaned, sanitized and disinfected.
 - Children's books, like other paper-based materials such as mail or envelopes, are not considered a high risk for transmission and do not need additional cleaning or disinfection procedures.
 - Eliminate the sharing of sensory materials such as play dough, sand and water by providing individual bins or trays for this activity, and discarding or sanitizing materials after use. If this is not feasible, implement enhanced hand washing and cleaning. Children may use outdoor sandboxes but must wash hands and/or use hand sanitizer before and after playing in the sand. Programs may choose to close or cover sandboxes located on the playground during COVID-19.
 - Consider assigning packets of materials to individual students to reduce items that need to be regularly disinfected (e.g., crayons, markers, watercolor paint boxes, Unifix cubes, etc.)

Signs and Messages

- Use signs and messages about healthy practices that are developmentally appropriate (e.g., including visuals for non-readers).
- In addition to signs, direct teaching of practices such as handwashing may be helpful. For example, the National Center on Pyramid Model Innovations website includes a social story about washing hands for young children in [English](#) and in [Spanish](#).
- Social stories and guidance about who will be wearing of masks will help young children adjust to the changed environment.

Training Related to Facilities

- Ensure that trainers are aware of the unique needs and guidance related to preschool when trainings include staff working with preschool students.

Bathroom Protocols

- All plans regarding shared bathrooms must take into account the needs of young children, who require supervision, assistance, and on-demand access to bathrooms. If restrooms are not in the classroom, provide supervision for children to and from the classroom by an adult whose interactions with the rest of the school are as limited as possible. Implement a schedule for restroom use that minimizes the number of children in that area at one time, but have a plan for children to safely use the bathroom at other times when needed.

- For young children who require diapering or have a toileting accident requiring a change of clothing, you should assess your current protocols and consider any enhanced cleaning and sanitizing requirements that may be necessary.

Daily Operations

Class Groups and Teams (Cohorts)

- Maintaining a consistent group/cohort of preschool students and staff is a key prevention strategy for this age/grade level. Social distancing and mask wearing is not a realistic expectation for preschool students. Maintaining a consistent group of children and staff is of primary importance.
- When related services (e.g., speech and language therapy, occupational therapy, paraprofessional support) are a part of a child's educational program, special consideration regarding cohorts and mixing of groups is important. The following ideas may be considered as possible strategies to mitigate the spread of COVID-19:
 - Assign classroom groups with teams of teachers and support personnel, and as much as possible restrict mixing between teams (from AAA)
 - If children move to another space for related services, plan for disinfection between children and have a plan for safely moving to that space (see AAA section on Foot Traffic, Hallways, and Shared Areas).
 - Consider reserving an area in the room where therapists can work with children and limit interaction or exposure to other children or staff.
 - Staff that are not a part of the cohort should take extra care regarding masks, hand-washing, disinfecting, and social distancing.
 - Plan classroom groups and schedules so that the total number of adults is as low as possible. This includes adults who are a consistent part of the cohort (e.g., teachers, paraprofessionals) and adults entering each group periodically (e.g., administrators, related service providers).
 - Many families of young children have a need for childcare outside of the school day, which could require children to spend time in multiple locations. School districts should work with community-based childcare providers to strategize around limiting exposure while addressing families' need for care.

Outside Time and Playgrounds

- Physical development and activity are an important part of preschool. All LEAs should ensure that children continue to have opportunities to play outdoors daily if possible. LEAs may want to maximize outdoor learning opportunities as a safer alternative to indoor activities.
- Extra vigilance will be required regarding bodily secretions and disinfecting of playground surfaces. Increase the cleaning and sanitizing of outdoor equipment, or close off structures that are hard to clean.
- Children may use outdoor sandboxes, but shall wash hands and/or use hand sanitizer before and after playing in the sand.
- LEAs should have a trash receptacle on the playground for disposal of soiled tissues, gloves used during sanitizing, etc.
- Programs may consider closing off areas or structures that might be hard to clean.

Other Individuals Entering the School Building

- Limit the number of people who come into the classroom. Greet visitors, building staff and others who need to come to the classroom at the door and maintain 6' of distance during interactions.
- If you have LEA staff or other visitors who visit multiple sites, such as coordinators, liaisons, special areas teachers, or related services providers, develop a protocol for safe visits. If possible, schedule visitors who do not interact with children for times when children are not present or have visitors stay in separate spaces. When it is necessary for visitors to be in the same space with children, they should take precautions to prevent the spread of COVID-19

Additional Daily Operations Topics for Preschool

Interactions

Teachers and paraprofessionals should continue to interact with and support young children. This may involve physical contact as preschool students need physical assistance and emotional support. However, teacher's interactions with children will be different because staff are wearing masks to follow health and safety guidelines. There are resources available to prepare children and help them get used to masks:

- [KidsHealth: Helping Kids Get Used to Masks](#)
- [Conscious Discipline: Masks and Gloves — a Printable Story](#)

Personal care

Additional attention to personal care routines is warranted when working with young children who are still learning about personal care routines. Children and adults should wash their hands upon entry into the classrooms. If a sink with soap and water is not available, provide hand sanitizer with at least 60%+ alcohol. Increase handwashing and use of hand sanitizer.

Practice frequent handwashing for at least 20 seconds:

- Before coming in contact with any child.
- After sneezing, coughing, or nose blowing; before handling food and eating; after using the restroom; touching or cleaning surfaces that may be contaminated; and using any shared equipment like toys, computer keyboards, or mouse.
- Help children practice frequent handwashing.
- If soap and water are not available, use a 60%+ alcohol-based hand sanitizer.
- Keep hand sanitizer out of reach and supervise to ensure safe use by children.

Child Nutrition

- While CSDE guidance generally applies, some preschool classrooms may have previously involved children eating snacks and/or breakfast and lunches in the classroom. In general, programs should follow current policies regarding food. You may continue to serve food or allow families to send food for their child. CDC advises:
 - If you typically serve meals family-style, plate individual children's meals so that serving utensils are not shared
 - Staff and children wash hands before and after snacks and meals
 - Staff wash their hands during a snack or meal if they have assisted a child with eating
 - If possible, food preparation should not be done by the same staff who diaper children
- If possible, LEAs should also have food preparation sinks that are not used for other purposes.
- CDC's guidance on food preparation and meal service in child care may have additional useful information.

Transportation

- For children who are transported by bus: LEAs may consider having a limited number of staff assigned to ride the bus to help children into car seats and buckle them to avoid additional adults boarding the bus. The same staff will also be able to unbuckle them and assist with exiting the bus, therefore, avoiding contact with multiple adults.
- For children who are transported by families or others: In order to minimize contact between groups of children and to limit contact between staff and families, LEAs might consider having families drop children off outside, at a door that opens directly to the classroom. While this guidance is similar to the overall LEA guidance; it is important to address young children's need for supervision and emotional support during the transition to school.
 - There is often important information that is typically conveyed during drop-off and pick-up times. LEAs should consider alternative methods of communication for families who would typically have an opportunity to talk with teachers at drop-off and pick-up.

Addendum 3

(July 28, 2020)

Fall Reopening Resource Document for Students with High Needs

The information presented herein is provided to supplement the identified sections in the [Adapt, Advance, Achieve document](#). Thus, information from that document should also be taken into consideration when viewing this document and consider including in the program/district plan.

Special Considerations When Providing In-Person Supports and Services for Students with High Needs

Statement of Need:

The Connecticut State Department of Education (CSDE) has issued the Adapt, Advance, Achieve Reopening document for the fall reopening of schools in Connecticut. The following guidance is provided to assist school districts and school programs when planning to support students with high needs during the upcoming school year.

The students referred to in this resource document may present or often present with intensive needs and:

- have experienced significant challenges accessing remote educational opportunities as a result of the impact of their learning challenges, behavior, and level of engagement;
- require constant or consistent supervision by adults, often with an adult to student ratio of 1:1 or 2:1;
- require physical assistance to learn and attend to their basic safety, health, and self-care needs (e.g., mealtime supports, toileting, medical interventions);
- often present with skill deficits with functional communication via both verbal and nonverbal means, thus limiting their ability to effectively express feelings and symptoms of illness. Undetected illness may pose a safety risk to themselves and others;
- exhibit significant behaviors that, at times, require an escort to safe areas or, in the case of emergency and only as a last resort physical restraint; and
- may not be able to wear personal protective equipment (PPE), practice social distancing (in accordance with), or abide by other Centers for Disease Control and Prevention (CDC), Occupational Safety and Health Administration (OSHA), and CSDE reopening guidance.

Despite these challenges, it is essential that this student population have equal opportunity to return to school as soon as possible.

Many public schools have designed their own in-district programs to serve students who present with high needs, and those students typically have an individualized education program (IEP). If a school district is unable to implement the student's IEP, districts often turn to the local Regional Educational Service Centers (RESCs) or Approved Private Special Education Programs (APSEPs) to meet the needs of this student population.

Consistent with the approach to the Reopening Plan guidance, the below items should be considered "Guidance" to schools, specific to this population.

Section 5: Operations Plan

Facilities

1. For students who require 1:1 assistance to transition from class to class or in the hallway, avoid face to face contact, use gloves as needed, and provide extra space allotments in settings and halls to avoid overstimulation.
2. Post maximum room capacities and ensure adequate space allotted for those students who may need an emergency intervention necessitating additional staff support.
3. Provide spaces that allow for movement within the building for those students who, due to allergies, asthma, or other medical conditions, are unable to access the outside environment.

4. Perform facilities walkthroughs prior to school formally opening to support students in responding appropriately to their new environment. These could be augmented with video tours, social stories, photos, and visuals, which explain what is the same and what is different as it relates to each individual child.
5. Prohibit visitors within the school building during student hours with the exception of providers essential to the provision of IEP services and external members of the planning and placement team (PPT) for IEP meetings. Ensure the necessary technology is available for student and staff to participate in virtual direct and consultative services by outside service providers if they cannot provide those services in the school building.

Transportation

Staff will don PPE prior to assisting students in and out of vehicles ([see Table 1](#)).

Section 6: Health Practices and Protocols

All students will be assessed with regard to the health and safety skills, which, if not learned, will significantly limit their access to life during this pandemic. Some of these include: wearing a mask, tolerating others wearing masks, ability to socially distance, hand washing, hygiene protocols such as, use of tissue and coughing in elbow, waiting in line, and following directional cues. For students who are unable to practice social distancing and/or wear facial coverings, other mitigating strategies should be implemented.

1. Develop teaching plans with regard to each of the critical life skills mentioned above, staff trained in implementation, baseline data collected and programs implemented.
2. To the extent possible, limit the number of staff working with each individual student.
3. Ensure staff will be garbed in appropriate levels of PPE, depending on the tasks being performed. Begin each day with sufficient PPE for each person in the classrooms to minimize traffic throughout the building ([see Table 1](#)).
4. Provide students their own designated materials, cubbies or lockers to reduce the need to share materials. When materials must be shared (e.g., pass a communication picture to staff for the purpose of communication), they will be cleaned and disinfected prior to initial use, between users and prior to storing at the end of the day. Reusable paper materials will be laminated so they can be cleaned. For shared items such as a communication device, staff will wear disposable gloves while activating the device. The number of staff using the device with the student will be limited and the device should be sanitized frequently.
5. Store materials in designated individual student areas, not in bathrooms. Hygiene materials must be sent in from home, sanitized daily and secured in appropriate containers that allow for airflow.
6. Consider supplying classrooms with basic first aid supplies so teachers are able to handle basic first aid within their classrooms in order to reserve nursing skills for COVID-19 safety practices and minimize traffic within the building.
7. Develop teaching materials and lesson plans to instruct students on COVID-19 health practices, consistent with their developmental level and level of need. This may include but not be limited to video modeling, teaching stories, social equations, visual supports, role-playing and direct instruction. Reinforcement systems for students implementing safety practices may be helpful in motivating students to use and generalize skills across persons and environments. Teaching plans and strategies for generalizing skills to home will be critical. This may encompass parent training, modeling, and videotaping students involved in safety practices to support home generalization. Training content must include general information related to COVID-19 from the CDC as well as content to ensure students are familiar with changes to their regular school practices, such as routines for entering and exiting the school, snacks/meals, assembling, passing in hallways, being transported via bus or van, and accessing the bathroom.
8. Provide clear masks and/or face shields as needed for staff who work with students who are deaf and/or hard of hearing.
9. Provide safety materials and instructional approaches to students with visual impairments to support them in traveling in a new environment and accessing materials related to health and safety content.
10. Plan for mask breaks for both staff and students. Students with high needs may need more frequent mask breaks than their typical peers.

Need for Assistance with Activities of Daily Living

1. Mealtime: If students supply their own meals (common in programs for students with high needs), plan for meals and utensils to be brought to school in a lunch box or container (closed receptacle) and labeled with the student's name. The lunch box will be placed in the student's individual cubby/locker until mealtime. Breakable plastic utensils are discouraged as they pose a swallowing risk. Garbage and disposable items will be placed in a closed receptacle and removed from student access. Utensils will be wiped clean following use and placed in the student's lunch box to return home. Students who need designated adaptive equipment will have their own, and each item will be labeled. Following use, items will be cleaned, sanitized and stored for subsequent use. To minimize cross-contamination by using a shared microwave or refrigerator, families will be encouraged to use thermal containers to keep food items warm or cold.
2. Mealtime supports: When assisting students feeding or implementing oral motor programs or mealtime supports, plan for staff to wear PPE as indicated ([see Table 1](#)). All materials will be sanitized following OSHA guidelines.
3. Toileting: Continue to follow OSHA guidelines related to bodily fluids, handwashing and hygiene, and proper use of PPE. Staff will wear PPE as indicated while assisting in these activities ([see Table 1](#)).

Need for Assistance to Prevent, Minimize and Manage Behavioral Challenges

1. Prior to program entrance, review each student's individual profile, previous functional behavior assessments, behavior intervention plans, and behavioral data available before and during COVID-19 school closure.
2. Prior to program entrance, consider the use of visuals that would assist the student to prepare for the school environment and include parent training as necessary to support this preparation.
3. Prior to opening, develop re-entry plans for students to build rapport, gradually increase demand, implement teaching plans to ensure comprehension of building and schedule changes, as well as ensuring students are able to functionally communicate their feelings, wants and needs. For students who are nonverbal, a communication dictionary would be developed and reviewed with team members to support their understanding of student's nonverbal communication.
4. Attempt to minimize cross-contamination with staff when working with multiple students.
5. Use of non-edible reinforcers will be used as much as possible. Keep student edible reinforcers in labeled, sealed containers. Staff will wear a face covering and gloves when administering.
6. Emphasize preventative strategies, supporting emotional regulation and de-escalation training.
7. Retrain staff in use of emergency physical interventions with use of PPE as required.
8. Evaluate and formulate effective responses to individual student's challenging behavior.
9. Provide frequent opportunities for movement across the day, maximizing the outside environment as much as possible.

Nursing Interventions

1. Prepare nurses or other medical professionals on staff to adjust health plans based on health indicators and guidance from health officials and primary care providers prior to re-entry into the program.
2. Provide nurses with appropriate PPE ([see Table 1](#)).
3. If the school has access to more than one nurse, assign one nurse to support students who are ill and one nurse to support care of students who are well (e.g., med. administration).
4. Maintain the nurse's office as a clean space (unoccupied by students who are ill) when possible by providing non-invasive medical treatment in classrooms (i.e., administration of medications, application of Band-Aid for small cuts) to limit students traveling to and from classroom. Standardized first-aid supplies will be provided to each classroom. Isolation rooms are to be used for students with suspected COVID-19 symptoms only.
5. Develop symptom checklists with nursing staff, which are posted and readily accessible to staff and students.
6. Plan for nursing staff to review parent health assessments of students daily.
7. Plan for nursing staff to provide materials and training to families on COVID-19 and safety practices.

Medical Screening of Staff and Students

1. Develop a policy for all staff to be asked to self-report symptoms, and temperature checks will be available upon request.
2. Plan for all students who do not wear masks due to an exemption to have a daily temperature check upon arrival (note: this may change with evolving guidance).
3. Plan to observe all students upon arrival and throughout the day for signs or symptoms of illness.

Section 10: Academics/Special Education (Community Based Instruction)

1. Develop plans for in-person, community-based instruction with the parent/student to ensure agreement with the continuation of this service/instruction during this time.
2. Assess the student's ability to adhere to current safety protocols prior to their returning to community settings.
3. Ensure distancing and other CDC transportation protocols are in place in all school transportation vehicles.
4. Ensure IEP based transportation equipment is installed in school vehicles i.e. harnesses.
5. School transport vehicles will be cleaned in between student groups.
6. Engage a policy that driver and staff will wear required PPE ([see Table 1](#)).
7. Contact previous job sites for students to determine if they are ready and willing to have students return. Educational team representative should visit the job site prior to the student going out to ensure safety protocols are in place.

Provision of Related Services

1. Determine the method of service provision on a case by case basis. This may include in-person service, virtual service, or a hybrid model depending on student needs and current safety protocols in the building.
2. Consider various approaches. For example, staff may be present in the building and teaching virtually from within the building with instructional staff supporting the student during the sessions.
3. Allow staff that are contracted to provide an IEP service or to implement a recommendation of the planning and placement team (PPT) in the building. This will include an agreement with the district/program and service provider regarding understanding of and abiding by the district/program COVID-19 related precautions. The method of delivering the service will be based on the needs of the student and the current safety protocols in the building.

Emergency Physical Intervention Protocols

Note: The following guidance is to be used in conjunction with Connecticut regulations regarding emergency restraint and emergency seclusion. The term “emergency physical intervention,” used below, refers to the use of emergency physical restraint, forcible escort, and/or emergency seclusion. **An emergency is defined as an event which poses imminent risk of injury to self or others.** Direct service providers should be mindful that seeing staff putting on PPE or being approached by staff wearing PPE can create anxiety in students. Exhaust all de-escalation strategies and use a student-centered approach and offer reassurance throughout interactions.

- Limiting Risk of Infection Prior to an Emergency Physical Intervention
 - While administering an emergency physical intervention, ensure that staff will wear PPE as indicated ([see Table 1](#)).
 - Ensure student's PPE does not interfere with student safety.
 - If staff PPE is removed while administering an emergency intervention, an alternate trained staff member with PPE will be on call to replace staff.
 - Avoid use of protective gowns that can be easily ripped or torn, as they may become a hazard.

- Limiting Risk of Infection during an Emergency Physical Intervention
 - Keep hands clear of eyes, mouth, and nose of self and others.
 - Relieve staff as soon as possible if not wearing appropriate PPE due to emergency circumstances and/or PPE is compromised or obvious exposure has occurred.
 - Limit number of individuals involved in interventions. Only staff required for safely intervening with a student should be involved; additional staff will monitor and address safety and PPE needs as necessary.
- Limiting Risk of Infection after an Emergency Physical Intervention
 - Following these emergency interventions, plan for staff to assist students with recommended hygiene practices.
 - Remove and dispose of and/or clean PPE immediately following an emergency physical intervention according to guidelines (see PPE guidelines following an emergency physical intervention).
 - Remind staff and students to avoid touching their face, and limit contact with hard surfaces before washing hands.
 - To minimize potential exposure, develop a policy for staff and students to have a change of clothing available in cases where their clothing become contaminated.
 - Place contaminated clothing in a (sealed) plastic bag or wash it in a washing machine.
 - Clean any rooms or areas that were used during an emergency physical intervention once the student has exited the space.
 - Clean any mats used during an emergency physical intervention once the student is no longer in contact with the mats.
 - Once all health and safety issues have been addressed, follow debriefing and reporting procedures for the emergency physical intervention.

Staff Training Specific to Working with High Needs Students

1. Consider a school/program training plan identifying staff who will need to be trained and what that training (e.g., nursing interventions, , meal-time, toileting, use of PPE, de-escalation strategies, emergency use of physical restraint, physical prompting, activities including direct contact) should address ([see Table 2](#)).
2. Determine who will provide the training and what materials will need to be procured. Trainers will be qualified to conduct associated trainings and utilize resources from accredited organizations when possible.
3. Develop a timeline for training needs to include training that needs to be conducted prior to the start of in-person instruction and what trainings need to be provided as ongoing support will be developed.
4. Develop a system for monitoring staff completion of required trainings.
5. Consult current vendors and/or affiliated health and safety organizations to determine what resources are readily available.
6. Share resources related to training between districts, collaborative organizations, and approved special education schools and programs.
7. Develop a mechanism for staff to communicate additional training needs.
8. Identify training needed for families of students with disabilities.
9. Ensure training is provided by qualified professionals.
10. Plan that training must include all staff who have contact with students, including but not limited to educators, support and related services staff, administrators, clerical staff, transportation providers, custodial staff and food service providers ([see Table 2](#)).

Table 1: Personal Protection Equipment (PPE) Recommendations for Service Provider (SP)

Classification of Individual Wearing Protective Equipment	NIOSH approved N95 mask	Face Shield	Disposable Gowns	Disposable Gloves	Gowns or Other Body Coverings	Face Covering
SP in the same facility but not in the care areas for students with suspected COVID-19						X
Transportation personnel/monitors						X
SP providing personal care to students without suspected COVID-19 but who may potentially be exposed to bodily fluids		X		X		X
SP (nursing) performing or present during aerosol-generating procedures such as nebulizers	X			X	X	
SP using direct physical contact during emergency restraint or seclusion		X		X	X	X
SP in care of student identified at school with COVID-19 symptoms	X	X	X	X	X	X

Table 2: Training Plan Complete Grid based on Program/School Requirements

Professional Development Training Template

Adapt, Advance, Achieve Section 13: Staffing and Personnel

Topic	Who Should Attend	Person(s) Delivering the Training	Method of Training Delivery	Training Date (s) and Location	Number of Persons Able to Attend
Signs and Symptoms of COVID-19	<input type="checkbox"/> Administrators <input type="checkbox"/> Teachers/BCBA's/ Nurses <input type="checkbox"/> Support Staff <input type="checkbox"/> Related Services <input type="checkbox"/> Contracted Service Providers <input type="checkbox"/> Parents <input type="checkbox"/> Other: <input type="checkbox"/> Other:	 	<input type="checkbox"/> In person <input type="checkbox"/> Virtual <input type="checkbox"/> Materials Provided for Review with Q&A sessions following <input type="checkbox"/> Other: <input type="checkbox"/> Other:	Date 1: Location: Date 2: Location: Date 3: Location:	Date 1: Date 2: Date 3:
Standard Public Health Protocols	<input type="checkbox"/> Administrators <input type="checkbox"/> Teachers/BCBA's/ Nurses <input type="checkbox"/> Support Staff <input type="checkbox"/> Related Services <input type="checkbox"/> Contracted Service Providers <input type="checkbox"/> Parents <input type="checkbox"/> Other: <input type="checkbox"/> Other:	 	<input type="checkbox"/> In person <input type="checkbox"/> Virtual <input type="checkbox"/> Materials Provided for Review with Q&A sessions following <input type="checkbox"/> Other: <input type="checkbox"/> Other:	Date 1: Location: Date 2: Location: Date 3: Location:	Date 1: Date 2: Date 3:
Critical Hygiene Practices	<input type="checkbox"/> Administrators <input type="checkbox"/> Teachers/BCBA's/ Nurses <input type="checkbox"/> Support Staff <input type="checkbox"/> Related Services <input type="checkbox"/> Contracted Service Providers <input type="checkbox"/> Parents <input type="checkbox"/> Other: <input type="checkbox"/> Other:	 	<input type="checkbox"/> In person <input type="checkbox"/> Virtual <input type="checkbox"/> Materials Provided for Review with Q&A sessions following <input type="checkbox"/> Other: <input type="checkbox"/> Other:	Date 1: Location: Date 2: Location: Date 3: Location:	Date 1: Date 2: Date 3:

Topic	Who Should Attend	Person(s) Delivering the Training	Method of Training Delivery	Training Date (s) and Location	Number of Persons Able to Attend
Protocols for self-health assessment and reporting illness	<input type="checkbox"/> Administrators <input type="checkbox"/> Teachers/BCBA's/ Nurses <input type="checkbox"/> Support Staff <input type="checkbox"/> Related Services <input type="checkbox"/> Contracted Service Providers <input type="checkbox"/> Parents <input type="checkbox"/> Other: <input type="checkbox"/> Other:	 	<input type="checkbox"/> In person <input type="checkbox"/> Virtual <input type="checkbox"/> Materials Provided for Review with Q&A sessions following <input type="checkbox"/> Other: <input type="checkbox"/> Other:	Date 1: Location: Date 2: Location: Date 3: Location:	Date 1: Date 2: Date 3:
PPE Requirements per task as well as donning, doffing and disposing of soiled PPE	<input type="checkbox"/> Administrators <input type="checkbox"/> Teachers/BCBA's/ Nurses <input type="checkbox"/> Support Staff <input type="checkbox"/> Related Services <input type="checkbox"/> Contracted Service Providers <input type="checkbox"/> Parents <input type="checkbox"/> Other: <input type="checkbox"/> Other:	 	<input type="checkbox"/> In person <input type="checkbox"/> Virtual <input type="checkbox"/> Materials Provided for Review with Q&A sessions following <input type="checkbox"/> Other: <input type="checkbox"/> Other:	Date 1: Location: Date 2: Location: Date 3: Location:	Date 1: Date 2: Date 3:
Assessment of and teaching plans for student skills critical to community access, health and safety	<input type="checkbox"/> Administrators <input type="checkbox"/> Teachers/BCBA's/ Nurses <input type="checkbox"/> Support Staff <input type="checkbox"/> Related Services <input type="checkbox"/> Contracted Service Providers <input type="checkbox"/> Parents <input type="checkbox"/> Other: <input type="checkbox"/> Other:	 	<input type="checkbox"/> In person <input type="checkbox"/> Virtual <input type="checkbox"/> Materials Provided for Review with Q&A sessions following <input type="checkbox"/> Other: <input type="checkbox"/> Other:	Date 1: Location: Date 2: Location: Date 3: Location:	Date 1: Date 2: Date 3:
Protocols for emergency situations (to include use of PPE, back up staff, cleaning, etc.)	<input type="checkbox"/> Administrators <input type="checkbox"/> Teachers/BCBA's/ Nurses <input type="checkbox"/> Support Staff <input type="checkbox"/> Related Services <input type="checkbox"/> Contracted Service Providers <input type="checkbox"/> Parents <input type="checkbox"/> Other: <input type="checkbox"/> Other:	 	<input type="checkbox"/> In person <input type="checkbox"/> Virtual <input type="checkbox"/> Materials Provided for Review with Q&A sessions following <input type="checkbox"/> Other: <input type="checkbox"/> Other:	Date 1: Location: Date 2: Location: Date 3: Location:	Date 1: Date 2: Date 3:

Topic	Who Should Attend	Person(s) Delivering the Training	Method of Training Delivery	Training Date (s) and Location	Number of Persons Able to Attend
Building and equipment cleaning and sanitizing	<input type="checkbox"/> Administrators <input type="checkbox"/> Teachers/BCBA's/ Nurses <input type="checkbox"/> Support Staff <input type="checkbox"/> Related Services <input type="checkbox"/> Contracted Service Providers <input type="checkbox"/> Parents <input type="checkbox"/> Other: <input type="checkbox"/> Other:	 	<input type="checkbox"/> In person <input type="checkbox"/> Virtual <input type="checkbox"/> Materials Provided for Review with Q&A sessions following <input type="checkbox"/> Other: <input type="checkbox"/> Other:	Date 1: Location: Date 2: Location: Date 3: Location:	Date 1: Date 2: Date 3:
Review of new policies, i.e., attendance, any changes in job descriptions or dress codes, mealtime, toileting, student materials, teaching hygiene skills, etc.	<input type="checkbox"/> Administrators <input type="checkbox"/> Teachers/BCBA's/ Nurses <input type="checkbox"/> Support Staff <input type="checkbox"/> Related Services <input type="checkbox"/> Contracted Service Providers <input type="checkbox"/> Parents <input type="checkbox"/> Other: <input type="checkbox"/> Other:	 	<input type="checkbox"/> In person <input type="checkbox"/> Virtual <input type="checkbox"/> Materials Provided for Review with Q&A sessions following <input type="checkbox"/> Other: <input type="checkbox"/> Other:	Date 1: Location: Date 2: Location: Date 3: Location:	Date 1: Date 2: Date 3:
New building set up, i.e., max room capacities, furniture setup, directional signs, playground procedures, use of touchless appliances if appropriate	<input type="checkbox"/> Administrators <input type="checkbox"/> Teachers/BCBA's/ Nurses <input type="checkbox"/> Support Staff <input type="checkbox"/> Related Services <input type="checkbox"/> Contracted Service Providers <input type="checkbox"/> Parents <input type="checkbox"/> Other: <input type="checkbox"/> Other:	 	<input type="checkbox"/> In person <input type="checkbox"/> Virtual <input type="checkbox"/> Materials Provided for Review with Q&A sessions following <input type="checkbox"/> Other: <input type="checkbox"/> Other:	Date 1: Location: Date 2: Location: Date 3: Location:	Date 1: Date 2: Date 3:
If appropriate, changes in nursing procedures, i.e., medications being delivered, first aid kits in each classroom, etc.	<input type="checkbox"/> Administrators <input type="checkbox"/> Teachers/BCBA's/ Nurses <input type="checkbox"/> Support Staff <input type="checkbox"/> Related Services <input type="checkbox"/> Contracted Service Providers <input type="checkbox"/> Parents <input type="checkbox"/> Other: <input type="checkbox"/> Other:	 	<input type="checkbox"/> In person <input type="checkbox"/> Virtual <input type="checkbox"/> Materials Provided for Review with Q&A sessions following <input type="checkbox"/> Other: <input type="checkbox"/> Other:	Date 1: Location: Date 2: Location: Date 3: Location:	Date 1: Date 2: Date 3:

Topic	Who Should Attend	Person(s) Delivering the Training	Method of Training Delivery	Training Date (s) and Location	Number of Persons Able to Attend
Method and curriculum for instructing students in information related to Covid-19	<input type="checkbox"/> Administrators <input type="checkbox"/> Teachers/BCBA's/ Nurses <input type="checkbox"/> Support Staff <input type="checkbox"/> Related Services <input type="checkbox"/> Contracted Service Providers <input type="checkbox"/> Parents <input type="checkbox"/> Other: <input type="checkbox"/> Other:	 	<input type="checkbox"/> In person <input type="checkbox"/> Virtual <input type="checkbox"/> Materials Provided for Review with Q&A sessions following <input type="checkbox"/> Other: <input type="checkbox"/> Other:	Date 1: Location: Date 2: Location: Date 3: Location:	Date 1: Date 2: Date 3:
Virtual Teaching platforms, skills and resources	<input type="checkbox"/> Administrators <input type="checkbox"/> Teachers/BCBA's/ Nurses <input type="checkbox"/> Support Staff <input type="checkbox"/> Related Services <input type="checkbox"/> Contracted Service Providers <input type="checkbox"/> Parents <input type="checkbox"/> Other: <input type="checkbox"/> Other:	 	<input type="checkbox"/> In person <input type="checkbox"/> Virtual <input type="checkbox"/> Materials Provided for Review with Q&A sessions following <input type="checkbox"/> Other: <input type="checkbox"/> Other:	Date 1: Location: Date 2: Location: Date 3: Location:	Date 1: Date 2: Date 3:
Provision of and supporting delivery of Related Services	<input type="checkbox"/> Administrators <input type="checkbox"/> Teachers/BCBA's/ Nurses <input type="checkbox"/> Support Staff <input type="checkbox"/> Related Services <input type="checkbox"/> Contracted Service Providers <input type="checkbox"/> Parents <input type="checkbox"/> Other: <input type="checkbox"/> Other:	 	<input type="checkbox"/> In person <input type="checkbox"/> Virtual <input type="checkbox"/> Materials Provided for Review with Q&A sessions following <input type="checkbox"/> Other: <input type="checkbox"/> Other:	Date 1: Location: Date 2: Location: Date 3: Location:	Date 1: Date 2: Date 3:
Other:	<input type="checkbox"/> Administrators <input type="checkbox"/> Teachers/BCBA's/ Nurses <input type="checkbox"/> Support Staff <input type="checkbox"/> Related Services <input type="checkbox"/> Contracted Service Providers <input type="checkbox"/> Parents <input type="checkbox"/> Other: <input type="checkbox"/> Other:	 	<input type="checkbox"/> In person <input type="checkbox"/> Virtual <input type="checkbox"/> Materials Provided for Review with Q&A sessions following <input type="checkbox"/> Other: <input type="checkbox"/> Other:	Date 1: Location: Date 2: Location: Date 3: Location:	Date 1: Date 2: Date 3:

Topic	Who Should Attend	Person(s) Delivering the Training	Method of Training Delivery	Training Date (s) and Location	Number of Persons Able to Attend
Other:	<input type="checkbox"/> Administrators <input type="checkbox"/> Teachers/BCBA's/ Nurses <input type="checkbox"/> Support Staff <input type="checkbox"/> Related Services <input type="checkbox"/> Contracted Service Providers <input type="checkbox"/> Parents <input type="checkbox"/> Other: <input type="checkbox"/> Other:	 <hr/> <hr/> <hr/>	<input type="checkbox"/> In person <input type="checkbox"/> Virtual <input type="checkbox"/> Materials Provided for Review with Q&A sessions following <input type="checkbox"/> Other: <input type="checkbox"/> Other:	Date 1: Location: Date 2: Location: Date 3: Location:	Date 1: Date 2: Date 3:
Creation Date:		Revision Date 1:		Revision Date 2:	

Addendum 4

Revised August 3, 2020

Interim Guidance for Decision-Making Regarding the Use of In-Person, Hybrid (Blended), or Remote Learning Models in Connecticut Schools during COVID-19

In order to guide decisions on remote vs. in-person learning for Pre K-12 education, the Connecticut Department of Public Health and Department of Education have developed key metrics and considerations for informing local district decision-making. (There are many preschool in public schools under the auspices of public schools)

Decisions on remote vs. in-person learning should be based on indicators of the spread and prevalence of COVID-19 in the community; and on the physical and operational ability of schools to implement critical mitigation strategies. A combination of these considerations should inform decision making.

For the key leading metric for community spread, we recommend using the number of new cases, adjusted for population, and suggest thresholds for differential risk categories ([Table 1](#)). In addition, there are several secondary indicators that can help inform an assessment of risk levels when considered for the directional trend and speed of change of the data. While these leading and secondary indicators can be loosely stratified into categories for low, moderate, and high risk, any use of those stratifications should be considered relative, and not an assumption of individual risk of COVID-19 infection in a school or other setting. These metrics were adapted from recommendations by the Harvard Global Institute and supplemented by existing DPH measures.

Because the size of Connecticut's population is relatively small in comparison to many other states, infection and disease rates for many conditions (including COVID-19) can become extremely unstable as statewide statistics are analyzed by smaller geographic areas. As such, analyzing any of the suggested leading or secondary indicators at the individual town or school district level in our state will result in rates that are too unstable to be of any use in continuous decision-making. In addition, daily reporting of metrics that may be somewhat unstable can cause unnecessary alarm and trigger changes where none may be needed. Therefore, the Connecticut Department of Public Health recommends analysis of leading and secondary indicators be performed on a weekly basis and be limited by geography to include statewide data and data for each county.

Table 1: Leading and Secondary Indicators of COVID-19 Infection Levels in Communities for Consideration of Learning Models for School Reopening in Connecticut.*

Leading Indicator	LOW Favors more In-Person Learning	MODERATE Favors moving to Hybrid Learning	HIGH Favors moving to Remote Learning
Number of new cases of COVID-19 (7 day rolling average of new cases per 100,000 population per day)	< 10 new cases per 100,000 population	10 to < 25 new cases per 100,000 population	25+ new cases per 100,000 population

Secondary Indicators	LOW Favors more In-Person Learning	MODERATE Favors moving to Hybrid Learning	HIGH Favors moving to Remote Learning
Percent positivity rate (# of positive tests/ # of total tests, 7-day rolling avg.)	Direction of Change: Secondary Indicators trending down to flat	Direction of Change: Secondary Indicators trending flat to upward	Direction of Change: Secondary Indicators trending upward
Number of new COVID-19 hospitalizations per 100,000 population (7-day rolling avg.)	Speed of Change: No statistically significant changes to Secondary Indicators	Speed of Change: Any statistically significant changes upward to Secondary Indicators	Speed of Change: Consistent, statis- tically significant changes upward to Secondary Indicators
COVID-like and Influenza-like Illness (CLI and ILI) Syndromic Surveillance			

* Adapted from: the Harvard Global Health Institute's publication *The Path to Zero and Schools: Achieving Pandemic Resilient Teaching and Learning Spaces*. July 2020.

Additional Considerations in moving from in-person to remote learning:

While leading and secondary indicators give school decision-makers a sense for the level of COVID-19 spread in the community surrounding their schools, there are also many structural and procedural considerations within school districts and individual schools that administrators should assess on a continual basis, as these may also influence whether schools should consider more in-person, hybrid, or remote instruction. As part of their decision-making process, school administrators, local elected officials, and medical advisors should include consideration of the following “Other Key School Characteristics.”

- Design of the physical space:
 - Classroom space available for physical distancing
 - Outdoor space
 - Entrance/Exit design to avoid crowding
 - Overall population of school
- Cohorting:
 - Ability of the school to consistently group students in small cohorts and minimize interaction with other cohorts throughout the school day
- Compliance with self-screening:
 - Frequency of students and staff arriving at school with symptoms of COVID-19
 - Frequency of students and staff attempting to return to school with symptoms of COVID-19
- HVAC:
 - Well-functioning and maintained central HVAC system(s) (or the functional equivalent) are in place
- Cleaning and Disinfection:
 - Plans in place in accordance with DPH and SDE guidance regarding cleaning protocols
 - Adequate supplies and implementation of Cleaning and Disinfection plan

How will these metrics be used?

Leading and Secondary Indicators will be updated by DPH on a weekly basis. Representative experts from the State Departments of Education and Public Health and local health departments will review the data on a weekly basis and make any recommended changes between the “Low” “Moderate” and “High” categories by county each week.

The “low” and “moderate” categories indicate conditions in the area are appropriate for schools to provide at least a partial in-school option to students. The district and building-level decisions will ultimately be made at the local level. However, should a district determine not to provide an in-school option while in the low or moderate category, an exception review is required from a panel with representatives from the State Department of Education, the State Board of Education and the Department of Public Health. Superintendents should consider developing a local structure to include the school medical advisor, local health director, and school nurse leader to consult when making decisions.