



Lisbon School District

Reopening Our School

Fall 2020



Based on Guidelines from the Connecticut State Department of Education

Connecticut LEA Reopening Template

Connecticut State Department of Education • June 29, 2020



This document identifies the critical "REQUIREMENTS" needed for each local educational agency (LEA) or school operator to submit a reopening plan in accordance with the Connecticut School Reopening Plan — *Adapt, Advance, Achieve: Connecticut's Plan to Learn and Grow Together*. In providing the LEA's response, it is imperative to work through the Connecticut School Reopening Plan, which elaborates on certain requirements with additional considerations and also includes "GUIDANCE" to consider while developing the unique local approach.

While the submitted plans do not require approval by the Connecticut State Department of Education (CSDE), plans will be retained. Receipt and consideration of the plans will allow the CSDE to share best practices and provide technical support for those LEAs who require it.

LEAs should submit a reopening plan that clearly and specifically addresses the requirements outlined in each section below. The CSDE recommends plans be developed inclusive of, but not limited to school-based administrators, teachers and school staff, health and nursing staff, nutrition services, transportation services, boards of education, local health officials, municipal leaders, parents and other relevant stakeholders.

Additional Details:

Plans should be submitted in font size no greater than 11pt, in PDF format.

Due: July 24, 2020

Submit to: SDE.REOPEN@ct.gov

Include the following completed table at the top of your submitted plan:

Date of Submission:	July 21, 2020
LEA Name:	Lisbon Board of Education
Reopening Plan Point of Contact:	Sally Keating
Contact Email:	skeating@lisbonschool.org
Contact Phone:	860-376-2403
LEA COVID-19 Health and Safety Compliance Liaison:	Sally Keating
Liaison Email:	skeating@lisbonschool.org

If schools plan to iterate and/or improve their plan as result of newly released guidance and/or changes in their local communities, those should also be submitted to the CSDE at the email listed above.

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. The Connecticut School Reopening Plan — *Adapt, Advance, Achieve: Connecticut's Plan to Learn and Grow Together* may be updated due to the rapidly changing response to this pandemic emergency and ongoing updates from Centers for Disease Control and Prevention (CDC) and/or changes to federal and state orders and guidance. The Connecticut State Department of Education will provide any such updates to Superintendents.

Clearly and specifically detail how you will address each critical "REQUIREMENT" listed below in your plan. While crafting your responses, it is imperative to work through the Connecticut School Reopening Plan which elaborates on certain requirements with additional considerations and also includes "GUIDANCE" to consider while developing a unique local approach.

Priorities	School Plan
<p>Fall Reopening Model</p> <ul style="list-style-type: none"> • 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. <ul style="list-style-type: none"> - 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. • 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. 	<p>Fall Reopening Model for Participants and Temporary Non-Participants-The Connecticut State Department of Education released their Reopening of Schools template on June 29, 2020. This template was to assist school districts in their development of a reopening plan in accordance with the Connecticut School Reopening Plan-Adapt, Advance, Achieve: Connecticut's Plan to Learn and Grow Together.</p> <p>Districts' draft plans were due to the State on July 24, 2020. We will post our plan on our website under "Reopening of School Updates". This is where we will house all communication and updates related to the reopening of Lisbon Central School.</p> <p>Our plan calls for all students returning to the school building five days per week, as long as public health data continues to support this model. This model will also have specific plans for a partial re-opening or class cancellation. In bringing our students back, our plan will address inclusion, equity and access for all learners.</p>
<p>Temporarily Choosing Not to Participate</p> <ul style="list-style-type: none"> • Plan for parents and students who may temporarily choose not to participate in the return to school. 	<p>Additionally, for those students who do not return to in-person school based upon individual consideration, remote learning will be an option. The basis of this plan is the health, safety, and social-emotional well-being of our members of the school district, as well as, academic excellence for all students.</p>
<p>School Liaison, Communications Plans, and Data Collection</p> <ul style="list-style-type: none"> • 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). • Put systems in place to communicate the most up to date policies and protocols related to the considerations herein, for staff, students, and families. • 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 <i>prior to</i> reopening, any time there is a significant policy change, and upon re-entry if a school closes temporarily during the year. • 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. • Make plans easily accessible, including but not limited to being visible on the main landing page of the LEA and school websites. • Prioritize gathering information from families prior to reopening. Collect information from families to properly plan for resuming classes in the fall. <p>- This should align with the forthcoming CSDE District Reopen Survey</p>	<p>Superintendent Sally Keating will be the COVID-19 Health and Safety Compliance Liaison. All question, concerns, communication should be directed to the Compliance Liaison via phone at 860-376-2403, extension 232 or by email skeating@lisbonschool.org. The Compliance Liaison will ensure the protocols and processes are in place, along with any revisions for staff, students and parents and articulated via the LCS website and bi-weekly newsletters. Hard copies will be available. Communication will be provided in English and in the future in other languages if needed. The need to cancel classes or any other major revisions will be communicated via robo-calls, texts and emails. Information from families has been general via a "home-grown" survey, as well as, via a CSDE District Reopening Survey. Information from staff has been obtained via an informal survey and ongoing conversations.</p>

Operations Plan	School Plan
<p data-bbox="186 184 300 210">Facilities</p> <ul style="list-style-type: none"> <li data-bbox="203 241 966 325">• Maximize social distancing between student workstations, achieving 6 feet when feasible, when determining the classroom layout. <li data-bbox="203 346 966 430">• 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. <li data-bbox="203 451 966 514">• Maximize space between the teacher and students due to the risk of increased droplets from teachers during instruction. <li data-bbox="203 535 966 619">• Ensure all signs and messages related to stopping the spread are accessible for students with disabilities and in languages appropriate for the school population. <li data-bbox="203 640 966 703">• Identify the training needs of staff related to health and safety protocols; perform such training prior to the first day of classes. <li data-bbox="203 724 966 787">• Consider having training days and days to practice new protocols with staff only prior to having students enter the building. <li data-bbox="203 808 966 934">• 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. <li data-bbox="203 955 966 1018">• Ensure training is provided to substitutes or others who may enter the school outside of the first day or typical calendar start. 	<p data-bbox="1015 231 1485 556">The Reopening Committee decided that to achieve maximizing social distancing between student workstations, achieving 6 feet when possible, desks will face in one direction. Tables, not needed, will be taken from classrooms. Some computer stations will also be taken out of classrooms, to achieve more space as needed. For lab classes, "X" will be marked for students to sit at designated locations. (By August 1st, teachers will have access to classrooms to determine changes in room set-up and to decide what to discard in terms of non-essential equipment and materials.)</p> <p data-bbox="1015 577 1485 703">Technology teachers will utilize space in the Media Center rather than in the Technology Lab. The Media Specialist/Librarian will deliver instruction in the classrooms. Students will access book take-out via library on a cart.</p> <p data-bbox="1015 724 1485 808">The gym may be divided, as necessary, for classroom use. The courtyard may be used for outdoor activities.</p> <p data-bbox="1015 829 1485 913">Regarding gym and health education, outside activities will be encouraged as much as possible.</p> <p data-bbox="1015 934 1485 1123">Currently, with six feet of social distancing, 10 to 12 students can be accommodated within a classroom. However, we have classes of enrollment up to approximately 25. Masks will be utilized. For special education students, the SPED Director will monitor the number of adults in the room, including support staff and will implement pull-out services as necessary.</p> <p data-bbox="1015 1144 1485 1291">The School Nurse will place signs strategically around the school in appropriate locations regarding COVID related protocols. These signs will be in appropriate languages for the school population. Signs will also be placed on the playscape regarding health and safety protocols.</p> <p data-bbox="1015 1312 1485 1585">Professional Development will be frontloaded to assist staff with COVID related protocols. DPH will be spearheading PD with a presentation. The Nurse's office will also provide ongoing correspondence regarding health and safety. Training will incorporate on-line, in-person and website videos to assist teachers. Teachers, in turn, will educate students. Resources will also be placed on the website for parents. A core group of substitutes will obtain PD either on PD days or on-line.</p>

Daily Operations	
<ul style="list-style-type: none"> • 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 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. 	<p>Traffic patterns will be marked by signage for students and staff, while passing in halls. Hand-washing stations will be placed in strategic locations. Hand sanitizer and disinfectant wipes will be placed in each classroom.</p> <p>Grades PreK-4 will be self-contained. Grades 5-8 will be reduced from 4 pods to 2 pods to reduce the number of cohorts. In middle school, teachers will travel class to class, not students, except for science labs.</p> <p>There will be childcare after school until 6:00 p.m. Childcare ran through the summer with established protocols. Staff and parents were informed. No issues were noted, so childcare will run in the fall. There may be no other after school activities. If no after school activities, this will be re-evaluated in November. If certain sports, such as cross-country, can be done, following guidelines, this sport will happen. For example, grade 6 will run on Monday; grade 7 will run on Tuesday; grade 8 will run on Wednesday.</p>
Child Nutrition	
<ul style="list-style-type: none"> • 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. 	<p>The Food Service Director will continue to determine eligibility for and make available, free and reduced price meals, snacks, and milk to all eligible students through Direct Certification by the State of CT or by application based on income. Lisbon Central School will comply with the U.S. Department of Agriculture's USDA regulations and policies for school meals and milk including the meal pattern requirements. Accurate counting and claiming methods via Payschools will be utilized to claim meals/milk provided to eligible students.</p> <p>Students will eat breakfast and lunch in the classrooms. Electronic ordering will be utilized by students. Meals will be placed on carts and taken by one employee to each classroom. Meals will be bagged with plastic utensils and plates/containers. Students will eat in classrooms or outside. Garbage will be placed in bus buckets and brought down to the cafeteria for disposal by an employee. Students will wipe down desks.</p> <p>Students doing virtual instruction will order electronically and pick up lunches at 10:30 a.m. at the outside back door of the cafeteria. COVID-19 protocols will be in place for cafeteria operations.</p>

Operations Plan, continued	School Plan
<p>Transportation</p> <p>Low Transmission Risk</p> <ul style="list-style-type: none"> Plan to operate at full capacity or close to while maximizing health and safety protocols, as well as considerations outlined in the plan. Require passengers to wear a face mask or cloth face covering that completely covers the nose and mouth during transit, 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. <p>Moderate Transmission Risk</p> <ul style="list-style-type: none"> Plan to operate at significantly reduced capacity while maximizing health and safety protocols, as well as considerations outlined in the plan. Bus passengers should be spaced with family members sitting together and non-family members should be spaced 6 feet apart utilizing alternating diagonal seating. Require passengers to wear a face mask or cloth face covering that completely covers the nose and mouth during transit, 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. 	<p>The Superintendent collaborated with the head of the bus company, First Student Transportation Company. The bus company is planning to operate at full capacity or close to full capacity. Passengers will not be allowed on the bus unless masks are worn (unless there is a medical note for not wearing one) Passengers will load from the back row to the front. Unloading will occur from front to back. Family members will sit together (Please note: A supply of disposable masks will be available on the bus if a student forgets to bring a mask. Also, students will not be able to ride different buses). Daily disinfectant cleaning of the buses will be done and as needed.</p> <p>If the bus does not run at full capacity, social distance will be incorporated as much as possible.</p> <p>The SPED office will collaborate with companies busing SPED students.</p> <p>Bus drivers will wear masks.</p> <p>AM Arrival: Bus: Students who arrive by bus will proceed to their classrooms upon arrival. If they arrive prior to 8:15, they will remain on the bus until 8:15. It will be encouraged to have windows open to help circulate air. Only one bus will dismiss at a time.</p> <p>Parent Drop Off: Students will be dropped off by parents at the rear entrance (Senior Center Entrance) between 8:15 a.m. and 8:30 a.m. One staff member will be at the drop off site and one at the top near the door to let students in. Students will proceed to their homerooms. Staff will be positioned in hallways to insure social distancing. Between 8:30am-8:40am, students will be dropped off at the front of the building and a staff member will help sign them in. After 8:40 a.m., parents will park and walk their children to the front door to ring the bell. Parents will announce who their children are. The student will be buzzed in and will sign in on the tardy sheet (staff can assist), students will then proceed to their classroom. Staff will be positioned throughout the school to help students get to their classrooms.</p> <p>PM Dismissal: Bus: Students will remain in homerooms until their bus is called. Once called, they will proceed to their bus. Only one bus at a time will be called. At 3:10 p.m. students will go to the designated area / room designated for their bus. A staff member will be at each room. Students will wait in designated area with only students in their bus cohort until they are called.</p> <p>Parent Pick Up: There will be two parent pickup times: 2:50-3:00 p.m. and 3:00-3:10 p.m. in order to provide more room for social distancing. When each group is called, they will proceed to the rear entrance. A staff member will be at the top of the stairs inside to ensure student social distancing. Students will be sent to another staff member outside so they can dismiss them to their parent/guardian. Masks will be requested of all parent/guardians waiting for their children. Spots will be displayed on the ground to encourage six feet social distancing.</p>

Health Practices and Protocols

- 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.

School Plan

All students (Pre-K thru 8th grade) will be educated and engaged in the new expectations related to all public health policies and protocols. Several approaches will be utilized in educating and engaging the students for all grades to ensure that all expectations are communicated without barriers. Information will be sent home via email and also placed on the school's website for easy access prior to the first day of school and throughout the school year. New expectations will also be taught to students by their teachers on the first day of classes and reviewed as needed. The health office will provide most of the teaching materials with guidance from the CDC website and upon approval of Administration.

All participants will be familiarized with standard health practices (e.g., social distancing, frequent hand washing and use of hand sanitizer, use of face coverings, respiratory and cough etiquette and enhanced cleaning/disinfection of surfaces). Standard health practices will be posted on the school's website and updated as new information evolves. Informative posters about standard health practices will be displayed throughout the school (e.g., in classrooms, hallways, bathrooms). Practices will also be reviewed with staff in person prior to the official first day of school by the local Department of Public Health and the School Nurse. Frequent reminders will be announced on morning announcements and sent home as needed.

Hand sanitizer with at least 60% ethyl alcohol, tissues and disinfectant wipes will be placed in each classroom prior to the official first day of classes and will be replenished as appropriate. Paper towels and no-touch trash cans will be placed in bathrooms. Hand dryers will not be utilized. Cloth face covers or disposable face covers will be available to staff and students as expected when inside the school building, allowing for certain exceptions. Gloves will be available to staff for disinfecting frequently used areas in their classroom and for minor student complaints as appropriate. In addition, staff will be allowed to bring in their own supplies (e.g., CDC recommended hand sanitizer and disposable gowns). A school plan for cleaning and disinfecting will be developed by the Director of Buildings and Grounds with guidance from the CDC and Occupational Safety and Health Administration (OSHA) and will be communicated to the teachers and staff at the beginning of the school year. Teachers and staff will keep all disinfectants out of the reach of children. When appropriate, face shields will be available to staff (e.g., speech and language services and educational aides/assistants), who support students with special health care needs or work with students who are not wearing face covers due to one of the exceptions (per CDC guidance) and also cannot maintain social distancing.

Health Practices and Protocols, continued	School Plan
<p>Reporting Illnesses and Addressing Vulnerable Populations</p> <ul style="list-style-type: none"> • 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. • 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 <u>stay home</u>. Schools should properly communicate the content of this or any updated guidance. <ul style="list-style-type: none"> - 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 <u>symptoms consistent with COVID-19</u> that require keeping their students at home. • Establish and communicate school-wide sick protocols, including signs and symptoms of COVID-19, and temperature thresholds requiring students or staff to stay home. 	<p>An email will be sent out to students' parents and placed on the school website prior to the start of the school year informing them of the importance to inform the school if their children 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. Staff will be given a daily Self-Monitoring Tool with questions to answer about possible COVID-19 symptoms or recent exposure to COVID-19 and are advised to not report to work if they answered "yes" to any of the questions and to call their supervisor. Information received will be confidential. Staff is to maintain records available upon request.</p> <p>The Health Office and Attendance Secretary will work together to track staff and students' absences daily and identify any trends that would suggest the spread of illness such as COVID-19. Trends in illnesses will be communicated to the Superintendent.</p>
<p>Social Distancing</p> <ul style="list-style-type: none"> • Assist staff and students to maintain maximum social distancing between individuals to reduce the transmission of the virus per the public health guidelines at that time. 	<p>The Health Office along with administrators and staff will verbally instruct students to maximize social distancing, achieving 6 feet when feasible where students congregate together in their classrooms, hallways, health office and other areas around the school. Visual cues such as social distancing posters will be placed in the classrooms, hallways and bathrooms as appropriate.</p> <p>Social distancing guidance will be adjusted and relayed to staff and students by the Superintendent with guidance from the local Department of Public Health due to the evolving understanding of COVID-19 and transmission of the virus.</p>
<p>Use of Face Coverings, Masks, and Face Shields</p> <ul style="list-style-type: none"> • Adopt policies requiring use of face coverings for all students and staff when they are inside the school building, with certain exceptions listed below. <ul style="list-style-type: none"> - 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, <u>per CDC guidance</u>. - 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. 	<p>Protocols about the use of face coverings for all students and staff when they are inside the school building (with certain exceptions) will be written by the School Nurse and Superintendent. Protocols will be posted on the LCS website.</p> <p>Face coverings will be provided by the school to staff or any student (with certain exceptions) who does not have one.</p> <p>Guidance for the proper use of cloth face coverings will be found on the school's website and reminder cues to be given by teachers as needed throughout the school day.</p> <p>When appropriate face shields will be provided by the school to staff (as stated previously). Staff who requests a face shield will speak to their supervisor about obtaining the face shield.</p>

Health Monitoring Plan

School Plan

Planning and Distribution of Information

- 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.

Protocols will be established for monitoring of the symptoms that could be related to COVID-19, with the goal of decreasing the risk of contracting the virus and maintaining oversight related to the pandemic while complying with relevant privacy and health laws to be written by the School Nurse in conjunction with the Superintendent.

The School Nurse and Nursing Assistant will utilize programs set up by SNAP to expedite information exchange, data processing and analytics for COVID-19 as feasible.

The Health Office and Attendance Secretary will work together to track staff and student absences daily and identify any trends that would suggest spread of illness such as COVID-19. Trends in illnesses will be communicated to the Superintendent.

Parents and staff will be periodically reminded to check the CT Covid-19 Response Site for information regarding travel restrictions/14 day self-quarantine requirements.

Containment Plan

School Plan

- *The Connecticut Department of Public Health will be providing a tiered system to assist leaders and define the decision-making approach should partial or full class-cancellation become necessary. Anticipate this will be available at the time decisions will need to be made related to containment and possible school class cancellations.*
- 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.
- Identify an "isolation room" (besides the health office) to accommodate students who exhibit symptoms consistent with COVID-19 until a parent or guardian arrives.
- Create a consistent policy for dismissal of students or staff who exhibit symptoms of COVID-19 and must be dismissed from school.

Protocols will be determined 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 and will be written by the School Nurse with input from the local Department of Public Health's contact person and/or the School Medical Advisor.

The Superintendent and the School Nurse will contact the local health department, as soon as possible, if any person who has been present in school has a confirmed diagnosis of COVID-19. The local Department of Public Health will provide guidance with containment in order to decrease the risks of spreading the virus further in the school and community.

The Reopening of School Committee Team, under the guidance of the local Department of Public Health, will provide the school community with information (e.g., signs and symptoms of COVID-19 that would require immediate dismissal from school; for what period of time; and their conditions for their re-entry to school).

An "isolation room" (next door to the health office) will be utilized by the health office staff to accommodate students who show symptoms consistent with COVID-19 until a parent/guardian arrives to pick up the student. A trained staff member will supervise the student(s) in the isolation room and will wear a mask, face shield, gloves and disposable gown.

The Director of Buildings and Grounds will be contacted immediately after the isolation room is utilized so that recommended CDC cleaning procedures will be put into place in a timely manner. CDC cleaning procedures will be done by the custodial staff in all rooms, as needed, following a confirmed COVID-19 case. The Director of Buildings and Grounds will guide the custodial staff in following recommended CDC cleaning procedures to decrease the risks of spreading COVID-19.

Cancellation of Classes, Remote Learning, and Reopening Plans

School Plan

- *The Connecticut Department of Public Health will be developing specific community and school-based indicators to assist leaders and define the appropriate decision-making approach.*
- 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.
- 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.

The Reopening Committee is not aware of specific indicators from the CT Department of Public Health and will await further guidance.

Remote learning guidelines will be established in the event of school closures

The Superintendent will communicate with the CSDE immediately regarding class cancellation.

The Reopening Plan will be communicated to staff via professional development trainings at the beginning of the year. Staff will be instructed in the health & safety protocols which will also be posted.

Planning is ongoing to develop learning options that are engaging, meaningful, and correspond with grade level expectations and standards. Protocols will be put in place to minimize sharing of materials. This includes individual student materials, maximizing of space in classrooms, and grouping students into cohorts.

Guiding principles for in-school reopening will focus on student and staff health and safety. With that in mind, it will be important for all stakeholders to be flexible and open to finding solutions. We will revert back to the original reopening plan with the necessary adjustments, if needed.

Cancellation of Classes, Remote Learning, and Reopening Plans, continued

School Plan

Future Planning for Remote Blended Learning

- Be prepared to provide remote blended learning opportunities immediately upon cancellation of in-school classes.
 - Consider implementing a plan to gather feedback from families, students, teachers, and leaders on experience with remote learning. Incorporate any feedback into a revised remote learning plan and incorporate into hybrid learning model.
- Develop a plan for extended absences and communicate it with parents or guardians in the event of a second extended closure.

Should there be a need to transition from in-person learning to a hybrid model (reduced school populations) where students attend on a rotating basis 50% at a time, or to full remote learning, plans will be in place so this can occur quickly and efficiently. All teachers in K-8 will utilize Google Classroom as the primary learning platform. Preschool teachers will provide plans directly to parents. Families that require a device, support with internet connection, at-home school supplies, or other resources should contact the School Principal.

Learning plan options (in-person, hybrid, remote) will be shared with families prior to the start of school. Staff will be ready to implement a new plan at any given time.

In-Person: Traditional schedule with health and safety protocols for all students five days a week. Students who do not return to in-person school based upon individual consideration, remote learning will be an option.

Hybrid: Alternating schedule with a reduced population. When students are not in school they will work at home with materials provided by the teacher and school. All grade levels will be split in half-group A / group B. Each classroom will be split in half and families will be aligned.

Example:

Monday/Tuesday: Group A in School (Group B – Distance Learning Assignments)
 Wednesday: Deep Clean, All students distance learning, Possible Special Education Service Day
 Thursday/Friday: Group B in School (Group A – Distance Learning Assignments)

Remote Learning: Students engage in distance learning with materials and support from the

school. Standards will be prioritized and learning materials/activities will be delivered via Google Classroom.

Academics

School Plan

Special Education

- 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.
- Address mask and face covering use for the population of special education students, including cases where masks may need to be removed to provide appropriate services, and the approach to implementing any other possible mitigating strategy, including but not limited to maximum social distancing.

Lisbon Central School will plan for fall programming with the understanding that there has been no waiver of requirements under IDEA for provision of a free and appropriate public education (FAPE) in the least restrictive environment (LRE). During the spring 2020 COVID-19 school closure, Lisbon was 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. Lisbon 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.

Lisbon Central School will 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, the Lisbon Central School will facilitate individualized and alternative means of re-entry based upon student need, present levels of functioning, developmental levels, and student/parent input.

Special education teams working in conjunction with families, will determine if specific students require re-entry plans and develop and implement those plans for in-person instruction.

Lisbon will 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. In the case of a unique consideration, Lisbon will develop protocols to consider the student's developmental level and skills.

In cases where the student can not wear a mask, face shields will be provided for the staff member working with the student when social distancing is not possible or feasible.

Academics, continued	School Plan
<p>English Learners (ELs)</p> <ul style="list-style-type: none"> 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. 	<p>English learners will still be supported by our EL tutor. For in-person learning, students will be serviced within the previously determined cohorts. In the event of remote learning, the tutor will work with teachers and families to support students with accessing the curriculum as well as provide supports, resources, and activities where appropriate.</p> <p>Our district does not have any bilingual programs currently.</p> <p>Translation and/or interpretation will continue to be available on an as needed basis. This will continue in all models: in-person, hybrid, remote learning.</p>

Family and Student Engagement	School Plan
<p>Family Support and Communication</p>	
<ul style="list-style-type: none"> • 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. 	<p>Lisbon Central School does receive Title money. Compliance with Title requirements will continue during the pandemic.</p> <p>Families will be provided on an ongoing basis all health and safety protocols via the website, newsletters, emails, robo-calls and texts. The Reopening Plan will be posted in multiple places. Surveys have been provided to parents to obtain information and feedback. It has been and will continue to be relayed that Superintendent Sally Keating is the Compliance Liaison for Lisbon Central School.</p> <p>A school contact list will be distributed with the school reopening plan allowing parents/families direct access to appropriate staff members ie: counselors, principal, nurse, etc.</p>
<p>Social-Emotional Learning (SEL) and Mental Health</p>	
<ul style="list-style-type: none"> • 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. 	<p>Priorities will be social-emotional health, well-being and community building during the first few months of school. Staff will be trained by DPH and the School Nurse on the impact of COVID-19 and associated protocols. The first day back for teachers will focus on the COVID-19 impact. SERC will also provide PD regarding equity issues and strategies for positive change. There will be ongoing teaching for staff on monthly half day sessions. Coaching support will also be a part of this training.</p> <p>The School Psychologist and Social Worker will be available for support for students via classroom discussion and individualized sessions. Resources will be provided to staff for coaching support for students throughout the day.</p> <p>Training regarding mandated reporting for abuse will be given to all staff via the on-live training module provided by the State.</p>
<p>After-school Programming</p>	
<ul style="list-style-type: none"> • 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. 	<p>Lisbon Central School does not receive funding from the CSDE through the State After School, Extended School Hours and 21st Century Community Learning Centers Program.</p> <p>There will be limited after-school programming, and this will be re-evaluated in November. Childcare will occur and protocols will include encouraging children to wear masks and to maximize social distancing when possible.</p> <p>If Cross-Country is offered students will practice in cohorts. Additionally there will be no travel.</p>
<p>Career And Technical Education</p>	<p>School Plan</p>
<ul style="list-style-type: none"> • Develop a plan for cleaning and disinfecting shared equipment in the shop or lab, before and after each use. 	<p>This is not applicable to Lisbon Central School, as there is no Career and Technical Education.</p>

Staffing and Personnel	School Plan
<p>Certification and Personnel Planning</p> <ul style="list-style-type: none"> • 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 <u>guidance</u> 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. 	<p>The Superintendent has discussed and will continue to discuss legal and regulatory requirements related to personnel, including but not limited to the EEOC guidance related to the ADA and the COVID-19 pandemic with the Board Attorney from Shipman and Goodman.</p> <p>A survey regarding engagement of staff is being sent to all staff as to the expectations of returning to the school for the 2020-2021 school year</p> <p>A phone call to each substitute on the current list for LCS was done to ascertain the substitute pool.</p>
<p>Professional Development</p> <ul style="list-style-type: none"> • 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. 	<p>Training has been scheduled for the first day of return for staff. The local DPH person, Patrick McCormack is speaking to staff regarding numerous issues relating to COVID-19. Ongoing PD will be offered by the School Nurse. Resources will be provided on an ongoing basis.</p>



Addendum 1

Adapt, Advance, Achieve: Connecticut's Plan to Learn and Grow Together

Connecticut State Department of Education



Temporarily Opting into Voluntary Remote Learning Due to COVID-19

(July 27, 2020)

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:

1. On July 14, 2020, the SBE passed a resolution to waive up to three days of the school year to provide staff and families with additional time to build capacity to safely transition back to in-person classes. Therefore, for districts that choose to avail themselves of this opportunity, the current requirement is for 177 days/900 hours for the upcoming 2020–2021 year.

- 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 extra-curricular 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 home-schooling 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

Adapt, Advance, Achieve: Connecticut's Plan to Learn and Grow Together

Connecticut State Department of Education



COVID Guidance and Considerations for Preschool Located in Public Schools

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

(July 27, 2020)

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

Adapt, Advance, Achieve: Connecticut's Plan to Learn and Grow Together

Connecticut State Department of Education



Fall Reopening Resource Document for Students with High Needs

(July 28, 2020)

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

1. 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:
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:

Topic	Who Should Attend	Person(s) Delivering the Training	Method of Training Delivery	Training Date (s) and Location	Number of Persons Able to Attend
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:
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:

Topic	Who Should Attend	Person(s) Delivering the Training	Method of Training Delivery	Training Date (s) and Location	Number of Persons Able to Attend
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:
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:

Topic	Who Should Attend	Person(s) Delivering the Training	Method of Training Delivery	Training Date (s) and Location	Number of Persons Able to Attend
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:
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:
Creation Date:		Revision Date 1:	Revision Date 2:		



Addendum 4

Adapt, Advance, Achieve: Connecticut's Plan to Learn and Grow Together

Connecticut State Department of Education



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



Revised August 3, 2020

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	MEDIUM Favors a mix of In-Person and Remote Learning	HIGH Favors moving to Remote Learning
<p>Number of new cases of COVID-19 (7 day rolling average of new cases per 100,000 population per day)</p>	< 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	MEDIUM Favors a mix of In-Person and Remote Learning	HIGH Favors moving to Remote Learning
<p>Percent positivity rate (# of positive tests/ # of total tests, 7-day rolling avg.)</p>	<p>Direction of Change: Secondary Indicators trending down to flat</p> <p>Speed of Change: No statistically significant changes to Secondary Indicators</p>	<p>Direction of Change: Secondary Indicators trending flat to upward</p> <p>Speed of Change: Any statistically significant changes upward to Secondary Indicators</p>	<p>1) Trending down to flat 2) Secondary Indicators trending upward</p>
<p>Number of new COVID-19 hospitalizations per 100,000 population (7-day rolling avg.)</p>			<p>1) Statistically significant 2) Trending flat to 3) Statistically significant 4) Trending upward to 5) Secondary Indicators</p>
<p>COVID-like and Influenza-like Illness (CLI and ILI) Syndromic Surveillance</p>			<p>1) Trending flat to 2) Statistically significant 3) Trending upward to 4) Secondary Indicators</p>

* 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.

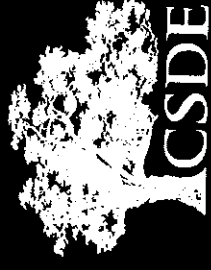
The “low” and “moderate” categories indicate conditions in the area are appropriate for schools to provide at least a partial in-school option to students. The district and building-level decisions will ultimately be made at the local level. However, should a district determine not to provide an in-school 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.

Addendum 5

Adapt, Advance, Achieve:

Connecticut's Plan to Learn and Grow Together

Connecticut State Department of Education



CONNECTICUT STATE
DEPARTMENT OF EDUCATION

Interim Guidance for Responding to COVID-19 Scenarios in Connecticut School Districts

August 6, 2020



The Connecticut State Department of Education (CSDE) and State Department of Public Health (DPH) have collaborated to provide school districts with guidance and protocols for responding to specific COVID-19 scenarios that may occur with school reopening for the 2020–21 school year. This guidance complements the Containment Plan (p. 23) requirement of Adapt, Advance, Achieve: Connecticut's Plan to Learn and Grow Together, which instructs school districts to develop written protocols for containment and immediate response related to symptoms of, diagnosis of, or exposure to the virus. Information from the Centers for Disease Control and Prevention (CDC) informs the specific scenarios and actions that follow. CDC guidance and public health data are evolving and therefore, this guidance may be updated accordingly.

This document addresses issues when a student or staff person has or develops possible signs and symptoms of COVID-19; a diagnosis of COVID-19; or exposure to a person diagnosed with COVID-19. It describes immediate actions for removing an individual from the school setting and when to safely return them to school. School district leaders are encouraged to use this as a guide, in consultation with public health experts, including school nurses, school medical advisors, local health directors and in consideration of all specific circumstances on a case-by-case basis.

Event	Location of Event	Testing Result	Return to School
<p>Individual has COVID-19 symptoms¹ but has NOT had close contact² to a person diagnosed with COVID-19</p>	<p>If at home: stay home, notify the school immediately (do not wait until the beginning of the next school day), and get tested.</p> <p>If at school: students should remain masked, adhere to strict physical distancing, be assessed by the school nurse or school medical advisor (if available), stay in the isolation room (with adult supervision), until picked up to go home, consult a healthcare provider, and get tested. If symptoms arise on the bus, students should remain masked and follow the remaining measures listed above upon arrival to school. They must not be sent home on the bus.</p> <p>If at school: staff members should remain masked, adhere to strict physical distancing, immediately contact leadership (per district protocols), go home, consult a healthcare provider, and get tested.</p> <p>If a staff or student is ill enough to require transport to a healthcare facility, notify EMS that COVID-19 is a concern.</p>	<p>Individual tests³ negative</p> <hr/> <p>Individual tests positive</p> <hr/> <p>Individual is not tested</p>	<p>Return to school once there are no symptoms for 24 hours.</p> <hr/> <p>Remain home (except to get medical care), monitor symptoms, notify the school immediately, notify personal close contacts, assist the school in contact tracing efforts⁴, and answer phone calls from public health officials/contact tracing staff.</p> <p>Stay in self-isolation⁵ for at least 10 days since the onset of symptoms and until at least 24 hours have passed with no fever⁶ (without fever-reducing medications) and with improvement in other COVID-19 symptoms.</p> <hr/> <p>Stay in self-isolation for at least 10 days since the onset of symptoms and until at least 24 hours have passed with no fever (without fever-reducing medications) and with improvement in other symptoms.</p> <p>Can return to school earlier if obtains note from healthcare provider with alternate diagnosis.</p>

Event	Location of Event	Testing Result	Isolation/Quarantine Scenario
<p>Individual has COVID-19 symptoms¹ AND had close contact² to a person diagnosed with COVID-19</p>	<p>If at home: stay home, notify the school immediately (do not wait until the beginning of the next school day), and get tested.</p> <p>If at school: students should remain masked, adhere to strict physical distancing, be assessed by the school nurse or school medical advisor (if available), stay in the isolation room (with adult supervision), until picked up to go home, consult a healthcare provider, and get tested. If symptoms arise on the bus, students should remain masked and follow the remaining measures listed above upon arrival to school. They must not be sent home on the bus.</p> <p>If at school: staff members should remain masked, adhere to strict physical distancing, immediately contact leadership (per district protocols), go home, consult a healthcare provider, and get tested.</p> <p>If a staff or student is ill enough to require transport to a healthcare facility, notify EMS that COVID-19 is a concern.</p>	<p>Individual tests negative</p> <p>Individual tests positive</p> <p>Individual is not tested</p>	<p>Stay in self-isolation for at least 10 days since the onset of symptoms and until at least 24 hours have passed with no fever (without fever-reducing medications) and with improvement in other symptoms.</p> <p>Remain home (except to get medical care), monitor symptoms, notify the school, notify personal close contacts, assist public health and the school in contact tracing efforts.</p> <p>Stay in self-isolation for at least 10 days since the onset of symptoms and until at least 24 hours have passed with no fever (without fever-reducing medications) and with improvement in other symptoms.</p> <p>Stay in self-isolation for at least 10 days since the onset of symptoms and until at least 24 hours have passed with no fever (without fever-reducing medications) and with improvement in other symptoms.</p>

End-notes

- 1 Key COVID-19 signs and symptoms are:** feeling feverish, measured temp 100.4 F or more, chills, uncontrolled new cough, shortness of breath, difficulty breathing, loss of taste or smell. There are other more nonspecific signs and symptoms. For a full list, see CDC Web page at <https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>
- 2 Close contact:** Spending at least 15 minutes within 6 feet of a person with confirmed COVID-19, or a direct exposure to possibly infected droplets of saliva or nasal mucus (e.g., begin sneezed or coughed on in the face). See CDC web page at <https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/quarantine.html>
- 3 COVID-19 test for school/work attendance:** This is a viral test, NOT an antibody test. (see CDC information on COVID-19 tests at <https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/testing.html>).
- 4 Contact tracing:** A public health intervention in which the contacts of a person with a communicable disease are identified, and possibly tested, quarantined or isolated to interrupt the transmission of the virus in a population. <https://portal.ct.gov/Coronavirus/Contact>
- 5 Self- Isolation:** Individual with signs or symptoms of COVID-19, or a positive test, stays home until no longer infectious for at least 10 days since the onset of symptoms **and** until at least 24 hours have passed with no fever (without fever-reducing medications) and with improvement in other COVID-19 symptoms. See CDC web page at <https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/isolation.html>
- 6 Fever:** Measured temperature of 100.4 F or higher
- 7 Self-Quarantine:** Individual without symptoms stays home for 14 days since last exposure to someone who was diagnosed with COVID-19 (the incubation period of the virus). See CDC web page <https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/quarantine.html> or https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/quarantine.html?CDC_AA_refVal=https%3A%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fif-you-are-sick%2Fquarantine-isolation.html



Addendum 6

Adapt, Advance, Achieve: Connecticut's Plan to Learn and Grow Together

Connecticut State Department of Education



Reopening Guidance for Educating Students with Disabilities

August 12, 2020

This is a working document, which may be updated frequently due to the rapidly changing response to this pandemic emergency and ongoing Federal guidance updates.

The content presented in this document generally constitutes guidance representing the interpretation of the Connecticut State Department of Education (CSDE) of the applicable statutory or regulatory requirements in the context of present circumstances and is not legally binding. The content in this document is not intended to be a replacement for careful study of the Individuals with Disabilities Education Act (IDEA) or for consultation with local legal counsel.

The CSDE published its reopening document, [Adapt, Advance, Achieve: Connecticut's Plan to Learn and Grow Together](#) to provide school districts with requirements and a framework for reopening schools during the 2020–21 school year in the context of the COVID-19 pandemic.

This document provides further guidance related to the education of students receiving special education and related services within the school reopening framework. It is important to note that the federal Office of Special Education and Rehabilitative Services (OSERS) has not communicated to States any temporary flexibility or waiver from the requirements of the IDEA.

School districts are required to provide a free appropriate public education (FAPE) to each student determined eligible and for whom the parent has provided written consent for the provision of special education and related services. Federal disability law allows for flexibility in determining how to meet the individualized needs of students receiving special education services. During the COVID-19 pandemic, the delivery of FAPE to all students may vary depending on the instructional delivery model (i.e., Full In-school Learning, Remote Blended Learning (Hybrid), Full Remote Learning) being followed. Students with disabilities should be prioritized for receiving instruction in school during the 2020–21 school year, even if schools are operating in a Hybrid or Remote model.

Every school district must determine how to best educate and provide individualized education program (IEP) services to its special education students within the context of each instructional delivery model while adhering to current health and safety protocols. While numerous challenges exist, maintaining the health and safety of our staffs and students while providing educational access consistent with the law continues to be the top priority.

Establishing procedures and practices that promote access to the same opportunities afforded to general education students will help to ensure that students with disabilities receive an equitable educational experience. Additionally, when it is not possible to deliver specific IEP services as originally intended, creative solutions and adjustments to instructional delivery and/or the environment will be necessary. While weighing the options on how to best address these issues, the requirement that students with disabilities are educated in the least restrictive environment (LRE) must be considered.

Meaningful and ongoing communication between the school district and families is more important now than ever. In addition to making the school district's fall reopening plan available to the public, if

conditions during the school year necessitate a change to the instructional delivery model, specific information regarding the impact on the student's special education and related services will need to be provided to families in a timely manner.

IEP Implementation and PPT Meetings

School districts are required to provide FAPE to students with disabilities as set forth in the student's IEP consistent with public health requirements. Moreover, every school district must ensure that special education and related services are being provided to students on the first day of school regardless of the mode of instruction, even if an IEP has lapsed due to a postponed annual review or triennial evaluation. Students must receive all services documented in their IEPs through in-person instruction, remote instruction, or a combination of both, with a strong emphasis on providing in-person instruction.

Due to the public health mandates, schools may not be able to provide all services in the same manner as they would under normal health conditions. School districts are allowed flexibility in determining how these services can be provided including but not limited to the use of technology, tele-therapy, or remote instruction. In order to prepare for the potential of delivering special education and related services within the three instructional delivery models, school districts will need to prioritize planning for whatever mode of instructional delivery is in place at the start of the school year.

Process

Last April, the CSDE provided guidance related to "Continued Educational Opportunities" for special education students during the statewide school closures (March 16–June 30).¹ The use of Continued Educational Opportunities is no longer appropriate since, based upon current public health data, statewide school closures are no longer in effect. As school districts prepare to reopen in the fall, the CSDE is providing guidance to assist school districts in documenting the implementation of IEPs within the context of the three instructional delivery models (i.e., Full In-School, Hybrid, and Full Remote).

Communication with families is a top priority. In particular, the school district will need to have meaningful consultation with parents as soon as possible to discuss how a given student's IEP services will be delivered **if different than the manner of service delivery described in a student's IEP**. After this collaboration and using input from the discussion with parents, the school district must document how FAPE will be delivered to each student, within the context of the current instructional delivery model, and then provide that information to the parents along with written notification.

The CSDE has developed The Learning Model IEP Implementation Plan form for districts to document the delivery of special education and related services that may be affected by the school district's response to the pandemic. The Learning Model IEP Implementation Plan² must be used to describe any differences in the delivery of IEP services and will serve as the required notice to parents. It is permissible but not required to discuss The Learning Model IEP Implementation Plan during a planning and placement team (PPT) meeting. A change in delivery of IEP services due to a transition to a different instructional delivery model alone does not constitute a change of placement.

Parents retain their right to use the dispute resolutions options available pursuant to the IDEA³ if they believe FAPE is not being provided to their child under any of the instructional delivery models.

Full In-School Model

While full in-school learning is best aligned to providing IEP services as written, there still may be the need to adjust particular supports or services due to how the school or classroom has been reconfigured and/or how other mitigation measures (e.g., student cohorts) affect the learning environment. The school district must document any such adjustment in the Learning Model IEP Implementation Plan.

1. <https://portal.ct.gov/-/media/SDE/Digest/2019-20/2020424-Special-Education-Guidance.pdf>

2. https://portal.ct.gov/-/media/SDE/COVID-19/Learning_Model_IEP_Implementation_Plans.docx

3. <https://portal.ct.gov/-/media/SDE/Special-Education/Prosaf.pdf?la=en> (Bureau of Special Education (BSE) Procedural Safeguards Notice Required Under the IDEA Part B)

Hybrid Model

It may be necessary for the school district to develop Learning Model IEP Implementation Plans for some students to address how FAPE will be delivered in a hybrid learning model. The CSDE requires the school district to consider providing in-person services in school to high needs⁴ students full time, if it can be done so consistent with public health and safety protocols, and if not, the maximum frequency which may be more days per week than what the Hybrid Model schedule generally allows for the full school population. If a school is beginning the school year using the hybrid model, specialized instruction and related services could still be delivered in accordance with the IEP for some students, although it may necessitate a change in schedules or staffing assignments to provide specific services on the days the students are attending school in-person. A Learning Model IEP Implementation Plan will be needed only for those students whose IEP services will be delivered differently than the current IEP indicates.

Full Remote Model

Developing Learning Model IEP Implementation Plans to address how FAPE will be delivered in a full remote learning model will be necessary for the majority of students. As public health and safety mandates allow, the school district is required to consider providing in-school services to high need students even if the school district is operating under the full remote instructional delivery model.

Planning and Placement Team Meetings

Consistent with prior CSDE guidance, as PPTs convene throughout the school year, teams should develop IEPs that provide FAPE as though the student will be attending school full time, in-person under normal health conditions. That being said, conditions may change throughout the school year, so PPTs should attempt to develop annual goals and short-term objectives in such a manner that the goals and objectives can be addressed in each of the three instructional delivery models.

PPT meetings may be held in-person or remotely (i.e., telephonically or through video conferencing). Meetings must be scheduled at a mutually convenient time for both the school district and the family. As IDEA provides flexibility in excusing team members from certain types of meetings, PPT membership should be carefully considered as a means of maximizing the sharing of information and minimizing the impact on instruction/service delivery. In the event the school district cannot secure the participation of the family after multiple documented attempts, PPT meetings may be held without the parents in attendance.

School districts will further have to balance the need to hold meetings and revise IEPs with the need to re-engage with students, while assessing the students' current academic and functional performance in order to inform the development of appropriate IEPs, taking into consideration data and reports from parents and staff who worked with the student during the spring school closure. See previously released state guidance, *Sensible Assessment Practices for 2020–21 and beyond*.⁵

Temporarily Opting Into Voluntary Remote Learning

The CSDE's framework for reopening schools during the 2020–21 school year requires school districts to provide ongoing support to families and students who temporarily opt into voluntary remote learning while other students attend either Full In-School or Hybrid Learning. For more information about opting into remote learning, see previously released CSDE guidance, *Temporarily Opting Into Voluntary Remote Learning Due to COVID-19*.⁶

In order for a school district to provide a student with FAPE and implement the student's 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 LRE, and families are strongly encouraged to consider the importance of sending their

4. Refer to Addendum 3 in the Adapt, Advance, Achieve: Connecticut's Plan to Learn and Grow Together: <https://portal.ct.gov/-/media/SDE/COVID-19/CTReopeningSchools.pdf>

5. <https://portal.ct.gov/-/media/SDE/COVID-19/SensibleAssessmentPractices.pdf>

6. <https://portal.ct.gov/-/media/SDE/Digest.2020-21/Temporarily-Opting-Into-Voluntary-Remote-Learning-Due-to-COVID-19.pdf>

children to school to receive special education and related services when feasible and supported by public health data.

State and federal laws 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, a determination made by a PPT, or homeschooling.

The requirements under state law for the provision of homebound and hospitalized instruction for special education students remain unchanged. School 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 IDEA.

Homebound and Hospitalized Instruction

Regulation of Connecticut State Agencies (RCSA) § 10-76d-15 sets forth requirements that must be met when a child in public school is unable to attend school due to a medical reason and thus requires homebound or hospitalized instruction. If a child requires homebound instruction due to a medical reason, the steps described in the regulation must be followed. This would also be a change in placement and therefore would be reflected in the student's IEP.

Instruction in the Home

Instruction in the home is a placement option available under the IDEA,⁷ if determined appropriate by the student's PPT. In accordance with the IDEA, the child's PPT may determine that the child requires instruction in the home in order to receive FAPE, after considering in-district supports and other LRE considerations, evaluation information, and input from any private supports. In this case, the PPT would be making a placement decision pursuant to the IDEA, and not under RCSA § 10-76d-15. Instruction in the home must be made available pursuant to the IDEA's obligation to provide a continuum of alternative placements. Such placements should be rare and made only after careful consideration of the child's individual needs and LRE considerations. Given the restrictive nature of this placement, it should be reviewed by local education officials on a regular basis to ensure that special education students are receiving FAPE and return to school as soon as possible.

Homeschooling

Opting into remote instruction is not the same as homeschooling.⁸ Unlike homeschooling, students who opt into remote instruction will remain enrolled in school and reported to the CSDE through the Public School Information System (PSIS) and the Special Education Data Application and Collection (SEDAC). If a family decides to pursue homeschooling or another mode of education, the family must disenroll the student and the district is under no obligation to provide special education and related services.

IEP Services

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. If a parent opts into remote learning, school districts must have the student's IEP ready to be implemented at the start of the 2020–21 school year. The IEP must be developed as if the student is participating in full time in-school learning and if needed a Learning Model IEP Implementation Plan must be created to appropriately illustrate the special education and related services the school district is prepared to deliver. The IEP and the corresponding Learning Model IEP Implementation Plan represent and fulfill the school district's obligation to offer FAPE to the student if the family has made this choice despite the school district's intention to offer in-school education to that student. Again, this would only be applicable where the choice was made by a family not in the case where the student requires homebound or hospitalized instruction.

7. 34 CFR §300.39(a)(1)(i)

8. CSDE's Homeschooling Web page: <https://portal.ct.gov/SDE/Homeschooling/Homeschooling-in-Connecticut>

When a parent voluntarily opts into remote learning, the school district must notify the parent about any limitations related to receiving special education and related services remotely as a result of this choice. The notification should include as much specific information as possible to assist families in making a final decision about this voluntary choice and be documented in the Learning Model IEP Implementation Plan.

Since this a voluntary, unilateral choice made by the parent, school districts are not required to but, not precluded from providing in-person instruction or services in the home when a parent opts into remote learning. However, school districts must continue to make good faith efforts to implement the student's IEP remotely to the greatest extent feasible.

Proper Notification to Parents

As soon as possible, school districts should contact families with special education students that have expressed an interest in opting into remote learning and communicate any limitations that may apply to this voluntary choice. Of note, the CSDE guidance on this topic requires the same notification to all families, including those students who are not receiving special education and related services. For example, school districts that have specialized magnet school classes and are pooling students into districtwide voluntary remote-learning academies and offering only the standard curriculum despite special interests, and other voluntary remote-learning programming, may not include access to electives or labs. It is important that families are aware of the limitations and implications of opting into remote learning before their voluntary choice goes into effect.

Special Education Evaluations and Timelines

According to previously released state guidance, *Temporarily Opting Into Voluntary Remote Learning Due to COVID-19*,⁹ students who opt into remote learning will remain enrolled in the school district and the school district is required to track their attendance on a daily basis. Therefore, federal and state special education timelines will remain the same. Students participating in voluntary remote learning will be expected to be made available for in-person assessments in school as part of a special education evaluation, unless the assessment can be administered remotely.

Special Education Evaluations

While there has been no waiver of IDEA requirements, the public health mandates and statewide school closures related to the COVID-19 pandemic impacted school districts' ability to conduct timely and comprehensive evaluations in the spring of 2020. School districts will need to address the evaluations that were paused or delayed during the statewide school closures, while simultaneously complying with evaluation timelines for new referrals for special education and reevaluations due in the fall.

Initial Evaluations for Birth to Three (IDEA Part C) Referrals

Priority should be given to completing any outstanding Birth to Three referrals as soon as possible, and in any event prior to August 31, 2020. Children who turned three years old during the statewide school closure period, and for whom eligibility for IDEA Part B services has not yet been determined because a comprehensive evaluation involving in-person evaluations was delayed due to public health mandates, are able to receive early intervention services after age three implemented by Birth to Three providers through August 31, 2020. School districts must complete comprehensive evaluations and determine eligibility for children transitioning from the Birth to Three system and if eligible, develop and implement the IEP no later than the first day of the 2020–21 school year. For more information, see the previously released CSDE topic brief, *Updated Guidance for Children Turning Three during COVID-19*.¹⁰

9. <https://portal.ct.gov/-/media/SDE/Digest/2020-21/Temporarily-Opting-Into-Voluntary-Remote-Learning-Due-to-COVID-19.pdf>

10. <https://portal.ct.gov/-/media/SDE/Special-Education/Covid/Guidance-for-Children-Turning-Three-During-the-COVID-19-Health-Emergency.pdf>

Initial Evaluations for IDEA Part B Referrals

Given the expected backlog of evaluations, it will be important to prioritize initial evaluations as opposed to reevaluations, to ensure that eligible students begin to receive special education and related services.

The school district should determine if any initial evaluations were not completed during the statewide school closures, and complete any outstanding assessments as soon as possible. At the same time, school districts will need to address designing and conducting initial evaluations for referrals received during the statewide school closures and summer months, for which the 45 school day timeline would start on the first day of the 2020–21 school year.

Scope of the Evaluation

The Bureau of Special Education (BSE) strongly encourages districts to utilize this difficult situation to reinforce proper training for staff members regarding the evaluation process and the eligibility criteria under the IDEA. This will assist with the efficient use of resources, comprehensive evaluations, well-reasoned eligibility determinations, and prevent the administration of unnecessary assessments.

Designing the scope of initial evaluations using an essential questions strategy will avoid including extraneous assessments not tailored for the individual student and ensure a full and comprehensive evaluation. After reviewing any existing information and gathering input from the parents, the PPT must determine what information still needs to be gathered through the evaluation process to determine whether the student is a student with a disability and the nature and extent of special education and related services that the student needs.

Conducting the Evaluation

In-Person Evaluations

Upon the return to school and in adherence with established safety protocols, the CSDE expects school districts to make every effort to conduct in-person evaluations. School districts should still make every effort to conduct in-person evaluations, even if the district is implementing a hybrid or full remote instructional delivery model, unless advised otherwise by state or local health officials.¹¹

If a parent is not comfortable with in-person evaluations:

- Discuss which assessments, if any, may be administered to the student remotely.
- Ensure that there is comprehensive documentation regarding the family's decision.
- Determine if the parent's refusal to make the student available for in-person assessment is a basis to extend the evaluation timeline or if it constitutes a revocation of consent.

Remote Evaluations

PPTs should plan for in-person evaluations whenever feasible, and if necessary, discuss if all or some of the assessments should be completely remotely. School district staff are advised to exercise their professional judgment when deciding whether to conduct a specific assessment or parts of an assessment remotely. When making these decisions, consider the following:

- Referring to guidance of the relevant professional organization of the particular evaluator conducting the assessment at the state or national level.
- Taking into consideration current knowledge and circumstances of the student when making individualized decisions.

11. The BSE recognizes that the current COVID-19 related circumstances (e.g., mandatory mask wearing) have created a situation in which the conditions for administration of certain evaluative tools (in whole or in part) is not optimum and may be in conflict with recommended administration protocol. Given that, if such tools are used in the evaluation of the student, the evaluator must describe all safety precautions and environmental changes made within the evaluation report and any limitations of the assessment tool (or impacted section(s) of such tool) as administered, given the particular circumstances.

- Reviewing standardization procedures to determine if validity and reliability have been established for remote administration.
- Considering the use of alternative measures to assess all areas of the suspected disability.
- Assessing the evaluator's competency level with remote administration of an assessment.
- Consulting with the special education administrator.

When determining the manner in which to conduct an evaluation, given the current public health mandates, it will be important for school districts to develop a process for incorporating both in-person assessments, and remote assessments, as appropriate. Evaluators should note in the evaluation report if any assessments were completed under nonstandard conditions (e.g., remotely, with masks, behind plastic barrier), or not completed at all because of the need for in-person administration. If adjustments to previously designed evaluations are required, evaluators should inform parents prior to administration.

Eligibility Determinations

School districts should proceed with PPT meetings to review initial evaluations and determine eligibility within the 45 school day timeline, unless the timeline is extended or paused for an acceptable reason. (See Timelines section below). The PPT cannot pause the eligibility determination because it is unable to complete all the recommended assessments due to health and safety mandates. In these cases, the PPT should determine if it can make an eligibility determination based upon the available evaluation reports and existing data or consider whether a diagnostic placement would be appropriate as an alternative way of gathering information.

If a school district finds a student eligible for special education, the PPT should document any portions of the evaluation that could not be completed either in-person or remotely and provide a plan for completing those assessments when it is feasible to do so. The PPT should document any assessments that were conducted remotely and determined invalid, as well as any results that should be interpreted with caution due to concerns about validity because of the non-standard conditions.

Timelines

Please remember that initial evaluations may be extended beyond 45 school days for the following reasons:

- Documented request by parent to reschedule or delay the eligibility determination PPT meeting after agreeing to attend at a particular time and date.
- Parent repeatedly fails or refuses to produce the child for evaluation.
- Student hospitalized/extended absence with medical documentation that student was not available for evaluation.
- Student placed in diagnostic placement for the purpose of determining eligibility.
- Eligibility Determination PPT cancelled due to inclement weather/emergency closing.
- Documented agreement to extend the evaluation timeline for the purpose of determining a Specific Learning Disability (Form ED637¹²).

Least Restrictive Environment

Even though the COVID-19 pandemic has not changed the IDEA's requirements about LRE, the pandemic has changed how districts will operate the general education system. When planning for the 2020–21 school year, school districts should examine how physical distancing requirements and cohorting might impact a student's LRE and how to best balance the implementation of these mitigating measures while preserving the principles of LRE.

12. <https://portal.ct.gov/-/media/SDE/Special-Education/ED637.pdf>

Districts should analyze any possible conflict on an individual basis and prioritize a student's access to LRE, while balancing health and safety requirements. There may be cases where it is not possible to maintain an individual student's LRE while also implementing physical distancing requirements and cohorting. In these cases, the school district must justify the change in location of the service in The Learning Model IEP Implementation Plan. Given the fluid nature of the COVID-19 pandemic, districts should also continually review these cases to determine if the LRE for these students could be adjusted given improved conditions and relaxed health and safety requirements.

Flexible solutions for reducing the mixing of cohorts should be considered to ensure that students with disabilities are educated in the LRE, while complying with current health and safety requirements. As such, the following should be considered:

- Given possible reduced class sizes, review IEPs to determine if pull-out services could be appropriately changed to push-in services to limit the mixing of cohorts.
- Special education teachers and related service providers could provide services remotely from within the school building via video conference instead of coming in the classroom to provide push-in services. This practice would help minimize foot traffic in and out of classrooms while providing access to services that support the inclusion of students with disabilities.
- Think creatively about how to maintain opportunities for the inclusion of students with disabilities. Districts may be able to use technology to provide inclusive groupings of students.
- Avoid special education only cohorts unless the student's IEP requires a substantially separate setting or out of district placement.
- Although districts cannot base cohorts on disability category, districts can consider placing students in cohorts based on the type of intervention or related services. For example, a district may be able to place all the students receiving pull-out occupational therapy services in one cohort to reduce mixing of cohorts when pulling these students for services.

LRE and Preschool

Although PreK is not a required grade, FAPE in the LRE continues to be an IDEA requirement. For a classroom to be considered a general education setting, at least 50 percent of the students in the classroom must be typically developing peers (i.e., students without an IEP).

Young children learn through interactions with peers and research shows that peer relationships and play are an important instructional strategy for social and emotional development as well as cognitive and language development.

In order to educate students in a general education environment at the PreK level, school districts may choose to rethink their service delivery model and provide specialized instruction and related services to children in the community-based child care programs in which they are enrolled. The May 12, 2020, CSDE recorded webinar about itinerant early childhood special education services¹³ contains information about this methodology of service provision. The school district may also consider the need for childcare for their teachers and revise residency policies to allow staff's children to attend district PreK programs even if they do not reside in the district.

Additionally, school districts should consider how limiting spaces for peers may impact their community, given the reduction of available spaces for child care due to COVID-19 health and safety requirements. School districts should initiate conversations with community providers to collaborate regarding their community's needs. In school districts/communities with School Readiness Grants, the School Readiness Council can be a vehicle for these conversations.

13. <https://youtu.be/kk8petv-FPo>

Resources

Refer to the following resources for more information about LRE:

- The Least Restrictive Environment in the Wake of COVID-19: A Brief from the National Association of State Directors of Special Education (NASDE) outlines three different operational models and provides two examples to assist PPTs with addressing LRE considerations (Please note: In CT the three operational models are: Full In-School Learning, Hybrid, and Full Remote Learning).
- The Online Learning and IDEA Educational Environments (Age 6-21): Determining Educational Environments for Students with Disabilities (from the IDEA Data Center outlines parameters to be considered when determining the educational environment of individual students with disabilities taking online courses (Hybrid or Full Remote).
- The CSDE Least Restrictive Environment Procedural Checklist (Form ED 632) – for students who spend less than 60% of their time in General Education.
- The CSDE Points to Consider in Determining the Least Restrictive Environment.
- The CSDE 2015 Memorandum, Determination of Time With Non-Disabled Peers for Students with Disabilities Memorandum (2015).

Secondary Transition

The following addresses transition services requirements and considerations for school districts as they determine ways to meet health and safety mandates, while providing transition services to students.

Transition Services Requirements

Pursuant to state statute, transition services are required beginning not later than the first IEP to be in effect when the child turns 14 (with a primary disability category of Autism) and beginning not later than the first IEP to be in effect when the child turns 16, or younger if determined appropriate by the PPT (for all other primary disability categories), and updated annually thereafter.

The IEP shall include (A) appropriate measurable postsecondary goals based upon age appropriate transition assessments related to training, education, employment, and, where appropriate, independent living skills; and (B) the transition services, including courses of study, needed to assist the child in reaching those goals.

Pursuant to the 34 CFR Section 300.43 of the IDEA, transition services¹⁴ means a coordinated set of activities for a student with a disability that is designed to be within a results-oriented process, focused on improving the academic and functional performance of the student to facilitate the student's movement from school to post-school activities, and is based on the individual student's needs, taking into account the student's strengths, preferences, and interests. Transition services may be special education, if provided as specially designed instruction, or a related service, if required to assist a child with a disability to benefit from special education.

Transition Services Considerations

Current health and safety requirements must remain a priority when making decisions as to the extent that transition services are able to be accessed in community-based settings; however, it is highly recommended that in-person transition services resume as soon as it is safe to do so with the proper health and safety measures in place.

Given the different circumstances in each local community, the models of delivering transition services may look different across the state. The following transition services considerations are meant to assist school districts as they continue to plan for the three instructional delivery models.

14. <https://sites.ed.gov/idea-regs/b.a.300.43>

Full In-School Learning Model

- Implement IEP as designed and refer to the current Centers for Disease Control and Prevention (CDC) and Local Public Health safety guidelines.
- Communicate and collaborate with community-based providers, to develop safety protocols for community-based learning opportunities for students whose IEPs require transition services/ activities.

Hybrid and Full Remote Learning Models

If in-person participation in community-based learning opportunities become limited due to public health mandates, school districts should document any changes to the delivery of transition services in The Learning Model IEP Implementation Plan.

Resources

Secondary Transition – Planning From School to Adult Life – This webpage contains information and resources to assist in Secondary Transition Planning, including age appropriate transition assessments, Post-School Outcome Goals Statements (PSOGS) and Annual IEP Transition Goals/Objectives, Summary of Performance (SOP/ED635), Transition Resources and Services in Connecticut (including other State Agencies), Connecticut Transition Programs Offering Transition-Only Services for Students with Disabilities (18–21), and tools related to IDEA Indicators 13: Secondary Transition and 14: Post-School Outcomes.

Secondary Transition Resources During the COVID-19 Pandemic – This webinar and resource list includes activities and resources to support online and offline learning related to providing transition services including: Career and Technical Education Resources, General Resources & Instructional Resources, Transition Assessment and Planning Resources, Postsecondary Education or Training Resources, Employment Resources, and Independent Living Skills Resources.

Contracts and IEP Implementation for Out of District Placements

If a PPT determines that a student's needs cannot be met within the school district, the PPT will determine the setting or settings in which the student's IEP can be implemented. If it is determined to be appropriate, the PPT will recommend that the student be placed at a private special education program that is aligned with the student's needs along the LRE continuum. A contract between the responsible district and the out of district (OOD) program, which outlines the individual supports and services articulated in the IEP, is required, enabling the Approved Private Special Education Program (APSEP), Transition/Vocational Services Provider (TVSP), Regional Educational Service Center (RESC) Special Education program or other private provider to implement the IEP on behalf of the district.

It is critical that school districts honor established contracts with OOD placements through full and timely payment of invoices received from providers to ensure the provision of FAPE for their students.

Fulfillment of contracted payments by school districts to OOD providers for verified provision of services (Full In-school, Hybrid, Full Remote) will allow these providers to continue paying active employees who are providing special education services to students, and meet operational costs and other general and administrative overhead expenses. A shortfall in funding to OOD placements needed to cover necessary business expenses will significantly impact these providers in their ability to initiate, resume or continue timely services as schools reopen and possibly prevent their ability to continue to operate.

Should a school district decide not to adhere to existing provider contracts, school district leaders and local or regional boards of education must be aware of the adverse impact which could include:

- Impact to a school district's eligibility to receive federal CARES Act funds. As part of their application for funding under the CARES Act, school districts must certify that they have continued to pay for contractual services to the greatest extent practicable.

- School districts' Excess Cost payments for this year were based on their March 1 estimated expenditure filings for the full school year. School districts that spend less will have their grant recalculated and owe the department a refund.
- A change of placement may be triggered should invoices not be paid and providers are unable to maintain the delivery of services in the absence of such payment.
- In alignment with IDEA, student supports and services must be based on student need and not fiscal availability.
- School districts must still meet federal Maintenance of Effort requirements under the IDEA (COVID-19 is not an allowable exception).
- The availability of private and quasi-public settings which provide programming for students with high needs within the state could become compromised and significantly impact access to a continuum of services within the state.
- Should the current services, supports and specialized instruction available through providers be unavailable due to lack of contracted funding, a significant and increased demand will be placed on the school districts to provide highly specialized supports and services to students with high needs, within the school district.

Strong partnerships between OOD placements and school districts during this time are critical to provide for students across the state with the most intensive educational needs.

It is the position of the CSDE that local or regional boards of education employ a unified approach in continuing to honor their contracts with private providers, and in turn those providers continue to deliver services in support of students with high needs across the state, whether that be through full time in school instruction, a hybrid model or full time remote learning.

Conclusion

While this may be the biggest challenge many of us have faced during our careers, we must always strive to maintain and promote high expectations for our students with disabilities. They are counting on us to provide equitable access consistent with the law, and to communicate openly and regularly while we move forward through this pandemic.

Addendum 7

Adapt, Advance, Achieve: Connecticut's Plan to Learn and Grow Together

Connecticut State Department of Education



COVID-19 Reopening Considerations for Connecticut K–12 Music Programs

August 14, 2020

This document provides districts and schools with additional considerations regarding General Music, Choral, and Instrumental instruction based on the preliminary results of the international [University of Colorado study](#), [American Choral Directors Association \(ACDA\)](#), and recommendations of the [National Association for Music Education \(NAfME\)](#), [National Federation of High School Associations \(NFHS\) Guidance on Returning to Marching Band](#), and [New York State School Music Association \(NYSSMA\) Guidance for School Ensembles](#).

The University of Colorado study examines aerosol rates produced by wind instrumentalists, vocalists, and actors, and how quickly those aerosol rates accumulate in a space and examines the risks that exist in performing arts classrooms and performance venues as a result of COVID-19. Further guidance from the University of Colorado is expected to be released in the beginning of August 2020.

Based on these preliminary results and recommendations from ACDA, NAfME, NFHS, and NYSSMA, the considerations in this document may reduce but does not eliminate exposure to COVID-19. These considerations are fluid that will evolve based on the public health trend data as well as updated information from the University of Colorado study. Schools and districts should continue to comply with their local departments of public health to safeguard the health and safety of students and staff.

As stated in the *Connecticut State Board of Education (Board) Position Statement on the Implementation of the Connecticut Arts Standards*, arts learning should occur through education focused on the whole child in order to promote artistically-literate citizens well equipped with the creativity, communication, and critical thinking skills needed to live rich, meaningful lives. An artistically literate citizen has the knowledge, skills, and understanding to actively engage in the arts throughout their lives. This citizen has practice in processes unique to each of the five art's disciplines: dance, media arts, music, theatre, and visual arts.

The arts have a profound positive effect on contributing to students' socio-emotional needs (e.g., self-expression, self-regulation, positive interactions/engagement) and joy crucial to their individual growth and development. The arts allow students to develop and realize their own creative potential while acquiring lifelong skills in creative thinking, social and emotional awareness, collaborative work, effective communication, logical reasoning, and meta-cognition. These skills and experiences have been identified as key characteristics for lifelong learners and have a powerful and positive effect far beyond the arts experience ([Connecticut Guide to K-12 Program Development in the Arts](#)).

During the COVID-19 pandemic, it is essential for Connecticut schools to maintain challenging and rigorous programs of study in the arts across all grade levels. However, for the safety of our staff and students, music instruction in the fall of 2020 should consider transformational practices. A focus on music literacy ensures a continuation of performance preparation whether in smaller groupings or solo work. As detailed in the [Connecticut Arts Standards](#), meaningful music learning equally include the artistic processes of creating, responding, performing, and connecting. See page 6 of this document for further explanation of the anchor standards for each of these processes.

The CSDE Adapt, Advance, Achieve Reopening document contains important requirements and guidance for public schools and was used as the foundation for this document, which highlights specific requirements and guidance for students and the Arts in Public Schools beginning on page 37.

As always, be safe and vigilant as many factors affect the extent to which aerosols generated in the K–12 performing arts education setting can increase the risk of spread of COVID-19, including the environment in which the activity is being performed (outdoor vs. indoor, ventilation rates in practice rooms, large spaces vs. smaller rooms, person-density), the duration of the activity, appropriate distancing, source controls (wearing of face coverings, instrument coverings, excluding symptomatic individuals), and many other mitigation strategies.

Universal Considerations for General Music, Choral, and Instrumental Instruction



Required: Facial Coverings should be worn at all times.

Considerations:

- Face masks for performing arts teachers at all times.
- Maintain minimum indoor physical distance of 9x6 between non-wind instrumentalists each singer and/or player, instructors, and any other people such as conductors, other musicians, audiences or accompanists. Wind instrumentalists should maintain 12 ft. distancing. All performers should be facing in the same direction to the extent possible.
- Indoor rehearsals should be limited to 30 minutes followed by at least 20 minutes to allow the central HVAC system to provide appropriate dilution air into the space.
- Classes meet in either the music classrooms, theater, or larger area depending on their instrumentation and class size. Schools should consult DPH Guidance to ensure that practice and performance spaces have ventilation systems that are well maintained and operate as designed, in line with Department of Public Health (DPH) guidance.
- Larger groups that preclude appropriate distancing should meet in a larger area (e.g., theater, cafeteria, gym, etc.)
- Use of any outdoor space that meets mandated student distancing requirements
- Indoor wind and choral performance should only occur in spaces where proper ventilation systems are compliant with DPH guidance.
- Involve teachers in discovering and utilizing various digital solutions for music instruction.
- Use digital platforms during in-person instruction to promote a seamless transition to at-home learning if necessary.
- Nylon or cloth bell coverings on all instruments have shown to be beneficial as mitigation and are recommended for use on all wind instrument bells to reduce particle concentrations during active playing. Additional distance should be considered for flute and trombone players.
- Students should not share classroom materials such as pencils, sheet music, music stands, rosin, etc.
- Doors should be opened at the beginning and end of class to ensure students are not touching door handles.
- One-way traffic patterns should be established for entering and exiting the room, pick-up, and storage of instruments.

Considerations for General/Applied/Classroom



Required: Facial Coverings should be worn at all times

Considerations:

- Indoor rehearsals should be limited to 30 minutes followed by at least 20 minutes to allow the central HVAC system to provide appropriate dilution air into the space.
- Shift K–8 General/Applied/Classroom Music to occur in blocks of extended time periods (e.g., every day for 4–6 weeks). This will limit teacher/student exposure while maintaining appropriate instructional time for students.
 - For example, traditionally a third grade class would have music one day a week for the entire year. This means that one elementary music teacher works with (potentially) hundreds of students a day. In future planning, some districts/schools are changing the schedule to be a block schedule, meaning that a few classes will have music a few times a week, and in some cases every day for 4–6 week cycles). In this block schedule, students will receive music instruction three times a week for eight weeks. In doing so, the block schedule reduces number of students going through the classroom and limits exposure for teachers and students.
- If cohorts are being utilized, teachers may travel to academic classrooms to provide instruction in order to maintain these cohorts.
- It is strongly recommended that recorders not be taught indoors. If recorders are to be taught, ensure that spaces have proper ventilation systems that are compliant with DPH guidance.
- Hand instruments such as rhythm sticks, shakers, world percussion instruments, Orff instruments, and other shared items will not be used unless the teacher has the time and ability to clean and disinfect each barrier using approved cleaners after each use.
- There should be no clustering of students in close singing groups, close proximity games, or physical contact.
- Students should be forward-facing throughout the class.
- Create individual music kits for each student to bring to school and home each day. This limits exposure, allows for easy transition to distance learning, and provides music tools at home (e.g., rhythm sticks, scarf, egg shaker, etc.).

Considerations for K–12 Choral Ensembles



Required: Facial Coverings should be worn at all times.

Considerations:

- Transition to small group experience when facilities and space considerations are limited.
- Focus on solo and small ensemble singing when the ability to maximize physical distancing is limited.
- Use of physical barriers (e.g., face shields, free-standing acoustic shields) between rows and/or between individual singers, if available. (Always ensure compliance with fire codes). Clean and disinfect each barrier using approved products after each use.
- Pivot instructional strategies to reduce the number of singers singing at any given time (e.g., small ensembles sing while others listen and assess).
- Each singer should have individual copies of music; do not share materials.
- Ensemble formation should be forward-facing at all times.

- Extend use of audiation as an instruction strategy.
- Equip singers with resources for self-directed learning (these will also be useful should the need to pivot to remote learning occur).

Considerations for K–12 Instrumental Ensembles

Concert Band, Orchestra, Jazz Ensemble, Indoor Marching Band Rehearsals



Required: Facial Coverings should be worn at all times.

Considerations:

Outdoor Rehearsal Guidelines (Outdoor is Recommended)

- Outdoor rehearsals using individual mitigation techniques (e.g., instrument bell covers, masks, appropriate distancing).
- Outdoor gazebo style tents with open sides and a high ceiling with mitigations.
- Consider use of field speakers to limit yelling and loud talking by directional staff.
- All warm-up activities, discussions achieved with social distancing.
- Facial Coverings should be worn by all performers at all times unless they are physically playing a wind instrument. A mask that can be pulled up and down quickly is recommended. Masks specific for use during wind instrument playing (i.e., a second mask) with a slit cut to allow a mouthpiece to be played may be utilized as well.
- All Colorguard, Pit/Front Ensemble Members and Drum Majors should wear masks at all times.
- All Pit/Front Ensemble members should face forward.
- Drum Majors should refrain from yelling commands. Microphones should be used when possible.
- Shared microphones should be disinfected after use.

Indoor Rehearsal Guidelines

- The number of individuals playing wind instruments and the number of people inside a space while this activity is being performed should be reduced to the extent possible.
- If cohorts are being utilized in grades K–8, administrators should consider scheduling instruments groups into cohorts so lessons groups can be maintained. While it is not advisable for cohorts to mix, it is appropriate for students in the same cohort to travel to a music teacher to receive instrumental instruction.
- No discharge of water valves should occur on the floor. Absorbent pads or dedicated containers to discharge valves should be provided in rehearsal locations. Water valves should be positioned as close to the absorbent pad as possible prior to clearing (lift pad to position in front of valve, if possible).
- Large ensembles can be broken down into smaller ensemble groups if needed, but teachers should be involved in this planning to ensure ensemble or section groups are maintained.
- All students should be assigned instruments (if obtaining instruments from the school) and no sharing should occur.
- All percussionists should be individually assigned sticks/mallets.

Further Considerations for High School Marching Band

High School Marching Bands (groups that perform outdoors at football games and competition, jamborees and festivals) may begin practices and resume activities that comply with preventative guidance as outlined below.



Required: Facial Coverings should be worn at all times.

Considerations:

Field Show Design and Execution — If the band performs a choreographed routine or field show performance at football games, competitions or other events, the following guidelines should be followed:

- All aspects of the performance including on/off field, warmups, seating in football stadium stands should occur outdoors and may be done with nine feet spacing.
- All Colorguard, Pit/Front Ensemble Members, and Drum Majors should wear masks at all times.
- Pit/Front Ensemble members should be forward-facing at all times.
- Drum Majors should refrain from yelling commands. Microphones should be used when possible. Microphones should be disinfected after use.

Performance Event Considerations

Performances may take place in compliance with local/state guidelines for social gatherings. The State of Connecticut Phased Reopening Plan and local health officials will determine if events are permitted. Events should not exceed the limitations of the State Phased Reopening Plan.



Required: Facial Coverings should be worn at all times.

Considerations:

- Utilize alternate performance venues including outdoor spaces, campus activity centers, etc.
- Produce performances of individual ensembles rather than full program concerts.
- Use live streaming in combination with, or in place of, in-person audience.
- If gathering sizes are restricted in the fall, small performance events, events with limited audiences, and events that are live-streamed are all options that should be considered as opposed to the cancellation of programs or activities.
- Large regional events encompassing thousands of people (including performers and spectators), which is the norm during Connecticut marching band seasons will likely not be a reality this fall based on current health and outdoor event guidance.
- Events that *may be permissible* (with approval from local health officials) include but are not limited to:
 - Single ensemble outdoor performances with limited audiences
 - Events with a small number of ensembles with limited or no audience. Feasibility would be based on ensemble sizes, facility layout to comply with social distancing, and current outdoor event guidance.
 - Performances with virtual audiences
 - Larger events that take place virtually
- All guidelines listed in the Field Show Design and Execution section should be followed.
- If CIAC allows football games, bands may be permitted to perform at these games.
- Audience members may be limited in attending events per the guidance of local health officials and current state event guidance.

Additional Resources

- [Connecticut State Department of Education's COVID-19 Reopening Plan: Adapt, Advance, Achieve: Connecticut's Plan to Learn and Grow Together](#)
- [Connecticut Arts Administrators Guidance Document](#)
- Lai KM, Bottomley C, McNERNEY R. Propagation of respiratory aerosols by the vuvuzela. *PLoS One*. 2011;6(5):e20086. doi:10.1371/journal.pone.0020086
- [West Point Music Research Center, courtesy of CW2 Jonathan L. Crane and SGM Denver D. Dill, dated May 29, 2020](#)

Connecticut Arts Standards' Artistic Processes and Corresponding Anchor Standards

- Creating
 - Anchor Standard 1: Generate and conceptualize artistic ideas and work
 - Anchor Standard 2: Organize and develop artistic ideas and work
 - Anchor Standard 3: Refine and complete artistic work
- Performing/Presenting/Producing
 - Anchor Standard 4: Select, analyze and interpret artistic work for presentation
 - Anchor Standard 5: Develop and refine artistic techniques and work for presentation
 - Anchor Standard 6: Convey meaning through the presentation of artistic work
- Responding
 - Anchor Standard 7: Perceive and analyze artistic work
 - Anchor Standard 8: Interpret intent and meaning in artistic work
 - Anchor Standard 9: Apply criteria to evaluate artistic work
- Connecting
 - Anchor Standard 10: Synthesize and relate knowledge and personal experiences to make art
 - Anchor Standard 11: Relate artist ideas and works with societal, cultural, and historical context to deepen understanding.

Addendum 8

Adapt, Advance, Achieve: Connecticut's Plan to Learn and Grow Together

Connecticut State Department of Education



Fire and School Safety During COVID-19

August 24, 2020

Fire Drills and Crisis Response Drills

Conducting drills (fire, crisis response, lockdown, etc.) is an important part of keeping students and staff safe in an emergency, and must be continued throughout the 2020–21 school year. Connecticut General Statutes (C.G.S.) Section 10-231 outlines the following requirements regarding fire drills and crisis response drills in schools:

C.G.S. Section 10-231. Fire drills. Crisis response drills. (a) Each local and regional board of education shall provide for a fire drill to be held in the schools of such board not later than thirty days after the first day of each school year and at least once each month thereafter, except as provided in subsection (b) of this section.

(b) Each such board shall substitute a crisis response drill for a fire drill once every three months and shall develop the format of such crisis response drill in consultation with the appropriate local law enforcement agency. A representative of such agency may supervise and participate in any such crisis response drill.

During the 2020–21 school year, it will be necessary for schools to continue to perform drills while managing social distancing during evacuation and at designated assembly locations. Students and staff should be instructed that during an actual emergency, evacuation and safety are the first priorities and social distancing should be enforced only once students are outside any threatened structure or area and in a safe location.

Fire Drills (i.e., building evacuations)

- Conduct fire/evacuation drills as required to ensure staff and students understand how best to exit the building as quickly as possible while ensuring mask wearing and minimizing contact between individuals in hallways and stairwells.
- Identify multiple designated assembly locations in safe areas that allow for students and adults to maintain social distancing while ensuring separation between cohort groups.

Lockdown Drills (i.e., shelter in place)

- Conduct lockdown drills in classroom settings while maintaining social distancing and using masks.
- Conduct lockdown drills in classrooms without hiding/sheltering in close proximity to each other but provide an overview of how to shelter or hide in the classroom during an actual emergency.
- Conduct lockdown drills on a staggered schedule with smaller numbers of students present to maintain social distancing. However, schools must be certain that all students are receiving instruction in emergency procedures and participating in drills while they are in attendance in person.

Other Drills

- Additional preparation and planning activities to address other crises and situations should also continue, including but not limited to: table top exercises, lock-out drills, chemical exposures, and situations related to COVID-19.

If conducting drills using a modified procedure, the drill must be conducted with all students in the school building on that school day and it may be necessary to conduct the drill during a class period that is extended for this purpose. If schools reopen with a hybrid in-person model, such as one in which students attend school on alternate school days to reduce the occupancy of the school building, schools must be certain that all students receive instruction in emergency procedures, and participate in drills while they are in attendance in-person.

Fire Doors

Fire doors must always remain closed unless equipped with a self-closing mechanism that activates when the fire alarm goes off:

Connecticut State Fire Safety Code: Chapter 15 — Existing Educational Occupancies, Section 15.3.6.1 Self-closing devices may be omitted on doors between corridors and classrooms, except rooms or areas used as shops or laboratories, where the facility has a written and practiced fire exit drill policy which provides for the closing of all corridor doors upon evacuation, and where said policy provides for doors to classrooms not in use to be kept closed.

Classroom Doors

Classroom doors can be open as long as: 1) the school building has a full sprinkler system; or, 2) the school safety plan includes language that these doors must be closed upon leaving the room.

For additional information, please see the [2018 Connecticut State Fire Safety Codes](#).

Room and Space Partitions and Dividers

The use of both rigid and flexible plastic material in schools and classrooms includes the extension of existing half-height walls, sub-dividing larger spaces, and other protective barriers between people. The Connecticut State Fire Marshal has indicated that these materials will be permitted with some limitations regarding the installation as outlined below.

Note: Shower Curtains and Shower Liners are not permitted

Rigid Material and Flexible Plastic (Polyethylene Sheeting):

- The use of fire-retardant polyethylene sheeting is recommended.
- The thickness should be sufficient for the intended application.
- The supporting method should ensure sufficient strength and stability.
- If hung from the ceiling, the material should allow a minimum of an 18" dropdown space from the ceiling to (a) assure proper air circulation (i.e., not impede the day to day air flow from the heating, ventilation and air-conditioning [HVAC] system), (b) so as not to affect automatic fire detection systems, (c) so as not to cause a sprinkler obstruction or delay in operation.
- If used as an extension of a half-height wall, the material should stop 18" from the ceiling for reasons stated above.

More information on partitions and dividers can be found in the [Office of the State Fire Marshal Memo to Local Fire Marshals](#).

Use of Tents and other Membrane Structures

Chapter 31 of the 2015 International Fire Code Portion of Part III of the 2018 Connecticut State Fire Safety Code addresses the requirements and restrictions for using tents or other membrane structures for use as classroom space or to provide shelter for staff and students outside the school building.

For additional resources and information, please visit the [Office of the State Fire Marshal website](#).

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Addendum 9

Adapt, Advance, Achieve: Connecticut's Plan to Learn and Grow Together

Connecticut State Department of Education



CONNECTICUT STATE
DEPARTMENT OF EDUCATION

Contact Tracing Scenarios in Schools

August 27, 2020

This is a working document, which may be updated frequently due to the rapidly changing response to this pandemic emergency and ongoing guidance updates.

This document is meant to be used as one tool that can inform the decision-making process for local health departments and school districts when considering how to address potential exposure to COVID-19 in the school setting. Many factors should be considered when deciding who to exclude: whether to only exclude those who meet the definition of close contact or to go beyond excluding only close contacts and excluding others, for example, an entire cohort. The first and most important step is to understand the timing of symptom onset of the affected person to be able to determine if exposure occurred in the school setting.

Local circumstances should be considered when making decisions impacting specific school districts and schools. **All decisions should be made in consultation with local public health officials. Decisions related to the need for isolation or quarantine should also be informed by the Connecticut State Department of Education and State Department of Public Health Addendum 5: Interim Guidance for Responding to COVID-19 Scenarios in Connecticut School Districts.**

Definitions

Case: A person with a positive test result for COVID-19.

Close contact: Spending at least 15 minutes (within one day) within 6 feet of a person with a confirmed diagnosis of COVID-19 during their infectious period or having direct contact with an infected person's droplets (e.g., cough, sneeze).



Connecticut Department
of Public Health

Scenario		Mitigation Measures	Exclusion Criteria
<p>One confirmed case in the school.</p> <p>Two or more cases in the same classroom (outbreak limited to one cohort).</p> <p>Two or more cases within 14 days, but are linked to an exposure outside the school setting (e.g., in same household, exposed at the same event outside of school).</p>	<p>Assessment of mitigation measures in the school, including social distancing, interaction between cohorts, mask wearing, disinfection and cleaning, school building ventilation, and hand hygiene might allow for some students inside an affected cohort, and staff to not be considered close contacts.</p>	<p>Students and staff who are determined to be close contacts to a case are excluded from school for 14 days.</p> <p>AND/OR</p> <p>All students/staff in any cohort(s) where the case spent time (at least 15 minutes on any one day) are excluded from school for 14 days.</p>	
<p>Two or more cases within 14 days, linked together by some activity in school, but who are in different classrooms (outbreak involving multiple cohorts).</p>	<p>Assessment of mitigation measures in the school, including social distancing, interaction between cohorts, mask wearing, disinfection and cleaning, school building ventilation, and hand hygiene might allow for some students inside an affected cohort, and staff to not be considered close contacts.</p> <p>Assessment of activities/events with additional interactions outside of school might result in other individuals outside of the affected cohort being considered close contacts.</p>	<p>Students and staff who are determined to be close contacts to a case are excluded from school for 14 days.</p> <p>AND/OR</p> <p>All students/staff in the cohort(s) where the case spent time (at least 15 minutes on any one day) are excluded from school for 14 days.</p> <p>OR</p> <p>Close school for 14 days.</p>	
<p>Multiple cases are identified within 14 days that occur across multiple cohorts with no clear connection between cases.</p> <p>A significant community outbreak is occurring or has recently occurred (e.g., large event or large local employer) and is impacting multiple staff, students, and families served by the school community.</p>	<p>Assessment of mitigation measures in the school, including social distancing, interaction between cohorts, mask wearing, disinfection and cleaning, school building ventilation, and hand hygiene might allow for some students inside an affected cohort, and staff to not be considered close contacts.</p> <p>Assessment of activities/events with additional interactions outside of school might result in other individuals outside of the affected cohort being considered close contacts.</p> <p>Assessment of community case rates and transmission.</p>	<p>Close school for 14 days.</p>	

* Decisions about exclusions will be based on the considerations and the individual circumstances of the case.

Addendum 10

Adapt, Advance, Achieve: Connecticut's Plan to Learn and Grow Together

Connecticut State Department of Education



Reframing and Reopening: School Discipline Amidst COVID-19 Guidance

August 27, 2020

This is a working document, which may be updated frequently due to the rapidly changing response to this pandemic emergency and ongoing Federal guidance updates.

The Connecticut Department of Education (CSDE) published its reopening document, Adapt, Advance, Achieve: Connecticut's Plan to Learn and Grow Together to provide local and regional boards of education and other similarly situated school operators (referred to herein as "school districts") with a framework for school reopening during the 2020-2021 school year in the context of the COVID-19 pandemic. That framework included guidance on school discipline policies.

This document outlines additional guidance that school districts may rely on regarding discipline. Communication will continue to be a key component as school leaders, educators, and families move forward during the 2020–2021 school year. School districts should develop approaches to discipline that consider educator input and avoid setting unreasonable expectations for staff or students/families.

Reframing School Discipline Amidst COVID-19

These are unprecedented times, and it hard to gauge the psychological and physical impact on students, especially when it comes to societal disparities. The term discipline is from the Latin word "*disciplina*," which means teaching and learning. Students learn best through relationships that make them feel safe and nurtured and support positive psycho-social behavioral outcomes. Prioritizing supports for students' social-emotional, behavioral, and mental health needs is vital for the return to school amidst COVID-19. Some students will have experienced grief and loss, sickness, amplified challenging or traumatic experiences in the home, inequities with access to learning and resources, and the uncertainty of these times. Schools should emphasize the need for positivity, empathy, reassurance, routines, flexibility, supports, and a referral process for the return back to school. These considerations will vary depending on learning conditions: in-person, hybrid, or remote learning.

Schools should meet the needs of students by examining the factors that impact behavior as well as the relationship between environment and behavior. This includes effective strategies to teach and support students and respond to behavioral concerns in a similar manner to academic concerns (i.e., increasing instruction and support when the issues occur). Exclusionary practices may sometimes be necessary for protecting students against imminent safety risks or when such action is required by state or federal law, such as Connecticut General Statutes (C.G.S.) Sections 10-233c and 233d, but these practices should be balanced with the other proportionate consequences that may better serve the social-emotional development of students and also result in a positive outcome or resolution. Districts and schools can incorporate a range of strategies to promote a positive school climate, address misconduct, and foster student safety in lieu of ineffective and potentially discriminatory exclusionary practices.

Source: State Board of Education Position Statement on Reducing Disproportionality in Suspensions and Expulsions (Exclusionary Discipline), 2018

The Upsurge of Behavioral Health Issues

Behavioral health experts are predicting an increase in anxiety, stress, and behavioral issues. Many students, families, and staff will need additional support mechanisms in the school, for development of positive coping strategies. Students may return with inconsistent behaviors, and expectations should be revisited and retaught in the context of this historic disruption of the educational system. Stressors may be intensified among our vulnerable and marginalized student populations. Below are some important considerations for the upcoming school year.

Relationship Building and Recognizing Behaviors

Developing a trusting relationship between families, students, and educators is vital to improving student emotional wellness. Always check in with every student, when students are not in the school building consistently (i.e., hybrid and remote learning situations). Continue with regular and expected routines, and remind students of general classroom expectations as well as new requirements due to COVID-19 in a way that is developmentally appropriate and accessible. Ensure that students are physically and emotionally safe and explain the expectations and the consequences for not following the rules to students and families regarding new policies (e.g., masks and social distancing). Communicate with families to get information about how the student has been doing academically and emotionally. Be alert to students who are not regularly communicating with teachers and staff, are withdrawn, or otherwise not engaging with school.

Work with the school support team and community to try to make and maintain continuous contact. Recognize significant changes in mood, behavior, weight, tiredness, engagement, attendance, and academic performance. Look at the behavior from a trauma-informed and restorative lens to avoid punitive discipline such as suspension or expulsion that excludes students from the learning environment, except for severe cases. Be alert to bullying, racism, and mean spirited or other inappropriate behavior toward students. Consider that this may include prejudices toward students who are Asian about the perceived origin of the virus. Communicate a plan to address any such behavior swiftly. Be aware of the institutionalized structures that impact a student's experience and opportunities in society. Utilize a universal screener to assess a student's emotional wellness when they return.

Implementation Tips for Limiting School Discipline Measures

Code of Conduct

Revisit the Code of Conduct and include non-exclusionary options for discipline (e.g., Positive Behavioral Interventions, restorative approaches, school, and community-based referral process for behavioral and mental health services). Consider whether revisions to the Code of Conduct may be necessary to address the challenges of remote learning, such as behavioral expectations during synchronous lessons, or how certain rules apply in the remote setting, such as the rules around cheating/plagiarism. Advise staff, families and students that students must follow all the Code of Conduct guidelines regardless of the learning environment. Implement an approach that is consistent with the [CSDE Position Statement on Reducing Disproportionality in Suspensions and Expulsions \(Exclusionary Discipline\)](#).

Multi-disciplinary Team, Staff Development and Supports

Before the reopening of school, assess current capacity and supports for behavioral health services to prioritize needs and services, including professional development for staff. One size does not fit all - students will vary with their experiences, coping strategies and developmental understanding of rules and requirements. Be objective and provide formal and informal opportunities for their voices to be heard. Build a multi-disciplinary team and connect to community resources to build whole-school supports. Use the school multi-disciplinary team to support students within a multi-tier system of supports (MTSS) framework and include tele-counseling to support students. Ensure your crisis response plan is updated and addressing suicidality protocols. Work with staff to be reflective, and pause before responding to inappropriate behaviors. Be aware of and train staff on the potential for mask-wearing to influence their ability to gauge behavioral intent due to the partial covering of facial cues. Make an effort to welcome and engage families during this time as they may be experiencing trauma, anxiety, and

grief. Getting students caught up academically is important during this time, pacing is important, and encouraging brain breaks is vital to their success. Maintain positive and affirming views of all students from all backgrounds and encourage continued positive views of school and learning.

Weigh the Evidence on Mitigating Factors

Decisions regarding the appropriate use of discipline are multifaceted and must take into account both the context in which the challenging behavior occurs and the many individual, cultural, social, developmental and environmental factors that may play a part when determining a course of action. School administrators should be mindful regarding decision rules on school discipline and the loss of instructional time. Some other factors to consider:

- Understanding cross-cultural and communication factors;
- Age, grade level and developmental stage of the student;
- Student's intent and understanding the full picture for engaging in the challenging behavior;
- Addressing possible learning and behavioral and/or emotional needs of the student and whether these needs have been addressed through a referral process and a multi-disciplinary or planning and placement teams;
- Student's prior response to disciplinary interventions and monitoring student's progress including positive behavioral tiered system of supports, restorative practices, and social-emotional learning;
- Student's academic progress and chronic absences due to disengagement;
- Engaging families as a support mechanism for improving the student's behavior;
- Understanding the long term impact of sanctions on the student's academic performance and considering alternative avenues that can be used as teachable moments without exclusionary discipline; and
- Severity of the infraction or disruption, the safety of other students and staff, and the student's disciplinary history and any patterns.

Frequently Asked Questions

1. Is it reasonable to “reset” and not pursue pending discipline or reduce existing discipline?

The Connecticut State Department of Education's (CSDE) position is that school districts should consider, on an individualized student basis, whether it may be best to modify or discontinue pursuing discipline, to acknowledge the social-emotional and mental health impact of the pandemic as well as the educational disruption as result of the cancellation of classes. Of course, school districts will need to assess where specific disciplinary action is mandated under the law (e.g., mandatory expulsion for firearm possession or drug distribution).

While ultimately a local decision, school districts would not be prohibited from reducing or reconsidering prior or pending discipline given the pandemic.

2. If a pending expulsion hearing was postponed as a result of the pandemic, what impact does this have on a disciplinary action?

Hearing officers should consider any disciplinary period to be inclusive of the period of time during which the hearing was postponed.

3. Could mask-wearing policies result in additional disproportionality related to discipline? How should that be addressed?

It is imperative that school districts ensure that mask-wearing rules and other COVID-19 related health and safety protocols do not result in disproportional impact on students (e.g students of color and students with disabilities). Mask-wearing makes it difficult to read facial cues, which requires educators to be trained and consider other ways to assess behaviors, for example, posing open-ended questions to gain an understanding of the student's intent.

4. **How should educators approach addressing behavioral concerns in the remote learning context?**

Remote education may introduce unique behavioral issues that require schools to set clear expectations how existing rules apply in the remote environment. Consider how existing policies (for example plagiarism, cheating, cyber bullying, etc.) will be addressed in the environment of remote learning. Often it is appropriate to consider non-disciplinary interventions and redirecting, de-escalation techniques, student support options and/or engaging families, prior to pursuing discipline.

If a student engages in behavior that may warrant discipline during a remote learning session, the school district should engage in the same process it would in-person to address the behavior. Districts should work with their legal counsel to ensure that students are given due process protections, recognizing that it may be necessary to convene a hearing or other meeting via virtual means.

5. **Is a student removing their face mask during the day (not during a break) or refusing to wear a mask a disciplinary issue?**

School districts should be making every effort to continually reinforce the importance of mask wearing and other protocols associated with COVID-19 mitigation (e.g., social distancing, refraining from shaking hands, not sharing food or school items, etc.) and the reasoning for these requirements, to avoid non-compliance. Schools should adopt official board policies on these important public health and safety activities, which are in place specifically to prevent the spread of COVID-19 and ultimately to save lives.

Recognizing the stress and trauma caused by the pandemic that may influence a student's decision to test certain rules enacted for purposes of COVID-19 mitigation, the CSDE strongly recommends schools prioritize measures to provide information about the importance of mitigation protocols, such as mask wearing, for students' protection before considering disciplinary measures. The mask-wearing requirement in particular is a new and unfamiliar expectation for students, and schools must prepare a broad spectrum of non-exclusionary options to support students, prior to pursuing discipline.

Ultimately, schools may have to use the disciplinary process if it is necessary.

6. **Will there be mask dress code?**

CSDE has recommended that school districts develop board approved policies related to mask wearing. Schools are encouraged to approach what they perceives as an inappropriate mask consistent with the approach to similar imagery on other articles of clothing.

7. **How do masks fit in with restraint and seclusion?**

Consult the [Adapt, Advance, Achieve](#) document both related to special education and students with high needs, which suggests that staff serving high need populations are likely to have closer physical contact with students and should be provided access to heightened personal protective equipment.

8. **If a student claims a medical condition to avoid wearing a mask, will that claim be verified?**

Students should be expected to provide written documentation from a health care provider to confirm they qualify for an exemption, consistent with any applicable law and/or relevant state guidance or order.

9. **If a student claims that wearing a mask is against their First Amendment rights, how does the school address this?**

We do not believe that there is a credible legal argument or compelling claim that requiring the wearing of masks to prevent the spread of COVID-19 violates the state or federal Constitution. Schools should prepare for this issue by consulting with their board counsel to receive advice to respond to this type of claim.

10. Currently, schools have isolation rooms. Will there be rooms for kids who refuse to wear masks?

As noted above, prior to the imposition of disciplinary measures, school districts are encouraged to remind students of the significant health implications of this decision and work with the student to correct and encourage cooperation. Schools should not place students who are refusing masks into COVID-19 isolation rooms.

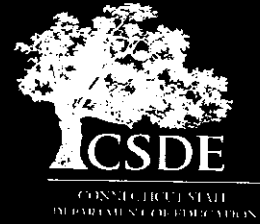
11. How should issues surrounding mask wearing being handled with children in the early childhood period of development?

As noted in this document, a child's developmental level should be considered regarding the reasons why mask wearing may be challenging. Consider supportive/preventive strategies to encourage mask wearing (e.g., social stories, child involvement in developing specific classroom rules, posting a visual daily schedule that includes when mask breaks will occur). Specific consideration should be given to sensory issues and additional mask breaks should be planned accordingly. Young children do best when the classroom rules and routines are clear and predictable.

Addendum 11

Adapt, Advance, Achieve: Connecticut's Plan to Learn and Grow Together

Connecticut State Department of Education



Interim Guidance for the Use of Face Coverings in Schools during COVID-19

August 31, 2020



Universal source control, or the wearing of face coverings (masks) that completely cover the nose and mouth at all times by everyone when in public or any time a person is within 6 feet of someone not living in their household, has been the most important mitigation strategy implemented during the current COVID-19 pandemic. The reason for the recommendation that everyone wear face coverings for source control is often misunderstood, and arguments against the widespread use of loose-fitting cloth or other style face covering masks are often misguided.

Where and when individual compliance with face coverings has been good, infection rates have tended to be low and outbreaks have been less frequent and small enough to be controllable. In contrast, when compliance with face coverings is poor, outbreaks can spread widely, and community infection rates can increase very quickly. As we learn more about COVID-19, we are learning that there are a large number of individuals (perhaps over 40% of all infections) circulating throughout our communities that are infected with the virus that causes this disease but show no outward signs or symptoms of infection. That means that, for every 10 people who are infected with the virus and capable of spreading the infection to other people, only six are recognizable as having any of the common symptoms associated with COVID-19 (like fever, cough, chills, trouble breathing, etc.) and another four go unnoticed because they are exhibiting none of those common symptoms.

The presence of this potentially large number of infected people circulating within the community is the reason why mask wearing for source control by everyone is so important, regardless of how a person may physically feel or their willingness to accept risks to their own health. Unlike traditional reasons for wearing a mask, which might include things like protecting the wearer from inhaling air contaminants such as dust, pollen, or chemicals, wearing a mask as a means of source control is meant to protect everyone the wearer comes into contact with from the respiratory droplets generated by that wearer, including in cases where the wearer is one of the 4 in 10 people capable of actively spreading COVID-19 but have no signs or symptoms of the disease.

The wearing of face coverings by all students and staff at all times while inside the school will be perhaps the most important strategy employed by school districts to reopen schools to in-person learning while also limiting the opportunity for the spread of COVID-19 in the school population. It is important to remember however that, although extremely important, face coverings are just one part of system of procedures that are in place to safeguard the health and safety of students, teachers, and school staff during the COVID-19 pandemic. Other parts of this system of procedures include physical distancing, good ventilation, enhanced cleaning and disinfection, frequent hand cleaning (with soap and water or hand sanitizer), cohorting where possible, and efficient identification, isolation, and exclusion of sick students and staff.

The purpose of this interim guidance document is to: 1) summarize the requirements and recommendations for the use of face coverings in Connecticut school buildings, 2) provide information

about different types and styles of face covering masks and their appropriate use, 3) clarify the language regarding when masks are not required to be worn, and 4) provide additional guidance to school administrators, teachers and other school staff, students, and parents about the importance and appropriate use of face covering masks in schools.

General Requirements

The Connecticut State Department of Education (CSDE) directed all schools to adopt policies requiring the use of face coverings (cloth masks or disposable procedure-style masks that completely cover the nose and mouth) for all students and staff when they are inside of any school building. CSDE further directed school districts to be prepared to provide a face covering to any student or staff member who does not bring one with them to the school on any given day or be prepared to deny entry to individuals who arrive at school without a face covering. Students, teacher, coaches, and other staff may also be required to wear a face covering in certain situations outside of the school building as well, including during some outdoor instruction, extracurricular activities, during the daily admission and dismissal process, and on buses.

Exemptions From Mask Wearing

Individual school districts should develop specific board approved policies regarding mask wearing, which should include what the school will consider as acceptable exemptions from the wearing of face coverings by students or staff while inside the school building. The need for a medical exemption for the wearing of face coverings of the styles recommended for use in schools for source control is rare. Medical contraindications to the wearing of cloth or other similar loose fitting masks are generally limited to individuals suffering from severe chronic obstructive pulmonary disease (COPD) such as might be seen with cystic fibrosis, severe emphysema, heart failure, or significant facial burns that would cause extreme pain or interfere with the healing of a skin graft. These severe medical conditions will be rare in students or staff capable of presenting to the school for work or instruction (in most cases these individuals would not be able to move about freely without significant assistance). In addition, for anyone suffering from any of these underlying conditions, the strong recommendation would be for that person to remain at home and engage in fully virtual learning due to their risk of developing severe complications if they did become infected with COVID-19. Mild or intermittent respiratory or other common conditions such as asthma, cardiovascular diseases, kidney disease, or other similar conditions are generally not considered contraindications to the wearing of loose-fitting face coverings.

Aside from medical contraindications, there may be individuals or situations where exemptions to mask wearing should be considered. For example, those with developmental disabilities may not tolerate or be able to comply well with mask wearing in schools, but this alone should not be a basis for their exclusion. Schools must assess, on an individualized basis, the appropriate accommodations for students with disabilities who are unable to wear a mask. In addition, students and staff involved with certain special education activities like speech therapy or where lip reading is required may need to be exempted from wearing a face covering mask intermittently. In cases where an exception is requested based upon a disability, a planning and placement team (PPT) or Section 504 meeting as appropriate should be held to consider possible programming revisions or appropriate accommodations. In those cases where face covering masks will not be in use, the effective use of other key mitigation strategies such as maximizing distancing, moving activities outdoors or to a well-ventilated space, and/or the use of face shields or other physical barriers will be extremely important to the protection of the students and staff involved.

Types and Styles of Face Coverings

As the COVID-19 pandemic has progressed, many different types and styles of face coverings have either become commercially available for purchase or crafted by individuals at home. In terms of real-world practical applications, it is likely that the vast majority of the various types, styles, and materials offered for face covering masks will be effective for the purposes of source control (i.e., capturing and/or slowing down respiratory droplet emissions from the wearer). The most important features of any face covering to be used during the school day will be that it completely covers the nose and mouth of

the wearer and that it is comfortable enough to wear for long periods of time during the school day.

Ongoing research is continually adding to the available information about the effectiveness of masks of different types and, as with any emerging area of research, recommendations seem to change frequently, and different study methodologies may produce results that directly contradict each other. At this time, the best course of action for any school district or parent is to expect fluidity in the available information and prepare to adapt to new recommendations as they emerge. One thing that is unlikely to change however, is the recommendation that every individual inside a school should be wearing some form of face covering mask at all times.

N95 Respirators

Tight-fitting filtering facepieces, like N95 respirators are designed to filter all air coming into the breathing zone of the wearer and to capture 95% of the extremely small particles present in things like respiratory aerosols. These masks are critical for use by healthcare workers treating COVID-19 infected patients and are not recommended for use in schools, other than for healthcare staff who are actively engaged in aerosolizing procedures with students (e.g., nebulizer treatments). Not only are N95 respirators in short supply for the healthcare workers who need them most, they can be very difficult to wear or work in for long periods of time as they do offer some resistance during inhalation which increases the work of breathing. Individuals who plan to wear an N95 respirators for their work need to be medically cleared to do so, need to have the individual model and style they will use professionally fit-tested, and need to be included in the organizations written respiratory protection program. Employers who provide N95 respirators for use by their employees are bound by Occupational Safety and Health Administration (OSHA) Respiratory Protection Standard (29 CFR § 1910.134). See [further details regarding the Occupational Safety and Health Administration's requirements for the use of tight-fitting respirators](#).

KN95 Masks

Although similar in name, "KN95" masks are not intended to be tight-fitting respirators, but should be thought of as more of a highly effective loose-fitting source control mask. While most masks labeled as "KN95" have a similar filtering media as N95 respirators, most have an ear loop design that does not allow for a tight seal to be formed around the face of the wearer. These types of masks were originally produced for manufacturing settings, but as their use has increased in the US during the COVID-19 pandemic, they have been found to be very effective source control masks in most cases. However, these masks should not be considered an acceptable substitute when N95 respirators are necessary.

Surgical/Procedure-style Masks

Surgical or procedure masks are produced and distributed widely as single use, disposable paper-style masks. These tend to be the "light blue" masks with ear loops that some healthcare providers wear during routine procedures. These masks are often "graded" on their ability to resist fluids at different pressures (low pressure, arterial, or venous blood pressure). However, regardless of the grade of the procedure mask, in most studies they appear to be useful for the purposes of controlling respiratory droplet emissions from the wearer (i.e., as a source control mask).

Cloth Masks

Most studies that have been performed on the effectiveness of different mask types for source control have found that multi-layer cotton and other cloth masks have proven very effective. There are several advantages to cloth masks over some other styles, including the fact that they tend to be more comfortable/less irritating to wear for long periods of time and can be laundered and dried repeatedly for reuse and remain effective. Another advantage with using cloth masks is that they can be made at home with relatively low-cost materials. There are a large variety of patterns that exist for making cloth masks for individuals that have some skill with sewing, but even if you can't sew, the Centers for Disease Control and Prevention (CDC) produced a [brief video describing how anyone can make an effective cloth mask using something as simple as an old t-shirt and a couple of rubber bands](#).

Neck Gaiters and Bandanas

As mentioned previously, the research around the effectiveness of different mask types continues to evolve. Recently, a study from researchers at Duke University using a small shadow box and laser to look for droplet emissions led to reporting that neck gaiters (referred to as neck fleeces in the study) and bandanas both performed poorly at reducing droplet emissions. Since that initial reporting, the study authors have clarified that the purpose of the study was to test their new shadow box and laser as a method for quantifying droplet emissions and not necessarily to test different types of face coverings for their effectiveness. Despite the assertions in their study findings regarding the relative ineffectiveness of bandanas and neck gaiters, the authors caution that they only included a single bandana and neck gaiter in their study and that their findings should not be extrapolated to every type, style, or configuration of these face coverings.

Bandanas are generally made from cotton fabric, but there may be issues with these coverings due to the light weight of the fabric generally used to manufacture them and potentially the loose weave of cotton fibers in the material. If a bandana material is to be used as a face covering, it is recommended that the item be washed in warm/hot water and dried prior to use to tighten the weave of the fabric and that at least 3 layers of material be used.

In the case of neck gaiters, it may in fact be the material used that is an issue. The specific neck gaiter used in the Duke University study was constructed of a blend of polyester and spandex. Gaiters made from these materials are often more comfortable because they tend to be made of stretchable, lightweight material and may also have moisture-wicking and cooling properties. Since the size of the weave of these fabrics can be expanded or contracted as the material is stretched, it is certainly plausible that a single layer of this material stretched over the nose and mouth may open the weave to the point of ineffectiveness. However, this does not necessarily mean that these and other neck gaiters cannot be made more effective for use as a source control face covering.

Most neck gaiters tend to be long, tube shaped items and therefore there may be sufficient material to double or triple the number of fabric layers covering the nose and mouth. Utilizing multiple layers will likely significantly increase the effectiveness of this style of face covering. In addition, sizing is an important consideration. Individuals should choose neck gaiters that are neither so large that they tend to fall off the bridge of the nose nor so small that they require significant stretching of the fabric. In most cases, smaller children may be able to wear neck gaiters that provide a significant amount of fabric “bunching” and require minimal stretching of fabric, which may make them more effective than they would be on an adult with larger features, where the fabric would require significant stretching to cover the face.

Masks with Exhalation Valves

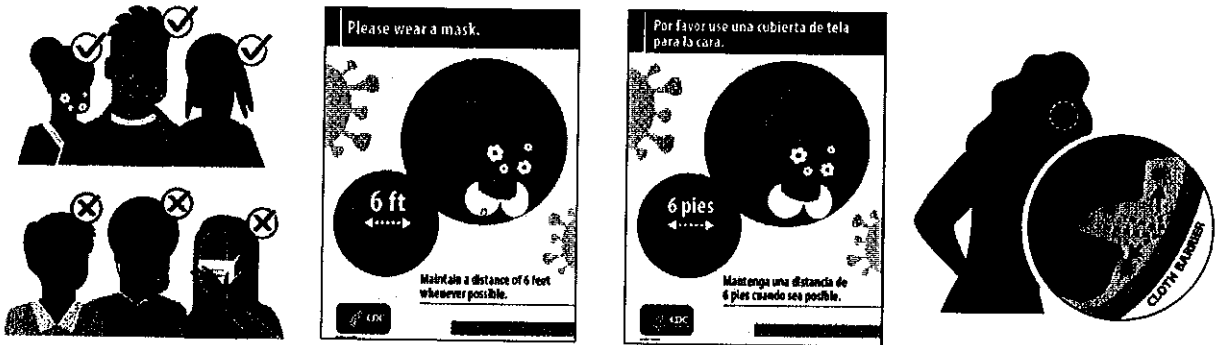
Many of the styles of face covering masks described above, including tight-fitting N95 respirators and loose-fitting masks, can be purchased with exhalation valves included. These valves are designed to allow air to escape when the wearer breathes out and to close off when the wearer breathes in. Although there is a theoretical risk of droplets escaping through these valves during expiration, it is unknown to what extent the presence of an exhalation valve increases the risk of respiratory droplet exposure or subsequent COVID-19 infection. Although the majority of expelled droplets should be caught or slowed by the cloth or other surface of the mask surrounding the exhalation valve in most cases, until more information is available regarding the relative effectiveness of masks with exhalation valves as a method of source control to prevent the spread of COVID-19, CDC does not recommend masks with exhalation valves for use as a source control face covering in the school setting.

Mask Type	Advantages	Disadvantages	Recommendation
N95 Respirators	Excellent filtration of droplets and most aerosols-sized particles	Difficult to wear for extended periods, need specific fit-testing and medical clearance, supply chain issues, cannot be easily cleaned	X Not recommended for school use <i>(except for nurses and aerosol-generating procedures)</i>
KN95 Facemasks	Very good capture of respiratory droplets, widely available for ordering	Wide variation in sizing and quality control, tend to run large and may not fit children well, may be difficult to wear for very long periods, cannot be easily cleaned	✓ Recommended for use in schools for older children
Surgical/ Procedure Style	Good to very good capture of respiratory droplets, widely available for ordering, relatively light weight	May not hold up to repeated use, cannot be easily cleaned, may have some quality control issues	✓ Recommended for use in schools, especially as a stockpile for schools to hand out when students do not have a face mask
Cloth Masks	Good to very good capture of respiratory droplets, widely available for purchase, can be constructed and personalized at home, fabric very breathable, can be easily cleaned	Generally require multiple layers of fabric, ear loops may irritate after extended use, may need to try multiple styles to find appropriate fit, fit may change with laundering	✓ Recommended for use in schools for all ages
Neck Gaiters	Very breathable and light weight, some moisture-wicking, very personalizable, widely available, many sizes and styles, eliminates ear loop irritation, stays on neck when not in use	May or may not provide adequate droplet control depending on fit and material used, may need to be layered to provide adequate source control	? May be adequate if layered (folded over nose and mouth multiple times) and sized appropriately so fabric is not stretched extensively, better for smaller children where bunching of fabric may be more protective
Bandanas	Widely available, inexpensive, allows mask to be tied instead of using ear loops, light weight and breathable	May or may not provide adequate droplet control depending on the weight of material used, may need to be layered to provide adequate source control	? May be adequate if layered and positioned tightly at the chin, material should be washed/dried to tighten the fabric weave
Exhalation Valve Masks	Can be found in many styles of masks, may add some comfort, allows relief of air pressure upon exhalation	May allow some droplets to escape through the mask, may not close tightly when breathing in, cannot be easily cleaned	X Unknown whether or not exhalation valves in masks increase the risk of spread of COVID-19, better than no mask at all but masks with valves currently not recommended for school settings

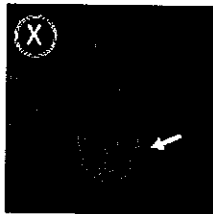
Compliance Strategies for Schools

As mentioned previously, the need for every individual inside a school building to be wearing a face covering mask for source control is likely to be a reality for the operation of school buildings for the foreseeable future. As such, there are several things that school districts can begin doing in the time leading up to school reopening and after students/staff return to assist with compliance and effectiveness of this mitigation strategy.

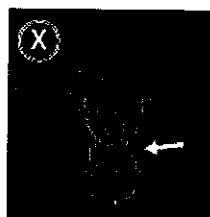
- Communicate, communicate, communicate! Let parents and students know as soon as possible and unequivocally that the use of face covering masks that completely cover the nose and mouth will be required when inside the school building. Get them used to the idea that this is the new reality of schooling during the COVID-19 pandemic and the importance of universal mask use as a strategy to keep schools operating for in-person instruction. Parents can help kids find masks that they find comfortable and can act as role models by always wearing masks when they are going out in public and reminding their children to do the same.
- Teach, model, and reinforce the universal use of face coverings while inside the school building as part of your in-person training for students and staff as they return to school. This includes information about how to appropriately wear a mask, the need for laundering of certain mask types, frequent reminders to avoid touching their face covering, and to wash their hands or use hand sanitizer frequently.
- Set clear guidelines regarding when face coverings can be temporarily removed when other mitigants are in place, such as while eating, drinking, or when students/staff are outside. Sufficient social distancing and other mitigation strategies should be strictly enforced during these times. Exceptions may also be necessary for certain special education students or other special populations.
- Develop and communicate a consistent policy and schedule to address “mask breaks” throughout the day (outdoors if possible or indoors in large areas where students can appropriately distance) and the protocols for the removal of masks for meals and snacks so that students and staff know what to expect and when to expect it so they can plan accordingly.
- Develop policies for encouragement of students and staff who wear their masks and comply with other mitigation strategies consistently and properly, as well as policies for corrective action of students or staff who refuse to comply with the universal masking policy or other preventive measures. Consult Addendum 10: Reframing and Reopening School Discipline Amidst COVID-19 Guidance for guidance regarding behavioral management related to new COVID-19 protocols, including mask wearing. Determine your approach to individuals who present to school without a face covering (i.e., whether you will provide a mask or deny entry).
- Post visuals and other messaging signage throughout the building to remind students and staff of the importance of mask wearing, social distancing, and frequent hand cleaning. CDC has a number of useful communication materials, including print materials, videos, and others, that schools can use for messaging.



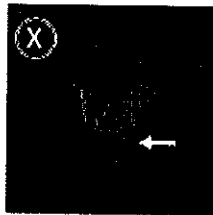
When wearing a facemask, don't do the following:



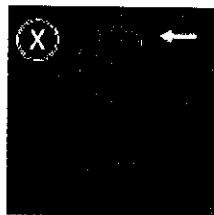
DON'T wear your facemask under your nose or mouth.



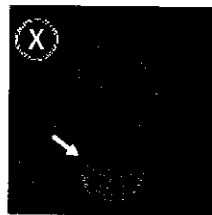
DON'T allow a strap to hang down. **DON'T** cross the straps.



DON'T touch or adjust your facemask without cleaning your hands before and after.



DON'T wear your facemask on your head.



DON'T wear your facemask around your neck.



DON'T wear your facemask around your arm.