

Re-Opening Crosswalk Document

<p>Center for Disease Control Guidelines</p> <p>CDC Considerations For Schools</p>	<p>Governor’s Office/Connecticut State Department of Education Guidelines (Requirements only from the June 29,2020 document)</p> <p>Full Document: LINK</p>	<p>American Academy of Pediatrics</p> <p>Covid-19 Planning Considerations: Guidance for School Re-Entry</p>
<p>Temporarily Choosing Not to Participate</p>		
	<p>Plan for parents and students who may temporarily choose not to participate in the return to school. There are defined requirements when participation of a student in the schoolhouse is limited due to a verified medical reason.</p> <p>Parents and guardians may also voluntarily choose for students to temporarily engage in learning from home for a variety of other reasons. LEAs should develop temporary support options for students who continue remote learning from home, including but not limited to offering families the robust educational support options outlined in Academics on the CSDE doc, page 28. In developing these plans, options include but are not limited to:</p> <p>Consider how retired teachers and/or teachers who voluntarily identify as “high risk” or otherwise need to be accommodated outside of the school house may support operational needs via remote learning, including but not limited to</p>	

	<p>the following:</p> <ul style="list-style-type: none"> ● Working with students (virtually) who are unable to attend school; ● Developing and implementing district professional development (PD) (virtual or in person); ● Assisting with continued PD to train teachers who need assistance with best practices for virtual teaching and learning. See the CSDE doc, page 44 ● Serving as online tutors for those who need additional assistance 	
School Liaison, Communication Plans, and Data Collection		
<p>School Liaison Designate a staff person to be responsible for responding to COVID-19 community response efforts (e.g. sitting on community response committees)</p> <p>Consider participating with local authorities in broader COVID-19 community response efforts (e.g. sitting on community response committees.)</p>	<p>School Liaison Designate an employee to serve as the 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)</p> <p>All school staff and families should know and have the contact information for the designee. The role can be assigned to an administrator or something with the authority to address compliance issues.</p>	<p>School Liaison</p>

Communications Plan:

Notifying staff, families, and the public of school closures and any restrictions in place to limit COVID-19 exposure (e.g., limited hours of operation).

Communications Plan:

Put systems in place to communicate the most up to date policies and protocols related to the considerations herein, for staff , students, and families. Schools should leverage multiple communication methods (mail, e-mail, phone calls, text messaging, social media, LEA and school websites). Ensure all policies and protocols are clearly marked with version and date, as they may change over time. Consider a COVID-19 landing page in which communication and guidance can be updated regularly.

Make communications plans available in relevant languages of families in the community, as well as accessible to those with visual and/or hearing impairments.

Ensure the development of plans for ongoing two-way communication with the school community (staff , families, and students) about any new policies and/or protocols *prior* to reopening, any time there is a significant policy change, and upon re-entry if a school closes temporarily during the year. This should include feedback and consultation regarding the implementation of those policies.

Develop expectations around frequency of communication, and ensure detailed updates are provided any time critical information regarding policies, protocols, or health data changes.

Communications Plan:

	<p>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.</p> <p>Make plans easily accessible, including but not limited to being visible on the main landing page of the LEA and school websites.</p> <p>Ensure these baseline requirements related to communication are the overarching principles applied to other communication plans referenced in this document.</p>	
	<p>Data Collection: Prioritize gathering information from families prior to reopening. Collect information from families to properly plan for resuming classes in the fall. For example, assess whether certain families will choose not to participate and instead continue with remote learning, and, if so, how that may affect facilities and operations planning.</p>	

Operations

Classroom layout:	Classroom layout:	Classroom layout:
<p>Space seating/desks at least six feet apart.</p> <p>Turn desks to face in the same direction (rather than facing each other), or have students sit on only one side of tables, spaced apart.</p>	<p>Maximize social distancing between student workstations, achieving six feet where feasible, when determining classroom layout.</p> <p>Desks should face in the same direction or students should sit on only one side of a table, spaced apart.</p> <p>Maximize space between the teacher and students due to the risk of increased droplets from teachers during instruction. If a teacher removes face covering or mask during instruction, spacing should be increased beyond six feet. For teachers who stay seated, a physical barrier may be an effective option.</p> <p>Where necessary, assess other space that may be repurposed for instruction in the school, municipal or other community space, or if the school will require additional modular space.</p>	<p>Desks should be placed three to six feet apart when feasible (if this reduces the amount of time children are present in school, harm may outweigh potential benefits).</p> <p>Strict adherence to a specific size of student groups (eg, 10 per classroom, 15 per classroom, etc) should be discouraged in favor of other risk mitigation strategies.</p> <p>Teachers should maintain six feet from students when possible and if not disruptive to the educational process.</p> <p>Assign lockers by cohort or eliminate lockers altogether.</p> <p>Adults and adult staff within schools should attempt to maintain a distance of six feet from other persons as much as possible, particularly around other adult staff.</p> <p>It is strongly recommended, meetings and curriculum planning should take place virtually if possible.</p> <p>Utilize outdoor spaces when possible.</p>

<p>Cohorting</p> <p>Ensure that student and staff groupings are as static as possible by having the same group of children stay with the same staff (all day for young children, and as much as possible for older children).</p> <p>Limit mixing between groups if possible.</p> <p>Stagger arrival and drop-off times or locations by cohort or put in place other protocols to limit contact between cohorts and direct contact with parents as much as possible.</p>	<p>Cohorting</p> <p><i>Cohorting not required, but encouraged.</i></p>	<p>Cohorting</p> <p>Have teachers rotate instead of students when feasible.</p> <p>Cohort classes to minimize crossover among children and adults within the school; the exact size of the cohort may vary, often dependent on local or state health department guidance.</p>
<p>Physical Barriers and Guides</p> <p>Install physical barriers, such as sneeze guards and partitions, particularly in areas where it is difficult for individuals to remain at least six feet apart (e.g., reception desks).</p> <p>Provide physical guides, such as tape on floors or sidewalks and signs on walls, to ensure that staff and children remain at least six feet apart in lines and at other times (e.g. guides for creating “one way routes” in hallways).</p> <p>Communal Spaces</p> <p>Close communal use shared spaces such as dining halls and playgrounds with shared playground equipment if possible; otherwise,</p>		<p>Physical Barriers</p> <p>Physical barriers, such as plexiglass, should be considered in reception areas and employee workspaces where the environment does not accommodate physical distancing, and congregating in shared spaces, such as staff lounge areas, should be discouraged</p>

<p>stagger use and clean and disinfect between use.</p> <p>Add physical barriers, such as plastic flexible screens, between bathroom sinks especially when they cannot be at least six feet apart.</p>		
<p>Reopening of Facilities Before the First Day of Classes:</p>	<p>Reopening of Facilities Before the First Day of Classes:</p>	<p>Reopening of Facilities Before the First Day of Classes:</p>
<p>Clean and disinfect frequently touched surfaces (e.g. playground equipment, door handles, sink handles, drinking fountains) within the school and on school buses at least daily or between use as much as possible.</p> <p>Use of shared objects (e.g., gym or physical education equipment, art supplies, toys, games) should be limited when possible, or cleaned between use.</p> <p>Ensure safe and correct use and storage of cleaning and disinfection products , including storing products securely away from children. Use products that meet EPA disinfection criteria .</p> <p>Cleaning products should not be used near children, and staff should ensure that there is adequate ventilation when using these products to prevent children or themselves from inhaling toxic fumes.</p>	<p>Comply with DPH Guidance for Cleaning and Disinfecting of Schools during COVID-19.</p>	<p>Cleaning should be performed per established protocols followed by disinfection when appropriate. Normal cleaning with soap and water decreases the viral load and optimizes the efficacy of disinfectants. When using disinfectants, the manufacturers’ instructions must be followed, including duration of dwell time, use of personal protective equipment (PPE), if indicated, and proper ventilation. The use of EPA approved disinfectants against COVID-19 is recommended (EPA List N). When possible, only products labeled as safe for humans and the environment (eg, Safer or Designed for the Environment), containing active ingredients such as hydrogen peroxide, ethanol, citric acid, should be selected from this list, because they are less toxic, are not strong respiratory irritants or asthma triggers, and have no known carcinogenic, reproductive, or developmental effects.</p> <p>When EPA-approved disinfectants are not available, alternative disinfectants such as</p>

<p>Water Systems To minimize the risk of Legionnaires disease and other diseases associated with water, take steps to ensure that all water systems and features (e.g. sink faucets, drinking fountains, decorative fountains) are safe to use after a prolonged facility shutdown. Drinking fountains should be cleaned and sanitized, but encourage staff and students to bring their own water to minimize use and touching of water fountains.</p> <p>Adequate Supplies</p> <p>Support healthy hygiene behaviors by providing adequate supplies, including soap, hand sanitizer with at least 60 percent alcohol (for staff and older children who can safely use hand sanitizer), paper towels, tissues, disinfectant wipes, cloth face coverings (as feasible) and no-touch/foot-pedal trash cans.</p>	<p>Comply with DPH Return to Service Guidance for Building Water Systems.</p>	<p>diluted bleach or 70% alcohol solutions can be used. Children should not be present when disinfectants are in use and should not participate in disinfecting activities. Most of these products are not safe for use by children, whose “hand-to-mouth” behaviors and frequent touching of their face and eyes put them at higher risk for toxic exposures. If disinfection is needed while children are in the classroom, adequate ventilation should be in place and non irritating products should be used. Disinfectants such as bleach and those containing quaternary ammonium compounds or “Quats” should not be used when children and adolescents are present, because these are known respiratory irritants.</p> <p>In general, elimination of high-touch surfaces is preferable to frequent cleaning. For example, classroom doors can be left open rather than having students open the door when entering and leaving the classroom or the door can be closed once all students have entered followed by hand sanitizing. As part of increasing social distance between students and surfaces requiring regular cleaning, schools could also consider eliminating the use of lockers, particularly if they are located in shared spaces or hallways, making physical distancing more challenging. If schools decide to use this strategy, it should be done within the context of ensuring that students are not forced to transport unreasonable numbers of books back</p>
--	---	---

<p>Shared Objects</p> <p>Discourage sharing of items that are difficult to clean or disinfect.</p> <p>Keep each child’s belongings separated from others’ and in individually labeled containers, cubbies, or areas.</p> <p>Ensure adequate supplies to minimize sharing of high touch materials to the extent possible (e.g., assigning each student their own art supplies, equipment) or limit use of supplies and equipment by one group of children at a time and clean and disinfect between use.</p> <p>Avoid sharing electronic devices, toys, books, and other games or learning aids.</p>		<p>and forth from school on a regular basis.</p> <p>When elimination is not possible, surfaces that are used frequently, such as drinking fountains, door handles, sinks and faucet handles, etc, should be cleaned and disinfected at least daily and as often as possible. Bathrooms, in particular, should receive frequent cleaning and disinfection.</p> <p>Shared objects:</p> <p>Shared equipment including computer equipment, keyboards, art supplies, and play or gym equipment should also be disinfected frequently. Hand washing should be promoted before and after touching shared equipment. Computer keyboard covers can be used to facilitate cleaning between users.</p> <p>Routine cleaning practices should be used for indoor areas that have not been used for seven or more days or outdoor equipment. Surfaces that are not high touch, such as bookcases, cabinets, wall boards, or drapes should be cleaned following standard protocol. The same applies to floors or carpeted areas.</p> <p>Outdoor playgrounds/natural play areas only need routine maintenance, and hand hygiene should be emphasized before and after use of these spaces. Outdoor play equipment with</p>
--	--	---

		<p>high-touch surfaces, such as railings, handles, etc, should be cleaned and disinfected regularly if used continuously.</p> <p>UV light kills viruses and bacteria and is used in some controlled settings as a germicide. UV light-emitting devices should not be used in the school setting, because they are not safe for children and adults and can cause skin and eye damage</p>
Signs and Messages:	Signs and Messages:	Signs and Messages:
<p>Post signs in highly visible locations (e.g., school entrances, restrooms) that promote everyday protective measures and describe how to stop the spread</p> <p>of germs (such as by properly washing hands and properly wearing a cloth face covering)</p> <p>Broadcast regular announcements on reducing the spread of COVID-19 on PA systems.</p> <p>Include messages (for example, videos) about behaviors that prevent the spread of COVID-19 when communicating with staff and families (such as on school websites, in emails, and on school social media accounts).</p> <p>Find free CDC print and digital resources on</p>	<p>Ensure all signs and messages related to stopping the spread are accessible for students with disabilities and in languages appropriate for the school population.</p>	

CDC's communications resources main page.		
Ventilation:	Ventilation:	Ventilation:
<p>Ensure ventilations systems operate properly and increase circulation of outdoor air as much as possible, for example by opening windows and doors.</p> <p>Do not open windows and doors if doing so poses a safety or health risk (e.g. falling, triggering asthma symptoms) to children using the facility.</p>	<p>Connecticut Department of Public Health School Ventilation requirements.</p>	
Training Related to Facilities:	Training Related to Facilities:	Training Related to Facilities:
<p>Train staff on all safety protocols.</p> <p>Conduct training virtually or ensure that social distancing is maintained during training.</p>	<p>Identify the training needs of staff related to health and safety protocols; perform training before the first day of classes.</p> <p>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. Consider repeating this training during the first months that school reopens, as needed.</p>	
	<p>For consistency, facilitate refresher training, consider 1-2 people per building to facilitate training sessions.</p>	

	Ensure training is provided to substitutes or others who may enter the school outside of the first day or typical calendar start.	
Bathroom protocols:	Bathroom protocols:	Bathroom protocols:
See Reopening of Facilities Before the First Day of Classes - Page 7	Bathroom cleaning protocols from the from Connecticut Department of Public Health (CPH)	Bathrooms, in particular, should receive frequent clearing and disinfection. See Reopening of Facilities Before the First Day of Classes - Page 7
	Maximize use of disposable towels in lieu of hand dryers, due to ventilation considerations. Turn off and avoid use of hand dryers.	
Flexibility and Compartmentalization of Protective Measures:	Flexibility and Compartmentalization of Protective Measures:	Flexibility and Compartmentalization of Protective Measures:
	Develop policies and protocols related to facilities with the understanding that schools may need to react quickly to changing conditions.	
	Ensure options to increase, or relax restrictions are available through the school year to respond effectively to changes in public health data. This requires compartmentalized solutions that can be deployed or recalled in a timely manner. (reference to Page 24 on the CSDE document)	

Other individuals entering the school building:	Other individuals entering the school building:	Other individuals entering the school building:
<p>Be aware of local or state regulatory agency policies related to group gatherings to determine if events can be held.</p> <p>Pursue virtual group events, gatherings, or meetings, if possible, and promote social distancing of at least six feet between people if events are held. Limit group size to the extent possible.</p> <p>Limit any nonessential visitors, volunteers, and activities involving external groups or organizations as possible – especially with individuals who are not from the local geographic area (e.g., community, town, city, county).</p> <p>Pursue virtual activities and events in lieu of field trips, student assemblies, special performances, school-wide parent meetings, and spirit nights, as possible.</p> <p>Pursue options to convene sporting events and participation in sports activities in ways that minimizes the risk of transmission of COVID-19 to players, families, coaches, and communities.</p> <p>Encourage any organization that shares or uses the school facilities to also follow these</p>	<p>Develop consistent policies to address when clubs, before/after school programs, or other voluntary groups may be allowed to use school space. Include easy to safely allow access for before and after school and childcare programs.</p>	<p>Parents should, in general, be discouraged from entering the school building.</p>

considerations noted above		
Child Nutrition:	Child Nutrition:	Child Nutrition:
<p>Have children bring their own meals as feasible, or serve individually plated meals in classrooms instead of in a communal dining hall or cafeteria, while ensuring the safety of children with food allergies.</p> <p>Use disposable food service items (e.g., utensils, dishes). If disposable items are not feasible or desirable, ensure that all non-disposable food service items are handled with gloves and washed with dish soap and hot water or in a dishwasher. Individuals should wash their hands after removing their gloves or after directly handling used food service items.</p> <p>If food is offered at any event, have pre-packaged boxes or bags for each attendee instead of a buffet or family-style meal. Avoid sharing food and utensils and ensure the safety of children with food allergies.(pdf icon)</p>	<p>Schools 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.</p> <p>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.</p> <p>Schools and institutions that participate in the NSLP are required to claim meals/milk provided to eligible students using accurate counting and claiming methods. Additionally, the number of free and reduced-price meals served and claimed for reimbursement must have adequate documentation on file to support the claim.</p>	<p>School meals play an important part in addressing food security for children and adolescents. Decisions about how to serve meals must take into account the fact that in many communities there may be more students eligible for free and reduced meals than prior to the pandemic.</p> <p>Consider having students cohorted, potentially in their classrooms, especially if students remain in their classroom throughout the day.</p> <p>Create separate lunch periods to minimize the number of students in the cafeteria at one time.</p> <p>Utilize additional spaces for lunch/break times.</p> <p>Utilize outdoor spaces when possible.</p> <p>Create an environment that is as safe as possible from exposure to food allergens.</p> <p>Wash hands or use hand sanitizer before and after eating.</p>

		Plans should be made prior to the start of the school year for how students participating in free- and reduced- meal programs will receive food in the event of a school closure or if they are excluded from school because of illness or SARS-CoV-2 infection.
Transportation:	Transportation:	Transportation:
<p>Create distance between children on school buses (eg., seat children one child per row, skip rows) when possible.</p> <p>If transport vehicles (e.g.buses) are used by the school, drivers should practice all safety actions and protocols as indicated for other staff (e.g. hand hygiene, cloth face coverings). To clean and disinfect school buses or ther transport vehicles, see guidance for bus transit operators.</p>	<p>Providing transportation to schools in an important legal mandate that requires ensuring that all students have access to education at school.</p> <p>Protective strategies for bus transportation should align with the forthcoming tiered system established by DPH to assist leaders define the decision-making approach applied to individual school districts.</p> <p>Safe status: no restrictions Low status: up to full status with mask requirements and loading/unloading requirements. Moderate status: mask, seating and spacing requirements and loading/unloading requirements.</p>	<p>Encourage alternative modes of transportation for students who have other options.</p> <p>Ideally, for students riding the bus, symptom screening would be performed prior to being dropped off at the bus. Having bus drivers or monitors perform these screenings is problematic, as they may face a situation in which a student screens positive yet the parent has left, and the driver would be faced with leaving the student alone or allowing the student on the bus.</p> <ul style="list-style-type: none"> ● Assigned seating; if possible, assign seats by cohort (same students sit together each day). ● Tape marks showing students where to sit. ● When a six-foot distance cannot be maintained between students, face coverings should be worn. ● Drivers should be a minimum of six feet from students; driver must wear face covering; consider physical barrier for driver (eg, plexiglass).

		<ul style="list-style-type: none"> ● Minimize the number of people on the bus at one time within reason. ● Adults who do not need to be on the bus should not be on the bus. ● Have windows open if weather allows.
Health Practices and Protocols		
<p>Teach and reinforce use of cloth face coverings. Face coverings may be challenging for students (especially younger students) to wear in all day settings such as school. Face coverings should be worn by staff and students (particularly older students) as feasible, and are most essential in times when physical distancing is difficult. Individuals should be frequently reminded not to touch the face covering and to wash their hands frequently. Information should be provided to staff, students and students' families on proper use, removal and washing of cloth face coverings.</p> <p>Note: Cloth face coverings should not be placed on: Children younger than two years old; anyone who has trouble breathing, anyone who is incapacitated or otherwise unable to remove the cloth face covering without assistance.</p>	<p>Ensure students are educated and engaged in new expectations related to public health and protocols. Review plans and protocols at the beginning of the year in a developmentally appropriate way and deliver frequent reminders.</p>	<p>The main mode of COVID-19 spread is from person to person, primarily via droplet transmission. For this reason, strategies for infection prevention should center around this form of spread, including physical distancing, face coverings, and hand hygiene.</p> <p>Given the challenges that may exist in children and adolescents in effectively adhering to recommendations, it is critical staff are setting a good example for students by modeling behaviors around physical distancing, face coverings and hand hygiene. Infection via aerosols and fomites is less likely.</p>
Hand Hygiene and Respiratory Etiquette	Familiarize all participants of the standard health practices including but not limited to:	However, because the virus may survive in certain surfaces for some time, it is possible to

<p>Teach and reinforce handwashing with soap and water for at least 20 seconds and increase monitoring to ensure adherence among students and staff.</p> <p>If soap and water are not readily available, hand sanitizer that contains at least 60% alcohol can be used (for staff and older children who can safely use hand sanitizer).</p> <p>Encourage staff and students to cover coughs and sneezes with a tissue. Used tissues should be thrown in the trash and hands washed immediately with soap and water for at least 20 seconds.</p> <p>If soap and water are not readily available, hand sanitizer that contains at least 60% alcohol can be used (for staff and older children who can safely use hand sanitizer).</p> <p>Teach and reinforce use of cloth face coverings. Face coverings may be challenging for students (especially younger students) to wear in all-day settings such as school. Face coverings should be worn by staff and students (particularly older students) as feasible, and are most essential in times when physical distancing is difficult. Individuals should be frequently reminded not to touch the face covering and to wash their hands frequently. Information should be provided to staff, students, and students' families on proper use, removal, and</p>	<ul style="list-style-type: none"> ● Social distancing ● Frequent handwashing 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. <p>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.</p>	<p>get infected after touching a virus contaminated surface and then touching the mouth, eyes, or nose. Frequent handwashing as a modality of containment is vital.</p> <p>Students and families should be taught how to properly wear (cover nose and mouth) a cloth face covering, to maintain hand hygiene when removing for meals and physical activity, and for replacing and maintaining (washing regularly) a cloth face covering.</p> <p>School health staff should be provided with appropriate medical PPE to use in health suites. This PPE should include N95 masks, surgical masks, gloves, disposable gowns, and face shields or other eye protection. School health staff should be aware of the CDC guidance on infection control measures.</p>
--	---	---

<p>washing of cloth face coverings.</p> <p>Individuals should be frequently reminded not to touch the face covering and to wash their hands frequently. Information should be provided to staff, students, and students' families on proper use, removal, and washing of cloth face coverings.</p> <p>Note: Cloth face coverings should not be placed on:</p> <p>Children younger than two years old</p> <p>Anyone who has trouble breathing or is unconscious</p> <p>Anyone who is incapacitated or otherwise unable to remove the cloth face covering without assistance</p>		
<p>Immunizations and Health Assessments:</p>	<p>Immunizations and Health Assessments:</p>	<p>Immunizations and Health Assessments:</p>
	<p>Immunizations: Guidance from the Department of Public Health was issued dated June 17, 2020 emphasizing the importance of protecting students by staying up to date on immunizations.</p>	<p>Existing school immunization requirements should be maintained and not deferred because of the current pandemic.</p>

	<p>Health Assessments: Guidance from the CSDE was issued dated June 26, 2020 outlining the requirements for Health Assessments prior to students enrolling in school.</p>	<p>Although influenza vaccination is generally not required for school attendance, in the coming academic year, it should be highly encouraged for all students. School districts should consider requiring influenza vaccination for all staff members.</p>
<p>Reporting Illnesses and Addressing Vulnerable Populations:</p> <p>Staying at Home when Appropriate</p> <p>Educate staff and families about when they/their child(ren) should stay home and when they can return to school.</p> <p>Actively encourage employees and students who are sick or who have recently had close contact with a person with COVID-19 to stay home.</p> <p>Develop policies that encourage sick employees and students to stay at home without fear of reprisal, and ensure employees, students, and students’ families are aware of these policies. Consider not having perfect attendance awards, not assessing schools based on absenteeism, and offering virtual learning and telework options, if feasible.</p> <p>Staff and students should stay home if they have tested positive for or are showing</p>	<p>Reporting Illnesses and Addressing Vulnerable Populations:</p> <p>Staying at Home when Appropriate</p> <p>Instruct students and staff to inform the school if they are sick with COVID-19 related symptoms, particularly if they had a known contact with someone diagnosed with COVID-19 and have also had contact with the school population. They must stay at home when they are sick, especially if they have COVID-19 symptoms such as fever and cough.</p> <p>The Equal Employment Opportunity Commission (EEOC) has provided guidance that confirms that, during a pandemic, it is permissible to ask employees if they are experiencing symptoms of the pandemic virus (such as fever, chills, cough, shortness of breath, or sore throat.) Employers must maintain all information about employee or student illness as a confidential medical record.</p> <p style="text-align: center;">Develop</p> <p>consistent protocols for information reporting, and a point person to appropriately receive and</p>	<p>Reporting Illnesses and Addressing Vulnerable Populations:</p> <p>Staying at Home when Appropriate</p> <p>Schools should have a policy regarding symptom screening and what to do if a student or school staff member becomes sick with COVID-19 symptoms.</p> <p>Temperature checks and symptom screening are a frequent part of many reopening processes to identify symptomatic persons to exclude them from entering buildings and business establishments.</p> <p>School policies regarding temperature screening and temperature checks must balance the practicality of performing these screening procedures for large numbers of students and staff with the information known about how children manifest COVID-19 infection, the risk of transmission in schools, and the possible lost instructional time to conduct the screenings.</p>

<p>COVID-19 symptoms.</p> <p>Staff and students who have recently had close contact with a person with COVID-19 should also stay home and monitor their health.</p> <p>CDC’s criteria can help inform when employees should return to work:</p> <p>If they have been sick with COVID-19</p> <p>If they have recently had close contact with a person with COVID-19</p> <p>Consistent with applicable law and privacy policies, having staff and families self-report to the school if they or their student have symptoms of COVID-19, a positive test for COVID-19, or were exposed to someone with COVID-19 within the last 14 days in accordance with health information sharing regulations for COVID-19 (e.g. see “Notify Health Officials and Close Contacts” in the Preparing for When Someone Gets Sick section below) and other applicable federal and state laws and regulations relating to privacy and confidentiality, such as the Family Educational Rights and Privacy Act (FERPA).</p> <p>Leave (Time Off) Policies and Excused Absence Policies Implement flexible sick leave policies and practices that enable staff to stay home when</p>	<p>safeguard this information, such as the school nurse, district nursing supervisor, or principal.</p> <p>Educate staff and families about when to stay home. Schools should properly communicate the content of this or any updated guidance.</p> <p>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.</p> <p>Communicate this expectation and provide parents with reminders about the symptoms consistent with COVID-19 that require keeping their students at home. Examples include a check-list for parents or a web- based application such as Connecticut How We Feel.</p> <p>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> <p>Consistent with the applicable laws and school policies, offer options for school and work to staff and students with special healthcare needs (e.g., remote learning options, alternate or modified job responsibilities).</p>	<p>Schools should develop plans for rapid response to a student or staff member with fever who is in the school regardless of the implementation of temperature checks or symptom screening prior to entering the school building. In many cases, it will not be practical for temperature checks to be performed prior to students arriving at school.</p> <p>Parents should be instructed to keep their child at home if they are ill. Any student or staff member with a fever of 100.4 degrees or greater or symptoms of possible COVID-19 virus infection should not be present in school.</p> <p>In lieu of temperature checks and symptom screening being performed after arrival to school, methods to allow parent report of temperature checks done at home may be considered.</p> <p>School nurses or nurse aides should be equipped to measure temperatures for any student or staff member who may become ill during the school day and should have an identified area to separate or isolate students who may have COVID-19 symptoms.</p>
---	---	---

they are sick, have been exposed, or caring for someone who is sick.

Examine and revise policies for leave, telework, and employee compensation.

Leave policies should be flexible and not punish people for taking time off, and should allow sick employees to stay home and away from co-workers. Leave policies should also account for employees who need to stay home with their children if there are school or childcare closures, or to care for sick family members.

Develop policies for return-to-school after COVID-19 illness. CDC's [criteria to discontinue home isolation and quarantine](#) can inform these policies.

Protections for Staff and Children at Higher Risk for Severe Illness from COVID-19

Offer options for staff at higher risk that limit their exposure risk (e.g. telework, modified job responsibilities).

Offer options for students at higher risk of severe illness that limit their exposure risk (e.g. virtual learning opportunities).

Consistent with applicable law, put in place policies to protect the privacy of people at higher risk for severe illness regarding

<p>underlying medical conditions.</p> <p>Offer options to staff at higher risk for severe illness that limit their exposure risk (e.g., telework, modified job responsibilities)</p> <p>Offer options for students at higher risk of severe illness that limit their exposure risk (e.g., virtual learning opportunities)</p> <p>Consistent with applicable law, put in place policies to protect the privacy of people at higher risk for severe illness regarding underlying medical conditions.</p> <p>Protections for Staff and Children at Higher Risk for Severe Illness from COVID-19</p> <p>Offer options for staff at higher risk for severe illness that limit their exposure risk (e.g., telework, modified job responsibilities).</p> <p>Offer options for students at higher risk of severe illness that limit their exposure risk (e.g., virtual learning opportunities).</p> <p>Consistent with applicable law, put in place policies to protect the privacy of people at higher risk for severe illness regarding underlying medical conditions.</p> <p>When possible, use flexible worksites (e.g., telework) and flexible work hours (e.g., staggered shifts) to help establish policies and</p>		
---	--	--

practices for social distancing (maintaining distance of approximately six feet) between employees and others, especially if social distancing is recommended by state and local health authorities.		
Social Distancing:	Social Distancing:	Social Distancing:
When possible, use flexible worksites (e.g., telework) and flexible work hours (e.g., staggered shifts) to help establish policies and practices for social distancing (maintaining distance of approximately six feet) between employees and others, especially if social distancing is recommended by state and local health authorities.	In conjunction with the considerations outlined above concerning classroom and hallway social distancing rules, assist staff and students to maintain social distancing between individuals to reduce the transmission of the virus per the public health guidelines at that time.	
	Be prepared to adjust the approach to social distancing if guidance from the CDC or DPH changes due to shifting public health data or evolving understanding of COVID-19 disease, including transmission.	
Face Coverings, masks, and face shields:	Face Coverings, masks, and face shields:	Face Coverings, masks, and face shields:
Face coverings should be worn by staff and students (particularly older students) as feasible , and are most essential in times when physical distancing is difficult. Individuals should be frequently reminded not	Adopt policies requiring use of face coverings for all students and staff when they are inside the school building, with certain exceptions listed below. Anyone who has trouble breathing, or anyone	<u>Pre-K:</u> Face coverings(cloth) for children in the Pre-K setting may be difficult to implement. <u>Elementary:</u> Children should wear face coverings when harms (eg, increasing hand-mouth/nose contact) do not outweigh

<p>to touch the face covering and to wash their hands frequently. Information should be provided to staff, students, and students' families on proper use, removal, and washing of cloth face coverings.</p> <p>Note: Cloth face coverings should not be placed on:</p> <p>Children younger than two years old</p> <p>Anyone who has trouble breathing or is unconscious</p> <p>Anyone who is incapacitated</p>	<p>who is unconscious, incapacitated or otherwise unable to remove the mask without assistance, face coverings and masks should not be required, per CDC guidance.</p> <p>For anyone who has a medical reason making it unsafe to wear a face covering, masks should not be required.</p> <p>Be prepared to provide a mask to any student or staff members who do not have one.</p>	<p>benefits (potential COVID-19 risk reduction).</p> <p><u>Secondary:</u> Universal face coverings in middle and high schools when not able to maintain a 6-foot distance (students and adults). When developing policy regarding the use of cloth face coverings by students or school staff, school districts and health advisors should consider whether the use of cloth face coverings is developmentally appropriate and feasible and whether the policy can be instituted safely. If not developmentally feasible, which may be the case for younger students, and cannot be done safely (eg, the face covering makes wearers touch their face more than they otherwise would), schools may choose to not require their use when physical distancing measures can be effectively implemented.</p>
Health Monitoring Plan Back to Top		
<p>Planning and distribution of information:</p>	<p>Planning and distribution of information:</p>	<p>Planning and distribution of information:</p>
<p>Monitor absenteeism of students and employees, cross-train staff, and create a roster of trained back-up staff.</p>	<p>Included 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.</p>	

<p>Recognize signs and symptoms If feasible, conduct daily health checks (e.g. temperature screening and/or symptom checking) of staff and students.</p>		
<p>Health checks should be conducted safely and respectfully, and in accordance with any applicable privacy laws and regulations. School administrators may use examples of screening methods in CDC’s supplemental Guidance for Child Care Program that Remain Open as a guide for screening children and CDC’s General Business FAQs for screening staff.</p> <p>Encourage any organizations that share or use the school facilities to also follow these considerations.</p>		
<p>Containment Plan Back to Top</p>		
<p>Isolate and Transport Those Who are Sick</p> <p>Make sure that staff and families know that they (staff) or their children (families) should not come to school, and that they should notify school officials (e.g., the designated COVID-19 point of contact) if they (staff) or their child (families) become sick with COVID-19 symptoms, test positive for COVID-19, or have been exposed to someone with COVID-19 symptoms or a confirmed or suspected case.</p> <p>Immediately separate staff and children with</p>	<p>Isolate and Transport Those Who are Sick</p> <p>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. It should include:</p> <p>Immediate coordination with the local health department, including being ready to comply with requests for information from the local</p>	

<p>COVID-19 symptoms (such as fever, cough, or shortness of breath) at school. Individuals who are sick should go home or to a healthcare facility depending on how severe their symptoms are, and follow CDC guidance for caring for oneself and others who are sick.</p> <p>Work with school administrators, nurses, and other healthcare providers to identify an isolation room or area to separate anyone who has COVID-19 symptoms or tests positive but does not have symptoms. School nurses and other healthcare providers should use Standard and Transmission-Based Precautions when caring for sick people. See: What Healthcare Personnel Should Know About Caring for Patients with Confirmed or Possible COVID-19 Infection.</p> <p>Establish procedures for safely transporting anyone who is sick to their home or to a healthcare facility. If you are calling an ambulance or bringing someone to the hospital, try to call first to alert them that the person may have COVID-19.</p>	<p>health department to assist with contact tracing.</p> <p>Identification of a response team within the school and LEA with specific responsibilities.</p> <p>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.</p> <p>Identify an “isolation room” (besides the health office) to accommodate students who exhibit symptoms consistent with COVID-19 until a parent or guardian arrives. Students should remain supervised in the isolation room. For the purposes of contact tracing, schools should log all persons who enter the room. The individual supervising the room must be equipped with proper PPE.</p>	
<p>Notify Health Officials and Close Contacts</p> <p>In accordance with state and local laws and regulations, school administrators should notify local health officials, staff, and families immediately of any case of COVID-19 while maintaining confidentiality in accordance with</p>	<p>If any person who has been present in school has a confirmed diagnosis of COVID-19 the local health department must be notified immediately.</p>	

<p>the Americans with Disabilities Act (ADA).</p> <p>Inform those who have had close contact with a person diagnosed with COVID-19 to stay home and self-monitor for symptoms, and follow CDC guidance if symptoms develop.</p>		
<p>Clean and Disinfect</p> <p>Close off areas used by a sick person and do not use these areas until after cleaning and disinfecting</p> <p>Wait at least 24 hours before cleaning and disinfecting. If 24 hours is not feasible, wait as long as possible. Ensure safe and correct use and storage of cleaning and disinfection products, including storing products securely away from children.</p>	<p>Initiate recommended CDC cleaning procedures following a confirmed case of COVID-19.</p> <p>Review CDC guidance to ensure compliance with the most up to date information regarding containment.</p>	
<p>Advise Staff and Families of Sick Students of Home Isolation Criteria</p> <p>Sick staff members or students should not return until they have met the CDC’s criteria to discontinue home isolation.</p>		
	<p>Create a consistent policy for dismissal of students or staff who exhibit symptoms of COVID-19 and must be dismissed from school. Include input, where appropriate, from the local health department, school medical advisor and</p>	

	school nurse supervisor.	
Cancellation of Classes, Remote Learning, and Re-opening Plans Back to Top		
	Develop a plan for school class cancellations and reopening to be implemented in the event that the superintendent, their designee, or state government suspends or cancels in-school classes for some or all participants.	
	Notify and consult with the CSDE immediately if the LEA is contemplating class cancellations.	
	Assume that any decision about school closure, reopening, or cancellation of school events will be made in coordination/collaboration with local health officials, and with the advice of the school medical advisor (if any) and school nurse supervisor.	
	Anticipate that recommendations for the geographic scope (e.g., a single school, multiple schools, the full district, regionally), whether it will be partial or total, and duration of school dismissals will be made on a case-by-case basis using the most up-to-date information about COVID-19 and the specific cases in the community.	

	Include a communication plan and clear policies for faculty and staff regarding individual roles and responsibilities in the event of a shutdown occurring during the school year.	
	Prioritize ongoing educational opportunities when drafting the plan for shutdown. Materials for continuity of learning must be made available to allow for school sessions to continue remotely.	
Future Planning for Remote Blended Learning:	Future Planning for Remote Blended Learning:	Future Planning for Remote Blended Learning:
	Be prepared to provide remote blended learning opportunities immediately upon the cancellation of in-school classes.	
	Develop a plan for extended absences and communicate it with parents or guardians in the event of a second extended closure. Particular attention must be placed on communicating the distribution of food and devices or learning materials. Materials must be modified for use by students who are differently abled or multilingual.	
Academics Back to Top		
Special Education:	Special Education:	Special Education:

	<p>Prepare with the understanding there has been no waiver of requirements under IDEA for provision of 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.</p>	
	<p>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 IDEA and accommodation plans for eligible students under section 504 of the Rehabilitation Act. If students with disabilities are unable to access the reopening plans 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.</p>	<p>Every child and adolescent with a disability is entitled to a free and appropriate education and is entitled to special education services based on their individualized education program (IEP). Students receiving special education services may be more negatively affected by distance-learning and may be disproportionately impacted by interruptions in regular education. It may not be feasible, depending on the needs of the individual child and adolescent, to adhere both to distancing guidelines and the criteria outlined in a specific IEP. Attempts to meet physical distancing guidelines should meet the needs of the individual child and may require creative solutions, often on a case-by-case basis.</p>

	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.	
English Learners:	English Learners:	English Learners:
	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 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.	
	Comply with the requirement that eligible students in bilingual mandated districts are offered bilingual education programs. During COVID-19, schools districts that are mandated to	

	<p>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 transitional in-building schooling, students in bilingual programs are still entitled to receive native language support as part of their schools' designed bilingual program model. As with other language instruction educational programs, when returning to traditional schooling, bilingual programs must continue.</p>	
	<p>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.</p>	
	<p>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>	
<p>Physical Education, Athletics, Arts and Extracurricular:</p>	<p>Physical Education, Athletics, Arts and Extracurricular:</p>	<p>Physical Education, Athletics, Arts and Extracurricular:</p>

	Follow all CDC, state, and local guidelines related to social distancing and disinfecting areas and equipment used for physical education and physical activity, including recess.	It is likely that sporting events, practices, and conditioning sessions will be limited in many locations. Preparticipation evaluations should be conducted in alignment with the AAP Preparticipation Physical Evaluation Monograph , 5th ed, and state and local guidance. Particular avoidance of close physical proximity in cases of increased exhalation (singing, exercise); these activities are likely safest outdoors and spread out.
	Develop plans for the implementation of a physical education, fine arts, and music curriculum that consider the needs of all students, including focusing on activities, adaptations, and modifications of all education decisions to ensure the full inclusion by all students.	
Family and Student Engagement Back to Top		
	Comply with all state and federal family engagement requirements (e.g., School Governance Councils and Title 1 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 healthy 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.	
Social-Emotional Learning:	Social-Emotional Learning:	Social-Emotional Learning:
<p>Encourage employees and students to take breaks from watching, reading, or listening to news stories about COVID-19, including social media if they are feeling overwhelmed or distressed.</p> <p>Promote employees and students eating healthy, exercising, getting sleep, and finding time to unwind.</p> <p>Encourage employees and students to talk with people they trust about their concerns and how they are feeling.</p> <p>Consider posting signages for the national distress hotline: 1-800-985-5990, or text TalkWithUsto 66746.</p>	Develop a detailed plan to re-engage all students, staff, and families. Particularly identify strategies to identify and engage populations and specific students that have been disengaged.	The impacts of lost instructional time and social emotional development on children and adolescents should be anticipated, and schools will need to be prepared to adjust curricula and instructional practices accordingly without the expectation that all lost academic progress can be caught up. Plans to make up for lost academic progress because of school closures and distress associated with the pandemic should be balanced by a recognition of the likely continued distress of educators and students that will persist when schools reopen. If the academic expectations are unrealistic, school will likely become a source of further distress for students (and educators) at a time when they need additional support. It is also critical to maintain a balanced curriculum with continued physical exercise and other learning experiences rather than an exclusive emphasis on core subject areas.
	Prepare staff to identify issues related to abuse and neglect in the context of the pandemic and complete with all mandated reporting	"...the emotional impact of the pandemic, financial/employment concerns, social isolations, and growing concerns about

	requirements.	systemic racial inequity-coupled with prolonged limited access to critical school-based mental health services and the support and assistance of school professionals-demands careful attention and planning as well”.... Staff “...Resources such as Employee Assistance Programs and other means to provide support and mental health services should be established prior to reopening...
After-school Programming:	After-school Programming:	After-school Programming:
	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.	
Career and Technical Education Back to Top		
	Develop a plan for cleaning and disinfecting	

	shared equipment in the shop or lab, before and after each use. Many CTE courses assign tasks to students who assist in cleanup at the end of class, and the students should be trained in all safety processes and procedures. Include a properly labeled spray bottle or disinfectant wipe near the equipment along with a small trash receptacle. Include a process for collection sanitation, and logging of equipment and tools.	
Staffing and Personnel Back to Top		
	Certification and Personnel:	
Offer options for staff at higher risk for severe illness that limit their exposure risk (e.g. telework, modified job responsibilities).	Prepare with school human resources and board counsel to comply with legal and regulatory requirements related to personnel, including but not limited to the EEOC guidance related to ADA and the COVID-19 pandemic.	
	Assess how to engage a full roster of staff, including potential substitute plans, and whether stipends or changes in substitute pay is required to support the needs of the school.	
Consistent with applicable law, put in place policies to protect the privacy of people at higher risk for severe illness regarding underlying medical conditions.		
Professional Development:	Professional Development:	Professional Development:

<p>Train staff on all safety protocols.</p> <p>Conduct training virtually or ensure that social distancing is maintained during training.</p>	<p>Prioritize mandatory training for staff, before the beginning of the school year, that cover signs and symptoms of COVID-19, Standard Public Health protocols, Hygiene Practices, PPE, Reporting Illnesses, and supporting SEL. Plan ongoing training as changes occur in recommendations and public health data.</p>	
---	--	--