# 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 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.