

**GROTON BOARD OF EDUCATION
REGULAR MEETING MINUTES
FEBRUARY 28, 2022 @ 6:00 P.M.
REMOTE MEETING**

MEMBERS PRESENT: Chairperson Kim Shepardson Watson, Andrea Ackerman, Dean Antipas, Vice Chairperson Katrina Fitzgerald, Elizabeth Porter, Matthew Shulman, Beverly Washington, Jay Weitlauf

MEMBERS ABSENT: Rita Volkmann

ALSO PRESENT: Susan Austin, Philip Piazza, Sam Kilpatrick, Ken Knight, Denise Doolittle, Laurie LePine, Thomas Lonsdale, Isaiah Anderson

I. CALL TO ORDER – Chairperson Shepardson Watson called the meeting to order at 6:02 p.m.

A. Pledge of Allegiance

The first order of business was the Pledge of Allegiance to the flag led by Susan Austin.

II. RECOGNITION AND PARTICIPATION OF VISITORS AND DELEGATIONS

NONE

III. COMMENTS FROM CITIZENS

1. Mr. Mike Whitney, 112 Deerfield Drive, read a statement (**ATTACHMENT #1**) he forwarded to Chairperson Watson regarding the mask decision process.
2. Mr. Noah Johnson, 4 Haley Farm Road, addressed his experience in taking Latin and noted that he did not feel that the course is advertised well to encourage students to take it.
3. Mrs. Portia Bordelon, 24 Jefferson Drive, addresses several concerns:
 - a. COVID Vaccination and Mask – she noted her concern for the elementary level regarding students wearing mask;
 - b. English class selection by students;
 - c. ROTC or a similar Program;
 - d. Adding extra Curricula Activities.
4. Mrs. Sara Hillman, 100 Pearl Street, shared remarks regarding mask mandate becoming optional and stated her support of the Superintendent's decision to make masks optional.
5. Mrs. Courtney Richards, 16 Arrowwood Drive, shared her child's experience today not wearing a mask. She stated that her child's bus driver called her a bad mom today for not putting a mask on her child.
6. Mrs. Tara Bennett, 23 Lewis Street, thanked the Superintendent for her mask choice decision. She stated as a ESL teacher in another Town, she shared the difficulty teaching a foreign language with students wearing a mask.

IV. RESPONSE TO COMMENTS FROM CITIZENS

- Mrs. Shepardson Watson asked Mrs. Porter whether the Curriculum Committee had reviewed Latin. Mrs. Porter responded that the committee needs to investigate why the numbers are down and help to correct that.

IV. RESPONSE TO COMMENTS FROM CITIZENS – cont.

- Mrs. Shepardson Watson addressed Mrs. Bordelon's question regarding career readiness and noted that the Board will be hearing about it at a future COW. Mrs. Shepardson Watson asked the Superintendent to get back to the Board regarding Honor classes.
- Mrs. Shepardson Watson noted that the Negotiation's Committee needs to address the issue of Stipends.
- Ms. Austin noted that the district has applied for the ROTC program and has not heard back as yet. She stated that it takes a full year for approval.

II. STUDENT REPRESENTATIVE REPORT

Student Representatives Isaiah Anderson noted:

- Girls Basketball has their first State game today and they won ECC this past weekend;
- Boys Swimming has won ECC; Fitch CoOp Team won all ECC records;
- He stated that he was surprised today to see about 50% of students wearing mask;
- Wrestling Team had a great showing at ECC this past weekend;
- Fencing went on to win ECC this past weekend and some will be going to State this Saturday.

III. SUPERINTENDENT AND ADMINISTRATION REPORTS

A. Superintendent Report

- Mask Decision Process (**ATTACHMENT #2, 3**) – Ms. Austin gave an overview of the mask decision process;
 - Considerations for Board of Education, District Administrators, and other Local Decision-Makers regarding Potential Changes to School COVID-19 Policies and Practices
 - Transition to a Model of Routine Respiratory Disease Prevention and Enhanced Outbreak Management and Control for COVID-19 in PreK-12 School Settings
- Ms. Austin stated that there were over 2300 responses to the parent survey and over 600 for each of the student and staff survey regarding the wearing of mask. She stated that high school students designed the student survey. There were over 600 responses from staff. Ms. Austin gave an overview of the responses to the survey. 90% of all respondents wanted a choice, approximately 40% would wear a mask and 60% would not wear a mask. Mrs. Doolittle stated that there should not be any bullying, threatening, or harassment at any time and that they will continue to monitor the situation closely.

IV. SUPERINTENDENT AND ADMINISTRATION REPORTS – cont.

B. Assistant Superintendent Report

- Lottery Process Timeline – Mr. Lonsdale stated that the lottery process opened February 1, 2022. He noted that most demands were at the Kindergarten level. He also noted that there are promotion videos available. The lottery will be opened through the end of March and that seat will be assigned the first week in April hopefully before the April break. Ms. Austin stated that there will be highly mobile seat for military families.
- Read Across America Celebration Week of March 2 – Ms. Austin gave an overview of the program noting 2 authors will be celebrated, Jason Reynold and Jacqueline Woodson and one theme DEI.

C. Business Manager Report

- Object Code Summary FY 22 (**ATTACHMENT #4**) – Mr. Knight gave an overview of the Object Code Summary dated February 28, 2022 that shows an unexpended balance of \$101,198.
- Health Insurance Report (**ATTACHMENT #5**) - Mr. Knight gave an overview of the Health Insurance Report for the month of December.

D. Director of Buildings and Grounds

- Update re: Facilities re: Solar Panels on Schools – Mr. Kilpatrick noted that Emily Bashim, from CT Green Banks, will be attending the next Finance/Facilities Committee meeting to discuss the power purchase agreement. Mr. Kilpatrick stated that Ms. Bashim shared 3 references from Town's she worked in.
- Update Re: Transportation re: Bus Cameras – Mr. Kilpatrick noted that cameras on buses have all been installed.

E. Director of Human Resources Report

- Mrs. LePine addressed recruitment efforts:
 - Last week HR attended a Department of Labor Recruitment fair in Montville CT;
 - March 9, 2022 HR will attend the FHS Student Career Fair event;
 - April 6, 2022 HR will attend The Day will be hosting their Job Fair;
 - April 7, 2022 HR will attend the UCONN Diversity Virtual Career Fair.
 - Mrs. LePine stated that the new pay rate has had a positive effect.
 - The district has also had social media presence.
 - Diversifying the Work Force - Mrs. LePine noted that she has networked with MLK scholars and that one of them is now employed in the district.
 - Teacher in residence program is going well and has been very successful.
 - The district has grown our program, and has had success with the special education efforts.

VII. COMMITTEE REPORTS

- A. Policy – Dr. Ackerman noted that the Policy Committee will met and addressed the 3 policies on the agenda.
- B. Curriculum – Mrs. Porter noted that the Curriculum Committee met on February 23, 2022 and reviewed the course timeline of 2 courses: Meteorology and You Love It, You Teach It.
- C. Finance/Facilities – There was no report. The Finance/Facilities Committee will meet on March 8, 2022.
- D. Communications – There was no report.
- E. Negotiations – Ms. Austin noted that she has reached out to the GEA regarding Schedule C.
- F. LEARN – Mrs. Shepardson Watson read the LEARN report on behalf of Mrs. Volkmann. **(ATTACHMENT #6)**
- G. TCC/RTM/BoE Liaison – There was no report.
- H. AGSA/GEA/BoE Liaison – There was no report.
- I. Groton Scholarship – Mrs. Porter noted that the Groton Scholarship Fund met and the deadline for application was February 17, 2022 and that there were only 24 who applied.
- J. Athletic Fields – Mr. Weitlauf noted that a draft letter was sent to the Town Council requesting that they make a decision for Claude Chester to make it an athletic fields across the Town.
- K. State Council on Education Opportunities for Military Children – There was no report. Dr. Ackerman stated that the State Council on Education Opportunities for Military Children committee will meet on March 24, 2022.

VIII. ACTION ITEMS

A. Consent Agenda

MOTION: Fitzgerald, Porter:

To approve the Consent Agenda.
PASSED - UNANIMOUSLY

B. Old Business

- 1. Discussion and possible action regarding a second reading of policy P 4118.239 COVID-19 Vaccinations **(ATTACHMENT #7)**

MOTION: Porter, Ackerman:

To approve policy P 4118.239 COVID-19 Vaccinations.

Mrs. LePine stated that per Attorney Dugas this motion is no longer relevant with removal of the Executive Order.

MOTION: Fitzgerald, Ackerman:

To withdraw the motion.
PASSED - UNANIMOUSLY

C. New Business

1. Discussion and possible action regarding the suspension of policy P 4118.237 Face Masks/Coverings and policy P 5141.8 Face Masks/Coverings and grant the Superintendent of Schools, or the Superintendent of Schools' designee, the authority to determine the appropriate requirement regarding masking as conditions warrant **(ATTACHMENT #8)**

MOTION: Weitlauf, Porter:

To approve the suspension of policy P 4118.237 Face Masks/Coverings and policy P 5141.8 Face Masks/Coverings and grant the Superintendent of Schools, or the Superintendent of Schools' designee, the authority to determine the appropriate requirement regarding masking as conditions warrant.

YES – Watson, Ackerman, Antipas, Porter, Washington, Weitlauf

NO – Fitzgerald

ABSTAINED - Shulman

PASSED

2. Discussion and possible action regarding a first reading of policy P 5141.25 Students with Special Health Care Needs **(ATTACHMENT #9)**

MOTION: Shulman, Porter:

To approve as a first reading of policy P 5141.25 Students with Special Health Care Needs.

PASSED – UNANIMOUSLY

3. Discussion and possible action regarding pending litigation. (It is anticipated that this item will be discussed in executive session.).

IX. INFORMATION AND PROPOSALS

Letters, communications, and comments by Board members on meeting items and any other items in their jurisdiction.

- Mrs. Washington noted:
 - Communications from bus driver regarding being notified of school cancellations. Ms. Austin noted that she has also received the same communications.
 - Reminder of her request to name one of the two new school libraries after Dr. James E. Mitchell.
 - She thanked the staff members for attending Board meetings.
- Mr. Shulman noted:
 - Several communications regarding mask;
 - He is looking forward to getting into the schools;
 - He is interested in attending the Student Career Fair.

IX. INFORMATION AND PROPOSALS - cont.

- Mr. Antipas noted communications from parents regarding the mask update.
- Mrs. Porter noted:
 - Communications from parents regarding to mask or unmask.
 - She noted that the Middle School students will be participating in History Day on March 19, 2022.
 - Mrs. Porter thanked all those who attended tonight's meeting as well as those have reached out.
 - Dr. Ackerman also thanked all those who attended tonight's meeting as well as those have reached out.
- Mr. Weitlauf noted:
 - Communications from parents regarding the mask update.
 - Mr. Weitlauf thanked all those who attended tonight's meeting as well as those have reached out.
 - He attended the first Black History ever Flag Raising sponsored by Town DEI Committee.
 - He attended the Blue Ribbon Ceremony on February 15, 2022 at TRM.
- Mrs. Fitzgerald noted:
 - Mrs. Fitzgerald thanked all staff who attended tonight's meeting as well as those have reached out.
 - She received emails regarding the mask process.
 - Mrs. Fitzgerald gave a reminder of the Food Distribution event that is held on the last Friday of the month.
 - Mrs. Fitzgerald had a question from someone regarding registration for PreK. Ms. Austin responded by noting the process.
- Mrs. Shepardson Watson noted:
 - Mrs. Shepardson Watson shared Mrs. Volkmann's support of Mr. Whitney's communication regarding the mask process.
 - She received communications regarding the mask process.
 - She attended the Blue Ribbon Ceremony on February 15, 2022 at TRM.
 - She asked for volunteers to serve on the Naming Committee as well as on a Open House Committee.

X. ADVANCE PLANNING

A. Future Meeting Dates and Calendar Items for Board Attention

As noted in the agenda.

B. Suggested Agenda Items

Mrs. Fitzgerald made a referral to the COW for discussion of the ARP/ESSER funds regarding homeless students and how it will be used.

XI. EXECUTIVE SESSION

MOTION: Watson, Ackerman:

To go into Executive Session at 8:50 p.m. for the purpose of discussing pending litigation and to invite Ms. Austin and Mrs. LePine.

PASSED – UNANIMOUSLY

Pending litigation was discussed. No action was taken.

MOTION: Ackerman, Porter:

To return to Open Session at 9:00 p.m.

PASSED – UNANIMOUSLY

MOTION: Ackerman, Porter:

To adjourn at 9:00 p.m.

PASSED UNANIMOUSLY

February 28th, 2022

To the Groton Board of Education,

I have grave concerns about removing the mask mandate in Groton Public Schools, how the decision was made, and the belated timing of the Board publicly discussing the issue. We know masks have helped protect those wearing masks and the people around them. The school mask mandate has helped prevent COVID infections, reduce community spread, and keep our schools open. There are still COVID cases in our community and in our schools, as the LLHD COVID Data and Groton Public Schools COVID Dashboard show. It is too soon to make masking optional, particularly with the new omicron variant on its way. As a clear indication it is too soon, I point out that, as prominently stated in the agenda, "this meeting is being held remotely due to the Coronavirus concern." You as the Board of Education are affording yourselves many more layers of COVID protection than students, faculty, and staff have.

The governor announced three weeks ago that the state-wide school mask mandate would end and that masking mandate decisions should be made at the local level. Ever since then, I and many others have been waiting for the Groton Board of Education to hold a meeting on this. Instead there has been silence, despite many opportunities to meet. The decision to make masks optional was announced on Friday February 18th with no public meetings at all. Where was the Board involvement? Why didn't you meet? Transparency and timely public involvement is a cornerstone of public schools and our society, but it's being chipped away more and more. You all have been democratically elected to the Board of Education and entrusted with "specific and often broad authority over the administration of the Groton Public Schools" (quoted from the Groton Board of Education Member Handbook). Please take an active public role in this matter.

The public has a right to know more details about exactly how the decision was made, particularly at a time when the average daily case rate is still high in Groton. I don't know all the details, but I do know there are some clear issues with the decision-making process. The superintendent's letter points to feedback from parent, student, and staff surveys. Firstly, I'd like to know which schools were surveyed and how participants were selected; I do not believe Fitch or Groton Middle School students were included. At 1:30 PM on Thursday February 17th, the superintendent sent a survey link to parents on masking. The phrasing of the first question on masking choice was not neutral and was biased towards optional masking. What I find offensive, is this survey was sent out AFTER the decision was made. In an email to the Board sent more than a day before at 9:17 AM on Wednesday February 16th, the superintendent stated "I'd like to get a clear message out to the public today; just met with Steve Mansfield (LLHD) this morning and he said the CDC is coming out with their guidance and it will support us in our communications that masks, while recommended, or *[sic]* no longer mandated as of February 28th. To mask or not to mask will be a choice by families and staff." Seeking stakeholder input after already deciding, is backwards and disingenuous. By the way, the new CDC guidance was not publically set until a week after the superintendent's decision was made. This new CDC guidance is based on hospital capacity, not minimizing COVID infections and stopping spread in schools. Groton went from CDC high risk to low risk instantly with a pen stroke; that's quite a propaganda trick. The new CDC risk classification is only on a county level; it does not characterize conditions specific to Groton.

The current Groton COVID case level is 20.1 cases per 100,000 people, which is in the high or “red” category on the state of Connecticut COVID data tracker map. In Groton, 68% of 12-17 year olds are vaccinated and only 32% of 5-11 year olds are (from data.ct.gov, updated on 2/24/22). Overall, less than half of the Groton student population is vaccinated. Local COVID rates and vaccination coverage are among the seven factors the Connecticut Department of Public Health says school leaders should consider when changing district COVID-19 policies (as included in your agenda attachments). Now that you are meeting on changing COVID policies, please provide detailed information addressing each of these seven important factors to consider prior to voting on any changes. That information is essential for an informed public decision.

The recently revised agenda for today’s meeting specifically indicates you will consider the suspension of the Face Masks/Coverings policy (P4118.237 and P5141.8). These policies are currently still active and state that “violations of this policy, whether by students or staff, shall be handled in the same manner as other violations of applicable Board policy.” By the time of this meeting, already one entire school day has occurred with many violations by students and staff and no policy enforcement. This is, of course, due to the decision letter the superintendent already sent out to the student community. Is the take-home point that Board policies don’t need to be followed? Please consider how this decision and the process followed impacts the credibility of the Board and Groton Public Schools. Please keep the Face Masks/Coverings policy active and restore the protection that helps our school community through this pandemic.

As you reconsider COVID-related policies, I urge you also to reconsider the “Emergencies and Disaster Preparedness” policy (P6114.81) adopted in 2020. This policy cedes many Board powers to the superintendent. Analogous emergency powers are no longer in place at the state level. I suggest you discuss which emergency powers are still necessary for the superintendent. By design, decisions made by the Board are much more immediately public and transparent than those by superintendents. Board oversight is always critically important.

Finally, if you do decide to suspend mandated masking, it is essential to make high-quality masks available to students and staff that see the need to wear them. At the February 23rd Board budget meeting, the superintendent stated that “the state has sent us many many thousands of N-95 masks.” Please make every effort to make them available to students and the entire school community. The changing situation will be stressful to many children. It is essential that additional social/emotional support be provided by the schools. It’s important to remember that COVID remains a very serious illness with dire consequences for many. Let’s do everything we can to support a healthy community.

Sincerely,

Mike Whitney

School parent and community member
Mystic, CT
Groton District 5



Considerations for Boards of Education, District Administrators, and other Local Decision-Makers Regarding Potential Changes to School COVID-19 Policies and Practices



Executive Summary

When considering changes to district COVID-19 policies and mitigation strategies, including the wearing of masks, school leaders should consider several factors in consultation with public health, education, and community stakeholders. This document provides some questions to consider when contemplating COVID-19 policy changes for schools including maintaining universal masking in schools or transitioning to “mask optional” policies.

1. What does the available data indicate regarding the community and district prevalence and transmission of COVID-19?
2. What is the risk tolerance for the possibility of increasing case numbers and necessary quarantine and isolation in your students and staff?
3. What is the current COVID-19 vaccination status of students and staff within individual schools and across the district, and what is the current COVID-19 vaccine coverage for the surrounding community?
4. What additional planning is necessary to address the needs of students and staff who may be at greater risk for adverse health outcomes?
5. What additional guidance is necessary to ensure support for students and staff who may wish to continue mask wearing?
6. What processes need to be in place for continuous risk assessment and prompt decision-making regarding COVID-19 policies and mitigation strategies (including mask use) going forward?
7. What advanced contingency planning needs to occur to prepare for potential surges and/or outbreaks?

General Guidance for Assessing COVID-19 Risk

Many individual and environmental factors contribute to transmission of respiratory viruses, including COVID-19. When case rates of COVID-19 in a community are high, the likelihood that any individual person in a group could be infectious is higher. Likewise, when those rates are lower and/or fewer individuals in a community are susceptible to a particular virus due to vaccination or recent recovery from infection, the likelihood of being in contact with an infectious person is lower. The experience with variants of the virus that causes COVID-19 (SARS-CoV-2) that have circulated widely in our state to date has indicated that individuals who are school-aged, in generally good health, and up-to-date with

COVID-19 vaccinations are at lower risk for developing severe outcomes from COVID-19 if they become infected.

Considerations for School Districts

Prior to making any significant changes to the mitigation strategies in schools (including universal mask use), the Connecticut Department of Public Health (DPH) and the Connecticut State Department of Education (CSDE) encourage school districts to consider and discuss the unique complexities of school environments, the environmental conditions inside their school buildings, the health of their school populations, and the conditions in their immediate and surrounding communities. These discussions should take place in consultation with local health officials and school health and medical advisors, and decisions should incorporate input from school staff, students, their families, and other community members.

Although not an exhaustive list, the questions below reflect some of the topics that DPH and CSDE recommend that school districts include in their discussion and decision-making process with other local stakeholders. School districts should also determine if there are other specific questions applicable to their individual districts that should be included in discussions.

1. What does the available data indicate regarding the level of COVID-19 transmission in the community and the school district?

Considerations: Periodic review and consideration of various data points from all available resources, including those maintained by state and federal public health agencies, relevant to the risk of COVID-19 in your communities; assessing the current status of data metrics as well as the recent trends to help determine whether it is necessary or appropriate to rescind, revise, or redeploy mitigation strategies as periodic or seasonal changes in risk occur.

2. What is the risk tolerance in your school district for the possibility of increasing case numbers and necessary quarantine and isolation in your students and staff?

Considerations: Whether implementing fewer in-school mitigation strategies will have any effect on the ongoing provision of in-person learning; assessing the appropriateness of different masking policies in specific schools, depending upon the percentage of vaccinated students and other metrics.

3. What is the current COVID-19 vaccination status of students and staff within individual schools and across the district, and what is the current COVID-19 vaccine coverage for the surrounding community?

Considerations: Percentage of students and staff who are up to date with COVID-19 vaccinations (including the primary series and booster doses when eligible), fully vaccinated (received the primary series but no booster), partially vaccinated, unvaccinated, or whose vaccination status is unknown and the impact of vaccination status on potential differences in masking policies across district schools.

4. What additional planning is necessary to address the needs of students and staff who may be at greater risk for adverse health outcomes?

Considerations: Whether there are medically fragile or immunocompromised students or staff who are at risk for severe outcomes if they become infected with COVID-19; engaging health advisors regarding provisions to reduce the risk of COVID-19 for those medically fragile students and staff who may be in frequent close contact with unmasked individuals inside the school.

5. What assistance can be provided to students and staff making personal decisions regarding mask wearing?

Considerations: Acceptance of students and staff who may wish to continue wearing masks; supporting those who might experience stress, fear, or anxiety being in school situations where masks are not being worn, particularly some younger students who have never experienced school in any other way than having everyone masked; managing the expectations of families who wish their children to remain masked in a mask optional environment.

6. What processes need to be in place for continuous risk assessment and decision-making regarding COVID-19 policies and mitigation strategies (including mask use) going forward?

Considerations: New processes, or review and revision of existing processes, and engaging stakeholders for monitoring and early identification of increasing respiratory disease cases (including COVID-19) in schools that may necessitate deploying outbreak control measures, including modifications to existing and planned masking policies.

7. What advanced contingency planning needs to occur to prepare for potential surges and/or outbreaks?

Considerations: Development of plans to respond to surges and/or outbreaks of COVID-19 in individual schools, school districts, and/or the community; to what extent will these plans include reconsideration of policies and practices or enhancing mitigation strategies in order to maintain safe in-person learning.



Transitioning to a Model of Routine Respiratory Disease Prevention and Enhanced Outbreak Management and Control for COVID-19 in PreK-12 School Settings



The Connecticut Department of Public Health (DPH) is releasing this guidance for use in PreK-12 school settings to assist with transitioning to a model for COVID-19 management that aligns with our state's general public health approach to the routine management of respiratory viral diseases.

A New Approach to COVID-19 Management

Given the widespread availability of COVID-19 vaccines, at-home COVID-19 testing, medications to treat COVID-19, falling case counts, and our collective experience mitigating the spread of COVID-19 using layered mitigation strategies in our schools over the last two years, effective February 28, 2022 our communities can begin to transition the management of COVID-19 in schools from a pandemic emergency response model toward a model that aligns with a more standard public health approach to the management and control of respiratory viral diseases (e.g., influenza).

When applied in the PreK-12 school setting, this model focuses more on response to clusters of cases, outbreaks, evidence of ongoing transmission in schools, and/or significant increases in community transmission risk and relies less on individual case investigation, contact tracing, and quarantining of staff and students following school exposures. This guidance may also be applied to other activities and settings outside of the normal school day (e.g., extracurricular activities, athletics). DPH encourages school districts to remain prepared to respond to new variants or other changes in the conditions surrounding COVID-19 in our state that could necessitate a local return to more enhanced mitigation strategies in PreK-12 schools.

It is likely that decisions regarding the appropriate time and conditions in which to transition to a routine disease prevention model for COVID-19, including any changes in the mitigation strategies used in school settings, will vary by community and may depend on factors other than current COVID-19 community transmission data. For a more detailed discussion of these considerations, please see the accompanying “Considerations for Boards of Education, District Administrators, and other Local Decision-Makers Regarding Potential Changes to School COVID-19 Policies and Practices.” After assessing the underlying COVID-19 risks and other needs in their communities, DPH encourages school districts that consider it appropriate or necessary to continue implementing some or all the [previous guidance for mitigation strategies](#) developed by DPH and the Connecticut State Department of Education (CSDE) to continue to do so. PreK programs operating outside of school settings as well as other childcare centers should continue to operate according to [guidance provided by the Connecticut Office of Early Childhood](#) (OEC).

Elements of a routine disease prevention model for COVID-19 in PreK-12 settings

During times when available COVID-19 data indicate that local conditions are improving and the risk of COVID-19 transmission in the community and schools is generally stable at a relatively low level, DPH advises that school districts may wish to transition to a routine disease prevention model for managing COVID-19 risk in their PreK-12 schools.

Routine strategies for COVID-19 prevention include:

- **Recommending [COVID-19 vaccination](#)** for all eligible students and staff, including [booster vaccine doses](#) when appropriate.
- **Supporting** students and staff who choose to continue [wearing a mask](#) even when school policies do not require their use.
- **Following [isolation guidelines](#)** for students and staff who have symptoms associated with, or have tested positive for, COVID-19.
- **Recommending COVID-19 transmission prevention strategies, [including testing \(self-testing and/or at provider sites\) and masking](#)** for students and staff, **following illness or exposures** to COVID-19 cases.
- Continuing to advise parents to report all cases of COVID-19 to the school and subsequently schools continuing to [report identified cases](#) to their local health department and the Connecticut Department of Public Health.
- Being prepared to **respond quickly to rapid increases in cases** or clusters of cases in schools (including increases in absenteeism due to respiratory illness) as described below.
- Continuing to follow [existing quarantine guidance](#) for students and staff who have been notified of certain higher-risk close contact exposures (e.g., household exposures, crowded social gatherings).

Strategies that would generally **not** be included in routine COVID-19 prevention include:

- Individual case investigation and contact tracing.
- Quarantine of students and staff with in-school or other lower risk (e.g., short duration, low intensity) close contact exposures.

Enhanced mitigation strategies for surge response and outbreak control

Surges in community spread of COVID-19 due to the emergence of new variants, waning immunity, and/or other factors can be expected to occur periodically, likely seasonally, and can have an impact on the risk of COVID-19 transmission in schools. Likewise, local increases in school absenteeism, especially due to respiratory illness, or an increase in reported cases of COVID-19 among students and/or staff may indicate a COVID-19 outbreak within a school or district. **Schools and local health officials should be in contact if there is a suspicion of increasing transmission or information suggesting an active outbreak of COVID-19 among students or staff.** Local health districts, in consultation with DPH, can assist schools in determining if a COVID-19 outbreak is suspected and what, if any, outbreak response strategies are needed to control transmission.

Recommended COVID-19 school **outbreak response strategies** include:

- Implementing a local **universal masking policy** for students and staff on a temporary basis. Implementation of masking can be done at the classroom, grade, or school level depending on the extent of transmission and structure of the school.
- **Limiting mixing** of impacted grades, classrooms, or other groups (i.e., cohorting) during meals, recess, and other gathering times to limit spread while a school is experiencing an outbreak.

- **Limiting outside visitors** to the school to those who are necessary for instructional or student support purposes.
- **Notifying potentially exposed students and staff and recommend testing.** While individual contact tracing does not need to occur, students, staff, and families should be notified of outbreaks occurring within their classroom, grade, or school level depending on the extent of transmission and structure of the school. Schools can offer testing available through state-supported programs (e.g., [Project COVID DeteCT](#)) or through distribution of purchased or state-provided self-test kits.
 - Testing of a group of students and/or staff associated with an outbreak should occur as soon as possible after the suspected outbreak is detected.
 - Recommendations for subsequent rounds of testing should be discussed with local health officials. The frequency and scope of outbreak testing can vary depending on the nature of the outbreak and the effectiveness of control measures.
 - Based on capacity and local circumstances, school administrators in coordination with local health officials may choose to implement testing for all students and staff regardless of vaccination status.

Enhanced mitigation strategies in response to worsening COVID-19 transmission conditions

In addition to the outbreak response strategies listed above, school districts may wish to enhance the mitigation strategies they already have in place, or redeploy strategies that have been used previously, either due to local preference or in **response to worsening conditions related to COVID-19 disease transmission** [in their communities](#) and/or [in surrounding areas](#). These changes may include enhancing:

- **Spacing** to ensure at least 3 feet between seated individuals in classrooms or during other low intensity activities and to maintain 6 feet or more between individuals during high-intensity activities (e.g., physical education, performance arts).
- **Ventilation** to ensure maximum delivery of fresh outdoor air to occupied spaces, appropriate filtration of any recirculated air, and use of outdoor spaces to the extent possible for instructional or other purposes.
- **Cleaning** protocols to ensure that all occupied spaces are cleaned thoroughly at least once per day and that higher-risk spaces and surfaces (e.g., rest rooms, frequent touch points) are routinely cleaned and disinfected.
- **Communication** to encourage a heightened awareness by students, staff, parents, and other members of the school community regarding the enhanced mitigation strategies being utilized, any new policies or procedures implemented on a temporary basis, and reinforcement of the need to remain out of school if they are experiencing any symptoms associated with COVID-19 and/or they have been made aware of a close contact with a known COVID-19 case.

DPH advises school districts to continue to be vigilant in identifying COVID-19 cases and applying COVID-19 mitigation strategies. DPH will continue to work in coordination with local health departments/districts, school districts, and CSDE to monitor statewide COVID-19 data and determine the impact of the transition to a routine disease prevention model for COVID-19.

Groton Public Schools

Date prep:		FY22 Budget Summary Review							
2/23/22 10:51 AM									
Account	Object #s	FY22 Budget 2021-2022	Expenditures	Encumbered	FY22 Actual Total	Remaining Balance	%	FY22 Estimate 02/23/2022	Favorable/ (Unfavorable) to Budget
Salaries									
1 Administrators	105-109	4,776,668	3,169,238	1,727,852	4,897,089	(120,421)	(2.5%)	4,803,127	(26,459)
2 Teachers	101-104,123-127,151-152	35,191,226	17,716,372	16,984,492	34,700,864	490,362	1.4%	35,171,645	19,581
3 Non-Cert Aides	110-111,130-131,136,139	3,618,042	1,194,781	42,462	1,237,242	2,380,800	65.8%	3,637,922	(19,880)
4 Substitute - Cert & Non-Cert	120-121	996,774	503,033	0	503,033	493,741	49.5%	940,685	56,089
5 Clerical	112-114,132-134,144	1,893,198	1,317,011	0	1,317,011	576,187	30.4%	1,971,621	(78,423)
6 Custodial/Maintenance/Techs	117-118,129,137-138,147-148	3,549,251	2,052,350	108,046	2,160,397	1,388,854	39.1%	3,434,266	114,985
7 Campus Security/Supervision	128	149,542	251,436	0	251,436	(101,894)	(68.1%)	149,542	0
8 Total Salaries	100	50,174,701	26,204,222	18,862,851	45,067,073	5,107,628	10.2%	50,108,808	65,893
Benefits									
9 Health Insurance	201-202	7,059,237	4,452,832	0	4,452,832	2,606,405	36.9%	7,059,237	0
10 Workers Comp & Town Pension	211,213	952,114	952,115	0	952,115	(1)	(0.0%)	952,115	(1)
11 Social Security & Medicare	212,214	1,456,229	845,320	0	845,320	610,909	42.0%	1,455,465	764
12 Other Benefits	222-227	152,500	210,832	0	210,832	(58,332)	(38.3%)	218,585	(66,085)
13 Total Benefits	200	9,620,080	6,461,099	0	6,461,099	3,158,981	32.8%	9,685,402	(65,322)
Purchased Services									
14 Instructional Services	321-324	162,099	95,075	2,407	97,482	64,617	39.9%	174,542	(12,443)
15 Professional Services	331	254,739	294,583	41,994	336,577	(81,838)	(32.1%)	370,029	(115,290)
16 Other Prof Services	332	608,971	187,606	203,096	390,702	218,269	35.8%	522,986	85,985
17 OT & PT Services	333	671,345	72,522	667,931	740,452	(69,107)	(10.3%)	740,452	(69,107)
18 Legal	334	70,350	43,600	0	43,600	26,750	38.0%	62,819	7,531
19 Athletic Officials & Other Athletic Serv	341-342	75,350	51,807	0	51,807	23,543	31.2%	76,749	(1,399)
20 Computer Network Services	343	148,773	221,045	3,579	224,624	(75,851)	(51.0%)	202,402	(53,629)
21 Total Purchased Services	300	1,991,627	966,238	919,006	1,885,244	106,383	5.3%	2,149,979	(158,352)
Property Services									
22 Water & Sewer	410-411	99,801	51,914	0	51,914	47,887	48.0%	99,801	0
23 Trash & Snow Removal	421-422	136,600	62,849	39,959	102,808	33,792	24.7%	152,808	(16,208)
24 Repair/Maintenance	430-435,490-491,499	479,183	264,976	16,542	281,518	197,665	41.3%	464,451	14,732
25 Rental	441	132,605	69,841	40,882	110,723	21,882	16.5%	125,810	6,795
26 Total Property Services	400	848,189	449,580	97,383	546,964	301,225	35.5%	842,871	5,318
Transportation, Insurance, Communications, Tuition									
27 Transportation: Schools	510-513	5,211,674	2,715,279	0	2,715,279	2,496,395	47.9%	5,196,710	14,964
28 Transportation: Student Activities	587-596	194,418	36,140	26,680	62,819	131,599	67.7%	182,147	12,271
29 Transportation: Staff	580-584	116,920	19,318	0	19,318	97,602	83.5%	111,209	5,711
30 Insurance	522,525	340,321	367,249	0	367,249	(26,928)	(7.9%)	367,249	(26,928)
31 Communications	530-552	134,317	148,465	3,030	151,495	(17,178)	(12.8%)	137,501	(3,184)
32 Tuition: Special Education	561-563,568	4,481,290	2,471,804	1,141,264	3,613,067	868,223	19.4%	4,232,371	248,919
33 Tuition: Other	564-567	1,250,859	1,227,436	0	1,227,436	23,423	1.9%	1,227,436	23,423
34 Total Trans, Ins, Comm, Tuition	500	11,729,799	6,985,689	1,170,974	8,156,663	3,573,136	30.5%	11,454,623	275,176
Supplies									
35 Instructional Supplies	601-609,613-619,622-623,628	459,950	162,298	38,374	200,672	259,278	56.4%	439,318	20,632
36 Computer Supplies	610-612	288,106	455,984	8,199	464,183	(176,077)	(61.1%)	297,005	(8,899)
37 Electricity & Heating	631-633	1,461,070	957,229	11,722	968,951	492,119	33.7%	1,461,070	0
38 Transportation Supplies	634,656	170,435	148,593	0	148,593	21,842	12.8%	192,435	(22,000)
39 Textbooks & Library Books	640-642,645,647	106,175	24,245	11,866	36,131	70,044	66.0%	110,657	(4,482)
40 Facility/Maintenance Supplies	650,652-655,657,659	336,810	194,639	9,353	203,992	132,818	39.4%	331,289	5,521
41 Other Supplies (staff dev, PPE, etc)	621,624-627,690	85,112	72,447	10,578	83,025	2,087	2.5%	88,523	(3,411)
42 Total Supplies	600	2,907,658	2,015,434	90,112	2,105,546	802,112	27.6%	2,920,297	(12,639)
Equipment									
43 Instructional Equipment	730,735	67,201	9,519	3,495	13,014	54,187	80.6%	46,799	20,402
44 Non-Instructional Equip	731,736	10,000	29,731	5,902	35,633	(25,633)	(256.3%)	35,613	(25,613)
45 Total Equipment	700	77,201	39,250	9,397	48,647	28,554	37.0%	82,412	(5,211)
46 Total Dues & Fees	800	88,835	61,900	189	62,089	26,746	30.1%	92,501	(3,666)
47 GRAND TOTAL		77,438,090	43,183,413	21,149,912	64,333,325	13,104,765	16.9%	77,336,892	101,198

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Account	Object #s	FY22 Budget 2021-2022	Expenditures	Encumbered	FY22 Actual Total	Remaining Balance	%	FY22 Estimate 02/23/2022	Favorable/ (Unfavorable) to Budget
Salaries									
Administrators									
48 Administrators	105	1,143,399	790,007	433,635	1,223,641	(80,242)	(7.0%)	1,144,922	(1,523)
49 Principals	106	1,127,065	734,882	389,092	1,123,974	3,091	0.3%	1,129,294	(2,229)
50 Asst. Principals/Sp.Ed. Supv	107	2,206,784	1,448,260	791,768	2,240,028	(33,244)	(1.5%)	2,219,465	(12,681)
51 6-12 Curriculum Coordinators	108	171,203	111,941	59,263	171,203	(0)	(0.0%)	171,203	(0)
52 Athletic Director	109	128,217	84,148	54,095	138,243	(10,026)	(7.8%)	138,243	(10,026)
53		4,776,668	3,169,238	1,727,852	4,897,089	(120,421)	(2.5%)	4,803,127	(26,459)
Teachers									
54 Classroom Teachers	101 & 151	24,778,163	12,464,491	12,278,996	24,743,488	34,675	0.1%	24,808,284	(30,121)
55 Sp.Ed Certified	102	7,704,186	3,820,010	3,805,442	7,625,453	78,733	1.0%	7,675,279	28,907
56 Media Specialist	103	689,386	337,630	336,180	673,810	15,576	2.3%	673,810	15,576
57 Guidance	104	1,128,246	565,915	563,873	1,129,788	(1,542)	(0.1%)	1,129,788	(1,542)
58 Adult Ed	124	40,903	16,836	0	16,836	24,067	58.8%	40,903	-
59 Tutors	125 & 152	423,247	378,407	0	378,407	44,840	10.6%	423,247	-
60 Coach Stipends	126	347,709	117,831	0	117,831	229,878	66.1%	340,949	6,760
61 Other Student Activities	127	79,386	15,252	0	15,252	64,134	80.8%	79,386	-
62		35,191,226	17,716,372	16,984,492	34,700,864	490,362	1.4%	35,171,645	19,581
Non-Cert Aides									
63 Reg.Ed Aides - Kindergarten	110 & 130	412,952	192,196	0	192,196	220,756	53.5%	412,952	-
64 Sp.Ed Aides - Para I & Para II	111 & 131	2,782,766	744,442	0	744,442	2,038,324	73.2%	2,782,766	-
65 School Bus Aides	136	410,004	244,405	0	244,405	165,599	40.4%	410,004	-
66 Other Aides	139 & 119	12,320	13,738	42,462	56,200	(43,880)	(356.2%)	32,200	(19,880)
67		3,618,042	1,194,781	42,462	1,237,242	2,380,800	65.8%	3,637,922	(19,880)
Substitute									
68 Substitute Sp.Ed Certified	121	84,011	105	0	105	83,906	99.9%	48,744	35,267
69 Substitute Reg.Ed Certified	120	912,763	502,928	0	502,928	409,835	44.9%	891,941	20,822
70		996,774	503,033	0	503,033	493,741	49.5%	940,685	56,089
Clerical									
71 Clerical	112'113'114'132'133'134'143'144	1,893,198	1,317,011	0	1,317,011	576,187	30.4%	1,971,621	(78,423)
Custodial/Maintenance/Techs									
72 Custodial	117 & 137	1,887,198	1,028,607	25,930	1,054,537	832,661	44.1%	1,847,593	39,605
73 Maintenance	118 & 138	835,584	479,526	26,228	505,754	329,830	39.5%	794,152	41,432
74 Custodial/Maintenance Overtime	147 & 148	106,500	77,096	0	77,096	29,404	27.6%	104,482	2,018
75 Technicians	129 & 149	719,969	467,121	55,888	523,009	196,960	27.4%	688,040	31,929
76		3,549,251	2,052,350	108,046	2,160,397	1,388,854	39.1%	3,434,266	114,985
Security									
77 Security/Supervision	128	149,542	251,436	0	251,436	(101,894)	(68.1%)	149,542	-
78 Total Salaries		50,174,701	26,204,222	18,862,851	45,067,073	5,107,628	10.2%	50,108,808	65,893
Benefits									
Health Insurance									
79 Group Ins. Prof	201	5,649,546	3,884,971	0	3,884,971	1,764,575	31.2%	5,645,540	4,006
80 Group Ins. Other	202	1,409,691	567,861	0	567,861	841,830	59.7%	1,413,697	(4,006)
81		7,059,237	4,452,832	0	4,452,832	2,606,405	36.9%	7,059,237	(0)
Workers Comp & Town Pension									
82 Worker's Compensation	211	431,614	431,615	0	431,615	(1)	(0.0%)	431,615	(1)
83 Town Pension	213	520,500	520,500	0	520,500	0	0.0%	520,500	-
84		952,114	952,115	0	952,115	(1)	(0.0%)	952,115	(1)
Social Security & Medicare									
85 Social Security	212	727,779	399,216	0	399,216	328,563	45.1%	728,473	(694)
86 Medicare	214	728,450	446,104	0	446,104	282,346	38.8%	726,992	1,458
87		1,456,229	845,320	0	845,320	610,909	42.0%	1,455,465	764
Other Employee Benefits									
88 Retirement Awards	222	0	83,336	0	83,336	(83,336)		83,336	(83,336)
89 Unemployment	223	50,000	14,579	0	14,579	35,421	70.8%	20,833	29,167
90 Tuition Reimb Certified	224	101,000	112,917	0	112,917	(11,917)	(11.8%)	112,917	(11,917)
92 Mentor Stipend	227	1,500	0	0	0	1,500	100.0%	1,500	-
93		152,500	210,832	0	210,832	(58,332)	(38.3%)	218,585	(66,085)
94 Total Benefits		9,620,080	6,461,099	0	6,461,099	3,158,981	32.8%	9,685,402	(65,322)

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Account	Object #s	FY22 Budget 2021-2022	Expenditures	Encumbered	FY22 Actual Total	Remaining Balance	%	FY22 Estimate 02/23/2022	Favorable/ (Unfavorable) to Budget
Purchased Services									
Instructional Services									
95	Instructional Services 321 & 323	117,599	70,211	325	70,536	47,063	40.0%	123,293	(5,694)
96	Instruct Improvement Services 322 & 324	44,500	24,864	2,082	26,946	17,554	39.4%	51,249	(6,749)
97		162,099	95,075	2,407	97,482	64,617	39.9%	174,542	(12,443)
Professional Services									
98	Professional Services 331	254,739	294,583	41,994	336,577	(81,838)	(32.1%)	370,029	(115,290)
99	Other Professional Services 332	608,971	187,606	203,096	390,702	218,269	35.8%	522,986	85,985
100	OT & PT Services 333	671,345	72,522	667,931	740,452	(69,107)	(10.3%)	740,452	(69,107)
101	Legal Services 334	70,350	43,600	0	43,600	26,750	38.0%	62,819	7,531
102		1,605,405	598,311	913,020	1,511,331	94,074	5.9%	1,696,286	(90,881)
Athletic Officials & Other Athletic Services									
103	Athletic Officials 341	61,850	49,782	0	49,782	12,068	19.5%	70,949	(9,099)
104	Other Athletic Services 342	13,500	2,025	0	2,025	11,475	85.0%	5,800	7,700
105		75,350	51,807	0	51,807	23,543	31.2%	76,749	(1,399)
Computer Network Services									
106	Computer Network Services 343	148,773	221,045	3,579	224,624	(75,851)	(51.0%)	202,402	(53,629)
107	Total Purchased Services	1,991,627	966,238	919,006	1,885,244	106,383	5.3%	2,149,979	(158,352)
Property Services									
Water/Sewer									
108	Water 410	65,527	30,822	0	30,822	34,705	53.0%	65,527	-
109	Sewer 411	34,274	21,092	0	21,092	13,182	38.5%	34,274	-
110		99,801	51,914	0	51,914	47,887	48.0%	99,801	0
Trash & Snow Removal									
111	Trash Removal 421	86,600	62,849	39,959	102,808	(16,208)	(18.7%)	102,808	(16,208)
112	Snow Removal 422	50,000	0	0	0	50,000	100.0%	50,000	-
113		136,600	62,849	39,959	102,808	33,792	24.7%	152,808	(16,208)
Repair/Maintenance									
114	Equipment Repairs 430	116,791	57,103	2,001	59,104	57,687	49.4%	123,494	(6,703)
115	Grounds Repairs 431	184,989	126,013	2,890	128,903	56,086	30.3%	170,589	14,400
116	General Bldg Repairs 432	30,066	245	0	245	29,821	99.2%	11,681	18,385
117	Painting 433	5,045	9,515	0	9,515	(4,470)	(88.6%)	9,515	(4,470)
118	Heat & Plumbing 434	50,947	12,199	0	12,199	38,748	76.1%	50,947	-
119	Electrical 435	9,479	1,387	0	1,387	8,092	85.4%	9,479	-
120	Extermination Services 490	11,363	10,907	851	11,758	(395)	(3.5%)	11,758	(395)
121	Bldg Fire Protection 491	46,357	42,042	10,800	52,842	(6,485)	(14.0%)	52,842	(6,485)
123	Other Purch Services 499	24,146	5,566	0	5,566	18,580	76.9%	24,146	-
124		479,183	264,976	16,542	281,518	197,665	41.3%	464,451	14,732
Rental									
125	Rental 441	132,605	69,841	40,882	110,723	21,882	16.5%	125,810	6,795
126	Total Property Services	848,189	449,580	97,383	546,964	301,225	35.5%	842,871	5,318
Transportation, Insurance, Communications, Tuition									
Transportation: Schools									
127	Reg.Ed Pupil Transportation 510 & 516	3,118,189	1,542,572	0	1,542,572	1,575,617	50.5%	3,106,966	11,223
128	Sp.Ed - Trans - STA 511	1,160,504	635,422	0	635,422	525,082	45.2%	1,156,763	3,741
129	Sp.Ed - Trans - Curtin 512	920,731	537,285	0	537,285	383,446	41.6%	920,731	-
130	Pupil Transp Reimbursement 513	12,250	0	0	0	12,250	100.0%	12,250	-
131		5,211,674	2,715,279	0	2,715,279	2,496,395	47.9%	5,196,710	14,964
Transportation: Other									
132	Transportation - Athletics 587	117,350	22,542	19,080	41,622	75,728	64.5%	101,837	15,513
133	Transportation - Field Trips 588	58,898	10,413	3,000	13,413	45,485	77.2%	62,100	(3,202)
134	Entry Fees - Athletics 591 & 592	12,100	2,685	4,600	7,285	4,815	39.8%	12,140	(40)
135	Admission Fees 595	6,070	0	0	0	6,070	100.0%	6,070	-
137		194,418	36,140	26,680	62,819	131,599	67.7%	182,147	12,271
Transportation: Staff									
138	Travel - Education 580 & 581	8,700	1,404	0	1,404	7,296	83.9%	9,104	(404)
139	Travel - Admin 582 & 583	29,100	14,456	0	14,456	14,644	50.3%	26,468	2,632
140	Travel - Conferences 584	79,120	3,458	0	3,458	75,662	95.6%	75,637	3,483
141		116,920	19,318	0	19,318	97,602	83.5%	111,209	5,711
Liability & Accident Insurance									
142	Liability Insurance 522	325,149	352,839	0	352,839	(27,690)	(8.5%)	352,839	(27,690)
143	Accident Insurance 525	15,172	14,410	0	14,410	762	5.0%	14,410	762
144		340,321	367,249	0	367,249	(26,928)	(7.9%)	367,249	(26,928)

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Communications									
145 Telephone, Telephone Repairs	530	67,925	112,386	0	112,386	(44,461)	(65.5%)	86,925	(19,000)
146 Postage	531	41,350	20,206	330	20,536	20,814	50.3%	30,356	10,994
147 Advertisement	540	5,000	5,715	2,023	7,738	(2,738)	(54.8%)	7,738	(2,738)
148 Minority Recruitment	541	5,000	6,000	499	6,499	(1,499)	(30.0%)	-	5,000
149 Printing Admin	550	11,542	3,757	178	3,935	7,607	65.9%	8,982	2,560
150 School Publications	551 & 552	3,500	400	0	400	3,100	88.6%	3,500	-
151		134,317	148,465	3,030	151,495	(17,178)	(12.8%)	137,501	(3,184)
Tuition: Special Education									
152 Sp.Ed Vocational	561	461,250	243,547	138,395	381,942	79,308	17.2%	423,764	37,486
153 Sp.Ed BoE Placements	562	2,557,392	1,305,669	880,457	2,186,126	371,266	14.5%	2,521,540	35,852
154 Sp.Ed Slate Placements	563	600,000	251,687	102,432	354,119	245,881	41.0%	470,298	129,702
155 Sp.Ed Magnet Choice	568	862,648	670,901	19,980	690,880	171,768	19.9%	816,769	45,879
156		4,481,290	2,471,804	1,141,264	3,613,067	868,223	19.4%	4,232,371	248,919
Tuition: Other									
157 Adult Ed	564	210,000	207,000	0	207,000	3,000	1.4%	207,000	3,000
158 Gen Ed Magnet Tuition	566	945,337	931,737	0	931,737	13,600	1.4%	931,737	13,600
159 Gen Ed Vo Ag Tuition	567	95,522	88,699	0	88,699	6,823	7.1%	88,699	6,823
160		1,250,859	1,227,436	0	1,227,436	23,423	1.9%	1,227,436	23,423
161 Total Transportation, Insurance, Communication, Tuition		11,729,799	6,985,689	1,170,974	8,156,663	3,573,136	30.5%	11,454,623	275,176

Supplies

Instructional Supplies

162 General Classroom	601	117,527	24,931	8,666	33,596	83,931	71.4%	93,715	23,812
163 Science	602	26,320	5,225	982	6,207	20,113	76.4%	26,370	(50)
164 Arts & Crafts	603	23,577	15,169	941	16,110	7,467	31.7%	24,876	(1,299)
165 Phys. Ed	604	13,540	1,725	82	1,808	11,732	86.6%	13,273	267
166 Music	605	22,700	8,267	2,261	10,529	12,171	53.6%	22,700	-
167 Kindergarten	606	5,600	1,379	0	1,379	4,221	75.4%	5,600	-
168 Pupil Tests	607	70,700	39,176	1,538	40,714	29,986	42.4%	71,411	(711)
169 Tech. Ed	609	7,500	0	0	0	7,500	100.0%	7,500	-
170 Home Ec Supplies	613	12,700	7,934	413	8,347	4,353	34.3%	12,700	-
171 Sp.Ed Supplies	615	56,000	23,414	9,739	33,152	22,848	40.8%	56,000	-
172 Athletic Supplies	616	52,554	20,715	12,617	33,332	19,222	36.6%	51,141	1,413
173 Math Supplies	617	11,082	1,285	884	2,169	8,913	80.4%	11,553	(471)
174 Health Supplies	618	2,400	0	0	0	2,400	100.0%	2,400	-
175 Other Supplies	619	3,000	0	0	0	3,000	100.0%	3,000	-
176 Health Serv Pathogen	622	6,500	508	0	508	5,992	92.2%	6,500	-
177 School Library Supplies	623	5,250	1,398	206	1,604	3,646	69.5%	5,250	-
178 Food, Drink, Snacks	628	23,000	11,172	46	11,218	11,782	51.2%	25,329	(2,329)
180		459,950	162,298	38,374	200,672	259,278	56.4%	439,318	20,632

Computer Supplies

181 Computer Supplies	610 & 611	92,700	28,007	2,837	30,844	61,856	66.7%	100,388	(7,688)
182 Software	612	195,406	427,977	5,362	433,339	(237,933)	(121.8%)	196,617	(1,211)
183		288,106	455,984	8,199	464,183	(176,077)	(61.1%)	297,005	(8,899)

Electricity & Heating

184 Electricity	631	972,729	664,091	10,380	674,471	298,258	30.7%	972,729	-
185 Propane/Natural Gas	632	294,355	150,657	1,342	152,000	142,355	48.4%	294,355	-
186 Heating Oil	633	193,986	142,481	0	142,481	51,506	26.6%	193,986	-
187		1,461,070	957,229	11,722	968,951	492,119	33.7%	1,461,070	0

Transportation Supplies

188 Diesel for School Buses	634	128,439	136,577	0	136,577	(8,138)	(6.3%)	150,439	(22,000)
189 Gas for Maintenance	656	41,996	12,016	0	12,016	29,980	71.4%	41,996	-
190		170,435	148,593	0	148,593	21,842	12.8%	192,435	(22,000)

Textbooks & Library Books

191 Textbooks	640	61,415	11,772	5,317	17,089	44,326	72.2%	65,433	(4,018)
192 Workbooks	641	19,410	5,256	146	5,402	14,008	72.2%	19,410	-
193 Textbook Rebind	642	950	0	0	0	950	100.0%	950	-
194 Library Books	645	21,700	7,012	4,455	11,467	10,233	47.2%	22,165	(465)
195 Periodicals	647	2,700	205	1,967	2,172	528	19.6%	2,700	-
196		106,175	24,245	11,886	36,131	70,044	66.0%	110,657	(4,482)

Groton Public Schools

Date prep:		FY22 Budget Summary Review							
2/23/22 10:51 AM									
Account	Object #s	FY22 Budget 2021-2022	Expenditures	Encumbered	FY22 Actual Total	Remaining Balance	%	FY22 Estimate 02/23/2022	Favorable/ (Unfavorable) to Budget
Facility/Maintenance Supplies									
197 Equipment Repair	650	28,503	22,402	1,886	24,288	4,215	14.8%	36,876	(8,373)
198 Grounds Supplies	651	18,862	8,617	0	8,617	10,245	54.3%	18,862	-
199 General Bldg Repair	652	65,101	28,378	5,621	33,999	31,102	47.8%	53,741	11,360
200 Painting	653	2,500	5,427	61	5,488	(2,988)	(119.5%)	5,488	(2,988)
201 Heat & Plumbing	654	34,057	28,985	604	29,589	4,468	13.1%	34,057	-
202 Electrical	655	30,250	19,907	221	20,129	10,121	33.5%	30,250	-
203 Safety Supplies	657 & 659	13,555	6,266	268	6,534	7,021	51.8%	8,034	5,521
204 Custodial Supplies	658	143,982	74,657	692	75,348	68,634	47.7%	143,982	-
205		336,810	194,639	9,353	203,992	132,818	39.4%	331,289	5,521
Other Supplies									
206 Sup Serv Guid Imp Ins	621	24,400	10,445	2,818	13,263	11,137	45.6%	24,896	(496)
207 Audio Visual	624 & 625	7,502	5,680	449	6,129	1,373	18.3%	6,964	538
208 General Admin Supplies	626	13,110	7,994	1,703	9,697	3,413	26.0%	12,534	576
209 School Admin Supplies	627	15,800	12,644	4,682	17,326	(1,526)	(9.7%)	23,870	(8,070)
210 Professional Materials	690	24,300	8,748	425	9,173	15,127	62.3%	19,568	4,732
212		85,112	72,447	10,578	83,025	2,087	2.5%	88,523	(3,411)
213 Total Supplies		2,907,658	2,015,434	90,112	2,105,546	802,112	27.6%	2,920,297	(12,639)
Equipment									
Instructional Equipment									
214 Replace Instr Equip	730	12,730	3,207	0	3,207	9,523	74.8%	11,587	1,143
215 Add Instr Equipment	735	54,471	6,313	3,495	9,807	44,664	82.0%	35,212	19,259
216		67,201	9,519	3,495	13,014	54,187	80.6%	46,799	20,402
Non-Instructional Equipment									
217 Replace Non-Instr Equipment	731	10,000	2,081	2,221	4,301	5,699	57.0%	4,301	5,699
218 Add Non-Instr Equipment	736	0	27,650	3,681	31,332	(31,332)		31,312	(31,312)
219		10,000	29,731	5,902	35,633	(25,633)	(256.3%)	35,613	(25,613)
220 Total Equipment		77,201	39,250	9,397	48,647	28,554	37.0%	82,412	(5,211)
Dues - Fees									
Dues/Fees									
221 Dues BoE	810	25,541	21,088	0	21,088	4,453	17.4%	25,541	-
222 General Admin Dues	811	15,650	15,046	189	15,235	415	2.7%	17,185	(1,535)
223 School Admin Dues	812	43,669	22,860	0	22,860	20,809	47.7%	45,694	(2,025)
224 Other Dues	819	3,975	2,906	0	2,906	1,069	26.9%	4,081	(106)
225 Total Dues/Fees		88,835	61,900	189	62,089	26,746	30.1%	92,501	(3,666)
226 Grand Total		77,438,090	43,183,413	21,149,912	64,333,325	13,104,765	16.9%	77,336,892	101,198

Groton Public Schools
FY22 Budget Summary Review
Summary at Program Level III

Function No.	Description	FY22	FY22		FY22	Remaining Balance	%	02/23/2022	Favorable/ (Unfavorable)
		Budget	Expended	Encumbered	Total			FY22	
		2021-2022	2021-2022	2021-2022	2021-2022			Estimated 2021-2022	
Regular Instruction									
1101	FUNCTION-1101 ELEMENTARY	13,269,421	6,868,869	5,290,054	12,158,923	1,110,498	8.4%	13,279,872	(10,451)
1102	FUNCTION-1102 ART	670,468	347,840	281,005	628,844	41,624	6.2%	671,767	(1,299)
1104	FUNCTION-1104 LANGUAGE ARTS	2,310,517	1,184,033	983,513	2,167,546	142,971	6.2%	2,369,064	(58,547)
1105	FUNCTION-1105 WORLD LANGUAGES	1,378,697	714,439	612,148	1,326,587	52,110	3.8%	1,456,619	(77,922)
1106	FUNCTION-1106 CONSUMER SCIENCE	149,479	76,612	57,341	133,952	15,527	10.4%	149,479	-
1107	FUNCTION-1107 TECHNOLOGY EDUCATION	636,478	325,501	258,123	583,624	52,854	8.3%	645,761	(9,283)
1108	FUNCTION-1108 MATHEMATICS	2,151,284	1,055,070	877,910	1,932,979	218,305	10.1%	2,103,276	48,008
1109	FUNCTION-1109 MUSIC	731,431	327,880	298,761	626,641	104,790	14.3%	697,142	34,289
1110	FUNCTION-1110 PHYSICAL EDUCATION	1,174,615	519,837	422,503	942,340	232,275	19.8%	1,168,425	6,190
1111	FUNCTION-1111 SCIENCE	2,249,495	1,136,316	880,901	2,017,217	232,278	10.3%	2,217,732	31,763
1112	FUNCTION-1112 SOCIAL STUDIES	1,821,305	921,035	734,182	1,655,216	166,089	9.1%	1,772,025	49,280
1114	FUNCTION-1114 HEALTH EDUCATION	220,609	171,069	165,042	336,111	(115,502)	(52.4%)	222,127	(1,518)
1117	FUNCTION-1117 INTERN. BACCALAUREATE	67,250	40,555	261	40,816	26,434	39.3%	73,160	(5,910)
1118	FUNCTION-1118 IB - CAREERS-RELATED PROGRAM	18,179	0	0	0	18,179	100.0%	18,179	-
1119	FUNCTION-1119 UNCLASSIFIED	1,371,266	1,154,580	1,264	1,155,844	215,422	15.7%	1,427,574	(56,308)
1121	FUNCTION-1121 BUSINESS EDUCATION	332,696	162,094	129,731	291,825	40,871	12.3%	322,177	10,519
1124	FUNCTION-1124 HEALTH OCCUPATIONS	71,898	2,468	0	2,468	69,430	96.6%	19,911	51,987
1260	FUNCTION-1260 ENRICHMENT	38,724	9,161	0	9,161	29,563	76.3%	38,724	(0)
1270	FUNCTION-1270 REMEDIAL INSTRUCTION	2,914,729	1,478,444	1,316,487	2,794,931	119,798	4.1%	2,949,434	(34,705)
2220	FUNCTION-2220 EDUCATIONAL MEDIA SERVICE	1,097,479	579,126	342,808	921,935	175,544	16.0%	1,082,521	14,958
Total Regular Instruction		32,699,370	17,111,238	12,652,034	29,763,272	2,936,098	9.0%	32,741,373	(42,003)
Special Instruction									
1205	FUNCTION-1205 PRESCHOOL 3-5	1,235,951	557,885	350,889	908,774	327,177	26.5%	1,237,998	(2,047)
1210	FUNCTION-1210 SPED Summer School	20,290	0	0	0	20,290	100.0%	-	20,290
1220	FUNCTION-1220 OTHER SPECIAL INSTRUCTION	792,073	512,505	89,267	601,772	190,301	24.0%	785,150	6,923
1230	FUNCTION-1230 SPECIAL EDUCATION	8,176,457	3,511,660	2,306,532	5,818,192	2,358,265	28.8%	8,190,017	(13,560)
1250	FUNCTION-1250 BLIND	26,599	936	0	936	25,663	96.5%	7,524	19,075
1280	FUNCTION-1280 HEARING IMPAIRED	107,224	61,675	51,641	113,316	(6,092)	(5.7%)	107,331	(107)
Total Special Instruction		10,358,594	4,644,661	2,798,329	7,442,990	2,915,604	28.1%	10,328,019	30,575
Continuing Education									
1310	FUNCTION-1310 HIGH SCHOOL COMPLETION	84,133	29,658	5,399	35,057	49,076	58.3%	84,133	-
1320	FUNCTION-1320 ADULT EDUCATION	210,000	207,000	0	207,000	3,000	1.4%	207,000	3,000
Total Continuing Education		294,133	236,658	5,399	242,057	52,076	17.7%	291,133	3,000
Other Instructional Programs									
15**	STUDENT ACTIVITIES 6-12	938,606	371,733	132,853	504,586	434,020	46.2%	910,794	27,812
TOTAL INSTRUCTION		44,290,703	22,364,290	15,588,615	37,952,905	6,337,798	14.3%	44,271,319	19,384
Support Services - Pupils									
2101	FUNCTION-2101 SUPPORT SERVICES - SPED CO	878,367	581,777	223,857	805,633	72,734	8.3%	896,555	(18,188)
2110	FUNCTION-2110 SOCIAL WORK SERVICES	355,751	189,364	112,014	301,378	54,373	15.3%	322,817	32,934
2120	FUNCTION-2120 GUIDANCE SERVICES	1,595,294	804,555	563,873	1,368,428	226,866	14.2%	1,600,997	(5,703)
2130	FUNCTION-2130 HEALTH SERVICES	1,237,137	253,708	871,026	1,124,734	112,403	9.1%	1,258,175	(21,038)
2140	FUNCTION-2140 PSYCHOLOGICAL SERVICES	1,241,410	603,197	519,793	1,122,989	118,421	9.5%	1,218,450	22,960
2150	FUNCTION-2150 SPEECH & HEARING SERVICES	1,162,998	612,242	530,432	1,142,674	20,324	1.7%	1,161,410	1,588
Total Support Services - Pupils		6,470,957	3,044,842	2,820,995	5,865,837	605,120	9.4%	6,458,404	12,553
Support Services - Staff									
2201	FUNCTION-2201 SUPPORTING SERVICES - T&L	369,442	289,983	100,559	390,541	(21,099)	(5.7%)	346,876	22,566
2202	FUNCTION-2202 SUPPORTING SERVICES - DEI	15,761	3,000	178	3,178	12,583	79.8%	18,396	(2,635)
2210	FUNCTION-2210 IMPROVEMENT OF INSTRUCTION	235,564	197,379	1,066	198,445	37,119	15.8%	253,357	(17,793)
Total Support Services - Staff		620,767	490,362	101,802	592,164	28,603	4.6%	618,628	2,139
General Support Services									
2311	FUNCTION-2311 BOARD OF EDUCATION SERVICE	30,241	24,151	0	24,151	6,090	20.1%	30,241	-
2312	FUNCTION-2312 SUPERINTENDENT OFFICE SER	1,565,287	1,128,994	187,634	1,316,628	248,659	15.9%	1,565,467	(180)
2313	FUNCTION-2313 BUSINESS OFFICE	976,596	738,142	45,860	784,002	192,594	19.7%	991,629	(15,033)
2410	FUNCTION-2410 SCHOOL ADMINISTRATION	4,150,463	2,909,466	1,010,268	3,919,734	230,729	5.6%	4,206,234	(55,771)
Total General Support Services		6,722,587	4,800,753	1,243,762	6,044,515	678,072	10.1%	6,793,571	(70,984)
Operational Services									
2510	FUNCTION-2510 OPERATIONS AND MAINTENANCE	6,830,961	4,101,959	174,770	4,276,729	2,554,232	37.4%	6,727,374	103,587
2520	FUNCTION-2520 PUPIL TRANSPORTATION	5,837,953	3,241,255	0	3,241,255	2,596,698	44.5%	5,881,390	(43,437)
2540	FUNCTION-2540 COMPUTER SUPPORT SERVICES	1,504,213	1,422,259	217,100	1,639,358	(135,145)	(9.0%)	1,658,113	(153,900)
2560	FUNCTION-2560 HEALTH SERVICES STAFF	2,500	253	0	253	2,247	89.9%	2,500	-
Total Operational Services		14,175,627	9,233,972	391,869	9,625,842	4,549,785	32.1%	14,269,376	(93,749)
TOTAL SUPPORT SERVICES		27,989,938	17,569,930	4,558,428	22,128,358	5,861,580	20.9%	28,139,979	(150,041)
Community Services									
3710	FUNCTION 3710-NONPUBLIC SCHOOL	96,550	0	0	0	96,550	100.0%	96,550	0
Non-Programmed Charges									
4100	TUITION PAYMENTS	5,060,899	3,248,693	1,002,869	4,251,561	809,338	16.0%	4,829,043	231,856
GRAND TOTAL		77,438,090	43,182,913	21,149,912	64,332,825	13,105,265	16.9%	77,336,892	101,198
									0.13%

Cost vs Budget Dashboard - data through December 2021

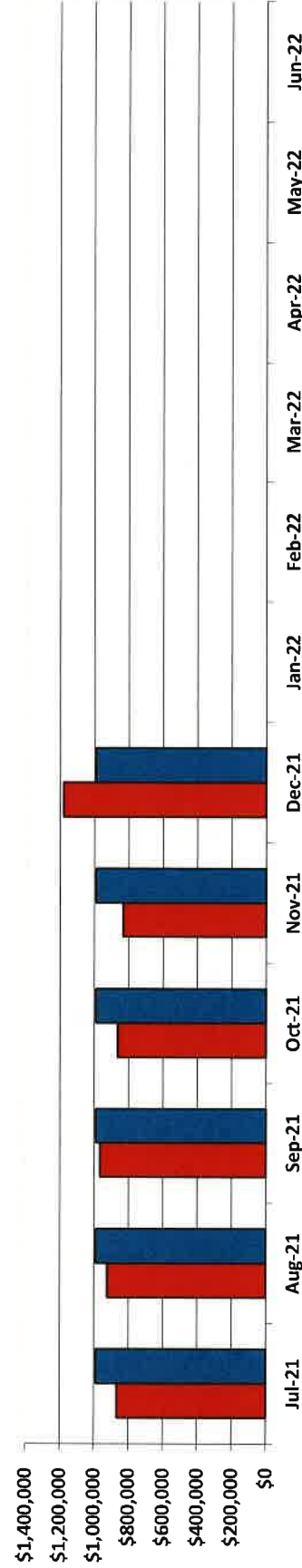
BOE Groups Active & Retired

Self Insured - All Coverages All Enrollees											
Claim/Admin. Cost											
Date	Lives	Net Medical Paid Claims	Rx Paid Claims	Dental Paid Claims	Total Net Paid Claims	Total Fixed Costs	Total Cost	Anthem Renewal Monthly	Variance - Total Cost vs BOE Anthem Renewal	Actual/Estimated BOE Anthem Renewal	
Jul-21	570	\$658,635	\$96,759	\$25,204	\$780,598	\$87,755	\$868,353	\$990,851	(\$122,498)	87.6%	
Aug-21	569	\$608,837	\$193,338	\$33,974	\$836,149	\$87,629	\$923,778	\$990,851	(\$67,073)	93.2%	
Sep-21	568	\$720,316	\$138,730	\$19,916	\$878,961	\$87,503	\$966,464	\$990,851	(\$24,387)	97.5%	
Oct-21	575	\$508,503	\$242,986	\$24,713	\$776,202	\$88,386	\$864,588	\$990,851	(\$126,264)	87.3%	
Nov-21	572	\$502,303	\$211,751	\$31,633	\$745,687	\$88,008	\$833,695	\$990,851	(\$157,156)	84.1%	
Dec-21	574	\$860,615	\$208,386	\$24,204	\$1,093,205	\$88,260	\$1,181,465	\$990,851	\$190,614	119.2%	
Jan-22											
Feb-22											
Mar-22											
Apr-22											
May-22											
Jun-22											
YTD	3428	\$3,859,209	\$1,091,950	\$159,644	\$5,110,803	\$527,541	\$5,638,343	\$5,945,107	(\$306,764)	94.8%	

Budget vs. Actual Cost

Actual vs Budget

Actual Cost Budgeted Cost



Total fixed costs is taken from segmented Anthem Report 4 dated 3/9/21 plus Network Access Fees of \$190,427
 *BOE monthly budget based on non-weighted Anthem proposal dated 3/9/21

**LEARN Board of Directors
REGULAR MONTHLY MEETING SYNOPSIS
February 10, 2022**

The Board developed this report based on recommendations. The purpose is to give a brief overview of the critical issues from the monthly meeting. Board members may use this document for reporting to their local Board.

Based upon the survey results of the board regarding the 2021-2022 meeting schedule format, the following has been agreed upon; LEARN will resume hosting **in person** all board meetings as of Sept. 9, 2021. LEARN will also provide a remote option to those unable to attend in person. All members are asked to identify themselves and district prior to commenting for the audio recording of the meeting in compliance with Governor Lamont's Executive Order No. 7B and 9H.

Superintendent's Perspective: Groton Superintendent, Susan Austin, assisted by Assistant Superintendent Dr. Philip Piazza presented on the *Groton 2020 Plan*

Hiring-an updated list of resignations & new hires were provided. Staffing continues to be a challenge. Human Resources continues to plan hiring events and has offered sign on bonuses to encourage staff to recommend friends & family for positions at LEARN.

Distributions-RESC Alliance Legislative Priorities sheet was distributed and reviewed.

Legislative Update- RESC Executive Directors met with Representative Filipe who confirmed that the State Legislature is very active in supporting school choice options and listened to the Alliance's legislative priorities and discussed the proposed bill on CT Tech Ed and Career System funding as well as state funding to replace district funding for magnet school tuitions. The Sheff vs O'Neil court settlement resulted in significant funding to go to CREC schools.

LEARN Agency Update – Associate Executive Director Donlon hosted the mid-year leadership retreat with Mrs. Ericson which provided time for school and department leaders to hear about their leadership work this year Executive Director Ericson is working with Mitchell College president, Dr. Espy, and Mitchell College leadership to forge a partnership that will benefit their college students and LEARN's schools and programs through internship programs.

Holding conversations with Region17 board chair, Suzanne Sack, regarding a potential Student Support Services additional site in Haddam to serve districts on the southwestern corner of the LEARN RESC. A visit to the site is planned in March.

The Office of Young Children and Families has been contracted with The Global Child to work on curriculum development and will perform a PreK review for Clinton Public Schools.

The Friendship School will be hosting the Commissioner of Early Childhood in late February to share insights and advocate for support for ECE funding support for programming for children.

The Office of Teaching & Learning has launched a new network for school leaders on equity proposed by the Shoreline Equity Network.

LEARN continues to review and update policies each month. Approved new policy # 6159; "Special Education /Planning and Placement Team, and revised policy # 5149, Students; "On-Campus Recruitment,"

Roundtable discussion- With the governor expected to announce new protocols for masking throughout the state, the topic continues to be a very contentious subject. Mask policy provides district superintendents many challenges due to conflicting health reporting information and guidance from the local, state, and federal agencies. There are also many concerns from staff, students, and parents to be considered as the various groups are often pitted against one another on the subject. Many administrators and boards of ed are currently surveying their districts to get a sense of which way to move forward. East Haddam has decided upon making mask wearing optional by announcing that it will be a personal choice and ask that decisions made by individuals should be respected.

P 4118.239

Personnel - Certified/Non-Certified**Required COVID-19 Vaccinations**

The Board of Education (Board) recognizes the importance of protecting the health and safety of students, staff and the community during the COVID-19 pandemic. Therefore, in accordance with the Governor's Executive Order 13D, the Board requires that all staff within District schools, as defined by this policy, are required to receive at least one dose of a COVID-19 vaccine by September 27, 2021. Those not vaccinated by such date due to certain exemptions are required to be tested for COVID-19 on a weekly basis.

Definitions

For purposes of this policy, the following definitions shall apply:

"Fully vaccinated" means at least 14 days have elapsed since a person has received the final dose of a vaccine approved for use against COVID-19 by the U.S. Food and Drug Administration, or as otherwise defined by the Centers for Disease Control.

"Board" refers to the operator of any public or non-public preK through grade 12 school.

"Contract Worker" means any person who provides service to the Board, but is not employed by the Board and is not a volunteer.

"Covered Worker" refers to all employees, both full and part-time, contractors, providers, assistants, substitutes, and other individuals working in a public or non-public pre-K to grade 12 school including individuals providing operational or custodial services or administrative support or any person whose job duties require them to make regular or frequent visits to any such schools.

Covered Worker does not include a contractor or employee of an outside vendor who visits a public or non-public pre-K through grade 12 school only to provide one-time or limited-duration repairs, services, or construction, or a volunteer.

"Contractor" refers to any person or business entity, including a vendor of support services or subcontractor that provides the personnel who function as contract workers, state employees, state hospital employees, or covered workers to a covered state agency, Board, or child care facility.

COVID-19 Vaccination Requirements

Vaccines shall be required as provided below.

COVID-19 Vaccination Requirements (continued)

On and after September 27, 2021, the Board shall, prior to extending an offer of employment to, or entering into a contract for the in-person services of, a covered worker or an entity that employs a covered worker, require that any covered worker:

1. is fully vaccinated against COVID-19,
2. has received the first dose and has either received a second dose or has an appointment for the second dose in a two-dose series vaccination, such as Pfizer or Moderna vaccines, or has received a single-dose vaccine, such as Johnson & Johnson's Janssen vaccine,
3. is exempt from this requirement because a physician, physician's assistant, or advanced practice registered nurse determined that the administration of COVID-19 vaccine is likely to be detrimental to the covered worker's health, or the covered worker objects to vaccination on the basis of a sincerely held religious or spiritual belief, and the covered worker is able to perform their essential job functions with a reasonable accommodation that is not an undue burden on the Board or child care facility; provided that any covered worker claiming such exemption shall apply for an exemption on the basis of medical conditions or sincerely held religious or spiritual beliefs.

Each request for an exemption will be considered on an individualized, case by case basis. Employees who have applied for an exemption must provide appropriate supporting documentation upon request.

4. A covered worker who is hired before September 27, 2021 may, as an alternative to vaccination, and regardless of whether such worker has a medical or religious exemption, comply with the testing requirements contained within this policy.

On and after September 27, 2021, the Board shall not employ, or maintain a contract for the provision of in-person services of, any covered worker or an entity that employs a covered worker, unless such covered worker:

1. is fully vaccinated against COVID-19,
2. has received the first dose and has either received a second dose or has an appointment for the second dose in a two-dose series vaccination, such as Pfizer or Moderna vaccines, or has received a single-dose vaccine, such as Johnson & Johnson's Janssen vaccine, or

COVID-19 Vaccination Requirements (continued)

3. is exempt from this requirement because a physician, physician's assistant, or advanced practice registered nurse determined that the administration of COVID-19 vaccine is likely to be detrimental to the covered worker's health, or the individual objects to vaccination on the basis of a sincerely held religious or spiritual belief, and the covered worker is able to perform their essential job functions with a reasonable accommodation that is not an undue burden on the Board or child care facility; provided that any Board or childcare facility employee claiming such exemption shall apply for an exemption due to medical conditions or sincerely held religious or spiritual beliefs.

Each request for an exemption will be considered on an individualized, case by case basis. Employees who have applied for an exemption must provide appropriate supporting documentation upon request.

4. A covered worker who is hired before September 27, 2021 may, as an alternative to vaccination, and regardless of whether such worker has a medical or religious exemption, comply with the testing requirements contained within this policy.

On and after September 27, 2021, the Board will not employ, or contract for the provision of services from, any covered worker or entity that employs a covered worker subject to the conditions above and is not exempt who has received the first dose of a two-dose series vaccination but fails to receive the second dose on the appropriate date as recommended by CDC or at the scheduled appointment without good cause.

Vaccination Verification and Testing for Covered Workers

The Board shall authenticate, or where applicable, require that the contractor providing the services of a covered worker authenticate, the vaccination status of covered workers, maintain documentation of vaccination or exemption of such covered workers, and report compliance with this order in a form and manner directed by the Department of Public Health.

Through this policy, or where applicable the Board direction to a contractor of a covered worker to implement a policy, covered workers who have not demonstrated proof of either full vaccination are required to submit to COVID-19 testing one time per week on an ongoing basis until fully vaccinated. Adequate proof of the test results on a weekly basis shall be presented to the Board. This requirement shall take effect on September 27, 2021.

COVID-19 Vaccination Requirements (continued)

Acceptable Proof of Vaccination

Covered workers may demonstrate proof of vaccination by providing one of the following:

1. CDC COVID-19 Vaccination Record Card or photo of the Vaccination Record Card;
2. Documentation from a health care provider or electronic health care records;
3. State Immunization Information record; or
4. Other documentation prescribed by the Commissioner of Public Health.

Personal attestation will not be accepted as an acceptable form of proof of a COVID-19 vaccination. (The Commissioner of Public Health may promulgate binding standards for authentication of a Vaccination Record Card.)

Violations and Enforcement

Any covered worker who fails to comply with this policy shall not be allowed on the premises of the Board until the individual provides adequate proof of compliance or without prior written authorization of the Board.

The Board recognizes that it will be in violation of this policy, based on the Governor's Executive Order, when it permits a covered worker who has not complied with this policy to be in a pre-K through grade 12 school, to make regular or frequent visits to any such school facility, or to have regular or frequent contact with children in child care, students, or staff.

The Board also commits a violation if it fails to authenticate the vaccination status of a covered worker or contract worker, maintain documentation of vaccination, testing, or allowable exemptions as required.

The Board recognizes that if the State Department of Education (SDE) determines that the Board is not in compliance with the requirements of this policy, the SDE may require Board to forfeit a portion of the total sum which is paid to the Board from the State Treasury in an amount to be determined by the Commissioner of Education, which amount shall be not less than one thousand dollars nor more than ten thousand dollars.

Any forfeited amount shall be withheld from a grant payment, as determined by the Commissioner, during the fiscal year following the fiscal year in which noncompliance is determined. (The Commissioner of Education may waive such forfeiture if the Commissioner determines that the failure of a Board to comply with such a provision was due to circumstances beyond its control.)

COVID-19 Vaccination Requirements (continued)

Policy Duration

This policy shall remain in effect through February 15, 2022 unless earlier modified or terminated by the Board of Education based upon a subsequent executive order of the Governor or by the expiration of its enabling executive order.

Legal Reference Connecticut General Statutes

10-145 Certificate necessary to employment. Forfeiture for noncompliance. Substitute teachers.

Governor's Executive Order No. 13D, August 19, 2021

Governor's Executive Order No. 13G, September 10, 2021

Governor's Executive Order No. 14, September 28, 2021

Governor's Executive Order No. 14a, September 30, 2021

Policy adopted:

GROTON PUBLIC SCHOOLS
Groton, Connecticut

Personnel - Certified/Non-Certified**Required COVID-19 Vaccinations**

(Implementation Guidance for Executive Order 13G: Vaccination Mandate for Individuals Working for State Facilities, State Hospitals, Public and Non-Public Pre K–12 Schools, and Child Care Facilities Updated September 17, 2021)

This administrative regulation sets forth the form and manner in which individuals subject to the Executive Order 13D & 13G must prove and authenticate their vaccination status or request an exemption from the mandate and includes the requirements for proving compliance with the related testing mandate if the individual is working under an approved exemption. It is based upon the Connecticut Department of Public Health's "Implementation guidance for Executive Order 13G," and is subject to any future modification made to such document.

I. Proving and Authenticating Vaccination Status for Individuals Subject to the Order**A. Proof of Vaccination**

Individuals may prove their COVID-19 vaccination status by providing to Board, or other designee a copy of any one of the following categories of documentation plus a signed declaration of authenticity:

1. A valid CDC Vaccination Card.

The CDC Vaccination Card must contain the name and date of birth of the individual, the manufacturer of the COVID-19 vaccine that was administered, and the date(s) on which the vaccine was administered; or

2. A record from the individual's vaccine provider indicating the name and date of birth of the individual, the manufacturer of the COVID-19 vaccine that was administered, and the date(s) on which the vaccine was administered ("Provider Vaccination Record"); or
3. A certificate from the Vaccine Administration Management System ("VAMS"), if the individual received vaccination through the VAMS system ("VAMS Certificate"). The VAMS Certificate must contain the name and date of birth of the individual, the manufacturer of the COVID-19 vaccine that was administered, and the date(s) on which the vaccine was administered; or
4. A copy of the individual's official immunization record from the Connecticut Immunization Information System, CT WiZ. Valid CT WiZ immunization records contain the name and date of birth of the individual, the manufacturer of the COVID-19 vaccine that was administered, and the date(s) on which the vaccine was administered. Individuals may download a copy of their record by visiting <https://portal.ct.gov/DPH/Immunizations/CT-WiZ-Access-My-ImmunizationRecord>

Required COVID-19 Vaccinations

I. Proving and Authenticating Vaccination Status for Individuals Subject to the Order (continued)**B. Declaration of Authenticity of Vaccination Record**

Individuals shall complete and sign a declaration as to the authenticity of their proof of vaccination. Proof of vaccination will not be deemed valid unless accompanied by the individual's signed declaration.

A sample declaration form is included in Appendix A.

II. Exemptions and Testing Requirements**A. Medical Exemptions**

Individuals who cannot receive COVID-19 vaccination because the administration of COVID-19 vaccine is likely to be detrimental to the individual's health must request an exemption from the Executive Order. Medical exemption forms must be signed by the individual's physician (MD or DO), physician's assistant (PA), or advance practice nurse practitioner (APRN). Covered Workers may use the medical exemption request form, Appendix B, provided by their school.

B. Religious or Spiritual Exemptions

Individuals who object to vaccination on the basis of a sincerely held religious or spiritual belief may request an exemption from the Executive Order.

Covered Workers may use the religious or spiritual exemption request form provided by the Board (Appendix C).

C. Testing Requirements

Covered workers in PreK-12 schools and child care facilities who are not "fully vaccinated" (as defined by the Executive Order) by September 27, 2021 must test for SARS-CoV-2 (the virus that causes COVID-19) at least weekly (i.e., at least one test every 7 days) unless they can provide documented proof that they have tested positive for, or been diagnosed with, COVID-19 infection in the prior 90 days (Appendix D).

To comply with the testing requirement, testing must be either PCR or antigen SARS-CoV-2 tests and must be administered and reported by a state licensed clinical laboratory, pharmacy-based testing provider, or other healthcare provider facility with a current Clinical Laboratory Improvement Amendments (CLIA) waiver.

Required COVID-19 Vaccinations**II. Exemptions and Testing Requirements (continued)****C. Testing Requirements (continued)**

Only test results submitted to the Board can within 72 hours of the test administration date will be deemed compliant with the testing requirement. Test result reports should include the name and location of the testing laboratory or provider facility performing the test, the name of the person tested, the date the sample was collected, and the test result. Home-based testing and results obtained outside of a facility of the type indicated above are not considered adequate proof of a SARS-CoV-2 test for the purposes of complying with the Executive Order.

III. Document Submissions**A. Vaccine and Exemption Documents**

Covered workers should follow the District's established process. The required documentation must be submitted in a timely and secure manner. These processes may be developed, implemented, and maintained either on-site through facility staff, or through an authorized third party.

B. Testing Documents

Covered workers should follow the District's established process to submit required documentation in a timely and secure manner. These processes may be developed, implemented, and maintained either on-site through facility staff, or through an authorized third party. Individuals in PreK-12 schools or childcare facilities should inquire with their employer about the appropriate process for submitting adequate proof of SARS-CoV-2 test results on a weekly basis. Processing delays with vaccine providers, VAMS, web-based applications, laboratories, medical providers, or state agencies will not excuse compliance with the Executive Order.

Covered workers who wish to request a temporary waiver from SARS-CoV-2 testing on the basis of having had COVID-19 within the prior 90 days must submit a copy of the Temporary Waiver request (Appendix D), completed and signed by their healthcare provider, using the submission format and process designated by their facility for submitting test results.

Any individual granted a temporary waiver from SARS-CoV-2 must return to regular weekly testing after the expiration date indicated on the waiver form if they are not fully vaccinated by that date.

Required COVID-19 Vaccinations**III. Document Submissions (continued)****C. No Extensions**

The Executive Order requires the submission of the appropriate vaccination documentation, requests for exemptions, and/or test results by the September 27, 2021 deadline. Individuals subject to this Executive Order are solely responsible for gathering and submitting all required documentation in advance of the established deadline in order to ensure that they are in compliance on and after September 27, 2021.

Processing delays with vaccine or healthcare providers, VAMS, web-based applications, or state agencies will not excuse compliance with the Executive Order.

IV. Maintaining Documentation to Demonstrate Compliance with the Order**A. Required Documents**

The District will maintain either in paper or electronic format, the following information for all covered workers who are subject to the Executive Order. Such information shall be either physically on-site or maintained by an authorized third party, shall be kept current, and shall be made available to appropriate State regulatory agencies upon request. The District need not maintain similar documentation for contract workers, but must require contractors to positively affirm that contract workers and their Contractors are in compliance with the provisions of the Executive Order prior to granting those workers access to their facilities.

Contractors shall also maintain either in paper or electronic format, the following information for their contract workers.

Required documents include:

1. A master roster of all individuals subject to the Executive Order (including employees, contract workers, and others) and including each individual's status as:
 - a. fully vaccinated, or
 - b. having received their first dose of a two-dose COVID-19 vaccine prior to September 27, 2021 and the scheduled date of their second dose appointment that conforms to current Advisory Committee on Immunization Practices (ACIP) recommendations for COVID-19 vaccine dosing schedules, or
 - c. granted an exemption from vaccination on the basis of a medical condition or firmly held religious or spiritual belief.
 - d. having chosen to submit to weekly testing in lieu of being fully vaccinated for COVID-19.

Required COVID-19 Vaccinations**IV. Maintaining Documentation to Demonstrate Compliance with the Order (continued)****A. Required Documents (continued)**

2. A COVID-19 vaccination record for each fully or partially vaccinated individual, as well as a completed and signed declaration of authenticity of any vaccination record for individuals who have submitted a copy of a vaccination record as proof of vaccination.
3. A completed, signed, and approved medical exemption or religious/spiritual exemption form for each individual who has not been fully or partially vaccinated and has been granted an exemption.
4. Documented adequate proof of the results of a weekly test for SARS-CoV-2 for each individual who is not fully vaccinated and has not had a documented COVID-19 infection within the prior 90 days.
5. A completed and appropriately provider certified request for a temporary waiver from weekly SARS-CoV-2 testing for individuals with a documented COVID-19 infection within the prior 90 days.

B. Exemption Forms

Templates for medical and religious/spiritual exemption forms are included in Appendix B (medical) and Appendix C (religious/spiritual). Medical exemption forms must be signed by the physician (MD or DO), physician's assistant (PA), or nurse practitioner (APRN) from whom the individual is currently receiving care.

As outlined in the Executive Order covered workers may voluntarily opt for weekly testing for SARS-CoV-2 rather than receiving vaccination for COVID-19. Individuals opting for weekly testing in lieu of vaccination will be required to submit at least one negative SARS-CoV-2 test result every 7 days and comply with all other provisions of the Executive Order in order to retain access to on-site work.

C. Testing Documentation: Adequate Proof of Weekly Negative SARS-CoV-2 Test Results.

Covered workers who are not fully vaccinated by September 27, 2021, and who cannot provide documented proof that they have tested positive for, or been diagnosed with, COVID-19 infection in the prior 90 days, are required to test for SARS-CoV-2 weekly (i.e., at least once every 7 days) and submit "adequate proof of the results" of SARS-CoV-2 testing to the Board, using the process determined by their applicable facility.

Required COVID-19 Vaccinations**IV. Maintaining Documentation to Demonstrate Compliance with the Order (continued)****C. Testing Documentation: Adequate Proof of Weekly Negative SARS-CoV-2 Test Results. (continued)**

Individuals who are required to test for SARS-CoV-2 under the Executive Order shall be considered to have submitted adequate proof of a SARS-CoV-2 test result if they provide evidence of a PCR or antigen SARS-CoV-2 test administered within the prior 72 hours, and for which the test was performed by, and the result reported by, a state licensed clinical laboratory, pharmacy-based testing provider, or other healthcare provider facility with a current Clinical Laboratory Improvement Amendments (CLIA) waiver, that includes the name and location of the testing laboratory or provider facility performing the test, the name of the person tested, the date the sample was collected, and the test result. Home-based testing and results obtained outside of a facility of the type indicated above are not considered adequate proof of a SARS-CoV-2 test for the purposes of complying with the Executive Order.

Covered workers who have been granted an exemption from vaccination on the basis of a medical condition or firmly held religious or spiritual beliefs must comply with the foregoing testing requirements. In addition, covered workers without an exemption but who have chosen to submit weekly test results for SARS-CoV-2 rather than be vaccinated for COVID-19 must also comply with the foregoing testing requirements.

Covered workers, and/or contract workers should not be provided access to any of the facilities covered under this Executive Order unless the most recent test result provided, as required by the Order, is “negative” or indicate that virus material is “not detected”. Results provided as “inconclusive” are not considered negative results and as such require retesting. If an individual receives an inconclusive result and cannot be retested and provide a negative result within 7 days of their last negative test, then that individual should be excluded from on-site work until they can provide a negative test result.

V. Responsibility for Ensuring Continuous Compliance with the Order

The District must ensure compliance with the Order as of September 27, 2021, including ensuring that all covered workers (inclusive of employees and contract workers) have:

1. submitted proof of their status as fully vaccinated (as defined above); or
2. submitted proof of a single dose of a two-dose COVID-19 vaccine and provided the date of a scheduled second dose appointment; or
3. requested and been granted a medical or religious/spiritual exemption from COVID-19 vaccination; and

Required COVID-19 Vaccinations**V. Responsibility for Ensuring Continuous Compliance with the Order (continued)**

4. if not fully vaccinated, submitted adequate proof of a negative test for SARS-CoV-2 in the prior 7 days, unless the individual has been granted a temporary testing waiver based upon a documented COVID-19 infection within the prior 90 days.

After September 27, 2021, the District must restrict access to their facilities for those individuals who fall out of compliance at any time with the requirements of the Order, including but not limited to failure to submit adequate proof of a weekly COVID-19 test result and/or failure to receive a second dose of a two-dose vaccine when scheduled and in compliance with current Advisory Committee on Immunization Practices (ACIP) recommendations for COVID-19 vaccine dosing schedules.

The District is responsible to secure compliance reports from contractors regarding their contract workers' compliance with the Executive Order. At a minimum, periodic reporting of numbers of contract workers who are vaccinated, have been granted an exemption, and are subject to weekly testing should be reported to the Board at a frequency that the Board facility determines is sufficient to assure compliance.

VI. Enforcement and Inspection

The Board of Education is required to collect and maintain copies of the required documentation for employees and other covered workers, and to ensure compliance with the Executive Order, by the September 27th deadline. The Board must make available for inspection by the State Department of Education any documentation required to confirm compliance with the Order, upon request.

Required COVID-19 Vaccinations**Appendix A****Declaration Attesting to the Authenticity of an Individual's COVID-19 Vaccination Record****COVID-19 Vaccination Record Declaration**

Pursuant to Executive Order No. 13G, State Employees, State Hospital Employees, all individuals working in a public or non-public PreK-12 school or Child Care Facility ("covered workers"), and any contract workers in these facilities must be fully vaccinated for COVID-19, partially vaccinated with one dose of a two-dose COVID-19 vaccine regimen and have a scheduled second dose appointment, prior to September 27, 2021; or be exempted from the vaccine requirement for reasons of medical contraindication or firmly held religious or spiritual belief. Individuals submitting a copy of an official CDC Vaccination Card or any other record as stipulated in Executive Order No. 13G to verify their vaccine status must also include a declaration attesting to the authenticity of that documentation.

If you are using an electronic or paper copy of a CDC Vaccination Card or other official record to verify your vaccine status, please complete this declaration form and submit it to the individual(s) designated by the facility to receive these forms.

Name: _____ Date of Birth: _____

Job Title: _____ Employee Number: _____

Agency/Department: _____

Manager/Supervisor: _____

Email: _____ Cell Phone: _____

Home Phone: _____ Work Phone: _____

If you do not have access to a smart phone or computer, you can submit your information via email at Statecovid@wellsparkhealth.com or fax to 860-678-5207 or 860-678-5229. Please include proof of vaccination. Even if you are only partially vaccinated, please include that information as well. Please include proof of vaccination. Even if you are only partially vaccinated, please include that information as well.

Your signature below indicates agreement with the following statement:

I declare and attest that the attached official record is a copy of my personal vaccination record and that the information included in that document is true and accurate, to the best of my knowledge. I understand that the submission of false information to a covered state agency, Board, child care facility, the State of Connecticut or its agents or representatives is punishable pursuant to Section 53a157b of the Connecticut General Statutes by a fine of not more than \$2,000 or imprisonment of not more than one year. I understand that it is a crime under federal law to use, buy, sell, or transfer a CDC vaccination card knowing that it is fraudulent. A violation of this federal law is punishable by a fine or imprisonment of up to five years. 18 U.S.C. SEC.017;

Employee Signature

Date

Required COVID-19 Vaccinations**Request for Medical Exemption for COVID-19 Vaccination**

Pursuant to Executive Order No. 13G, Covered State Agencies, Boards, or Child Care Facilities may exempt an individual from the facility's COVID-19 vaccination requirement if the individual's physician (MD or DO), physician assistant (PA), or advanced practice registered nurse (APRN) determines that the administration of the COVID-19 vaccine is likely to be detrimental to the individual's health. In such cases, the facility may allow the individual to continue to access on-site facilities if the individual:

1. is able to perform their essential job functions with a reasonable accommodation that is not an undue burden on the facility,
2. does not pose a direct threat to the health or welfare of others, and
3. submits adequate proof of a negative test for SARS-CoV-2 on a weekly basis.

To request a medical exemption to the COVID-19 vaccination requirement, please complete the information below and have your physician, physician assistant, or advanced practice registered nurse complete the information on the pages that follow. Once the form is completed, please submit it to the individual designated by the facility.

EMPLOYEE REQUESTING EXEMPTION:

Name: _____ Date of Birth: _____
Job Title: _____ Employee Number: _____
Agency/Department: _____
Manager/Supervisor: _____
Email: _____ Cell Phone: _____
Home Phone: _____ Work Phone: _____

Required COVID-19 Vaccinations

Form 1

COVID-19 Vaccination Medical Exemption Request Form

HEALTHCARE PROVIDER CERTIFICATION

Patient Name: _____

Dear Healthcare Provider:

The above-named individual has requested a medical exemption from COVID-19 vaccination as required by their employer under the Governor's Executive Order No. 13G. This request for exemption will be evaluated based on the medical information you provide. A medical exemption is allowed only for currently recognized contraindications or other compelling medical reasons.

We encourage you to listen carefully to your patient's concerns regarding vaccination and provide information that will help them make a fully informed decision. The CDC also provides information that is helpful in overcoming vaccine hesitancy. For some patients, specialists in allergies and immunology may be able to provide additional care and advice. Please include any related medical information connected to your assessment.

Please complete this form if the person listed above seeking a medical exemption is your patient, you agree that this patient has medical contraindications to receiving all currently available COVID-19 vaccines, and you recommend that this patient should NOT be vaccinated for COVID-19 based on their individual medical condition(s). More information on clinical considerations for COVID-19 vaccination, including contraindications, can be found on the CDC website:

<https://www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html>

Directions:

Part 1. Please complete the Provider Information requested.

Part 2. Please mark the currently recognized contraindications/precautions that apply to this patient (indicate all that apply).

Part 3. If no contraindications or precautions apply in Part 2 but you are still indicating a need for medical exemption from COVID-19 vaccination for this patient, provide a brief explanation of your reasoning for this opinion.

Part 4. Read, sign, and date the Statement of Clinical Opinion.

Patient Name: _____

Part 1. Provider Information:

Physician (MD or DO)/Physician Assistant/Nurse Practitioner (APRN) Name (print):

Name and Address of Practice:

Contact Phone Number: _____ Email: _____

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Required COVID-19 Vaccinations

Form 1 – cont.

State License Number: _____

Part 2. Specific Contraindications

Medical contraindications and precautions for COVID-19 vaccine are based upon the Advisory Committee on Immunization Practices (ACIP) Interim Clinical Considerations for Use of COVID-19 Vaccines Currently Approved or Authorized in the United States, published by the Centers for Disease Control and Prevention.

A **contraindication** is a condition in a recipient that increases the risk for a serious vaccine adverse event (VAE) or compromises the ability of the vaccine to produce immunity.

A **precaution** is a condition in a recipient that might increase the risk for a serious VAE or that might compromise the ability of the vaccine to produce immunity. Under normal conditions, vaccinations are deferred when a precaution is self-limiting, but can be administered if the precaution condition improves.

Neither contraindications nor precautions to COVID-19 vaccination

Allergic reactions (including severe allergic reactions) not related to vaccines (COVID-19 or other vaccines) or injectable therapies, such as allergic reactions related to food, pet, venom, or environmental allergies, or allergies to oral medications (including the oral equivalents of injectable medications), are not a contraindication or precaution to COVID-19 vaccination. The vial stoppers of COVID-19 vaccines are not made with natural rubber latex, and there is no contraindication or precaution to vaccination for people with a latex allergy. In addition, because the COVID-19 vaccines do not contain eggs or gelatin, people with allergies to these substances do not have a contraindication or precaution to vaccination.

Delayed-onset local reactions have been reported after mRNA vaccination in some individuals beginning a few days through the second week after the first dose and are sometimes quite large. People with only a delayed-onset local reaction (e.g., erythema, induration, pruritus) around the injection site area after the first vaccine dose do not have a contraindication or precaution to the second dose. These individuals should receive the second dose using the same vaccine product as the first dose at the recommended interval, preferably in the opposite arm.

Please mark the vaccine(s), exemption duration, and all contraindications/precautions that apply to this patient for each vaccine.

CDC Recognized Contraindications and Precautions

COVID-19 Vaccines included in exemption

- ☐ Pfizer mRNA vaccine
- ☐ Moderna mRNA vaccine
- ☐ Janssen/ J&J viral vector vaccine

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Required COVID-19 Vaccinations

Exemption Duration ACIP Contraindications and Precautions (Check all that apply)

☐ Temporary through: ____/____/____ (mm/yyyy)

☐ Permanent

Contraindications

☐ Severe allergic reaction* (e.g., anaphylaxis) after a previous dose or to a component of the COVID-19 vaccine

☐ Immediate allergic reaction* of any severity to a previous dose or known (diagnosed) allergy to a component of the COVID-19 vaccine

Precautions

☐ History of an immediate allergic reaction* to any vaccine other than COVID-19 vaccine

☐ History of an immediate allergic reaction* to any injectable therapy (i.e., intramuscular, intravenous, or subcutaneous vaccines or therapies [excluding subcutaneous immunotherapy for allergies, i.e., "allergy shots"])

☐ History of an immediate allergic reaction* to a vaccine or injectable therapy that contains multiple components, one or more of which is a component of a COVID-19 vaccine, have a precaution to vaccination with that COVID-19 vaccine, even if it is unknown which component elicited the allergic reaction

** Immediate allergic reaction to a vaccine or medication is defined as any hypersensitivity-related signs or symptoms consistent with urticaria, angioedema, respiratory distress (e.g., wheezing, stridor), or anaphylaxis that occur within four hours following administration.*

Part 3. Other Medical Condition Necessitating Exemption

If claiming the need for a medical exemption from COVID-19 vaccination for this patient based on a condition that does not meet any of the ACIP criteria for a contraindication or precaution listed in Part 2, provide an explanation of your reasoning for this opinion below.

Submit your information via email to: _____ or fax to: _____. If you have filed for a medical or religious exemption, you are not considered compliant until that exception is officially approved upon review. Please be reminded that you must submit weekly testing results.

PROVIDER CERTIFICATION: In accord with the legal requirements of Executive Order 13G, I certify that the above-named individual should be granted a medical exemption from COVID-19 vaccination because I have reviewed the clinical considerations for COVID-19 vaccination and accordingly have determined that the administration of a COVID-19 vaccine would be detrimental to the individual's health. I understand that it is a crime under Connecticut State law to provide false information in response to the provisions of this Executive Order, punishable pursuant to Section 53a-157b of the Connecticut General Statutes by a fine of not more than \$2,000 or imprisonment of not more than one year.

Signature: _____ Date: _____

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Required COVID-19 Vaccinations

Appendix C

Request for Religious or Spiritual Exemption from Mandatory COVID-19 Vaccination Order

Pursuant to Executive Order No. 13G, Covered State Agencies, Boards, or Child Care Facilities may exempt an individual from the facility's COVID-19 vaccination requirement if an individual objects to the vaccination based on sincerely held religious or spiritual beliefs and practices. In such cases, the facility may allow the individual to continue to perform their job functions if the individual:

1. is able to perform their essential job functions with a reasonable accommodation that is not an undue burden on the facility,
2. does not pose a direct threat to the health or welfare of others, and
3. submits adequate proof of a negative test for SARS-CoV-2 on a weekly basis

If you have a sincerely held religious belief that you believe prevents you from receiving the COVID-19 vaccine, you must sign and submit this form for consideration through the school office or via email or faxed copy. All requests and supporting documentation will be reviewed by the district by a designee of the superintendent. The district designated representative may contact you for additional information or for clarification, as deemed necessary.

A "sincerely held religious or spiritual belief":

- should be more than a social, economic, or political philosophy; and
- need not be tied to a specific religious organization, but should relate to a belief system that is comprehensive and addresses fundamental and/or ultimate questions.

The completed form together with any supporting documentation must be signed and uploaded/forwarded by no later than September 27, 2021. All requests are considered pending until the requestor receives notice of an approval or denial.

To request an individual exemption from required COVID-19 vaccination on the basis of a firmly held religious or spiritual belief, please complete this form and submit it to the individual(s) designated by your facility to receive these forms.

Name: _____ Date of Birth: _____

Job Title: _____ Employee Number: _____

Agency/Department: _____

Manager/Supervisor: _____

Email: _____ Cell Phone: _____

Home Phone: _____ Work Phone: _____

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Required COVID-19 Vaccinations

Appendix C (continued)

Request for Religious or Spiritual Exemption from Mandatory COVID-19 Vaccination Order

In the space below, please provide a personal statement detailing the religious or spiritual basis for your vaccination objection, explaining why you are requesting this religious or spiritual exemption, the religious or spiritual principle(s) that guide your objection to vaccination, and the religious or spiritual basis that prohibits you from receiving the COVID-19 vaccination. Please attach additional documentation, if necessary. A District representative may need to discuss the nature of your religious or spiritual belief(s), practice(s) and/or request for exemption with your witness or religious leader(s) (if applicable) and will contact you if that becomes necessary. The District-designated representative may also request additional supporting documentation if needed.

Have you received immunizations in the past? ☐ Yes or ☐ No (check one)

If yes to the previous question, please provide an explanation detailing any changes in your religion, belief, or observance that have occurred since your last immunization, or the reason(s) that you believe your religion, belief, or observance prevents you from receiving the COVID-19 vaccine:

Submit your information via email to: _____ or fax to _____. If you have filed for a medical or religious exemption, you are not considered compliant until that exception is officially approved upon review. Please be reminded that you must submit weekly testing results.

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Required COVID-19 Vaccinations

Appendix C (continued)

Request for Religious or Spiritual Exemption from Mandatory COVID-19 Vaccination Order

By signing this form, you certify that the information you have provided in connection with this request is accurate and complete as of the date of submission. You understand this exemption may be revoked and you may be subject to disciplinary action if any of the information you provided in support of this exemption is false. You further acknowledge that if your request is approved, you will receive a religious or spiritual exemption from receiving the COVID-19 vaccine and will be required to comply with the testing requirement set out in Executive Order No. 13G. You also acknowledge that you have read the CDC Covid-19 Vaccine Information, which can be found via the link provided here:

<https://www.cdc.gov/coronavirus/2019-ncov/vaccines/index.html>

You also certify that you understand that it is a crime under Connecticut State law to provide false information in response to the provisions of this Executive Order, punishable pursuant to Section 53a-157b of the Connecticut General Statutes by a fine of not more than \$2,000 or imprisonment of not more than one year.

Printed/Typed name: _____

Signature _____ Date _____

Required COVID-19 Vaccinations

Appendix D

Temporary Waiver from Weekly COVID-19 Testing on the Basis of Prior COVID-19 Infection

Pursuant to Executive Order No. 13G, Covered State Agencies, School Boards, or Child Care Facilities may allow individuals who are not fully vaccinated to continue to access on-site facilities only if the individual:

1. is able to perform their essential job functions with a reasonable accommodation that is not an undue burden on the facility,
2. does not pose a direct threat to the health or welfare of others, and
3. submits adequate proof of a negative test for SARS-CoV-2 on a weekly basis

CDC recommends that individuals who have **had documented COVID-19 within the prior 90 days** should not be included in screening testing programs for asymptomatic people. This is because some components of viral RNA may remain present in a COVID-19 recovered person's body for up to 90 days, and as a result cause a person to test positive for SARS-CoV-2 even when they are not actively infected (i.e., false positives). Individuals who are experiencing symptoms of COVID-19 who have been infected in the prior 90 days should consult with their healthcare provider regarding the utility of SARS-CoV-2 testing.

If you are a state employee or other covered worker subject to the provisions of Executive Order No. 13G, you may request a temporary waiver from the weekly SARS-CoV-2 testing portion of the Executive Order requirements for the 90 days after your COVID-19 diagnosis. To request this waiver, individuals must have their healthcare provider complete the information below and both you and your healthcare provider must attest to the accuracy of the information provided. Once the form is completed, please submit it to the individual designated by the facility to receive this request.

EMPLOYEE REQUESTING EXEMPTION:

Name: _____ Date of Birth: _____

Job Title: _____ Employee Number: _____

Agency/Department: _____

Manager/Supervisor: _____

Email: _____ Cell Phone: _____

Home Phone: _____ Work Phone: _____

R 4118.239

Required COVID-19 Vaccinations

Form 2

HEALTHCARE PROVIDER CERTIFICATION

Patient Name: _____

Dear Healthcare Provider:

The above-named individual has requested to be temporarily excused from SARS-CoV-2 testing, as required by their employer under the Governor's Executive Order No. 13G, on the basis of having had COVID-19 within the prior 90 days. This request for a temporary waiver will be evaluated based on the information you provide.

Please complete this form if the person listed above seeking a temporary waiver from SARS-CoV-2 testing is your patient and you can positively attest that this patient had COVID-19 at some point in the prior 90 days. More information on recommendations for SARS-CoV-2 testing, including under what conditions testing is or is not recommended, can be found on the CDC website:

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/testing-overview.html>.

Directions:

Part 1. Please complete the Provider Information requested.

Part 2. Please mark the applicable basis for your recommendation for a temporary waiver for this patient, and the date of diagnosis and applicable date of expiration of the waiver.

Part 3. Read, sign, and date the Statement of Clinical Opinion.

Part 1. Provider Information:

Physician (MD or DO)/Physician Assistant/Nurse Practitioner (APRN) Name (print):

Name and Address of Practice:

Contact Phone Number: _____ ***Email:*** _____

State License Number: _____

Part 2. Basis of Verification of Patient's Current or Prior COVID-19 Status

In this section, indicate the basis on which you can affirmatively verify that the individual requesting this temporary waiver has had an active SARS-CoV-2 infection within the prior 90 days.

R 4118.239

Required COVID-19 Vaccinations

Form 2 (continued)

Please check off any of the following that apply:

☐ I have verified that this individual had a positive test for SARS-CoV-2 performed by, and the result reported by, a state licensed clinical laboratory, pharmacy-based testing provider, or other appropriate healthcare provider facility within the prior 90 days

☐ I had diagnosed this individual with COVID-19 within the prior 90 days based on his or her symptom presentation and history of close contact with another COVID-19 case

Patient Name: _____

☐ I had diagnosed this individual with COVID-19 within the prior 90 days on some other clinical basis (must specify below): _____

Date of COVID-19 diagnosis: _____

Date of Waiver Expiration: _____ (90 days after date listed above)

Submit your information via email to: _____ or fax to: _____. If you have filed for a medical or religious exemption, you are not considered compliant until that exception is officially approved upon review. Please be reminded that you must submit weekly testing results.

Part 3: Statement of Clinical Opinion

Your signature below indicates agreement with the following statement:

PROVIDER CERTIFICATION: In accord with the legal requirements of Executive Order 13G, I certify that the above-named individual should be granted a temporary waiver from SARS-CoV-2 testing based on their having had COVID-19 within the prior 90 days. I understand that it is a crime under Connecticut State law to provide false information in response to the provisions of this Executive Order, punishable pursuant to Section 53a-157b of the Connecticut General Statutes by a fine of not more than \$2,000 or imprisonment of not more than one year.

Signature: _____ Date: _____

R 4118.239

Required COVID-19 Vaccinations

Appendix E

Declaration Attesting to the Authenticity of COVID-19 Test Results Submitted by Employees

COVID-19 Test Results Report Declaration

Pursuant to Executive Order No. 13G, State employees and Covered Workers (as defined in 13G(1)(b), (c), and (f)) who are not fully vaccinated (as defined in 13G(1)(a)) by September 27, 2021, and who cannot provide documented proof of COVID-19 infection in the prior 90 days, are required to submit “adequate proof of the results” of COVID-19 testing (13G(3)(a)(ii) and (b)(ii)) to their Covered State Agency, Board, or Child Care Facility at least weekly (i.e., at least once every 7 days). Individuals submitting a copy of a test result report must also include a declaration attesting to the authenticity of that documentation.

If you are submitting a test result report via email or fax copy, please complete this declaration form and submit it at the same time and in the same manner as you are submitting the test result.

Name: _____

Job Title: _____ Employee Number: _____

Agency/Department: _____

Email: _____ Cell Phone: _____

Home Phone: _____ Work Phone: _____

Test Date: _____

If you do not have access to a smartphone or computer, you can submit your information via email at Statecovid@wellsparkhealth.com or fax to 860-678-5207 or 860-678-5229. Please be sure to include a copy of your test results.

Your signature below indicates agreement with the following statement:

I declare and attest that the attached SARS-CoV-2 test results report was collected on the Test Date listed above and complies with all of the conditions required in Section III (Reporting Requirements) of the Implementation Guidance for Executive Order No. 13G. I attest that the information included in the test results report is true, to the best of my knowledge. I understand that the submission of false information to a covered state agency, the State of Connecticut or its agents or representatives is punishable pursuant to Section 53a-157b of the Connecticut General Statutes by a fine of not more than \$2,000 or imprisonment of not more than one year.

Employee Signature

Date:

R 4118.239

Required COVID-19 Vaccinations

NOTICE

Department of Public Health and Department of Education Temporary Deadline in Flexibility (9/22/21)

The Connecticut State Departments of Education and Public Health have learned that some school districts are concerned about their ability to gather declarations of authenticity of vaccination records from covered workers by the September 27 deadline set forth in the recent Implementation Guidance for Executive Order 13G. (https://portal.ct.gov/-/media/DAS/Statewide-HR/Vaccine-App-Docs-Forms/IMPLEMENTATION-GUIDANCE-FOR-EXECUTIVE-ORDER-13G_Revised_09162021.pdf.) Some school districts have also expressed concern that covered workers may be unable to submit initial negative COVID-19 testing results by the September 27 deadline.

The Departments reiterate that vaccinated covered workers must provide vaccination records in the manner stated in Executive Order No. 13G and the Guidance. Declarations of authenticity must also be provided. However, if covered workers have otherwise submitted their vaccination records, school Boards and contractors may allow such covered workers to provide their declarations of authenticity by October 12, 2021, and to report to work until such declarations are provided. Covered workers should nevertheless be encouraged to submit their declarations of authenticity as soon as possible.

Similarly, current covered workers who are not fully vaccinated must submit to weekly testing as set forth in the Executive Order and Guidance. While covered workers who are not fully vaccinated must take an initial test by end of day on Sunday, September 26, they may submit the results of the test any time between September 24 through October 1 for the week of September 27, and Boards and contractors may allow such covered workers to report to work during the week of September 27. For all weeks thereafter, only test results submitted to a Board or contractor within 72 hours of the test administration date will be deemed compliant with the testing requirement.

We hope this information is helpful in the implementation of Executive Order 13G.

R 4118.239

Required COVID-19 Vaccinations

Form 3

Contractor's Declaration Attesting to Compliance with Executive Order No. 13G

Contractor/Vendor Name	
Contract Address	
PeopleSoft ID (for state contractors) or other information*	

**If PeopleSoft ID does not apply, provide information directed by the covered state agency, Board, or childcare facility.*

As of this date, provide the number of contract workers subject to Executive Order No. 13G who:

- a. Total number of contract workers as defined in Executive Order No. 13G provided under your contract _____
- b. Are fully vaccinated against COVID-19 (at least 14 days have elapsed since a person has received a single-dose vaccine or the second dose of a two-dose COVID-19 vaccine) _____
- c. Are required to submit to and provide results of COVID-19 testing because they are not fully vaccinated
 1. Of those required to submit and provide the results of COVID-19 testing, are partially vaccinated (received first dose and have either received second dose or have an appointment for second dose in a two-dose series vaccination, such as Pfizer or Moderna vaccines, or received a single-dose vaccine, such as Johnson & Johnson vaccine, but 14 days has not elapsed since final dose) _____
 2. Of those required to submit and provide the results of COVID-19 testing, have been granted a medical exemption to vaccination based upon documentation from a physician, physician's assistant, or advanced practice registered nurse stating that the administration of COVID-19 vaccine is likely to be detrimental to the person's health _____
 3. Of those required to submit and provide the results of COVID-19 testing, have been granted an exemption to vaccination on the basis of a sincerely held religious or spiritual belief _____
 4. Are temporarily excused from COVID-19 testing because they have provided documented proof of having a COVID-19 infection in the previous 90 days _____

☐ I affirm that all of the covered workers indicated in Section (a), except those who are fully vaccinated (a) or have had a documented case of COVID-19 in the past 90 days, will (1) have had a negative test for COVID-19 in the 7 days prior to initially accessing any work site related to this contract that is subject to Executive Order No. 13G, (2) continue to be tested once every 7 days for the duration of this contract, and (3) not be allowed to access any work site that is subject to Executive Order No. 13G if they either receive a positive test or fail to be tested at least once per week.

☐ I declare and attest that I am authorized by the Contractor to provide the information contained in this report and that the information included in this report is true and accurate, to the best of my knowledge. I understand that it is a crime under Connecticut law to provide false information in response to the provisions of this Executive Order, punishable pursuant to Section 53a-157b of the Connecticut General Statutes by a fine of not more than \$2,000 or imprisonment of not more than one year.

Signature	Date	
Authorized Person Submitting Report:		
Title:	Email Address:	Phone:

P 4118.237

Personnel - Certified and Non Certified / Students**Face Masks/Coverings**

This policy pertains to students, faculty, staff, and visitors. It has been developed to fulfill the guiding principles contained in the Framework for Connecticut Schools, specifically to safeguard the health and safety of students and staff and to allow all students the opportunity to return into classrooms full time.

The Board of Education (Board) is implementing this masking requirement to promote the safest possible learning, teaching, and work environment for students, faculty, staff and visitors during the COVID-19 pandemic. The first priority of the Board is the health and well-being of students and staff as the district prepares for and implements the safe reopening of schools.

The Center for Disease Control (CDC) and the Connecticut Department of Health (DPH) and the Connecticut State Department of Education, as outlined in Adapt, Advance, Achieve: Connecticut's Plan to Learn and Grow Together requires the wearing of face coverings for all students and staff when they are inside school buildings and while riding school transportation vehicles, with certain exceptions.

Definitions

Face covering/mask - a cloth, paper, or disposable face covering that covers the nose and mouth. It may or may not be medical grade. (Evidence shows that the proper wearing of facial masks or coverings helps stop the spread of the virus, which is currently by droplets when an individual coughs, sneezes, or talks.)

Face shield - a clear, plastic shield that covers the forehead, extends below the chin, and wraps around the sides of the face, protecting the eyes, nose, and mouth from contamination from respiratory droplets, along with masks or respirators.

Clear plastic barrier - a clear plastic or solid surface that can be cleaned and sanitized often.

Transportation

Student passengers are required to wear a face mask or cloth face covering that completely covers the nose and mouth during transit. The student's face covering must be in place prior to boarding the bus, van, or other vehicles and must be kept in place until they are completely off the bus or van. The Board shall provide back-up masks if students do not have face coverings when boarding a school bus or van. The face mask or cloth face covering is also applicable to the drivers of the vehicle.

The Board may consider the option of assigning a temporary monitor on student transportation at the beginning of the school year to facilitate compliance with this new face mask protocol.

School Buildings and Grounds

All students, staff, and visitors are required to use face coverings which completely covers the nose and mouth, when they are inside the school building or on school grounds, even when social distancing is maintained. An individual shall be excused from this requirement for the following listed reasons, per CDC guidance.

The individual:

1. has trouble breathing;
2. is unconscious;
3. is incapacitated; or
4. cannot remove the mask or face covering without assistance.

In addition, masks or face coverings shall not be required for anyone who has a medical reason making it unsafe to wear a face mask or face covering. A written notification from a licensed medical provider, the Department of Developmental Services, or other state agency that provides or support services for people with emotional, intellectual, or physical disabilities; or a person authorized by any such agency is required in order for the Board to permit a medical exemption. Such documentation need not name or describe the condition that qualifies the person for the exemption.

If a student or staff member expresses that they are unable to wear a face covering and need a reasonable accommodation, the administrator will engage the individual in the process of discussing alternatives and/or accommodations to wearing a mask or face coving that will allow for the individual's inclusion in the school building, bus or grounds while also protecting those who have compromised immunity.

Parents/guardians may not excuse their child from this face mask requirement by signing a waiver because such wearing is a mandated requirement that the Office of the Governor, the Connecticut State Department of Education, and/or the Connecticut State Department of Public Health have defined as necessary for school districts to comply with in order to open schools from the COVID-19 caused closure.

In addition to the wearing of face masks, the district will maximize social distancing between student's workstations and desks, achieving six feet when feasible. Space between the teacher and students is to be maximized to reduce the risk of increased droplets from teachers during instruction. A teacher is permitted to remove a face covering or mask during instruction. If the teacher removes the face covering or mask during instruction, spacing shall be increased beyond six feet. A teacher who remains seated during instruction requires the use of a physical barrier.

Transparent (clear) masks should be considered as an option for teachers and students in classes for deaf and hard of hearing students. Pre-K and special education teachers should consider wearing clear masks.

Face shields may be an option for those students with medical, behavioral, or other challenges, who are unable to wear face masks or coverings. The Board recognizes that face shields are not as effective for source control and should be used only when other methods are not available or appropriate. Therefore, the use of face shields for those with medical conditions is done with the understanding of their limitations and a heightened need for strict adherence to social distancing.

The Board shall provide to any student, staff member, or visitor a face mask if such individual does not have one. Training shall be provided as necessary regarding the proper use of face coverings. Information shall be provided to staff, students, and students' families regarding the proper use, removal, and washing of cloth face coverings.

Limited Exceptions to Use of Face Coverings

When other and appropriate mitigating practices are in place, such as social distancing, students will not be required to wear face masks or coverings while eating, drinking, during physical education classes, or when students are outside and effectively practicing social distancing and any other possible mitigants. Exceptions may also be necessary for certain special education students or other special populations.

Teachers and staff may be excused from wearing a face mask or covering while teaching, provided they are properly socially distancing or remaining static behind a physical barrier. Face shields may be useful in situations where it is important for students to see how a teacher pronounces words (e.g. English Learners, early childhood, foreign language, etc.), and social distancing is maintained. However, face shields alone are not a sufficient alternate to the wearing of face mask for source control.

Mask Breaks

Breaks from wearing masks shall be scheduled by the teacher throughout the school day provided that strict social distancing requirements are maintained, and limitations are enforced regarding student and staff mobility.

During time of eating, face masks or coverings may be removed. Masks are required in all dining areas while entering and leaving or getting food and drinks. They may be removed at appropriately socially distanced tables in order to eat but must be replaced after eating.

A recess period may be used as a break from wearing masks when no more than one class is outside at a time, and social distancing requirements are maintained to the greatest degree feasible.

Violations of this Policy

Violations of this policy, whether by students or staff, shall be handled in the same manner as other violations of applicable Board policy.

If a student refuses to wear a face mask or covering, and does not meet the exemptions allowed by this policy, such student shall be sent to the school's isolation room. School personnel will contact the parent/guardian to rectify the situation as well as to explain the available options, including the possible removal of the child from the school setting.

If a visitor refuses to wear a face covering for non-medical reasons entry to the school/district facility will be denied.

Community Outreach

The district shall engage in community education programs including signage, mass and targeted communication, and positive reinforcement that will actively promote mask use consistent with CDC, DDH, CSDE, and OSHA guidance. Community members will be reminded that mask use does not replace the need for social distancing, washing of hands, and other preventative practices recommended by all appropriate authorities.

Other Considerations

- The district shall maintain in each school a supply of disposable face coverings in the event that a staff member, student, or visitor does not have one for use.
- Special attention must be given to putting on and removing face coverings for purposes such as eating. After use, the front of the face covering is considered contaminated and should not be touched during removal or replacement. Hand hygiene should be performed immediately after removing and after replacing the face covering.
- When medically appropriate, nurses shall substitute use of metered dose inhalers and spacers for students with respiratory issues.
- Face shields with face masks may be used by staff who support students with special healthcare needs such as those who are unable to wear masks and who may need assistance with activities of daily living, such as toileting and eating.
- Mask use will not be required by employees when they are alone in private offices. However, they are required to mask when anyone enters a private office space and required to wear a mask if their office space is physically shared with others and does not allow for 6 feet of physical distancing or if the work area is frequented by others (such as a reception area).

Until further notice, the Board will require the wearing of masks as prescribed in this policy. The Board reserves the right to interpret the provisions of this policy and to modify any or all matters contained in this policy at any time, subject to applicable law.

Legal Reference: Connecticut General Statutes

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10-207 Duties of medical advisors.

10-221 Boards of education to prescribe rules.

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CDC Schools Decision Tree for Schools Reopening

State of Connecticut CHRO Dear Colleague letter dated September 15, 2020

State of Connecticut Department of Education Addendum 11

Personnel - Certified and Non Certified / Students

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- When medically appropriate, nurses shall substitute use of metered dose inhalers and spacers for students with respiratory issues.
- Face shields with face masks may be used by staff who support students with special healthcare needs such as those who are unable to wear masks and who may need assistance with activities of daily living, such as toileting and eating.
- Mask use will not be required by employees when they are alone in private offices. However, they are required to mask when anyone enters a private office space and required to wear a mask if their office space is physically shared with others and does not allow for 6 feet of physical distancing or if the work area is frequented by others (such as a reception area).

Until further notice, the Board will require the wearing of masks as prescribed in this policy. The Board reserves the right to interpret the provisions of this policy and to modify any or all matters contained in this policy at any time, subject to applicable law.

Legal Reference: Connecticut General Statutes

10-154a Professional communications between teacher or nurse and student.

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10-221 Boards of education to prescribe rules.

19a-221 Quarantine of certain persons.

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State of Connecticut CHRO Dear Colleague letter dated September 15, 2020

State of Connecticut Department of Education Addendum 11

Policy Adopted: October 26, 2020

GROTON PUBLIC SCHOOLS
Groton, Connecticut

P 5141.25

Students

Students with Special Health Care Needs

Accommodating Students with Special Dietary Needs (Food Allergy Management)

The Groton Public Schools recognize that food allergies, glycogen storage disease and diabetes may be life threatening. For this reason, the focus of the Groton Public Schools' Food Allergy Management Plan shall be prevention, education, awareness, communication, and emergency response. The management plan shall strike a balance between the health, social normalcy, and safety needs of the individual student with life threatening food allergies and the education, health, and safety needs of all students. The Food Allergy Management Plan shall be the basis for the development of the procedural guidelines that will be implemented at the school level and provide for consistency across all schools within the District.

The goals for the Districtwide Plan include:

1. To maintain the health and protect the safety of children who have life-threatening food allergies in ways that are developmentally appropriate, promote self-advocacy and competence in self-care, and provide appropriate educational opportunities.
2. To ensure that interventions and individual health care plans for students with life-threatening food allergies are based on medically accurate information and evidence-based practices.
3. To define a formal process for identifying, managing, and ensuring continuity of care for students with life-threatening food allergies across all transitions. (Pre-K-Grade 12)

~~It is~~ The policy of the Groton Board of Education (Board) is to follow the guidelines developed and promulgated by the Connecticut Department of Public Health and Department of Education for students within the District with life-threatening food allergies and glycogen storage disease. Such guidelines include

(1) education and training for school personnel by the school nurse on the management of students with life-threatening food allergies and glycogen storage disease, including training related to the administration of medication with a cartridge injector and the provision of food or dietary supplements, (2) procedures for responding to life threatening allergic reactions to food, (3) a process for the development of individualized health care and food allergy action plans for every student with a life-threatening food allergy, and (4) a process for the development of individualized health care and glycogen storage disease action plans for every student with glycogen storage disease and such plan shall include, but not be limited to, the provision of food or dietary supplements by the school nurse or by any school employee approved by the school nurse, to a student with glycogen storage disease, provided such plan does not prohibit a parent/guardian or a person they so designate, to provide food or dietary supplements on school grounds during the school day, and (5) protocols to prevent exposure to food allergens.

~~It is the Board's expectation~~ The expectation of the Board is that specific building-based guidelines/actions will take into account the health needs and well-being of all children without discrimination or isolation of any child. ~~It is~~ ~~The Board's belief~~ The Board believes that education and open and informative communication are vital for the creation of an environment with reduced risks for all students and their families. ~~In order~~ To assist children with life-threatening allergies to assume more individual responsibility for maintaining their safety as they grow, ~~it is~~ the

Students with Special Health Care Needs – cont.

policy of the Board provides ~~that~~ guidelines that shift as children advance through the primary grades and through secondary school.

1. Identifying Students with Life-Threatening Food Allergies, Diabetes, and/or Glycogen Storage Disease

Early identification of students with life-threatening food allergies, diabetes and/or glycogen storage disease (GSD) is important. The district therefore encourages parents/guardians of students and adult students with life-threatening food allergies to notify the school of the allergy, providing as much medical documentation about the extent and nature of the food allergy as is known, as well as any known effective treatment for the allergy. The district also encourages parents/guardians of students and adult students with GSD and diabetes to notify the school of the disease, providing as much medical documentation about the type of GSD or diabetes, nature of the disease, and current treatment of the student.

Students with life-threatening food allergies and diabetes are often students with disabilities and should be referred to a Section 504 team, which will make a final determination concerning the student's eligibility for services under Section 504. The Section 504 team may determine that the only services needed are in the student's Individualized Health Care Plan (IHCP) and/or Emergency Care Plan (ECP); in that case, the IHCP and/or ECP will also serve as the student's Section 504 plan. The Section 504 team will also ensure that parents receive appropriate notice and are informed of their rights under Section 504, including their right to request an impartial hearing if they disagree with the provisions in the Section 504 plan.

Students with GSD and less severe food allergies should be referred to a Section 504 team if there is reason to believe that the student's GSD or food allergy substantially limits a major life activity. To determine whether a food allergy is severe enough to substantially limit a major life activity, the team should consider the impact on the student when the student has been exposed to the allergen and has not yet received treatment.

Major life activities include, but are not limited to:

1. Caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, sitting, reaching, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, interacting with others, and working; and
2. The operation of a major bodily function, including functions of the immune system, special sense organs and skin; normal cell growth; and digestive, genitourinary, bowel, bladder, neurological, brain, respiratory, circulatory, cardiovascular, endocrine, hemic, lymphatic, musculoskeletal, and reproductive functions. The operation of a major bodily function includes the operation of an individual organ within a body system.

II. Individualized Health Care Plans and Emergency Care Plans

1. If the district obtains medical documentation that a student has a life-threatening food allergy, GSD, or diabetes, the district shall develop an (IHCP) for the student. Each IHCP should contain information relevant to the student's participation in school activities.
2. The IHCP shall be developed by a group of individuals, which shall include the parents, the adult student, if applicable, and appropriate school personnel. Such personnel may include, but are not limited

to, the school nurse, school administrator(s), classroom teacher(s) and the student, if appropriate. The school may also consult with the school's medical advisor and food services administrator, as needed.

3. IHCPs are developed for students with special health needs or whose health needs require daily interventions. The IHCP describes how to meet the student's health and safety needs within the school environment and should address the student's needs across school settings. Information to be contained in an IHCP should include a description of the functional health issues (diagnoses); student objectives for promoting self-care and age appropriate independence; and the responsibilities of parents, school nurse and other school personnel. The IHCP may also include strategies to minimize the allergic student's risk for exposure. For the student with life-threatening food allergies, GSD, or diabetes, the IHCP may include strategies designed to ameliorate risks associated with such disease and support the student's participation in the classroom. IHCPs for such students may include such considerations:
 1. classroom environment, including allergy free considerations, or allowing the student with GSD or diabetes to have food/dietary supplements when needed;
 2. cafeteria safety;
 2. participation in school nutrition programs;
 3. snacks
 4. hand-washing;
 5. location of emergency medication;
 6. who will provide emergency and routine care in school;
 7. risk management during lunch and recess times;
 8. special events;
 9. field trips, fire drills and lockdowns;
 10. extracurricular activities;
 11. school transportation;
 12. the provision of food or dietary supplements by the school nurse, or any school employee approved by the school nurse;
 13. staff notification, including substitutes, and training; and
 14. transitions to new classrooms, grades and/or buildings.
4. The IHCP should be reviewed annually, or whenever there is a change in the student's ECP, changes in self-monitoring and self-care abilities of the student, or following an emergency event requiring the administration of medication or the implementation of other emergency protocols.
5. For a student with a life-threatening food allergy, GSD, or diabetes, the IHCP shall not prohibit a parent or guardian, or a person designated by such parent or guardian, to provide food or dietary supplements to a student with a life -threatening food allergy, GSD, or diabetes on school grounds during the school day.
6. In addition to the IHCP, the district shall also develop an ECP for each student identified as having a life-threatening food allergy. The ECP is part of the IHCP and describes the specific directions about what to do in a medical emergency. For the student with a life-threatening food allergy, the ECP should include the following information:
 1. The student's name and other identifying information, such as date of birth, grade and photo;
 2. The student's specific allergy;
 3. The student's signs and symptoms of an allergic reaction;
 4. The medication, if any, or other treatment to be administered in the event of exposure;
 5. The location and storage of the medication;
 6. Who will administer the medication (including self-administration options, as appropriate);
 7. Other emergency procedures, such as calling 911, contacting the school nurse, and/or calling the parents or physician;

8. Recommendations for what to do if the student continues to experience symptoms after the administration of medication; and
 9. Emergency contact information for the parents/family and medical provider.
7. In addition to the IHCP, the district shall also develop an ECP for each student identified as having GSD and/or diabetes. The ECP is part of the IHCP and describes the specific directions about what to do in a medical emergency. For the student with GSD or diabetes, the ECP should include the following information, as may be appropriate:
1. The student's name and other identifying information, such as date of birth, grade and photo;
 2. Information about the disease or disease specific information (i.e. type of GSD or diabetes);
 3. The student's signs and symptoms of an adverse reaction (such as hypoglycemia); d. The medication, if any, or other treatment to be administered in the event of an adverse reaction or emergency (i.e. Glucagon or insulin)
 4. The location and storage of the medication;
 5. Who will administer the medication (including self-administration options, as appropriate);
 6. Other emergency procedures, such as calling 911, contacting the school nurse, and/or calling the parents or physician;
 8. Recommendations for what to do if the student continues to experience symptoms after the administration of medication; and
 9. Emergency contact information for the parents/family and medical provider. Food Allergy/Asthma/Diabetes Management Plan 5141.25 4
10. In developing the ECP, the school nurse should obtain current medical documentation from the parents/family and the student's health care provider, including the student's emergency plan and proper medication orders. If needed, the school nurse or other appropriate school personnel, should obtain consent to consult directly with the student's health care providers to clarify medical needs, emergency medical protocol and medication orders.
11. A student identified as having a life-threatening food allergy, GSD, or diabetes is entitled to an IHCP and an ECP, regardless of his/her status as a student with a disability, as that term is understood under Section 504 of the Rehabilitation Act of 1973 ("Section 504"), or the Individuals with Disabilities Education Act ("IDEA").
12. The district shall ensure that the information contained in the IHCP and ECP is distributed to any school personnel responsible for implementing any provisions of the IHCP and/or ECP, and that any procedures in the IHCP and/or ECP comply with the district's policies and procedures regarding the administration of medications to students.
13. When making eligibility determinations under Section 504 and/or the IDEA, schools must consider the student's needs on an individualized, case-by-case basis.

III. Training/Education

1. The district shall provide appropriate education and training for school personnel regarding the management of students with life-threatening food allergies, GSD and diabetes. Such training may include an overview of life-threatening food allergies, GSD and diabetes; prevention strategies; IHCPs and ECPs; and food safety and sanitation. Training shall also include, as appropriate for each school (and depending on the specific needs of the individual students at the school), training in the administration of medication with cartridge injectors (i.e. epi-pens), and/or the specific preventative strategies to minimize the risk of exposure to life-threatening allergens and prevent adverse reactions in students with GSD and diabetes (such as the provision of food or dietary supplements for students).

School personnel will also be educated on how to recognize symptoms of allergic reactions and/or symptoms of low blood sugar, as seen with GSD and diabetes, and what to do in the event of an emergency. Staff training and education will be coordinated by the School Nurse. Any such training regarding the administration of medication shall be done accordance with state law and Board policy.

2. Each school within the district shall also provide age-appropriate information to students about food allergies, GSD and diabetes, how to recognize symptoms of an allergic reaction and/or low blood sugar emergency and the importance of adhering to the school's policies regarding food and/or snacks.

IV. Prevention

Each school within the district will develop appropriate practices to minimize the risk of exposure to life-threatening allergens, as well as the risks associated with GSD and diabetes. Practices that may be considered may include, but are not limited to:

1. Encouraging hand washing;
2. Discouraging students from swapping food at lunch or other snack/meal times;
3. Encouraging the use of non-food items as incentives, rewards or in connection with celebrations;
4. Training staff in recognizing symptoms of anaphylaxis and hypoglycemia; and
5. Planning for school emergencies, to include consideration of the need to access medication, food and/or dietary supplements.

V. Communication

1. As described above, the school nurse shall be responsible for coordinating the communication among parents, a student's individual health care provider and the school regarding a student's life-threatening allergic condition, GSD and/or diabetes. School staff responsible for implementing a student's IHCP will be notified of their responsibilities and provided with appropriate information as to how to minimize risk of exposure and/or alterations in blood sugar levels and how to respond in the event of such an emergency.
2. Each school will ensure that there are appropriate communication systems available within each school (i.e. telephones, cell phones, walkie-talkies) and for off-site activities (i.e. field trips) to ensure that school personnel are able to effectively respond in case of emergency.
3. The district shall develop standard letters to be sent home to parents, whenever appropriate, to alert them to food restrictions within their student's classroom or school.
4. All district staff are expected to follow district policy and/or federal and state law regarding the confidentiality of student information, including medical information about the student.
5. The district shall make the Management Plan and Guidelines for Students with Food Allergies, Glycogen Storage Disease and/or Diabetes available on the Board's website or the website of each school under the Board's jurisdiction.
6. The district shall provide annual notice to parents and guardians regarding the Management Plan and Guidelines for Students with Food Allergies, Glycogen Storage Disease and/or Diabetes. Such notice shall be provided in conjunction with the annual written statement provided to parents and guardians regarding pesticide applications in the schools.

Legal Reference:

Connecticut General Statutes

Conn. Gen. Stat. § 10-212c Life-threatening food allergies and Glycogen Storage Disease: Guidelines; district plans

Conn. Gen. Stat. § 19a-900 Use of cartridge injectors by staff members of before or after school program, day camp or day care facility.

10-15b Access of parent or guardian to student's records.

10-154a Professional communications between teacher or nurse and student. 10-207 Duties of medical advisors.
10-212a Administrations of medications in schools
10-212a(d) Administration of medications in schools by a paraprofessional
10-220i Transportation of students carrying cartridge injectors
52-557b Good Samaritan Law. Immunity from liability for emergency medical assistance, first aid or medication by injection
PA 05-104 An Act Concerning Food Allergies and the Prevention of Life- Threatening Incidents in Schools
PA 05-144 and 05-272 An Act Concerning the Emergency Use of Cartridge Injectors
The Regulations of Connecticut State Agencies section 10-212a through 10-212a-7
Federal Legislation
Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794 § 504; 34 C.F.R. § 104 et seq.)
Americans with Disabilities Act (ADA) of 1990 (42 U.S.C. §12101 et seq.; 29C.F.R. §1630 et seq.
The Family Education Rights and Privacy Act of 1974 (FERPA)
The Individuals with Disabilities Education Act of 1976 (IDEA) (20 U.S.C. § 1400 et seq.); 34 C.F.R. § 300 et seq.
FCS Instruction 783-2, Revision 2, Meal substitution for medical or other special dietary reasons.

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GROTON PUBLIC SCHOOLS
Groton, Connecticut