



CEA

Advocating for
students and teachers



CEA'S SAFE LEARNING PLAN

**CRITICAL STEPS TO
PRIORITIZE HEALTH,
SAFETY, AND EQUITY**

UPDATED RECOMMENDATIONS, AUGUST 2020

CEA'S SAFE LEARNING PLAN UPDATED RECOMMENDATIONS

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I. RECENT SCIENTIFIC REPORTS AND EVENTS REQUIRE CHANGING AND IMPROVING CONNECTICUT'S PLAN FOR THE 2020-2021 SCHOOL YEAR.

When Dr. Anthony Fauci joined Governor Lamont at a briefing on August 3, 2020, he said that while there should be a preference for students returning to the classroom, that preference was conditioned on a big “however.”

“The primary consideration should always be the safety, the health and the welfare of the children, as well as the teachers and the secondary effects for spreading (to) the parents and other family members,” Fauci said.

II. CONNECTICUT EDUCATION ASSOCIATION RECOMMENDS THAT THE STATE DEPARTMENT OF EDUCATION:

1. Delay opening of the school year for two weeks or until mid-September to improve and expand remote learning.

Starting school in August with very high temperatures and humidity, no air conditioning in most classrooms, and trying to enforce mask-wearing for five or more hours in those conditions is not practicable. Instead, use the time to refine and provide training for enhanced distance learning.

- Enhanced distance learning will be critical for students who stay home and students in hybrid or full-time distance learning plans.
- Rhode Island joined Massachusetts in deciding to push back the start of school for two weeks.

2. Change state policy and recommend all-remote learning for all districts that have a moderate or high infection rate or are unable to maintain six feet of social distancing or other safety considerations.

The State Department of Education has recently clarified that all local districts may choose to open with a hybrid or all-remote learning model.

- The resolution adopted by the State Board of Education on August 11, 2020, permits a district to select an all-remote learning model if the data regarding infection rates places that district in the moderate or high-risk categories, without review by the state.
- The resolution also permits a district not in the high-risk category to select an all-remote learning plan; all that is required is for the district to submit a justification to a state committee for review. The committee does not have authorization to reject the plan.

3. Pay strict attention to equity in all decisions regarding the impact of COVID-19 on students, teachers,

administrators, staff, and their families.

Inequities with respect to funding, access to technology, and access to social and healthcare services are inexcusable. In addition, scientific evidence overwhelmingly shows a disproportionately adverse impact of COVID-19 on children and adults of color, who are more at risk than the general school population. While the cumulative COVID-19 hospitalization rate among children is low compared with that among adults, weekly hospitalization rates in children increased significantly during the surveillance period of March 1 through July 25, 2020. At least 97,000 children in the U.S. tested positive in the last two weeks of July.

- The study found that children can develop severe COVID-19 illness; during the surveillance period, one in three children were admitted to the intensive care unit.
- Hispanic and Black children had the highest rates of COVID-19-associated hospitalization.¹
- A separate study in the journal *Pediatrics* also found racial and socioeconomic disparities in children and young adults tested for COVID-19 in Washington, D.C.—Hispanic children were more than six times as likely as white children to test positive for the virus; Black children were over four times as likely.²
- A new CDC report has highlighted how the threat from a new COVID-19-related condition, called multisystem inflammatory syndrome in children or MIS-C, has disproportionately affected people of color. From early March through late July, it received reports of 570 young people—ranging from infants to age 20—diagnosed with MIS-C. About 40 percent were Hispanic or Latino, 33 percent were Black, and 13 percent were white. Ten died, and nearly two-thirds were admitted to intensive care units.³
- Decisions on how to reopen schools must consider these critical equity and health issues for children and adults in schools and the families they go home to each day.



4. Protect and provide accommodations for at-risk students, teachers, and staff.

All students must be afforded all-remote learning based on health factors and parental preference. All at-risk teachers and staff must be given accommodations to deliver teaching and services remotely. Some districts are currently refusing to provide at-risk teachers with accommodations to work and protect their health.

- For any in-class learning, districts should allow teachers to deliver instruction from a remote location to students in a physical classroom with a proctor. This will provide reasonable accommodations for teachers and staff with disabilities in compliance with ADA, for those living with high-risk family members, for teachers who would otherwise have to stop teaching and take leave in order to care for their children at home, and for teachers who become subject to a quarantine order and cannot come to school.
- If teachers in the above circumstances are not allowed to teach remotely, the district will need to fill many vacancies at significant cost.
- Governor Lamont recently acknowledged this situation when he committed \$50 million for staffing, including using apprentice teachers or others to fill in the classroom because “older teachers or those with a pre-existing condition will probably have to teach via Zoom and can’t be in the classroom.” Allowing teachers who would otherwise take a leave of absence to teach remotely will save those dollars for other critical staffing needs.

5. Be specific in providing funding to districts for COVID-related expenses.

The state should guarantee funding from the state surplus and school construction accounts to ensure that no school district lacks for critical health and safety protections against the virus, not just the \$160 million in additional funding recently pledged by the state.

6. Implement a comprehensive contact-tracing program to help mitigate any exposures to the virus, and for any in-class learning, provide as soon as practicable COVID-19 testing for all students and adults, with results in 24 hours.

Other states are moving ahead with pilot testing programs in schools.

- Colorado is providing free COVID-19 testing to teachers and staff in eight school districts.
- “What we know from best practices and research around the world is that one of the keys to beating this virus and to making sure we can engage in in-person activities is a high volume of testing and rapid results,” said Aurora Public Schools Superintendent Rico Munn. “We’ve had about 500 people go through this already in just a day.”⁴
- Safely returning to the classroom will require strict public health precautions and regular point-of-care testing that are not included in Connecticut’s current plan.

7. Upgrade school HVAC systems and related infrastructure to improve air quality and health.

Improving or replacing deficient HVAC systems, improving air filtration and purification, and installing air conditioning are critical to the safety and health of students and staff.

- Schools are not unlike cruise ships and hotels in terms of density and shared ecosystems—the HVAC system controlling air quality is crucial.
- Better climate control in all schools as to temperature and humidity, throughout the year, will provide better and healthier options in the future for summer school.
- The state should begin a three-year project to assist towns in upgrading HVAC and installing air conditioning in all schools. This is important during the beginning and end of the school year, when high temperatures and humidity create health problems.

III. NEW STUDIES AND EVENTS HAVE PROVIDED THE FOLLOWING CRITICAL NEW INFORMATION:

Two new studies reached the same conclusion: young children can readily transmit COVID-19 and may be significant drivers of the spread of the pandemic.

The studies confirm that children have the ability to contract and spread COVID-19 to both other children and adults.

- Children 5 years and younger with mild to moderate COVID-19 symptoms have 10 to 100 times as much SARS-CoV-2 in the upper part of the throat and nasal cavity compared to older children and adults, according to a recent study conducted in Chicago.
- “If they have as much as one hundred times the amount of virus in their throat and nasal passages as adults, it only makes sense that they would spread the virus more efficiently,” said Dr. William A. Haseltine, president of ACCESS Health International and founder of two research departments on cancer and HIV/AIDS at Harvard University.⁵



Younger children—age 14 and under—spread the virus more efficiently to other children and adults than do adults, according to a study conducted in Trento, Italy.

- Their risk of transmitting COVID-19 was 22.4 percent—more than twice that of adults aged 30 to 49, whose rate of contagiousness was about 11 percent.
- One of the study’s conclusions is that “although childhood contacts were less likely to become cases, children were more likely to infect household members.”⁶

A mass superspreading event occurred where children spread COVID-19 to hundreds of other children and adults.

At least 260 child attendees and adult staff at a YMCA camp in Georgia became infected with COVID-19 in June, according to a report released on July 31, 2020, by the Centers for Disease Control. One quarter of the children infected by the virus exhibited no symptoms. The CDC report confirms that the virus spread quickly among children and staff, raising doubts regarding both the effectiveness of safety precautions and the expectation that children will consistently adhere to such safety measures.

- Among 597 Georgia residents, including campers, staff members, and trainees, the attack rate (the number of those attendees who became infected) was 44%, reported Christine M. Szablewski, DVM, of the Georgia Department of Public Health, and colleagues.⁷
- Children ages 6-10 had an attack rate of 51%, those ages 11-17 had a rate of 44%, and those ages 18-21 had a rate of 33%, the authors wrote in an early edition of the *Morbidity and Mortality Weekly Report*.⁸
- By contrast, 19% of Diamond Princess cruise ship passengers tested positive for COVID-19 in February and March.
- Among 136 cases at the camp with symptom information available, 26% reported no symptoms, with the authors of the article in *Morbidity and Mortality Weekly Report* specifically characterizing asymptomatic transmission as “common.”⁹

Students and adults in school are at risk of becoming infected and spreading the virus. “We can’t pretend like everything’s fine,” said Dr. Gary Simon, the director of the infectious diseases division at George Washington University. “If I had a school-age kid, I wouldn’t want to send him to school.”¹⁰

IV. SUPPORT FOR CEA’S RECOMMENDATIONS:

A. Connecticut school districts must be ready to implement enhanced remote learning.

Recent news accounts have underscored that only a few countries in the world have opened schools nationwide. They include Norway, France, and New

Zealand, as well as Nicaragua, Taiwan, and Vietnam, countries with nationally coordinated efforts that so far have succeeded in controlling the spread of COVID-19. On the other hand, 143 countries have instituted national closures.¹¹

B. Children can readily become infected with COVID-19 and spread it to adults and children.

The latest studies and findings indicate what some public health officials have presumed for some time: that children of all ages can contract and spread COVID-19 as well as adults. In addition, they can potentially spread COVID more pervasively, given that many children do not present symptoms and usually are not as adversely affected by the virus compared to adults, and therefore can continue to gather with others or go to school while they are infected.

- Infected children have at least as much of the COVID-19 virus in their noses and throats as infected adults, according to a recent Chicago study. Children younger than age 5 may host up to 100 times as much of the virus in the upper respiratory tract as adults, the authors found.¹²
- “I’ve heard lots of people saying, ‘Well, kids aren’t susceptible, kids don’t get infected.’ And this clearly shows that’s not true,” said Dr. Stacey Schultz-Cherry, a virologist at St. Jude Children’s Research Hospital. “I think this is an important, really important, first step in understanding the role that kids are playing in transmission.”¹³
- “Any grade-school teacher or pediatrician will tell you, [young children] are pretty effective little vectors of virus transmission, because we get sick a lot in the winter from these kids,” she said. “I think looking at other viruses that are similar... it would seem more likely that kids will be transmitting.”¹⁴
- Dr. Michael Smit, a pediatric infectious diseases physician at Children’s Hospital Los Angeles, agrees. “We’ve known for quite a while that for certain respiratory viruses, younger children are the breeding ground and they’re the part of the population that spreads it to the rest of the community,” said Smit. “So, it’s a known phenomenon in pediatrics that the younger children can be the main drivers of spread of disease and communities.”¹⁵
- Dr. Taylor Heald-Sargent, a pediatric infectious diseases expert at the Ann and Robert H. Lurie Children’s Hospital of Chicago, said the “behavioral habits” of very young children—for example, the lack of awareness of personal space and personal hygiene, fidgeting, hands-on play, and wiping of eyes and noses—make it hard to control any potential spread. “It’s a struggle to get them to wear their masks and to wash their hands and to not put everything in their mouth and their nose,” she said.¹⁶
- “Young children can potentially be important

drivers of SARS-CoV-2 spread in the general population, as has been demonstrated with respiratory syncytial virus, where children with high viral loads are more likely to transmit. Behavioral habits of young children and close quarters in school and daycare settings raise concern for SARS-CoV-2 amplification in this population as public health restrictions are eased,” according to the JAMA Pediatrics study.¹⁷

- “The JAMA study is particularly significant as you cannot expect very young children to wear masks properly or follow social distancing norms without supervision in crowded classrooms, canteens, and playgrounds. This can lead to infection clusters in schools, from where children can spread it to staff, families and communities or neighbors without developing severe disease themselves,” said Dr. Rajesh Sagar, professor in the department of psychiatry, All India Institute of Medical Sciences Delhi.¹⁸
- An extensive contact tracing study conducted by researchers associated with the Department of Prevention and Health Services in Trento, Italy, found that although young children had a somewhat lower risk of infection than adults and were less likely to become ill, children age 14 and younger transmit the virus more efficiently to other children and adults than adults themselves. Their risk of transmitting COVID-19 was 22.4 percent—more than twice that of adults aged 30 to 49, whose rate of contagiousness was about 11 percent. “Although childhood contacts were less likely to become cases,” they wrote, “children were more likely to infect household members.”¹⁹

The study also found that its youngest participants were the most efficient transmitters of the disease, citing respiratory syncytial virus as an example of another infectious disease for which this has been the case. The younger the child, they noted, the higher the concentration of SARS-CoV-2 in their nasal passages—an observation consistent with the Chicago study.²⁰

Both the Chicago and Italy studies hold serious implications for countries contemplating whether or not to reopen schools in the face of lingering and out-of-control outbreaks, the United States included. Even if children are required to keep their hands to themselves, refrain from sharing toys and supplies, and wear masks at all times, we can’t realistically expect them to follow such rules without fail.²¹

If children from ages 5 to 17 are as contagious as adults, or possibly more so, then opening schools in areas where daily rates of infection remain moderate to high is extremely risky and unwise. The measures we deploy to contain the spread of COVID-19 in our schools and communities must take the entire population into account—children age 18 and below included.²²

Of all age groups included in the study, the highest rate of contagiousness was seen among children aged 0 to 14 years, a finding that the researchers say supports a policy of maximum caution in the reopening of primary schools.²³

C. COVID-19 outbreak among youth at YMCA camp in Georgia shows how easily the virus can spread between children and adults

The ability of children to readily become infected and spread COVID-19 among other children and adults can be seen in a recent virus outbreak at North Georgia YMCA camp. Some 260 children and staff at the camp contracted and spread the coronavirus in June according to a report released on August 14 by the Centers for Disease Control and Prevention, one of the largest known superspreading events in the state. The CDC study of 597 campers and staff from Georgia found the camp did not follow guidance requiring that campers wear masks, though staff did. Three-quarters of the 344 attendees and staff for whom the CDC was able to obtain test results tested positive for the virus.²⁴

- “This investigation adds to the body of evidence demonstrating that children of all ages are susceptible to SARS-CoV-2 infection and, contrary to early reports, might play an important role in transmission,” the report said.²⁵
- Dr. Brian Castrucci, CEO of the de Beaumont Foundation, a Maryland nonprofit that assists public health agencies and a former epidemiologist in Georgia, said the report is a warning for local school districts and others about the potential for spread in congregant settings.
- “This should show you how actively kids can transmit it,” he said. “If you have a low prevalence in your community, you can start to do things.



If you have rampant and rapid community spread, then there is no opening school, there is no opening colleges. It is not going to work.”²⁶

The CDC study of the YMCA mass-spreading incident is notable because few outbreaks in schools or childcare settings have been described to date, said Dr. Caitlin Rivers, an epidemiologist at the Johns Hopkins Bloomberg School of Public Health.²⁷

- “The study affirms that group settings can lead to large outbreaks, even when they are primarily attended by children,” she said.
- “The fact that so many children at this camp were infected after just a few days together underscores the importance of mitigation measures in schools that do reopen for in-person learning,” Dr. Rivers added.
- Physical distancing, universal mask use, hygiene, and ventilation are essential to reducing transmission, she noted.

While the role children play in the spread of the virus has been questioned, the authors of the report said the research adds to evidence that children of all ages are not only susceptible to infection but may play an important role in transmission.

- Dr. Preeti Malani, the chief health officer at the University of Michigan, who was not involved in the study, called the report “a cautionary tale.”
- “It’s difficult when you have a gathering this large,” she said. “Young people want to be with other young people. They want to socialize. It just takes one person for it to spread to lots of people.”

D. Updated HVAC systems are critical to health and reduction of the spread of COVID-19 in Connecticut’s schools

A recent federal study by the U.S. Governmental Accountability Office found that a high percentage of school districts in America have failing or deficient air-handling systems. HVAC systems must be replaced or updated to ensure proper air purification and to stop the spread of COVID-19.

- Researchers have concluded that COVID-19 spreads more rapidly in poorly ventilated indoor areas, especially where people are in relatively close contact for several hours, such as a school classroom.²⁸
- The GAO study estimates that 41 percent of school districts need to update or replace HVAC systems in at least half their schools.²⁹
- Many schools had older air-handling systems that frequently malfunctioned or leaked and damaged flooring or ceiling tiles. A school in Rhode Island had a failing system with parts or components of their operating HVAC systems that were nearly 100 years old.³⁰
- If not addressed, HVAC issues can result in health and safety problems. Officials in school districts GAO visited said there are serious consequences to not maintaining or updating

HVAC systems, including lost educational time due to school closings and the potential for mold and air quality issues. For example, officials in a Michigan district said about 60 percent of their schools do not have air conditioning. Without air conditioning, schools relied on open windows and fans, which were not always effective at cooling buildings to safe temperatures for students and staff, according to district officials. Officials in a Maryland district said the district retrofitted some schools with air conditioning, but did not update pipes and insulation serving the HVAC systems, which has caused moisture and condensation problems in these buildings.³¹

E. COVID-19 testing is important to safe opening of schools

Recent studies conclude that regular testing of students for COVID-19 is important for identifying, controlling, and limiting the spread of any virus outbreak. The research focused on college and university settings that compare similarly with many K-12 settings.

- To safely reopen college campuses this fall, students need to be screened for SARS-CoV-2 infection every two or three days. The research, published in JAMA Open Network, comes as universities across the United States are grappling with whether and how to reopen for the fall 2020 semester. Residential campuses—with their communal living and dining spaces, crowded classrooms, and populations of young adults eager to socialize—pose a particular challenge.³²
- The frequency of screening is much more important than the accuracy of the test. Testing every two days, even with a low-quality test (e.g., one that has a 70% chance of correctly detecting the presence of infection and a 98% chance of correctly detecting the absence of infection) will avert more infections than weekly testing with a higher-quality alternative (e.g., one that has a 90% chance of correctly detecting the presence of infection and a 99.8% chance of correctly detecting the absence of infection).³³
- Due to the limitations on regulating student behavior on campus, it will not be sufficient for colleges to simply monitor students for the symptoms of COVID-19 and use signs of illness to trigger isolation and contact tracing, the researchers said.
- “You cannot move swiftly enough to contain an outbreak if you wait until you see symptoms before you respond,” said co-author Dr. Amy Zheng of Harvard Medical School. “This virus is too readily transmitted by highly infectious, asymptomatic, ‘silent spreaders,’ especially if there might be sporadic parties that lead to outbreaks.”³⁴
- “Any school that cannot meet these minimum screening standards or maintain uncompromising control over good prevention practices has to ask

itself if it has any business reopening,” said Dr. David Paltiel, one of the authors of the study.³⁵

F. For any in-class learning, safety protections must be strictly followed in schools and on school buses.

Maintaining students in small cohorts within the same classroom can help limit the spread of the virus, but only if such cohorting is maintained throughout the day and if adequate social distancing, mask-wearing and other precautions are maintained. If students begin and end each day on school buses filled to or near capacity, which is the current plan, the cohorting and social distancing accomplished during the school day will be undermined.

- Connecticut should have no less than the social distancing protections on school buses for Massachusetts: Upon boarding the bus, students go to assigned seats, seated no more than one to a bench, alternating sides for each row. Children from the same household are allowed to sit together. Buses will run at 33% capacity.³⁶

G. Follow the Centers for Disease Control guidelines for schools AND for going into the community.

Protections for students and adults in schools—where prolonged contact for five or more hours occurs indoors, in confined spaces, with significant time where students do not wear masks (in-classroom breakfast and lunch) should be even stronger than for entering businesses or restaurants for periods of significantly less duration.

The CDC guidelines for going into the community say the following:³⁷

Overview

- In general, the more closely you interact with others and the longer that interaction, the higher the risk of COVID-19 spread.
- If you decide to engage in public activities, continue to protect yourself by practicing everyday preventative actions, such as washing hands frequently, staying six feet apart from others, wearing a mask, disinfecting frequently touched surfaces, and monitoring personal daily health.
- Keep these items on hand when venturing out: a mask, tissues, and a hand sanitizer with at least 60% alcohol, if possible.

Understand the potential risks of going out

As communities and businesses are opening, you may be looking for ways to resume some daily activities as safely as possible. While there is no way to ensure zero risk of infection, it is important to understand potential risks and how to adopt different types of prevention measures to protect yourself and to help reduce the spread of COVID-19.

The risk of an activity depends on many factors, such as:

- Is COVID-19 spreading in your community?
- Will you have a potential close contact with someone who is sick or anyone who is not wearing a mask (and may be asymptomatic)?

- Are you at increased risk of severe illness?
- Do you take everyday actions to protect yourself from COVID-19?

The CDC cannot provide the specific risk level for every activity in every community. That’s why it’s important for you to consider your own personal situation and the risk for you, your family, and your community before venturing out.

Close contact with other people increases risk

In general, the more closely you interact with others and the longer that interaction, the higher the risk of COVID-19 spread. So, think about the following:

- How many people will you interact with?
- Interacting with more people raises your risk.
- Being in a group with people who aren’t social distancing or wearing masks increases your risk.
- Engaging with new people (e.g., those who don’t live with you) also raises your risk.
- Some people have the virus and don’t have any symptoms, and it is not yet known how often people without symptoms can transmit the virus to others.
- Can you keep six feet of space between you and others? Will you be outdoors or indoors?
- The closer you are to other people who may be infected, the greater your risk of infection.
- Maintaining distance from other people is especially important for those who are at higher risk for severe illness, such as older adults and those with underlying medical conditions.
- Indoor spaces are more risky than outdoor spaces where it might be harder to keep people apart and there’s less ventilation.

What’s the length of time that you will be interacting with people?

- Spending more time with people who may be infected increases your risk of becoming infected.
- Spending more time with people increases their risk of becoming infected if there is any chance that you may already be infected.

What makes activities safer

Activities are safer if

- You can maintain at least six feet of space between yourself and others. COVID-19 spreads more easily between people who are within six feet of each other.
- They are held in outdoor spaces. Indoor spaces with less ventilation, where it might be harder to keep people apart, are more risky.
- People are wearing masks. Interacting without wearing masks also increases your risk.

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CEA'S SAFE LEARNING PLAN | JULY 2020

THE CHALLENGE IN 2020-2021

The COVID-19 pandemic has put a spotlight on a hard truth that our members know—unless the state and federal government take strong steps to provide resources to school districts, Connecticut's students, teachers, and staff will lack:

- Equitable access to critical safety protections, and
- The educational resources and tools needed for meaningful learning.

CEA's Safe Learning Plan prioritizes health, safety, and equity and promotes education in a safe environment that advances inclusion and equity.

Any return to the classroom must be done in full compliance with expert health and safety guidelines, and Connecticut must enhance plans for remote learning for at-risk students and teachers, develop workable hybrid plans, and be well prepared in case circumstances warrant a return to full-time remote learning.

BACKGROUND

The Connecticut State Department of Education's plan to reopen schools this fall presently requires that local school districts shoulder the burden of implementing and paying for COVID-related costs, including PPE. This is unacceptable and will worsen problems that already exist in financially challenged school districts.

While Connecticut has seen a lessening impact of the virus, COVID-19 infection rates are accelerating in many other parts of the country. Connecticut must be vigilant in order to avoid a resurgence of the virus, and that includes protocols for any reopening of schools.

Teachers and staff know there is no substitute for in-person classroom teaching and learning. Teachers and staff are not in favor, however, of reopening schools in a manner that jeopardizes the health and safety of students, educators, and their families and increases the virus infection rate in our communities.



EXECUTIVE SUMMARY

Safety First

CEA's Safe Learning Plan promotes the safety of all while providing a way forward whether in school, or through remote learning. Educators want to teach their students in person, but in a pandemic it is critical that our schools are safe for all students, teachers, staff, and their families. If schools are not safe, they should not reopen.

Follow the Advice of Public Health Experts

The Safe Learning Plan outlines steps that must be taken so that educators can teach and students are able to learn in safe environments—in every school district. CEA's Safe Learning Plan prioritizes health and safety based on the advice of health experts.

Protect Connecticut's Progress

We must protect the sacrifices and progress we have made since the March shutdown that resulted in a decrease of virus infections. The state's plan—calling for a full-time return to school for all students—raises serious questions about maintaining safety during a pandemic that is worsening in other states. Safe schools require protections that work in demanding school settings. The roadmap to in-school instruction must be clear and focused on protecting the health of our school populations.

Safety Requirements

Appropriate accommodations must be made for students and staff at higher risk, and appropriate guidelines must be in place to provide a safe learning and teaching environment that includes but is not limited to:

- Following all public health requirements for schools, including state-provided personal protective equipment, disinfecting classrooms, hallways, bathrooms, and commonly shared areas and equipment daily, six feet of spacing between students in classrooms, and more.
- Reducing density on school buses to ensure adherence to CDC social distancing guidelines.
- Routine testing for COVID-19, with contact tracing protocols in place.
- Monitoring students for virus symptoms.

Equity for All School Districts

The move to distance learning highlighted huge inequities among our districts, particularly severe in urban districts and communities of color. The state's wealthy communities provided laptops and other online learning devices, while poorer school districts had difficulties providing hard-copy packets for distance learning. Students were not getting the instruction they needed—a problem worsened by inadequate access

to technology. Reopening schools without additional funding for districts in need will make inequities worse, and deepen the racial divide. In addition, enhanced outreach and accommodations must be provided for special needs students, English learners, and their educators.

Resources and Partnerships

The state must ensure that funding is available to all districts for the resources required to meet CDC guidelines and other protections. Schools will need more funding, not less, as students return with increased needs due to learning loss, trauma from the pandemic, and time away from school. Before parents send their children back to school, and before educators enter their classrooms, districts must have the funds necessary to make schools safe. We must prevent schools from being incubators for spreading COVID-19 and contributing to another economic shutdown. For our state to recover, businesses and other constituencies must be part of the solution. A workable plan must connect community partners where all—not just schools—share in meeting the responsibilities to our children. Companies should provide flexible schedules for employees to accommodate school schedules. Daycare options must be a priority.

Conclusion

CEA's Safe Learning Plan requires that health and safety remain at the forefront of any school reopening plan. It prioritizes long-term strategies for student learning and educational equity, which require that the state do its part and provide the necessary funding. Failing to fund our future means we will see greater inequities across our districts and jeopardize the well-being of everyone in those communities.



I. SAFE AND HEALTHY LEARNING IS THE TOP PRIORITY

Any plan to return Connecticut's students, teachers, and staff to school must make safety the very top priority in order to avoid a resurgence of the virus in our state.

- We have seen the tragic outcome in other states when all stakeholders—not just schools—do not help shoulder the burden of avoidable health consequences.
- The purpose of a school is to educate students. Meeting the responsibility of both education in school and caring for children outside of school requires the partnership of many throughout the community.
- Employers must be part of the solution by providing flexible schedules for employees that accommodate school schedules and assisting wherever possible by providing or subsidizing before- and after-school options.
- A workable plan must connect partners and community support in a collaboration where all—not just our schools—share in meeting the varied and important responsibilities to our children.

II. CEA'S FUNDAMENTAL STEPS FOR REOPENING SCHOOLS

A. Safety of students and staff first

Schools cannot reopen without strict district compliance with the requirements of the Centers for Disease Control (CDC) and state and local public health officials, including access to testing, PPE, and a continuing decline in virus infection rates and hospitalization.

B. Funding equity

In a pandemic, schools must have the resources necessary to provide for the safety of all students and educators while the education of students takes place. The state must ensure that no district lacks funding necessary for COVID-related expenses and equitable access to education. The state must also be prepared to provide support to rectify remote learning inequities, including lack of laptops, tablets, and Internet access for all students and teachers.

C. Equity lens for all issues

Issues and responses to COVID-19 should be reviewed through the following questions:

- Who will benefit from the choices and decisions being made, and who will be harmed?
- Are we explicitly addressing racial and economic disparities and/or impacts?
- As to planning and decision-making, now and ongoing into the school year, whose voices have been heard?

D. Protections for at-risk students and staff

COVID-19 disproportionately affects older adults,

and all those with underlying chronic health conditions. Reopening plans must provide these workers with the option to deliver instruction remotely to students who will be learning remotely or to students who are in the building under the supervision of qualified staff. At-risk students should have a similar option to learn remotely while their teachers and peers are in school.

E. Assess impacts on racial and economic inequities

The COVID-19 pandemic has laid bare existing racial and economic disparities in this country. At each stage of reopening implementation, racial and social justice must be at the forefront. Given the resources needed to respond to the virus—including PPE, infrastructure changes, staff, revised work hours, deep cleaning and sanitization, personal protective equipment (PPE), and technology-related needs—it is critical that underresourced schools receive the resources they require.

F. Cooperative school district planning and oversight process

The COVID-19 pandemic will continue to have a dramatic impact on teachers' conditions of employment. Bargaining must remain the bedrock of decision-making, and discussions to resolve issues regarding safety, working conditions, and responsibilities will be important to a smooth reopening. In addition, local school reopening committees should include teachers from the elementary, middle, and high school levels, parent representatives, a school health representative, and the presidents of local bargaining organizations. Committees need to evaluate the unique needs and capacities for their districts and make appropriate choices as to models for returning to school and combining in-class education with remote learning.

G. Prepare for flexible access to education—both in the classroom with safety protocols, and through remote learning

There is no one-size-fits-all solution. While we hope to avoid a second wave of the virus in Connecticut, we must be prepared with a robust remote learning plan for those students with health risks, and if circumstances require full-time remote learning.

III. SPECIFIC SAFETY ISSUES THAT MUST BE ADDRESSED BY LOCAL SCHOOL DISTRICTS

A. Compliance with wearing masks and safety protocols

- The success of any return to school will depend on consistent adherence to safety protocols by



students and adults. School administrators must inform parents of the protocols necessary before their children are able to return to school.

- To protect the health of all in school, safety protocols must be a requirement, not an option. Healthy learning and adherence to safety protocols require an ongoing, schoolwide effort and partnership with parents; this cannot be left to teachers to explain and enforce.

B. Transportation and building entry issues

- School transportation vehicles should be limited in capacity in order to allow CDC social distancing guidelines.
- There must be a thorough cleaning of the vehicles in between routes.
- In addition to the driver, buses must have a monitor on each route to oversee proper social distancing and mask wearing, so the driver can concentrate on safely driving.
- The plan for student entry into the school should limit the density among and between students as they leave the bus and enter the school, or at the end of the school day as they leave the school.

C. School district healthcare monitoring and protection protocols

- Access to COVID-19 testing for students and staff.
- Screen students and employees upon arrival for symptoms and history of exposure.
- Procedure for contact logging, and contact tracing where necessary.
- Provide masks and other needed PPE to all educators and students.
- Density reduction throughout the school to meet public health guidelines.
- An inspection protocol conducted by teachers to ensure that their classroom meets a minimum six-foot separation of students.
- A 'no visitor' policy to minimize the spread of the virus.

D. Response to confirmed cases or exposure to the virus

- Protocols outlining COVID testing procedures must be ready for returning students and staff after infection/exposure.
- Certification to SDE that school nurses have been hired for each school, and a ‘waiting room’ with appropriate protocols and safeguards is available for symptomatic individuals.
- Educators who have been exposed to the virus and must quarantine will not lose any sick leave.

E. Improvements to air quality and sanitization

- Assurances that either windows can be opened to improve air flow or that air handlers are working and have been thoroughly cleaned.
- Handwashing/sanitizing stations distributed throughout the building, properly maintained, and stocked throughout the school day.
- Adequate sanitizing and disinfecting supplies for all schools; when students enter or leave their classrooms, they should have disinfecting wipes to prepare their desk/chair space for use.

F. Other supports from local school districts

- Recruitment of qualified additional substitute teachers and paraprofessionals.
- Protocols for utilizing remote learning and counseling for those traumatized students who are a danger to themselves or others in the in-class school setting.
- Providing opportunities for at-risk teachers to be assigned to remote learning in place of in-class learning.

G. CEA will work with education stakeholders on the following

- Stress the need for partnerships with others in the community—such as employers—as described in this plan, to help create or subsidize safe, high-quality childcare.
- Stress the need for the state of Connecticut to oversee safe, high-quality childcare centers, especially in underresourced communities.
- Partner with the governor and other stakeholders to ensure that funding is provided by the state for Connecticut’s schools and all COVID-related expenses, state childcare centers, technology (laptops, tablets, Internet providers), and resources needed in underserved schools and communities.
- Add additional social workers and school counselors to schools, especially in under-resourced schools and communities.
- Suspend standardized testing.

H. Adopt robust support services and protections for students and employees

- Train staff in trauma-informed practices.
- Monitor and support students upon their return to school for signs of food and housing insecurity,



domestic violence or abuse at home, or grief and trauma due to the pandemic.

- Assure that Employee Assistance Programs (EAPs) are robust and easy to access, including benefits related to mental health and substance-abuse disorders.
- Provide whistleblower protections to guarantee that education employees and contractors working in schools are protected against retaliation for reporting or raising concerns about workplace safety with respect to COVID-19, whether they discuss those concerns with fellow employees, their employer, government agencies, the public, or the news media.
- Anticipate a second wave of illness and plan for remote operations and alternative assignments if schools are once again forced to physically close in whole or in part.

IV. UPGRADE SCHOOL HVAC SYSTEMS AND OTHER INFRASTRUCTURE TO IMPROVE AIR QUALITY AND SAFETY

Improvement or replacement of deficient HVAC systems, improving air filtration and purification systems, and installing air conditioning, are critical to the safety of students and staff.

- Schools are similar to cruise ships and hotels in terms of shared ecosystems and the HVAC system controlling air flow and quality is crucial.
- Professional evaluation of every school HVAC system, with state funding to improve air filtration and purification.
- Better climate controls in all schools as to temperature and humidity—year round—will provide safer and healthier learning conditions.

This will also be important during the beginning and end of the regular school year, when temperatures and conditions create health problems.

V. STRENGTHENING EDUCATIONAL QUALITY AND ACCOMMODATIONS FOR SPECIAL NEEDS STUDENTS

The COVID-19 pandemic has created daunting challenges for ensuring the continuity of education and school-based services. Prolonged school closures have resulted in lost instructional time and learning under less-than-optimal circumstances. These challenges are particularly acute for the most vulnerable students.

A. Accessibility for students with disabilities

- Consistent with the Individuals with Disabilities Education Act (IDEA), parents, students and the educational system must collaborate on the best steps to remediate students' needs and comply with IEP requirements in person where possible, and through remote learning where necessary.
- Provide additional PPE protections and paraeducator help for teachers and staff working with special education populations that require close contact.

B. Professional development

- Professional development and planning time for teachers will be more important than ever.
- Professional development should not only include relevant content but also address teaching safely in the COVID-19 environment.
- Professional development should focus on strategies to promote student engagement during times of remote learning, enhance students' social and emotional skills, and incorporate trauma-

informed strategies, especially given the impact of COVID-19 on children in all grades.

C. Community schools

- All public schools should build on the community school model that incorporates community allies and support systems for students and families.
- Create or expand collaborative partnerships and access to community resources that students and families need, including meals, medical care, job training and employment counseling, housing assistance, and other social services.

D. Limit standardized testing to teacher-identified diagnostics that assist learning

- The COVID-19 crisis has brought attention to the fundamentals of education—critical thinking, collaboration, creativity, communication, and engagement, all of which are not fairly or equitably represented in standardized testing.
- Connecticut should focus the limited education time on student learning.
- Diagnostic testing should be teacher-friendly and accompanied by access to relevant instructional resources and supports.

E. Continue suspension of inappropriate teacher evaluation plans

- Connecticut should develop new expectations for instruction.
- Informal coaching focused on helpful feedback should continue.

F. Provide essential student health and developmental support

- Monitor the caseloads of nurses; social workers; counselors; psychologists; occupational, speech, and physical therapists; special education teachers



and managers; and other specialized instructional support personnel to ensure that their caseloads are appropriate.

- Where necessary, provide more staffing to meet student needs.

G. Use data appropriately

- In addition to refocusing schools on the fundamental values of public schooling—a focus that has been lost over the years—it is also time to repurpose the role of data in our schools.
- As we reopen our schools, we should use data to guide instruction as well as identify and share best practices.

VI. FINANCING

Schools are essential to the continuing education of Connecticut’s students and the stability of communities, and any decisions to reopen of schools must be premised on having the resources necessary to implement safety precautions and protocols. The state should:

- Immediately allocate the required funding for coronavirus-related educational expenses. This would include (but not be limited to) costs for PPE, testing, additional classroom space, staffing due to additional/reduced-size classes, transportation, and more.
- Immediately allow access to School Construction Bonding Funds to be used for coronavirus-related infrastructure expenses. This would include (but not be limited to) HVAC, reconfiguring classrooms, installing protective barriers, and other related expenses.
- Raise the permissible carry-forward of 2% of unexpended school funds (current law) to 5%, provided the funds are used solely for educational purposes and remain under the purview of the board of education, without requiring board of finance approval.

