

Addendum 4

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

Connecticut State Department of Education



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



(July 30, 2020)

In order to guide decisions on remote vs. in-person learning for Pre K-12 education, the Connecticut Department of Public Health and Department of Education have developed key metrics and considerations for informing local district decision-making. (There are many preschool in public schools under the auspices of public schools)

Decisions on remote vs. in-person learning should be based on indicators of the spread and prevalence of COVID-19 in the community; and on the physical and operational ability of schools to implement critical mitigation strategies. A combination of these considerations should inform decision making.

For the key leading metric for community spread, we recommend using the number of new cases, adjusted for population, and suggest thresholds for differential risk categories ([Table 1](#)). In addition, there are several secondary indicators that can help inform an assessment of risk levels when considered for the directional trend and speed of change of the data. While these leading and secondary indicators can be loosely stratified into categories for low, moderate, and high risk, any use of those stratifications should be considered relative, and not an assumption of individual risk of COVID-19 infection in a school or other setting. These metrics were adapted from recommendations by the Harvard Global Institute and supplemented by existing DPH measures.

Because the size of Connecticut's population is relatively small in comparison to many other states, infection and disease rates for many conditions (including COVID-19) can become extremely unstable as statewide statistics are analyzed by smaller geographic areas. As such, analyzing any of the suggested leading or secondary indicators at the individual town or school district level in our state will result in rates that are too unstable to be of any use in continuous decision-making. In addition, daily reporting of metrics that may be somewhat unstable can cause unnecessary alarm and trigger changes where none may be needed. Therefore, the Connecticut Department of Public Health recommends analysis of leading and secondary indicators be performed on a weekly basis and be limited by geography to include statewide data and data for each county.

Table 1: Leading and Secondary Indicators of COVID-19 Infection Levels in Communities for Consideration of Learning Models for School Reopening in Connecticut.*

Leading Indicator	LOW Favors more In-Person Learning	MODERATE Favors moving to Hybrid Learning	HIGH Favors moving to Remote Learning
Number of new cases of COVID-19 (7 day rolling average of new cases per 100,000 population per day)	< 10 new cases per 100,000 population	10 to < 25 new cases per 100,000 population	25+ new cases per 100,000 population

Secondary Indicators	LOW Favors more In-Person Learning	MODERATE Favors moving to Hybrid Learning	HIGH Favors moving to Remote Learning
Percent positivity rate (# of positive tests/ # of total tests, 7-day rolling avg.)	Direction of Change: Secondary Indicators trending down to flat	Direction of Change: Secondary Indicators trending flat to upward	Direction of Change: Secondary Indicators trending upward
Number of new COVID-19 hospitalizations per 100,000 population (7-day rolling avg.)	Speed of Change: No statistically significant changes to Secondary Indicators	Speed of Change: Any statistically significant changes upward to Secondary Indicators	Speed of Change: Consistent, statistically significant changes upward to Secondary Indicators
COVID-like and Influenza-like Illness (CLI and ILI) Syndromic Surveillance			

* Adapted from: the Harvard Global Health Institute’s publication *The Path to Zero and Schools: Achieving Pandemic Resilient Teaching and Learning Spaces*. July 2020.

Additional Considerations in moving from in-person to remote learning:

While leading and secondary indicators give school decision-makers a sense for the level of COVID-19 spread in the community surrounding their schools, there are also many structural and procedural considerations within school districts and individual schools that administrators should assess on a continual basis, as these may also influence whether schools should consider more in-person, hybrid, or remote instruction. As part of their decision-making process, school administrators, local elected officials, and medical advisors should include consideration of the following “Other Key School Characteristics.”

- Design of the physical space:
 - Classroom space available for physical distancing
 - Outdoor space
 - Entrance/Exit design to avoid crowding
 - Overall population of school
- Cohorting:
 - Ability of the school to consistently group students in small cohorts and minimize interaction with other cohorts throughout the school day
- Compliance with self-screening:
 - Frequency of students and staff arriving at school with symptoms of COVID-19
 - Frequency of students and staff attempting to return to school with symptoms of COVID-19
- HVAC:
 - Well-functioning and maintained central HVAC system(s) (or the functional equivalent) are in place
- Cleaning and Disinfection
 - Plans in place in accordance with DPH and SDE guidance regarding cleaning protocols
 - Adequate supplies and implementation of Cleaning and Disinfection plan

How will these metrics be used?

Leading and Secondary Indicators will be updated by DPH on a weekly basis. Representative experts from the State Departments of Education and Public Health and local health departments will review the data on a weekly basis and make any recommended changes between the “Low” “Moderate” and “High” categories by county each week.

The “low” and “moderate” categories indicate conditions in the area are appropriate for schools to provide at least a partial in-school option to students. The district and building-level decisions will ultimately be made at the local level. However, should a district determine not to provide an in-school option while in the low or moderate category, an exception approval is required from the State Department of Education, the State Board of Education and the Department of Public Health. Superintendents should consider developing a local structure to include the school medical advisor, local health director, and school nurse leader to consult when making decisions.