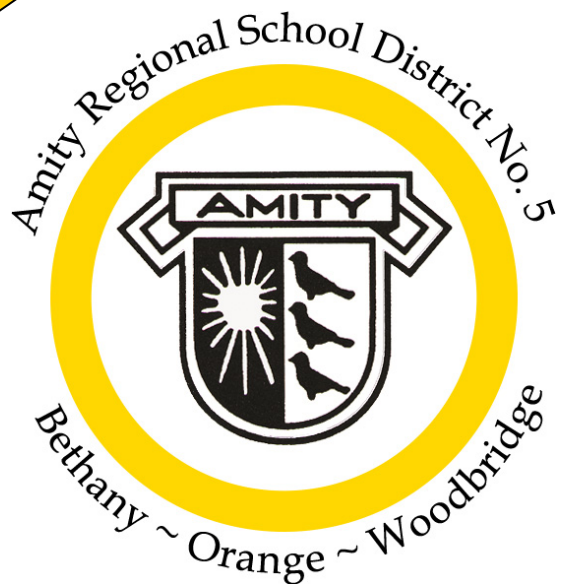




UPDATED 12/21/2021

Safe Return to In-Person Instruction and Continuity of Services Plan

Winter 2021



SRIPi & COSP



A Message from the Superintendent of Schools

Dear Amity Students, Parents, and Staff:

Thank you for the support you have shown since March 2020 and throughout the 2020-2021 school year. I understand that we faced uncertainty, the unknown, and a level of unpredictability that we are not accustomed to in our personal or professional lives. However, we learned a great deal – about technology and teaching platforms, about health and science, and about our community and our incredible ability to adapt and achieve together. Most of all, I hope we learned the value of school – of the in-person education – that builds successful partnerships between teachers and parents, fosters collaboration between colleagues, supports relationships between educators and students, and develops the social, emotional, and mental wellness of our children.

The Safe Return to In-Person Instruction (SRIPi) and Continuity of Services Plan (COSP) has been developed using the most recent guidance from the Center for Disease Control (CDC), Connecticut Department of Health (DPH), Connecticut Department of Education (CSDE), Quinnipiac Valley Health District (QVHD), and Orange Health Department (OHD). ***These guidelines reflect the updated [Fall 2021 CSDE Adapt, Advance, Achieve Guidelines](#)*** developed by the CSDE and DPH. This plan will be reviewed at minimum every 6 months and will be updated and adjusted based on recommendations from those entities. Questions or concerns about the CSDE Guidelines or the Governor's mandates can be directed to the Commissioner of Education or the Office of the Governor.

In 1953, the Amity Regional School District was established on the principle that three communities were stronger together in keeping our students safe and providing them with an excellent secondary education. That foundational belief and the responsibility of every member of our community is essential to returning students to our school buildings and to having a successful year in school. We are greatly looking forward to a return of ALL our students to the Amity tradition of excellence in Academics, Arts, and Athletics for the 2021-2022 school year.

In Partnership,

Jennifer P. Byars, Superintendent of Schools

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HEALTH & SAFETY STRATEGIES

Please note that plans are subject to change based on directives from the CSDE, DPH, and State of CT. We will make every effort to communicate changes in a timely manner.

UNIVERSAL AND CORRECT WEARING OF MASKS

In the interest of primary prevention of COVID-19 disease, Governor Lamont's Executive Order 13A has directed the Connecticut Department of Public Health (DPH) to develop a list of situational conditions and environments where universal masking (i.e., the use of a face-covering mask by all individuals, regardless of vaccination status) should continue. An appropriate face-covering mask is one that includes multiple layers of tightly woven (or melt blown) material, is worn directly on the face, completely covers the nose and mouth, and fits closely without significant gaps between the mask and face. Nothing herein alters any obligations under federal or state law that establishes requirements for the use of masks or other personal protective equipment in such settings. As it pertains to schools, subject to the exemption provided in Executive Order 13A, all individuals, regardless of vaccination status, must continue to wear a face-covering mask at all times when:

1. Inside public or private school buildings (PreK-12); and
2. Inside or outside waiting areas at transportation hubs, or as passengers using intrastate transport services, including, but not limited to:
 - a. buses, and bus stations and stops.

Students must wear face coverings or masks while inside the school and on the bus, with exceptions only for those students for whom it is not safe to do so due to medical conditions. The Center for Disease Control (CDC) recommends cloth face coverings as a simple barrier to help prevent respiratory droplets from traveling into the air. The cloth face covering should completely cover the nose and mouth secure snugly against the sides of the face and under the chin. A face mask that secures behind the ears fits this CDC criteria; a loose face covering such as a bandana or neck gaiter does not meet these criteria. CDC does not recommend masks if they have an exhalation valve or vent as a protective measure. "Mask Breaks" will be provided during the day. Schools and buses will have backup disposable masks available for students who forget them. Parents will be responsible for providing students with face coverings or masks if the students loses/misplaces the school provided masks. ***A repeated pattern of forgetting, losing, or refusing to wear a mask is a violation of safety protocols and may result in restorative practices, progressive student discipline up to and including suspension or expulsion.***

CIAC policy will follow current Executive Order 13A, which provides that everyone must wear masks regardless of vaccination status while inside certain settings, such as schools, pursuant to an order from the commissioner of the Department of Public Health. Federal Order (CDC) requires mask use on public transportation, including school buses. The CIAC will continue to collaborate with the CSMS Sports Medicine Committee and the CT DPH on mask requirements as back-to-school recommendations are finalized by the CSDE.

In alignment with current executive orders pertaining to mask requirements in school buildings, athletes, regardless of vaccination status, will wear masks for all **indoor** activities including active competition, practice, and all events around active play. In alignment with current youth sport recommendations, athletes, regardless of vaccination status, will not be required to wear masks during **outdoor** activities, practice, or competition. When indoors (e.g. locker rooms, indoor practice, classroom team/film session, weight room, etc.), mask should be worn in alignment with current executive orders pertaining to mask requirements in schools. Swimmers, regardless of vaccination status, will wear masks for all activities around active practice and competition, however, will not wear masks while in the water. Masks may be removed for outdoor dry-land training while athletes are actively conditioning. Sideline/Exhibition Cheerleading and Dance will wear masks indoors. For safety purposes, masks may be removed indoors when performing stunts and put back on after the stunt sequence is completed. Outdoors, masks are not required while actively cheering, dancing, or stunting during halftime performances. Masks are not required while cheerleading on the sideline. Officials who are officiating indoors will wear masks in alignment with Connecticut mask requirements inside school buildings. Officials are not required to wear masks while officiating outdoor competitions.

Teachers, staff, volunteers, and visitors to the school must wear face coverings when inside with exceptions only for those for whom it is not safe to do so due to medical conditions. The Center for Disease Control (CDC) recommends cloth face coverings as a simple barrier to help prevent respiratory droplets from traveling into the air. The cloth face covering should completely cover the nose and mouth secure snugly against the sides of the face and under the chin. A face mask that secures behind the ears fits this CDC criteria; a loose face covering such as a bandana or neck gaiter does not meet these criteria. CDC does not recommend masks if they have an exhalation valve or vent as a protective measure. "Mask Breaks" will be provided during the day. Teachers will be allowed to remove masks when working alone in their classroom during planning/preparation time. Schools will have backup disposable masks available for teachers and staff. At this time, the Amity Regional School District No. 5 **WILL NOT** follow the more permissible CSDE allowance that fully vaccinated teachers can remove masks during active instruction at the front of the classroom. This provision will continue to be evaluated before any changes to the SIRPI.

Face coverings are not required for students and/or staff when they are outside provided one of the additional conditions are met:

1. The students and/or staff members are engaged in physical activity such as physical education class, athletics, or outside play; and/or
2. The students and/or staff member can maintain physical distancing of more than 6 feet from other students and/or staff.

Currently, a Federal CDC Order is in place that requires mask wearing by individuals on all public transportation. School buses are considered public transportation and as such, passengers and drivers must wear a mask on school buses at all times. Students wait at their bus stop with a face covering ready and may not board the bus without a face mask. Buses will have masks available for students who forget, break, or lose their mask.

PHYSICAL DISTANCING

DPH recommends that schools continue their efforts to **maximize distance between students to the extent feasible**, however if physical distancing impacts the school's ability to return all students to full

in-person instruction, schools may rely on other risk mitigation strategies (i.e., continuous and correct mask use, hand hygiene, increased ventilation) in order to keep the risk of COVID-19 spread inside their schools as low as possible. There is evidence that physical distancing of at least 3 feet between students can safely be adopted in classroom settings where mask use is universal and other prevention measures are taken. The Quinnipiack Valley Health District (QVHD) and Orange Health Department (OHD) have also supported a 3 foot physical distancing for students.

At least 6 feet of distance continues to be recommended between adults in the school building and between adults and students.

Students are expected to practice social distancing when entering and exiting the building, in classrooms, and moving throughout the school.

Students will be expected to ride the same bus to school in the morning and the same bus to home in the afternoon every day. Face coverings or masks should be in place prior to entering the bus, and during the entire duration of the bus ride.

Hand Hygiene

Students and staff must engage in frequent hand washing or sanitizing upon arrival, before and after meals, after bathroom use, and after coughing or sneezing. All classrooms will be equipped with hand sanitizing stations. Classrooms will be provided with anti-viral wipes for cleaning surfaces and shared resources and materials.

Principals and teachers will review guidance/training and post signage on proper handwashing techniques with students, including the following:

- Scrub with soap for at least 20 seconds or use hand sanitizer if soap and water are not accessible.
- Staff and students should dry hands thoroughly.
- Wash/sanitize hands when: arriving and leaving home; entering classrooms; after having close contact with others; before and after using shared surfaces or tools; before and after using restroom; after blowing nose, coughing, and sneezing; and before and after eating and preparing foods.

Respiratory Hygiene

Principals and Teachers will ensure that students receive ongoing education in the expectations related to all public health policies and protocols. Students will be educated about how coronavirus is spread, and how preventative actions help avoid the spread (for example, that masks keep droplets out of the air and hand hygiene keeps the virus out of one's mouth/nose/eyes).

Principals will assess the best approach to communicating wellness information for each age group, and plan to set aside time at the beginning of the school year, as well as scheduling frequent reminders, to review the new policies and protocols. These practices include, but are not limited to:

- social distancing,
- use of face coverings that completely cover the nose and mouth,
- respiratory and cough etiquette, and

enhanced cleaning/disinfection of surfaces.

The Director of Curriculum & Instruction will oversee staff training on the protection of the whole school community. The schools will provide required staff/student/parent training on the following as part of the reopening prior to the start of school:

- Physical distancing of staff and students
- Proper use of protective equipment
- The correct use of cloth face coverings/masks
- Cough and sneeze etiquette
- Keeping one's hands away from one's face
- Frequent handwashing and proper technique
- Confidentiality around health recording and reporting

Staying Home When Sick

Staying home when feeling sick with symptoms consistent with COVID-19 is essential to keep COVID-19 infections out of schools and prevent spread to others. **Students, teachers, and staff who have symptoms of a potentially infectious illness, such as influenza (flu) or COVID-19, should stay home** and contact their healthcare provider.

MAINTAINING HEALTHY FACILITIES

Cleaning and Disinfection

The Director of Facilities will oversee the reopening for each school building that specifically addresses high standards of cleanliness for all classrooms, bathrooms, hallways, and offices in the school.

Contaminated surfaces are not thought to be a significant contributor to the spread of COVID-19. Consistent with CDC guidance, DPH advises that routine daily cleaning of schools (consistent with standard school cleaning practices), and regular cleaning and disinfection of bathrooms, locker rooms, cafeterias, and health offices, is sufficient to prevent transmission of SARS-CoV-2 from surfaces in PreK-12 schools.

Given the very low risk of transmission from surfaces and shared objects, food services need not be limited to single use items and packaged meals. At a minimum, frequently touched surfaces and surfaces that come in contact with food should be cleaned in between lunch waves and then cleaned and disinfected after lunch waves are completed for the day.

In alignment with this guidance for cleaning and disinfection, buses need only routine cleaning on a daily basis to adequately control transmission risk from surfaces.

Ventilation

Improving ventilation in school buildings is just one part of system of procedures that will safeguard the health and safety of students, teachers, and school staff during the COVID-19 pandemic.

Before School Opens

1. Operate all ventilation systems at full capacity for one (1) week prior to the reopening of school buildings.
2. Discuss with the entire facilities team and school administrators the general principles about what changes are planned to the usual ventilation system operation for the coming year.
3. Perform a full preventive maintenance program on all HVAC units to include cleaning of the unit, change filters, lubricate motors and tension belts, and ensure all dampers are operating as they should.

After School Opens:

1. Flush the air inside the building for a minimum of two (2) hours prior to occupancy and one (1) hour after occupancy (after the night-shift custodians leave), with the dampers open as fully as possible (i.e. to maximize fresh air intake) during this flushing period.
2. Program and lock fan schedules to align with the building occupancy schedule (i.e. provide flushing ventilation starting two (2) hours before building occupancy and one (1) hour post occupancy).
3. Keep the ventilation system running during all hours that the building is occupied.
4. Keep bathroom exhaust systems running all day, every day (24 hours a day/7 days a week).

In addition, we do not recommend separate, free-standing air cleaner or HEPA filter units for individual classrooms. These units are highly variable in their effectiveness in larger open spaces such as classrooms and in general, any effect on indoor air quality is likely insignificant and greatly outweighed by the additional costs to school systems. Also, the concept of allowing windows to be opened randomly in order to improve air quality is an ill-conceived concept and should not be allowed. Randomly opened windows will cause wild fluctuation in temperature and humidity and will allow allergens and dust to infiltrate the building. Airflow patterns will be disrupted and comfort and health will be adversely affected. Conditioned, filtered, air is far cleaner than untreated air; this is why we condition the air.

CONTACT TRACING, ISOLATION, AND QUARANTINE

Definition of a Close Contact

A close contact is defined by CDC as someone who was within 6 feet of an infected person - masked or unmasked - for at least 15 minutes starting from 2 days before illness onset (or, for asymptomatic clients, 2 days prior to positive specimen collection) until the time the patient is isolated.

Close Contact Special Exception

The CDC has included an exception in their definition of a close contact for students in a classroom setting. This exemption has been adopted by CSDE and DPH. Students (not teachers or other individuals) within a classroom setting (not on buses or in other non-classroom settings) do not need to be considered close contacts if they are not within 3 feet of a known COVID-19 case for 15 minutes or more (cumulative over a 24- hour period), provided:

- contact between students happened exclusively inside a PreK-12 school **classroom** (e.g., no additional contact in a cafeteria, on a bus, during sports, outside of school, etc.); and
- both parties were wearing a well-fitting mask consistently and correctly during the entire duration of their contact.

Communication with Close Contacts

When an individual is identified as a close contact *in the school setting*, contact information may be shared with the local health departments. As a courtesy, communication will be sent from the school to the parents/guardians of the student. Staff will also be informed.

Contact Tracing

All teachers are expected to maintain seating charts for all students in all classes. Seating charts will be used to identify close contacts. All attempts will be made to identify actual close contacts and to the greatest extent possible, the district will not identify entire classrooms as close contacts. Teachers are expected to update seating charts regularly and share those seating charts with school administrators and designated contact tracers.

Students are a critical part of the contact tracing process and will be interviewed to identify other close contacts including: students in study hall; students in lunch/cafeteria; students on the bus; and/or personal contacts outside of the school setting.

In general, entire athletic teams will be considered close contacts of an index case unless the coach can provide an accurate list of the close contacts based on cohorting or specialized groups at practices.

The school may assist the local health departments when contact tracing activities/events that occurred outside of school.

Families may receive follow-up communication from the local health district or a contact tracer from the CT Department of Public Health. If you do not receive follow-up communication and have questions, please contact your local health departments.

Bethany - Quinnipiack Valley Health District - (203) 248-4528

Orange - Orange Health Department - (203) 891-4752

Woodbridge - Quinnipiack Valley Health District - (203) 248-4528

Isolation

Individuals who test positive for COVID-19 are required to isolate. Isolation should be in effect for At least 10 days since symptoms first appeared. Isolation may end 10 days from the first symptoms **and at** least 24 hours with no fever without fever-reducing medication **and other** symptoms of COVID-19 are improving.

Quarantine of Unvaccinated Persons

Quarantine is used to keep someone *who might have been exposed to COVID-19* away from others. Quarantine helps prevent spread of disease that can occur before a person knows they are sick or if they are infected with the virus without feeling symptoms. People in quarantine should stay home, separate themselves from others, monitor their health, and follow directions from their state or local health department.

Both the Orange Health Department and the Quinnipiack Valley Health District support a 10-day quarantine period for close contacts. All who are identified as a close contact to an index case will be

required to quarantine for a 10-day period.

Reducing the length of quarantine may be critical for school staff to return to in-person instruction. The Amity Regional School District will continue to work with QVHD and OHD as local public health authorities make the final decisions about how long quarantine should last, based on local conditions and needs. Options for staff to reduce the length of a quarantine period may be considered after day 7 after receiving a negative test result (test must occur on day 5 or later).

After stopping quarantine, all individuals should:

- Watch for symptoms until 14 days after exposure.
- If you have symptoms, immediately self-isolate and contact your local public health authority or healthcare provider.
- Wear a mask, stay at least 6 feet from others, wash your hands, avoid crowds, and take other steps to prevent the spread of COVID-19.

Screen and Stay

Screen and Stay procedures will permit students or staff who would otherwise have to quarantine due to an exposure experienced while in school to choose to continue reporting to school for in-person learning or work provided:

- The exposure occurred inside the school building during the regular school day (provided both the case and contact were consistently and correctly masked during the entirety of the exposure) regardless of duration or distancing, or
- The exposure occurred outdoors during a regular mask break, meal period, or Physical Education or other instructional period (with or without masks) regardless of duration or distancing.; and
- The student or staff person identified as a close contact remains asymptomatic; and
- Both the school and family can implement selected procedures to further reduce in-school transmission risk.

Examples of scenarios where students or staff should not participate in Screen and Stay include, but are not limited to:

- Having a close contact outside of school;
- In a situation indoors where masks were removed and 6 feet of spacing was not maintained (e.g., in the cafeteria); or
- During extracurricular or other activities outside the regular school day (e.g., sports, before or after school care, etc.).

Students or staff that qualify for the Screen and Stay protocol should perform a daily symptom assessment for 14 calendar days after their last exposure to a case.

Quarantine of Unvaccinated Athletes

The CIAC updated quarantine guidelines in April 2021. Quarantined athletes, coaches, officials, and other participants can be allowed to return to participation in athletics after completing 10 days of quarantine, provided a COVID test is performed on day 8 of the quarantine period is negative and no symptoms associated with COVID-19 were experienced throughout the entire quarantine period.

Quarantine of Vaccinated Persons

Individuals who have been fully vaccinated (2 weeks after the single dose J&J vaccine or 2 weeks after the 2nd dose of the Moderna or Pfizer vaccine) are not required to quarantine if they are identified as a close contact – provided that the individual is feeling well. Parents may **voluntarily** provide a copy of their student's COVID immunization card to the school health office at any time. Parents or students may drop off copies at the school health office. Acceptable proof of vaccination can be: 1) a copy of your student's COVID vaccination card or 2) documentation by your student's medical provider of the COVID vaccine on the School Health Form. To ensure accuracy, only hard copies will be accepted – at this time, we cannot take electronic copies of vaccination proof. Please ensure that your child's full name is printed clearly on the copy of the immunization card or health form.

If your student is notified as a close contact, but has been fully vaccinated, please contact the school nurse and be prepared to show proof of your student's vaccination. ***Providing a copy of the card ahead of time will allow your student to be removed immediately from quarantine lists - ensuring there is no disruption to their in-person learning or to their participation in extra-curricular activities - including athletics.*** If a card is not provided in advance, and your student is identified to quarantine, a copy of the immunization card can be provided to the school nurse at that time. While this will return the student to the classroom and other school activities, it is possible that providing proof of vaccination on an as needed basis may result in a short 1-2 day delay in removal from quarantine status.

Fully vaccinated students and staff who have had close contact with a known COVID-19 case should be tested 5-7 days after exposure and should wear a mask when in public or otherwise engaged in activities with individuals outside of their household until they receive a negative test. Fully vaccinated CIAC student athletes do not have to quarantine from sports, provided they remain asymptomatic after close contact with a known COVID-19 case and wear a mask until receiving a negative COVID-19 test (taken between days 5 and 7 from the date of contact) or 14 days without a test.

Quarantine within 90 days of COVID

For individuals who recently tested positive for COVID-19, quarantine is not recommended if another exposure occurs within 90 days after the date of symptom onset from the initial COVID infection. If your student is notified as a close contact, but was diagnosed as COVID positive within the past 90 days, they may not need to quarantine if they are asymptomatic. Please contact the school nurse and be prepared to show evidence of the positive COVID diagnosis.

Return to Play After COVID

Returning to play after COVID positive test: COVID 19 can affect the heart and lungs of the person infected. One uncommon but serious complication of COVID 19 is a heart condition called myocarditis. Myocarditis is an inflammation of the heart muscle (myocardium). Myocarditis can affect the heart muscle and the heart's electrical system, reducing the heart's ability to pump and causing rapid, abnormal heart rhythms (arrhythmias) which can cause cardiac arrest. Exercise can increase the likelihood of permanent heart damage in myocarditis, and increase the possibility of arrhythmias and sudden cardiac death. Student athletes who have tested positive for COVID 19 should follow the guideline noted below to decrease risk of developing complications from COVID 19 infection.

Athletes who are either asymptomatic or mildly symptomatic should not exercise until they are cleared by a licensed medical provider. If this evaluation was completed by a licensed medical provider and no

contraindications to participation were identified, the patient may then begin a gradual return to play after 10 days have passed from date of the positive test result and at least 24 hours without symptoms off-fever reducing medications.

Athletes with moderate symptoms of COVID-19 should not exercise until they are cleared by a licensed medical provider. If cardiac evaluation is normal, gradual return to physical activity may be allowed after 10 days have passed from the date of the positive test result, and at least 10 days of symptom resolution has occurred off fever-reducing medicine. Written documentation of medical clearance for return to sport should be provided by the medical provider.

For patients with severe COVID-19 symptoms (ICU stay and/or on a ventilator) or multisystem inflammatory syndrome in children (MIS-C), it is recommended they be restricted from exercise for a minimum of 3 months. The student athlete should be evaluated by a licensed medical provider for a history and complete physical examination. In addition, they should be referred to a cardiologist prior to resuming training or competition.

A graduated return-to-play protocol can begin once an athlete has been cleared by a licensed medical provider and feels well when performing normal activities of daily living. The progression should be performed over the course of a 7-day minimum. If the student athlete experiences any symptoms of chest pain, palpitations, syncope, shortness of breath or exercise intolerance, during this return to play protocol, they should stop exercise and inform their medical provider.

DIAGNOSTIC AND SCREENING TESTING

At this time, there is no plan for diagnostic or screening tests to be administered in the Amity Regional School District. Drive-up and walk-up testing is available at some acute care hospitals, urgent care centers, community health centers and certain pharmacy based testing sites. You can find a test by visiting ct.gov/coronavirus, typing your zip code into the box that says "Find a Testing Site Near You" and clicking "GO".

VACCINATION EFFORTS

Throughout spring 2021, the Amity Regional School District partnered with the Quinnipiack Valley Health District to provide closed vaccination clinics for all school staff including contracted food service and transportation personnel. Through these closed clinics, all staff who wanted to receive a COVID-19 vaccination were able to.

Additionally, The Amity Regional School District partnered with neighboring North Haven School District and Hartford Health to provide a closed vaccination clinic for students ages 16-17. At this time, our local health districts and Hartford Health have indicated that there is a surplus of vaccine and vaccination appointments and closed student clinics are no longer needed. Parents wishing to schedule a vaccine appointment are encouraged to work with their pediatrician or to access this [link](#) to schedule a vaccination appointment.

Based on current enrollment, at the start of the 2021-2022 school year, 96.7% of Amity students will be eligible to receive a vaccination. The Amity Regional School District will host an on-site clinic for a mobile vaccination provided in early fall for all Amity students and staff who wish to receive the vaccine.

ACCOMMODATIONS FOR SPECIAL POPULATIONS

Rationale

While we understand that returning to full in-person learning may present challenges for all students, we recognize that students with disabilities could experience these challenges to a greater extent than their typical peers. Students with disabilities could be disproportionately affected by changes in their education requiring additional planning and flexibility in how their re-entry occurs.

To address the complexities of returning to school for our students who receive special education and related services, the Amity Regional School District will access a variety of sources, including the CSDE website, for guidance and will continue to do so as further information is made available.

Implementation

Firstly, all faculty may receive a variety of additional professional development focused on greatly improving the return to in-person learning experience of our students. Some topics may include but are not limited to supporting social and emotional learning and connections, trauma informed classroom instruction, 1:1 training, engagement, and assessment. The expectation is that all classroom teachers will continue to include accommodations and modifications in their classroom lessons.

Our non-certified support staff are an important human resource - making connections with our children and helping them to learn in the best way possible. That being the case throughout the district, non-

certified support staff may be asked to support students' return to in-person learning. The possibility of small group work with the teacher and non-certified support staff allows for compliance with student's individualized mandated special education and/or section 504 plans.

Based on the individual needs of our students, non-certified support staff are available to all of our students and may be assigned to work with specific students through the continuum of services. Teachers/Interventionists may create lessons for all students, as well as specific work for targeted intervention. In addition, within Google Classroom, interventionists can provide targeted instruction and supplemental materials based on individual student needs.

Amity recognizes that we do have a number of EL students who may need additional assistance to access the full educational experience of this district. That being the case, we utilize certified staff to help support those students' learning needs within each of the school buildings where those students attend.

Communication

A full copy of the Safe Return to In-Person Instruction and Continuity of Services Plan will be posted on the district website. The district will encourage regular opportunities for feedback to all constituents. Opportunities for commenting on the plan will be provided at regular intervals and Board of Education Meetings can also be used to provide public comment.

Throughout the process, parents are able to email administrators, counselors, and classroom teachers for assistance.

Overview of Support Services

- Additional professional development for staff to strengthen overall pedagogy and supporting social and emotional needs of students.
- Increased focused use staff resources i.e. school counselors, school psychologists, and school social workers as a means of engaging our most struggling students.
- Increased focused use staff resources i.e. special education teachers, paraprofessionals, reading consultants, and interventionists as a means of helping our most struggling students.
- Allow paraprofessionals access to specific students google classrooms as a means of creating opportunities for small group and/or individual work with students in need of assistance.

Homebound Instruction

Home and hospital instruction shall be a teaching service available, as mandated by Section 10-76d-15 of the Connecticut State Board of Education Regulations, to students who are unable to attend school for medical and/or mental health reasons for a period of two weeks or longer due to a verified medical reason as diagnosed by physician, psychiatrist, or Planning and Placement Team (PPT), or that the student's condition is such that the student may be required to be absent from school for short, repeated periods of time during the school year. The purpose of home or hospital instruction shall be to help students to keep up with their work even though unable to attend school because of their disability.

CONTINUITY OF SERVICES

ACADEMIC SUPPORTS

Interventions

All Amity Regional Schools has interventionists who can provide academic support to students during the school day. Intervention is most typically provided in mathematics and English Language Arts (i.e. reading and writing). The need for intervention, area of intervention, and amount of intervention is a collaborative decision and may be recommended by counselors, teachers, and/or administrators.

Guided Study Programs

All Amity Regional Schools will operate after school Guided Study Programs to provide students with additional help and support after school hours. These programs will operate on Tuesday – Thursday – except when school is dismissed early. Late buses will be provided at schools on these days.

SOCIAL AND EMOTIONAL LEARNING

While much uncertainty surrounds how and when school will reopen, we know that social and emotional learning (SEL) will be critical to re-engaging students, supporting adults, rebuilding relationships, and creating a foundation for academic learning. This unprecedented shift to a new type of learning experience may have a lasting and profound impact on young people’s academic, social, emotional, and life outcomes. School leaders will need to bring together administrators, teachers, school staff, families, youth, and community partners to co-create supportive learning environments where all students and adults can enhance their social and emotional competencies, feel a sense of belonging, heal, and thrive.

From “Leveraging the Power of Social and Emotional Learning” (casel.org)

The Amity Regional School District understands the profound effect that the extended school closure and global pandemic has had on students, families and staff. As a result, the District plans to prioritize systematic and ongoing communication between school and families. There is a heightened focus on the re-engagement of students and families as well as broadening and strengthening existing social-emotional and mental health supports for students, families, and staff. A structured schedule to engage students and families and provide opportunities to participate in mindfulness activities with their peers will be purposefully planned, and meeting with teachers and mental health support staff may be provided. In addition, specific and targeted lessons have been created for use in our advisory program, and advisory will be delivered in each of the 3 instructional models (hybrid, online, or in-person). Additional opportunities for live interaction between school staff and each student may also be provided to meet individual needs. The Amity Re-engagement Plan for social emotional wellness, provided below, has been developed for all students, families and staff. The focus of this plan is to collaborate with students and families, to re-engage students with the educational process, and to identify those students and families most negatively impacted by this pandemic.

All students will complete a screening survey/questionnaire at the beginning of the school year that will be utilized to identify students most traumatized over the past several months. Support staff will use the data to develop individual student intervention plans to support student social-emotional well-being. Staff training for all on recognizing signs of trauma will be provided along with additional training in self-care for students and staff and Restorative Practices throughout the 2020-2021 school year. The Amity Regional School District will also focus on expanding and strengthening existing social-emotional supports for all students. Each school-based climate committee will establish specific goal(s) around social-emotional learning and will continue to strengthen existing social-emotional practices, such as individual and group counseling, school-based advisory programing, and cognitive behavior therapy (CBT). Additional training will be provided to middle school counseling staff on Cognitive Behavioral Intervention for Trauma in Schools (CBITS). The district will also seek to provide additional training opportunities to staff in the use of Restorative Practice.

7-12 Social Emotional Learning (SEL) Supports

Each building's school improvement plan will establish specific targets/goals to support the overall school climate, support of SEL for students, and utilize existing and new supports in order to respond to the current pandemic.

Current Supports

The following supports have been in place across district schools and are used to support the social-emotional needs of students, support the school climate, and contribute to the overall culture in each building:

1. Continue already established practices/resources (e.g., Individual and Group Counseling, Social Worker Support, SpeakUP, Advisory, CBITS, Restorative Practices, etc.).
2. At Middle School, continue practice of established SEL focus in Advisory (e.g., Just for Fun Friday), with materials posted by teachers, with possible live instruction.
3. Continue CBITS consultation with Child Health & Development Institute (CHDI) for staff trained in CBITS.
4. Ongoing presentations and materials for staff & parents regarding self-care, emotional regulation and coping skills at district and/or building level.
5. Continue to provide families with opportunities to seek support from school-based staff and when appropriate provide outside referrals or resources.
6. Continue consultation with Board Certified Behavior Analyst (BCBA) provided by Beacon Services of CT.
7. Continue collaboration with town Human and Youth Services Programs.

Additional Supports

1. Introduce the Collaborative for Academic, Social, and Emotional Learning (CASEL) framework across the district to highlight supports that target key areas of social-emotional functioning (e.g., self-awareness, self-management, social awareness, interpersonal relationships, responsible decision-making).
2. Encourage teachers to use the CASEL framework during lesson design and intentionally embed SEL into lesson structure.
3. Middle/High School - Establish dedicated time for SEL with established focus/topics for discussion through Advisory programs and/or school-wide opportunities.

4. Continue to seek training opportunities for restorative practices, implicit bias, trauma informed instruction, and school climate support.
5. Train additional counseling staff on CBITS and CBT.
6. Create a Google classroom for staff, students, and parents which will include resources supporting social emotional health.

Re-engagement Plan

1. Create a video for each school incorporating staff to introduce and welcome students back to school.
2. Teachers will intentionally incorporate strategies or activities to support SEL learning and building connections and relationships between students and staff.
3. Each school will establish and implement a multi-tiered system of strategies and interventions to support all staff, students and families with re-engaging and thriving in learning. The system will address issues and concerns highlighted in feedback received through surveys and various methods of outreach.
4. As the school year begins and unfolds, each school will acquire knowledge and develop structures to implement Restorative Practices as a foundational element of the school culture.
5. Particularly identify strategies to identify and engage populations and specific students that have been disengaged.
6. School-based staff will identify students in each school that had the most difficulty engaging in remote learning by collecting multiple data points between March-June 2020, including: attendance, declining achievement, completion of assignments, response to efforts to communicate with students, etc.
7. Each school will have students complete a survey to assess stressors/trauma in students and staff upon return in fall. All surveys will be completed by October 2020.
8. The following steps are taken in an effort to re-engage all target students/families:
 - a. Per building, students will be assigned a designated point person (e.g., school psychologist, social worker, or school counselor) for communications and/or support.
 - b. School-based staff (e.g., school counselor, school psychologist, social worker, special education teacher, assistant/associate principals, classroom teachers) will work collaboratively with students and families to establish attainable short-term goal(s) that ensure likelihood of student success, and increased engagement.
 - c. Gather parent and student input into the development of the plan, family needs, and preferred methods of contact.
 - d. Re-engagement efforts may include: daily contact via email, telephone, Google Meet, live chat, individual and/or group counseling, consultation with students and/or families, team meetings, referral to community-based providers/supports, etc.
9. Provide all district staff with training in the following areas:
 - a. Creating connections with students and parents to engage students in the new school year and develop trusting relationships.
 - b. As part of district-wide school culture support, provide all staff with training and skills to respond to signs of trauma, trauma informed care (TIC) in the school setting.

APPENDIX A
SUPPORTING IN-PERSON LEARNING VIA GOOGLE CLASSROOM

Sample Google Classroom Setup

Learning Area Focus

This is the first item that will be listed on all teachers' classwork page.



Reidun Wallin posted a new material: Current Focus- Uniform Motion

Posted Jul 14 (Edited Jul 28)



Essential Question- Uniform Motion

1) What influences how an object moves?

The essential questions are overarching questions explored in the discipline.



Unit Focus- Uniform Motion

1) How can mathematics be used to predict how objects will move?

2) How can uniform motion be described using motion graphs?

3) What common units and variables are used to describe motion?

These are the more specific unit focus questions that establish unit specific questions students will explore.

Figure 1: The learning area focus clearly identifies the unit and topic the students will explore

Organization of Classwork Page

9/8-9/11: Uniform Motion (Unit 1)

This teacher has chosen to organize the classwork by week and unit. Teachers are being given the flexibility to organize learning plans by weeks, units, or a combination of both.



9/9 Team Motion Graph Activity

Due Sep 9



Understanding Motion Graphs Video

Posted 10:49 AM



Uniform Motion Activity 2

Due Sep 10



9/11 Uniform Motion Assessment

Due Sep 11

The icons will denote the type of learning activity for each assignment.

8/31- 9/4: Uniform Motion (Unit 1)



9/2 Inquiry Motion Lab

Due Sep 2



9/1 Basic Scientific Knowledge Notes

Edited 4:51 PM



Understanding the Notes Video

Edited 8:53 AM



9/4 Uniform Motion Activity 1


Due Sep 4


Learning activities and due dates will be listed for the week in advance. These activities will also populate onto the google calendar.


Figure 2: The classroom page will identify the current focus, all related learning activities and the type of learning activity for the week and/or unit. Allows students to see the progression of lessons and take ownership of their learning.

Key for Icons found in Google Classroom

Purpose: To highlight the various types of assignments being given to students and clarify the task expectation


 = Essential Questions (big ideas of the discipline)


 = Unit Focus Questions (sets a specific purpose for instruction)

 = Read

 = Written assignment (responses to questions, essays, etc.)

 = Test/Quiz

 = This assignment will appear in teacher's PowerSchool Gradebook.

 = Collaborate-You may work with other students on this assignment.


 = Create/Long-term projects

Figure 1: The icon key helps students and their families identify the type of learning tasks and clarifies the expectations for each assignment.

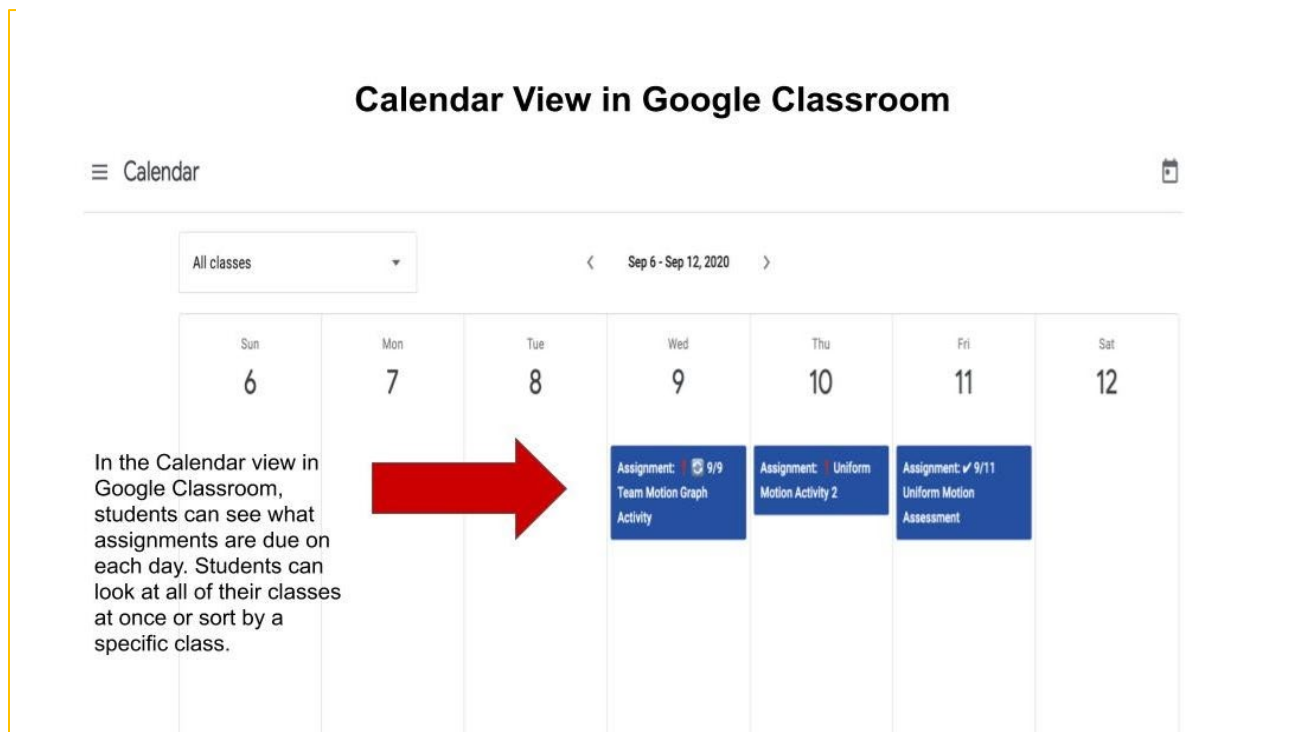


Figure 2: Provides a complete view (by day, week or month) of each discipline broken down by day.

APPENDIX B

SELF-CARE & MINDFULNESS RESOURCES

1. Websites

Calm: a mindfulness meditation company. Calm offers quiet music, relaxing sounds, and peaceful imagery to relax its users. Calm also has an app that can be downloaded on mobile devices.

<https://www.calm.com/>

Cosmic Kids: free resources, including yoga videos, to teach kids yoga.

<http://www.cosmickids.com/category/watch/>

https://www.youtube.com/results?search_query=Cosmic+kids+yoga

A Soft Murmur: is an online background noise generator designed to help you relax, focus, and tune out unpleasant sounds from your environment. Also in app form. www.Asoftmurmur.com

Yoga with Adriene: YouTube account with free yoga sessions.

<https://www.youtube.com/user/yogawithadriene>

Dr. Dan Siegel's Website: Dr. Siegel is the founding co-director of the Mindful Awareness Research Center at UCLA and the Executive Director of the Mindsight Institute. Dr. Dan Siegel's website has a wealth of resources ranging from mindfulness tools, audio clips, video clips, and examples of books and DVDs that are recommended to learn more about the topic. Upcoming events featuring Dr. Siegel can also be found here as well as online courses.

<http://www.drdansiegel.com/resources/>

Glitter Jars: 6 ways to make glitter jars

<http://www.preschoolinspirations.com/2014/11/13/6-ways-to-make-a-calm-down-jar/>

Greater Good in Action: synthesizing hundreds of scientific studies, Greater Good in Action collects the best research-based methods for a happier, more meaningful life—and puts them at your fingertips in a format that's easy to navigate and digest. Research is clear: Happiness, resilience, connection, and kindness are skills that can be taught and developed over time—with practice.

http://ggia.berkeley.edu/about_us

Inner Health Studio: free relaxation scripts to work on coping skills related to stress management, anxiety, panic attacks, anger, pain relief, and insomnia. The website also has relaxing imagery available for download.

<http://www.innerhealthstudio.com/relaxation-scripts.html>

Kelty Mental Health Resource Centre: offers free mindfulness audio resources covering nutrition, physical activity, sleep, stress, and ways of healthy living. Doctors from BC Children's Hospital offer their expertise and have recorded many of their own meditations.

<http://keltymentalhealth.ca/node/3264>

Living Well: mindfulness strategies and audio exercises to download for free. The website also delves into examples of mindlessness.

<http://www.livingwell.org.au/mindfulness-exercises-3/>

Mindful Teachers: mindful activities and teaching resources

<http://www.mindfulteachers.org/p/free-resources-and-lesson-plans.html>

Mindfulness For Teens: designed specifically for teens to learn more about mindfulness. It features diverse youth voices, useful guided meditations, and even a blog that highlights different ways teens are engaging in mindfulness.

<http://mindfulnessforteens.com/what-is-mindfulness-anyway/about-mindfulness/>

Palouse Mindfulness: an online mindfulness-based stress reduction course that is completely free and modeled after the program founded at the University of Massachusetts Medical School.

<https://palousemindfulness.com/index.html>

Science of the Greater Good: sponsors groundbreaking scientific discoveries—and turns them into stories, tips, and tools for a happier life and more compassionate society. Since 2001, the GGSC has been at the fore of a new scientific movement to explore the roots of happy and compassionate individuals, strong social bonds, and altruistic behavior—the science of a meaningful life. It also offers free articles and a newsletter to spread information about emotional health and overall wellbeing.

<http://greatergood.berkeley.edu/>

UCLA Health Website: free guided meditations that offer mindfulness meditation to both English and Spanish speakers. Examples include loving kindness meditations, body scans, and Spanish meditations for eating with more mindfulness.

<http://marc.ucla.edu/mindful-meditations>

Virtual Mindfulness Center: explains meaningful ways to practice mindfulness of the body, the senses, mindfulness in action, and mindfulness in the world. It is also rich with information about the science behind meditation and includes links to other resources.

<http://www.dayonepublishing.com/VMC/index.html>

2. Videos

Gratitude

<https://www.youtube.com/watch?v=2mUW1HRqUYI>

The Happy Secret to Better Work

http://www.ted.com/talks/shawn_achor_the_happy_secret_to_better_work?language=

3. Self-Care/Self-Improvement Books

Carter, C. (2015). *The sweet spot: How to find your groove at work and home*. United States: Ballantine Books.

Hanson, R. (2013). *Hardwiring happiness: The new brain science of contentment, calm, and confidence*. New York: Crown Publishing Group.

4. Mindfulness Curriculum

Burdick, D. (2014). *Mindfulness Skills for Kids & Teens*. PESI Publishing & Media. ASIN: B00RWT1W9A

The Hawn Foundation. (2011). *The MindUP Curriculum: Grades 3-5: Brain-Focused Strategies for Learning—and Living*. ISBN-10: 0545267137

The Hawn Foundation. (2011). *The MindUP Curriculum: Grades 6-8: Brain-Focused Strategies for Learning—and Living*. ISBN-10: 0545267145.

Willard, C. (2010). *Child's Mind: A Guide to Teaching Mindfulness to Young People*. Berkeley, Parallax Press.

5. Scripts

<http://2bpresent.com/2012/11/childrens-body-scan-meditation/> - Body scan script for use with children.

<http://blog.atriushealth.org/2013/04/smart-kids-practice-mindful-eating/> - Scroll down for a mindful eating script

https://kidsyogaacademy.net/pdf/RelaxationScriptforTeens.pdf?doing_wp_cron=1356637501.0894920825958251953125 - Mindfulness body scan script to use with adolescents

6. APPS

Mindfulness Daily is a free **mobile app** that allows the user to create a mindfulness practice that only takes a few minutes every day. A few minutes in the morning, a short pause during the day, and a reflection in the evening can really help its users turn inward and pay more attention to what gives them pause.

Simply Yoga is a free **mobile app** that offers personal training for fast yoga workouts, poses, and exercises that can be done at home.

Headspace

Calm app

Presently: gratitude app

7 Minute Workout is an HICT (High Intensity Circuit Training) **app** that is focuses on effects. For the exercises you need only a simple chair or a platform. You workout just with your own bodyweight which is why this training can be conducted by anyone regardless of skills and abilities. (\$2.99)

7. Other resources

Yoga 4 Classrooms Activity Card Deck by Lisa Flynn and James Vaughn

https://www.amazon.com/Yoga-Classrooms-Activity-Card-Deck/dp/0615537715/ref=sr_1_1?ie=UTF8&qid=1489279921&sr=8-1&keywords=yoga4classrooms+card+deck

Mindful Moments Cards by Lynea Gillen and Jim Gillen

https://www.amazon.com/s/ref=nb_sb_ss_c_1_13?url=search-alias%3Daps&field-keywords=mindful+cards&prefix=Mindful+cards%2Caps%2C241&crid=1RTTIF205YQW1

Woodstock Solo Silver Zenenergy Chime- Eastern Energies Collection

https://www.amazon.com/dp/B0000775G0/ref=sxr_rr_xsim1?pf_rd_m=ATVPDKIKX0DER&pf_rd_p=2795440402&pd_rd_wg=DfTJv&pf_rd_r=KPFTY73NPQ4X65GRATBF&pf_rd_s=desktop-rhs-carousels&pf_rd_t=301&pd_rd_i=B0000775G0&pd_rd_w=3JTPW&pf_rd_i=mindful+cards&pd_rd_r=3HZYB90QV0B827820XC0&ie=UTF8&qid=1489280157&sr=1

8. Books/Journal Articles

American Counseling Association (2014). 2014 ACA Code of Ethics. Retrieved from

<https://www.counseling.org/resources/aca-code-of-ethics.pdf>.

American School Counselor Association. (2010). ASCA Ethical Standards for School Counselors. Retrieved from

<https://www.schoolcounselor.org/asca/media/asca/Ethics/EthicalStandards2016Draft.pdf>

Barnett, J. E., Baker, E. K., Elman, N. S., & Schoener, G. R. (2007). In pursuit of wellness: The self-care imperative. *Professional Psychology: Research and Practice*, 38(6), 603–612. doi:10.1037/0735-7028.38.6.603

Feminist Therapy Institute, Inc. (1999). Feminist Therapy Institute Code of Ethics (Revised, 1999). Retrieved

from <http://supp.apa.org/books/Supervision-Essentials/AppendixD.pdf>

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Huebner, E. S. (1993). Professionals under stress: A review of burnout among the helping professions with implications for school psychologists. *Psychology in the Schools*, 30(1), 40–49. doi:10.1002/1520-6807(199301)30:1<40::aid-pits2310300107>3.0.co;2-f

Maslach, C. (1986). Stress, burnout, and alcoholism. In R. R. Kilburg, P. E. Nathan & R. W. Thoreson (Eds.) *Professionals in Distress: Issues, Syndromes and Solutions in Psychology*, pp. 53-76. Washington, D.C.: American Psychological Association.

Maslach, C., & Leiter, M. P. (2008). Early predictors of job burnout and engagement. *Journal of Applied Psychology*, 93(3), 498–512. doi:10.1037/0021-9010.93.3.498

Maslach, C., & Leiter, M. P. (1997). *The truth about burnout*. San Francisco, CA: Jossey-Bass.

Mills, L. B., & Huebner, E. S. (1998). A prospective study of personality characteristics, occupational stressors, and burnout among school psychology practitioners. *Journal of School Psychology*, 36(1), 103–120. doi:10.1016/s0022-4405(97)00053-8

Norcross, J. C., & Guy, J. D. (2013). Psychotherapy self care checklist. In G. P. Koocher, J. C. Norcross, & B. A. Greene (Eds.), *Psychologist's desk reference*, pp. 745-758. New York: Oxford University Press.

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Sherman, M. (1996). Distress and professional impairment due to mental health problems among psychotherapists. *Clinical Psychology Review*, 16(4), 299–315. doi:10.1016/0272-7358(96)00016-5

Wise, E. H., Hersh, M. A., & Gibson, C. M. (2012). Ethics, self-care and well-being for psychologists: Reenvisioning the stress-distress continuum. *Professional Psychology: Research and Practice*, 43(5), 487–494. doi:10.1037/a0029446

Wityk, T. L. (2003). Burnout and the ethics of self-care for therapists. *Alberta Counsellor*, 28(1), 4-11.

Please note that all plans and items included in this document are subject to change based on requirements and/or advice from the Governor of Connecticut, the Connecticut State Department of Education, the Quinnipiac Valley Health District and the Orange Health Department.

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30 Realty Drive
Cheshire, CT 06410
203-250-1111

Connecticut Department of Public Health
410 Capitol Ave.
Hartford CT 06134
860-509-8000