

To: Kevin Smith

From: Lynne Vanderslice

Date: January 31, 2021

RE: BOE Member Questions on School Reopening Decision-Making Processes

Kevin,

Below you will find the responses to the questions submitted by BOE members.

These responses are in addition to my correspondence dated January 26, 2021, which shared reading material from the CDC website the most significant of which was [Indicators for Dynamic School Decision-Making](#).

I hope the information provided helps the members better understand Wilton's approach to the pandemic. And allows them to understand that by every objective measure, Wilton's approach has been proven prudent and sound thus far. Proactive protocols implemented in collaboration with school personnel have ensured the health and safety of the Wilton school population and the greater Wilton community.

I would also like to share that I recently heard from residents about newspaper articles published last week related to an article by Dr. Margaret A. Honein of the CDC published on January 26th in the Journal of the American Medical Association. Residents pointed to Dr. Honein's article as a change in the CDC's guidance and as justification to return to full in-person learning and sports. In case members heard from the same residents, I would like to clarify the article does not reflect a change in CDC guidance. Just reading the headline or skimming the article caused residents to have an incomplete understanding.

In Dr. Honein's article, [Data and Policy to Guide Opening Schools Safely to Limit the Spread of SARS-CoV-2 Infection](#), she included the protocols currently being implemented in Wilton plus one additional, screening testing. The following are excerpts, but I encourage members to read the entire article. It is fairly short.

"However, the preponderance of available evidence from the fall school semester has been reassuring insofar as the type of rapid spread that was frequently observed in congregate living facilities or high-density worksites has not been reported in education settings in schools. Preventing transmission in school settings will require addressing and reducing levels of transmission in the surrounding communities through policies to interrupt transmission (eg, restrictions on indoor dining at restaurants). In addition, all recommended mitigation measures in schools must continue: requiring universal face mask use, increasing physical distance by dedensifying classrooms and common areas, using hybrid attendance models when needed to limit the total number of contacts and prevent crowding, increasing room air ventilation, and expanding screening testing to rapidly identify and isolate asymptomatic infected individuals. Staff and students should

continue to have options for online education, particularly those at increased risk of severe illness or death if infected with SARS-CoV-2

Paradoxically, some schools have used a fully online model for educational delivery while continuing in-person athletic programs. Even though high school athletics are highly valued by many students and parents, indoor practice or competition and school-related social gatherings with limited adherence to physical distancing and other mitigation strategies could jeopardize the safe operation of in-person education...

Decisions made today can help ensure safe operation of schools and provide critical services to children and adolescents in the US. Some of these decisions may be difficult. They include a commitment to implement community-based policies that reduce transmission when SARS-CoV-2 incidence is high (eg, by restricting indoor dining at restaurants), and school-based policies to postpone school-related activities that can increase risk of in-school transmission (eg, indoor sports practice or competition). With 2 vaccines now being distributed under Emergency Use Authorizations and more vaccine options anticipated to be available in the coming months, there is much hope on the horizon for a safer environment for schools and school-related athletic activities during the 2021/22 school year. Committing today to policies that prevent SARS-CoV-2 transmission in communities and in schools will help ensure the future social and academic welfare of all students and their education.”

Thank you and please forward any additional questions.

BOE Member Questions on School Reopening Decision-Making Processes

1. Are there any specific benchmarks that are used in Wilton to guide recommendations about whether schools should be remote, hybrid, or full in-person? Yes.

CT DPH and the CT Department of Education recommend two key indicators for decisions on whether to operate in a full model of in-person or remote or a hybrid model- community spread and the district’s ability to implement critical mitigation strategies.

Community spread benchmarks are

- ***Primary: 14-day average daily cases per 100,000.***
 - *Less than 10 indicates more in-person,*
 - *10 to less than 25 indicates the need to balance in-person and remote (hybrid),*
 - *25 or more indicates the need to move to more remote learning.*

CT DPH calculates and publishes weekly 14-day averages by town, exclusive of cases in congregate settings. The upcoming current period 1/17 to 1/30 is not expected to significantly deviate from the previous week. See chart below.

- ***Secondary: 14-day average positivity, hospitalizations and COVID-like/Influenza-like illness syndromic surveillance. CT DPH calculates and publishes these benchmarks for each county and their risk assessment. See the chart below.***

The primary benchmark and the trending of such indicate consideration of more remote learning. The secondary benchmarks indicate consideration of more remote-learning.

CT DPH & CSDE Primary & Secondary Indicators								
14-day daily average								
14-day Period	<u>Primary</u>		<u>Secondary</u>		Positivity	Hosp.	Illness	Rank
	Wilton cases	Rank	Fairfield County cases	Rank				
1/10 to 1/23	30.3	high	49	high	7.3%	4.6	7.5%	high
1/3 to 1/16	34.2	high	61.8	high	8.2%	5	7.7%	high
12/27 to 1/9	36.1	high	64.9	high	8.8%	4.9	7.7%	high
12/20 to 1/2	20.2	Med	50	high	8.0%	4.7	7.9%	high
12/13 to 12/26	14.8	Med	43.8	high	7.4%	4.9	8.3%	high

12/6 to 12/19	17.1	Med	49.1	high	8.0%	4.8	8.7%	high
11/29 to 12/12	24.8	Med	61.2	high	9.3%	5	9.0%	high

Considerations regarding the district’s ability to implement critical mitigation strategies.

- *physical space*
- *cohorting*
- *compliance with self-screening*
- *ventilation*
- *cleaning and disinfecting*
- *person-density*

Wilton’s use of multiple mitigation strategies, including hybrid learning, cohorting and quarantine strategies allowed Miller Driscoll, Cider Mill and Middlebrook to remain in their current learning modes, despite the doubling of the 14-day average cases since December, the high-risk level of secondary indicators and the Wilton High School outbreak.

Benchmarks/indicators are documented in Addendum 4, of the CT Department of Education’s return to school plan, Adapt, Advance, Achieve. Excerpts are included below.

2. How do we better understand recommendations to keep Miller-Driscoll and Cider Mill in 4 days, but delay returning Middlebrook? Are there other differences between grades K-5 and grades 6-8 that necessitate operating different school models (all in versus hybrid)? Yes. The ability to mitigate in terms of density, physical space and compliance differ by school. The style of teaching at Miller Driscoll and Cider Mill allow for implementation of more mitigation strategies versus Middlebrook.

Miller Driscoll and Cider Mill cohort in smaller groups, mixing of cohorts is less frequent, physical space limitations are less because of the smaller size of the students and students of that age are generally more compliant.

Miller Driscoll and Cider Mill staff haven’t had difficulties identifying direct contacts versus close contacts in the case of a COVID-19 positive student. Recently, Middlebrook staff has been unable to do so, requiring larger student and staff groups to quarantine.

3. Are we applying different standards when looking at school models for elementary, middle, and high school?

No. The same recommendations and guidance are used to assess risk and determine the best mode of learning for each school. As noted in the answer to question 3, available mitigation strategies are not the same for each school.

4. How do we weigh COVID-19 transmission in the community versus COVID-19 transmission in school when contemplating transitioning from hybrid to full in-person? As per the benchmarks provided, it is necessary to consider communitywide spread, not just the number of cases within the school.

5. If COVID-19 trends do not improve, should we expect to remain in hybrid at Middlebrook and the high school for the remainder of the school year? Benchmarks and consideration are based on recent data, trends and the ability to mitigate. The benchmarks from 12/27 through this week indicated greater community spread than the period from 12/6 to 12/26. This trend of increased spread in January is not inconsistent with concerns about the winter months expressed by CT DPH and others in the late summer and early fall.

The CDC, CT DPH Commissioner Gifford and CT state epidemiologist Dr. Matthew Cartter have all warned the U.K. variant may be dominate in the US and/or CT by March.

There is too much uncertainty about variants and the speed of vaccinations to project through the end of the school year.

6. When Barry is making recommendations about school learning models, what are the factors he considers?

Same responses above

7. One of the arguments that has been made in support of returning Middlebrook school to a full re-open model is the fact that two neighboring districts returned their middle schools to full in-person. Is there value in looking at what other districts have done?

As per the guidance, spread within the community is a key indicator. The CT DPH indicators for community spread would indicate more remote learning, not expansion of in-person learning in Wilton.

Since you asked and specifically mentioned New Canaan at the meeting, we looked at New Canaan and the surrounding suburban communities. According to CT DPH data, New Canaan is an outlier in their approach which differs from the CSDE and CT DPH guidance in that

- As of the January 27th [reporting](#), K-8 were reported as being fully in-person
- Community spread, as measured by 14-day average daily cases, has generally been significantly higher than the surrounding suburban communities, with the exception of the most recent period. Throughout most of December, New Canaan had two or more times the community spread as Wilton. See chart below.

As has been documented, knowledge of the district’s ability to implement critical mitigation strategies is necessary to better understand New Canaan’s decision making.

14-day daily average						
14-day Period	Dar	NC	Rfield	Wst	Wstp	W
1/10 to 1/23	39.4	27.6	29.7	30.7	34.6	30
1/3 to 1/16	56.5	49.8	36	41.1	41.2	34.2
12/27 to 1/9	57.8	65.4	39.7	41.8	38.4	36.1
12/20 to 1/2	34.1	47.7	34.8	36.9	27.2	20.2
12/13 to 12/26	37.8	40.3	29.4	25.8	21.6	14.8
12/6 to 12/19	34.8	35.3	24	16.7	22.4	17.1

W/O:1/22/2021 reported 1/27/21		
	in person	hybrid
Darien	PK, K, g1, g2, g3, g4, g5	g6, g7, g8, g9, g10, g11, g12
New Canaan	PK, K, g1, g2, g3, g4, g5, g6, g7, g8	g9, g10, g11, g12
Ridgefield		PK, K, g1, g2, g3, g4, g5, g6, g7, g8, g9, g10, g11, g12
Weston	PK, K	g1, g2, g3, g4, g5, g6, g7, g8, g9, g10, g11, g12
Westport		PK, K, g1, g2, g3, g4, g5, g6, g7, g8, g9, g10, g11, g12
Wilton		PK, K, g1, g2, g3, g4, g5, g6, g7, g8, g9, g10, g11, g12

8. There is confusion about the CDC quarantine guidance. Wilton has retained the 14-day quarantine protocol, while other municipalities have opted for a shorter quarantine. Why has Wilton opted to keep the longer quarantine period in place?

The current CDC guidance is to quarantine for 14 days following direct exposure. In early Dec, the CDC offered options to reduce the quarantine period to either 10 days or 14 days based on local conditions and resources, as below.

CDC currently recommends a quarantine period of 14 days. However, based on local circumstances and resources, the following options to shorten quarantine are acceptable alternatives.

- *Quarantine can end after Day 10 without testing and if no symptoms have been reported during daily monitoring.*

- o *With this strategy, residual post-quarantine transmission risk is estimated to be about 1% with an upper limit of about 10%.*
- *When diagnostic testing resources are sufficient and available (see bullet 3, below), then quarantine can end after Day 7 if a diagnostic specimen tests negative and if no symptoms were reported during daily monitoring. The specimen may be collected and tested within 48 hours before the time of planned quarantine discontinuation (e.g., in anticipation of testing delays), but quarantine cannot be discontinued earlier than after Day 7.*
 - o *With this strategy, the residual post-quarantine transmission risk is estimated to be about 5% with an upper limit of about 12%.*

In both cases, additional criteria (e.g., continued symptom monitoring and masking through Day 14) must be met and are outlined in the full text.

9. WILTON HIGH SCHOOL QUESTION: Once contact tracing is complete for the gatherings that occurred last weekend, is there any possibility that the high school could reopen prior to February 4th? Two reports on the WHS outbreak were published last week. As noted in the most recent [report](#), the schools are reopening on February 3rd, which is 14 days after one or more positive students attended WHS.

Excerpts from CT Department of Education and CT DPH Addendum 4, revised 10/21/20

Decisions on whether districts will operate in a full in-person model, a fully-remote model, or some mix of in- person and remote learning (hybrid) should be based on indicators of the spread and prevalence of COVID-19 in the community and on the physical and operational ability of school districts to implement critical mitigation strategies. For the key leading metric for community spread, we recommend using the number of new cases, adjusted for population (Table 1)these benchmarks are not absolute, but rather should be viewed as a continuum, and in the context of school-based mitigation strategiesIn addition, there are several secondary indicators that can help inform decisions, when considered for the directional trend and speed of change of the data....

DPH will provide analysis on a weekly basis of the average daily metrics for the previous complete 14-day case reporting period, in order to smooth datapoints over time for case numbers that can be highly variable.

Table 1:

<u>Indicator</u>	<u>More in-person</u>	<u>Re-assess in-person/hybrid</u>	<u>Less in-person</u>
14-day avg	less than 10/100,000	10 to less than 25/100,000	24+/100,000

...At the level of 25 new cases per 100,000 per day or more, DPH recommends that district administrators, medical advisors, and local health departments discuss the appropriateness of an increase in remote learning, in the context of the additional considerations below....

Additional considerations for school decision-making:

- *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 inter- action 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*
- *Ventilation (Central and Non-Central 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*
- *Person-density:*
 - – *The number of individuals present inside the school building at any given time*
 - – *The effect of increasing or decreasing person-density on the ability to fully implement mitigation strategies (e.g., per-person ventilation, cohort sizes, cleaning schedules, etc.)*
 - – *Person-density can be reduced either through programmed hybrid scheduling or as a result of students voluntarily “opting-in” to remote learning*