# UNDERFUNDED & UNPREPARED: EXAMINING HOW TO OVERCOME OBSTACLES TO SAFELY REOPEN PUBLIC SCHOOLS

## HEARING

BEFORE THE

SUBCOMMITTEE EARLY CHILDHOOD, ELEMENTARY, AND SECONDARY EDUCATION

## COMMITTEE ON EDUCATION AND LABOR
## U.S. HOUSE OF REPRESENTATIVES

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# UNDERFUNDED & UNPREPARED: EXAMINING HOW TO OVERCOME OBSTACLES TO SAFELY REOPEN PUBLIC SCHOOLS

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**Thursday, July 23, 2020**
**House of Representatives,**
**Subcommittee on Early Childhood,**
**Elementary, and Secondary Education,**
**Committee on Education and Labor,**
**Washington, D.C.**

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The subcommittee met, pursuant to call, at 10:25 a.m., in Room 2175, Rayburn House Office Building, Hon. Gregorio Kilili Camacho Sablan (Chairman of the subcommittee) presiding.

Present: Representatives Sablan, Schrier, Hayes, Shalala, Davis, DeSaulnier, Morelle, Scott (ex officio), Allen, Thompson, Grothman, Keller, and Foxx.

Also Present: Representatives Lee, Bonamici, Courtney, Levin, Stevens, Wild, McBath, Underwood, Walberg, Stefanik, Johnson, and Murphy.

Staff Present: Tylease Alli, Chief Clerk; Ilana Brunner, General Counsel; Ramon Carranza, Education Policy Fellow; Christian Haines, General Counsel; Sheila Havenner, Director of Information Technology; Stephanie Lalle, Deputy Communications Director; Andre Lindsay, Staff Assistant; Jaria Martin, Clerk/Special Assistant to the Staff Director; Katelyn Mooney, Associate General Counsel; Max Moore, Staff Assistant; Mariah Mowbray, Staff Assistant; Jacque Mosely, Director of Education Policy; Veronique Pluviose, Staff Director; Loredana Valtierra, Education Policy Counsel; Banyon Vassar, Deputy Director of Information Technology; Cyrus Artz, Minority Staff Director; Kelsey Avino, Minority Fellow; Amy Raaf Jones, Minority Director of Education and Human Resources Policy; Hannah Matesic, Minority Director of Operations; Carlton Norwood, Minority Press Secretary; Mandy Schaumburg, Minority Chief Counsel and Deputy Director of Education Policy; and Georgie Littlefair, Minority Staff Assistant.

Chairman SABLAN. Welcome. I note that a quorum is present. And I note for the subcommittee that Mr. Courtney of Connecticut, Ms. Bonamici of Oregon, Mr. Norcross of New Jersey, Ms. Wild of Pennsylvania, Mrs. McBath of Georgia, Ms. Underwood of Illinois, Mr. Levin of Michigan, Ms. Stevens of Michigan, Mrs. Lee of Nevada, Mrs. Trahan of Massachusetts, Mr. Walberg of Michigan, Ms. Stefanik of New York, Mr. Banks of Indiana, Mr. Johnson of South

Dakota, and Dr. Murphy of North Carolina are permitted to participate in today's hearing with the understanding that their questions will come only after all members of the Early Childhood Elementary and Secondary Education Subcommittee on both sides of the aisle who are present have had an opportunity to question the witnesses.

The committee is meeting today for the hearing. We are hearing to get testimony on Underfunded and Unprepared: Examining How to Overcome Obstacles to Safely Reopen Public Schools. As this is a hybrid meeting, hybrid hearing with members participating, both here in the hearing room and remotely, I would ask that all microphones of members and witnesses participating remotely be kept muted as a general rule to avoid unnecessary background noise.

Members and witnesses will be responsible for unmuting themselves from they are recognized to speak, or when they wish to seek recognition. Further, for House Resolution 965 and its accompanying regulations, members participating remotely are required to leave their cameras on the entire time they are in an official proceeding, even if they step away from the camera.

While roll call is not necessary to establish a quorum in official proceedings, whenever there is an official proceeding with remote participation, the clerk will call the roll to help make clear who is present at the start of the proceeding. So at this time, I ask the clerk to call the roll.

The CLERK. Chairman Sablan?

Chairman SABLAN. Here.

The CLERK. Ms. Schrier.

[No response.]

The CLERK. Mrs. Hayes?

Mrs. HAYES. Yes.

The CLERK. Ms. Shalala?

Ms. SHALALA. Here.

The CLERK. Mrs. Davis?

Mrs. DAVIS. Here.

The CLERK. Ms. Wilson?

[No response.]

The CLERK. Mr. DeSaulnier?

[No response.]

The CLERK. Mr. Morelle?

[No response.]

The CLERK. Chairman Scott?

Mr. SCOTT. Present.

The CLERK. Mr. Allen?

Mr. ALLEN. Present.

The CLERK. Mr. Thompson?

Mr. THOMPSON. Present.

The CLERK. Mr. Grothman?

[No response.]

The CLERK. Mr. Keller?

[No response.]

The CLERK. Mr. Van Drew?

[No response.]

The CLERK. Mrs. Foxx?

[No response.]

The CLERK. Chairman Sablan, that concludes the roll call.

Chairman SABLAN. Thank you, thank you very much. Pursuant to Committee Rule 7(c), opening statements are limited to the Chair and the Ranking Member. This allows us to hear from our witnesses sooner and provides all Members with adequate time to ask questions. I recognize myself now for the purposes of making an opening statement.

We are here to ask what Congress must do to help American students get back to school during this pandemic. All of us wants our schools to reopen for full-time, in-person instruction as soon as possible. That fact is not out for debate. The question is, what must Congress do to help our schools get students back, get students and faculty back into the classroom safely?

We are all coming to a new understanding of just how essential schools are to life in America, where working parents can be confident that their children are cared for, where economically challenged families know their children can be fed, where communities can find common ground cheering at sporting events, and where America's future is being formed by the knowledge and values we impart to the next generation.

Schools are currently struggling to safely reopen because of this President's failed response to the pandemic. There is still no testing and contact tracing strategy, or science-based plan that we know other countries are using successfully to combat COVID–19.

Now, the daily number of new cases in the United States is exceeding 60,000, . . . 60,000, much higher than when the pandemic first caused to school to close nationwide in March. The Centers for Disease Control and Prevention has made clear that fully reopening schools carries the highest risk of creating new spikes in COVID–19 infections. We had hoped to have CDC here today to discuss what best practices could help safely reopen America's schools, butButthe White House refused to let its officials testify at today's hearing.

While initial studies suggest that students are less likely to contract COVID–19 and suffer serious illness, across the country, outbreaks at summer camps and even among infants make clear that we do not know enough about the risk for children. And a Kaiser Family Foundation analysis estimates that 1.5 million teachers, nearly one in four have health conditions that put them at higher risk of serious illness if they contract COVID–19.

This risk can be mitigated and tragedies can be prevented, but it requires both a nationwide strategy to contain the spread of the virus and a significant federal investment to help schools to take necessary safety precautions.

House Democrats have not been idle waiting for a miraculous disappearance of COVID–19. The CARES Act in March provided over $13 billion directly to schools to help deal with the cost of closure and transition to an online learning environment.

In May, the House passed HEROES Act with another $60 billion in emergency school funding to help schools buy personal protective equipment, sanitize classrooms, and make special arrangements for students and teachers in high risk categories, soschools can safely reopen.

And this month, this committee's Reopen and Review America Schools Act was included when the House passed the Moving Forward Act, another investment of $130 billion that can be used to reconfigure and modernize schools to protect the health of students and staff.

Unfortunately, our Republican friends in the Senate have chosen, like the President, to hide from the problem and taking it to action, and taking no action on the House proposals to help America's schools safely reopen.

We are hearing this week the Senate may finally be waking up to the enormity of the problem. I hope they shake themselves awake because time is not on our side.

For many, the school year should begin next month, but you can't modernize the HVAC system in a 40-year-old school in a moment's notice. According to the Superintendents Association, the average district will need $1.8 million of work before schools can safely reopen. The House voted to give them the money to get started months ago. The Senate slept.

Meanwhile, instead of joining Democrats to deliver more funding to help schools reopen safely, Secretary DeVos and President Trump are threatening, are threatening, to strip funding from public schools that determine they cannot safely bring all students back into the classroom full-time.

They have it backwards. As a national survey published on Monday found,86 percent of the America's school principals said it is extremely important, that is in quotes, "extremely important" to get additional funding so their schools can safely reopen. And that is just the opposite of the administration's threat to defund schools. And to be clear, the President has no legal authority to withhold school funds that Congress appropriated.

But I should also note that my Republican colleagues, who have consistently railed against federal government's role in education, now believe that the Trump administration should act as a national school board that coerces the schools into opening for full-time instruction regardless of local health conditions.

Meanwhile, the Education Department has no plan, no plan at all for transitioning students back to in-person instruction safely. Instead it is blaming teachers and administrators for not doing enough. So we will be listening today to national leaders and experts who want to make sure Congress provides meaningful assistance to America's schools. I thank our witnesses in advance for their advice.

[The statement of Chairman Sablan follows:]

**Prepared Statement of Hon. Gregorio Kilili Camacho Sablan, Chairman, Subcommittee Early Childhood, Elementary, and Secondary Education**

We are here to ask what Congress must do to help America's students get back to school during this pandemic.

All of us want our schools to reopen for full time, in-person instruction as soon as possible. That fact is not up for debate. The question is: What must Congress do to help our schools get students and faculty back into classrooms safely?

We are all coming to a new understanding of just how essential schools are to life in America; where working parents can be confident their children are cared for, where economically challenged families know their children can be fed, where our communities can find common ground cheering at sporting events, and where Amer-

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So, we will be listening today to national leaders and experts, who want to make sure Congress provides meaningful assistance to America's schools. I thank our witnesses in advance for their advice.

I yield to Mr. Allen for the purpose of an opening statement.

Chairman SABLAN. And I now yield back to Mr. Allen for the purpose of an opening statement.

Mr. ALLEN. Thank you, Mr. Chairman. Reopening American schools has dominated family conversations around the country the last few weeks. The good news is science is on our side and federal agencies like the Centers For Disease Control and Prevention in State agencies, like the Georgia Department of Public Health, have provided detail reports on how we can reopen schools safely. I hope during today's hearing we can put political finger-pointing aside and put our children's interests first while we discuss, not if, but how we can safely reopen schools this fall.

I know both my Democratic and Republican colleagues agree that students are being harmed by the physical closure of schools, and that we need to provide the option of in-person instruction.

As we gear up for a new school year this fall, this question of how to reopen our Nation's schools safely needs to be a top priority for this committee. This past spring, more than 55 million students were affected by COVID–19-related school closures. That number accounts for approximately 97 percent of students nationwide. The result, well, the numbers speak for themselves.

The collaborative for student growth projected that some students could experience as much as a 50 percent reduction in typical learning gains as a result of school closures. Another analysis conducted by McKinsey and Company, a consulting group, found that when all the impacts of COVID–19 are taken into account, the average student could fall 7 months behind academically.

As Leader McCarthy argued, we cannot afford to let a generation miss out on being taught. President Trump also recognizes the vital importance of safely reopening America's schools.

Sadly, learning loss isn't the only challenge students face due to school closures. This pandemic and subsequent school closures have dramatically reduced interactions between vulnerable children and trusted adults, while exacerbating conditions that contribute to child abuse and neglect, such as financial strain and social isolation. School closures diminish educator's ability to serve these vulnerable students.

Additionally, for some children, school is the only place where they receive nutritious meals in a, [on a] consistent basis. According to the Department of Agriculture, more than 30 million children in the U.S. count on schools for free or low-cost meals. So when schools and childcare centers close, children miss out on essential food services.

Let's not forget the economic downside of keeping schools closed. If children can't attend school, parents can't return to work. In fact, the Brookings Institution argues, the world could lose, the world could lose, as much as $10 trillion over the coming generation as a result of school closures today. [CR2]

School closures also disproportionately impact the economic well-being of lower-income and single-parent households. While families with multiple workers may be able to have one working adult scale back in their hours or quit their job to take on caregiving duties full-time, this is unlikely to be feasible for all families, especially those already struggling financially during this economic downturn.

In May, the CDC released guidance on reopening schools that include ways in which schools can help protect students, teachers, administrators, and staff. These guidelines recognize that each school is unique, and there will be no one-size-fits-all solution to reopening.

Given that schools vary in their location, size, structure, the CDC recommends that school officials should determine in collaboration with State and local health officials whether and how to implement CDC guidance. Moreover, the American Academy of Pediatrics also released guidance for schools. They strongly advocated that all policies considerations for the coming school year should start with a goal of having students physically present in school.

What do educators think? The American Federation of Teachers found that 76 percent of educators surveyed will be comfortable returning if certain health and safety conditions were met at their school. This includes daily cleaning and sanitizing of school facilities, additional protections for at-risk students and staff, and availability of protective equipment. These are steps we can and should take to safely reopen our schools.

That is why this morning, I introduced the Educational Flexibility for Families Act, legislation that requires K-12 schools to provide an option for students to safely attend in-person classes for the upcoming school year in order to be eligible for any federal assistance.

My bill would ensure that the option for in-person learning is on the table and available for families around the country who want their children to safely return to the classroom this fall.

I am proud of the educational leaders in my district who are committed to providing families the flexibility they need this school year, whether it is in the classroom, distance learning, home schooling, or a hybrid model. The bottom line is, schools must be prepared to provide every student effective instruction this fall and customized to that student.

The health and future of our Nation's students depend on it. I thank our witnesses for testifying on this important topic today, and I look forward to hearing from them about the measures we can take to safely reopen America's classrooms this fall, and I yield back.

[The statement of Mr. Allen follows:]

### Prepared Statement of Hon. Rick W. Allen, Ranking Member, Subcommittee Early Childhood, Elementary, and Secondary Education

Reopening America's schools has dominated family conversations around the country the last few weeks. The good news is, science is on our side and federal agencies, like the Centers for Disease Control and Prevention (CDC), and state agencies, like the Georgia Department of Public Health, have provided detailed reports on how we can reopen schools safely. I hope during today's hearing, we can put political finger pointing aside, and put our children's interests first while we discuss, not if, but how we can safely reopen schools this fall.

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Sadly, learning loss isn't the only challenge students face due to school closures. This pandemic and subsequent school closures have drastically reduced interactions between vulnerable children and trusted adults while exacerbating conditions that contribute to child abuse and neglect such as financial strain and social isolation. School closures diminish educators' abilities to serve these vulnerable students.

Additionally, for some children, school is the only place where they receive nutritious meals on a consistent basis. According to the Department of Agriculture, more than 30 million children in the U.S. count on schools for free or low-cost meals, so when schools and child care centers close, children miss out on essential food services.

Let's not forget the economic downside of keeping schools closed. If children can't attend school, parents can't return to work. In fact, the Brookings Institution argues 'the world could lose as much as $10 trillion over the coming generation as a result of school closures today.' School closures also disproportionately impact the economic well-being of lower-income and single parent households. While families with multiple workers may be able to have one working adult scale back their hours or quit their job to take on caregiving duties full time, this is unlikely to be feasible for all families, especially those already struggling financially during the economic downturn.

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The bottom line is, schools must be prepared to provide every student effective instruction this fall. The health and future of our nation's students depends on it. I thank our witnesses for testifying on this important topic today, and I look forward to hearing from them about the measures we can take to safely reopen America's classrooms this fall.

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Chairman SABLAN. Thank you, Ranking Member Allen, for that opening statement.

All the Members who wish to insert written statements into the record may do so by submitting them to the Committee Clerk electronically in Microsoft Word format by 5 p.m. on Thursday, August 6th, 2020.

I will now introduce our witnesses. First is Dr. Michael Hinojosa, superintendent of Dallas Independent School District. Mr. Hinojosa has served as the Dallas ISD superintendent since 2015. He served 20 years as a superintendent CEO of six public education systems, including two of the 25 largest school systems in America. He is past president of the Texas Association of School Administrators. He is a proud graduate of Dallas Independent School District, and also a doctorate in education from the University of Texas in Austin.

Next is Ms. Leslie Boggs, President of the National PTA. Ms. Boggs is the 56th president of [the] National PTA. The Nation's oldest and largest volunteer child advocacy association. A leadership development expert from Odessa, Texas, Boggs has over 20 years of leadership experience at all levels of PTA. At the State level, Ms. Boggs serves as president of the Texas PTA and New Mexico PTA. A mother of three and a grandmother of four, Boggs is a dedicated and passionate advocate for children and their right to receiving a quality public education no matter their demographics, ethnicity, or household income.

Next is Dr. Penny Schwinn joining us here in the committee room, Commissioner of Education for the State of Tennessee. Dr. Schwinn comes from a family of educators and is committed to increasing access to excellent education for all children. She began her work as a high school history and economics teacher in Baltimore. Dr. Schwinn was sworn in as Tennessee Education Commissioner on February 1, 2019. And prior to joining the Tennessee Department of Education, Commissioner Schwinn served as a Chief Deputy Commissioner of Academics for the Texas Education Agency. Commissioner Schwinn earned her Bachelor of Arts from the University of California Berkeley, her Master's of Arts in teaching from Johns Hopkins University, and her Ph.D. in education policy from Claremont Graduate University in California.

Last is Dr. Sean O'Leary, M.D., professor of pediatrics infectious diseases at University of Colorado. Dr. O'Leary is a professor of pediatrics at the University of Colorado School of Medicine and Children's Hospital, Colorado, a pediatric infectious disease specialist, and a director of the Colorado Children's Outcomes Network. He is an accomplished researcher with over 120 peer review publications. His research focuses on vaccine-preventable diseases. Dr. O'Leary is a member of the American Academy of Pediatrics Council on School Health and serves as the vice chairman on the Committee on Infectious Diseases for the AAP. He also served as a liaison to the CDC Advisory Committee On Immunization Practices for the Pediatric Infectious Disease Society. Dr. O'Leary co-authored the AAP's guidance for school re-entry.

We appreciate the witnesses for participating today and look forward to your testimony. Let me remind the witnesses that we have read your written statements, and they will appear in full in the hearing record. Pursuant to committee Rules 7(d) and committee practice, each of you is asked to limit your oral presentation to a five-minute summary of your written statement. Let me remind the witnesses that pursuant to Title 18 of the U.S. Code Section 1001, it is illegal to knowingly and willfully falsify any statement, rep-

resentation, writing document or material fact presented to Congress or otherwise construe or cover up a material fact.

During your testimony, staff will be keeping track of time, and will use a chime to signal when one minute is left and when time is up entirely. It will sound a short chime when there is one minute left and a longer chime when time is up. Please be attentive to the time and wrap up when your time is over and remute your system.

With the witnesses participating remotely, if any of you experience technical difficulties during your testimony or later in the hearing, you should stay connected on the platform, make sure you are muted with the mute button highlighted in red, and use your phone to immediately call the committee's IT director, Sheila Havenner, whose number has been provided.

We will let all the witnesses make their presentations before we move to members' questions. When answering a question, please remember to unmute your system.

And I will first recognize Dr. Hinojosa. Sir, you have five minutes.

### STATEMENT OF MICHAEL HINOJOSA, ED.D., SUPERINTENDENT, DALLAS INDEPENDENT SCHOOL DISTRICT

Mr. HINOJOSA. Thank you, Mr. Chairman, and Members of the committee, I do appreciate this opportunity to testify in front of you this morning. My name is Michael Hinojosa, and I am the superintendent of the Dallas Independent School District. I am also here representing AASA, the Superintendents Association. As I am a member of the COVID–19 Recovery Task Force, and it is an honor, as I said, to be in front of you today.

The Dallas ISD has 153,000 students, and right now, we are preparing to launch the school year, and we face many challenges. When we shut down right before spring break, we had to offer, we decided to offer some opportunities for learning at home. We have a master plan to deploy devices to all of our students, but we had to accelerate that plan, and then we ran into some other issues about connectivity once the devices got into the hands of our students and families.

So we figured out that we try to train teachers and get everyone prepared almost on a moment's notice, but learned that we would have some significant long-term issues on how we respond to those matters.

When we started this journey back in March, Dallas County only had a total of 1,300 cases, of confirmed cases in the county. In the month of July, we have had 14 consecutive days where we have had over 1,000 cases per day.

So the context has been changing significantly as we have move forward. We are now learning that our best option may be to do distance learning. We certainly want to see our students, we haven't seen our students since March, and we know that we need to see our students but things are evolving. And, in fact, tonight, I am meeting with my school board to present our latest option about adjusting our calendar so that we can offer both remote and on-campus instruction, but how we actually do that, we need to buy some time with our school board.

Recently, also, the State of Texas has pivoted a little bit. An issue they said we would have to have in-person instruction before we would qualify for any funding. Now, they have given us more leeway, they have now given us a full-week window where we could have virtual instruction before we have to do in-person instruction, and still be able to qualify for State funding for our public education.

The COVID cases have been 1,000 a day for this month. However, we have some recent good news, because we have been asked to really wear mask and social distance. The last 2 days have been a lot better in Dallas County. We went to over 1,700 to 400. The bad news is that the deaths have increased significantly in the county. So there is this lag effect, and that is precisely why we are asking for more time for our families.

In addition, it is also very important for you to know that 91 percent of our families are ethnic minority, Black and Latino families. And so, these are the two largest groups that are negatively affected by the crisis.

When we started this journey, we surveyed our parents. Early on, 30 percent of our parents said they wanted an at-home learning option, and 70 percent said they wanted to come in person. As the crisis got worse, we are now at a 50/50 split. And, now, we feel that if we did a survey today, it would be more than 50 percent of our parents that would ask for an opportunity for virtual instruction.

And then, the next matter that is also changing, early on when we asked our teachers how many were ready to come back, ready, willing, and able, 91 percent of our teachers said they were ready, willing, and able to come back. As we talked to our teacher organizations that were doing a new survey, that has completely changed. We are probably at 50/50, maybe even less than that as we try to communicate with our teachers. We have a lot of employees that signed up to speak to our school board this evening as a result of the changing CARES Act.

I know that my time is running short, but I also want to say that we—broadband connectivity is a huge issue for us. If we actually have to shut down, it is going to be very imperative for us to have an opportunity to continue learning at home. We had—there are several bills in front of Congress that would make this a reality for us to knock down the front door to be able to have high-quality broadband connectivity for all of our families, not only for education, but also to have telemedicine, and also the ability to apply for a job.

But, we are fortunate right now we have some funds in reserve, but that is not true for most school districts. And the number of bills that are in front of Congress, we know that Congress had to help large business, small business, and even individual families. But now State and local governments need that support as well, including firefighters and our teachers to make sure that we have an opportunity to be successful in the future years.

Now, thank you very much, and I will yield my time. Thank you.

[The statement of Mr. Hinojosa follows:]

**TESTIMONY OF ELIU MISAEL "MICHAEL"  HINOJOSA, Ed.D.**

**SUPERINTENDENT, DALLAS INDEPENDENT SCHOOL DISTRICT,**

**MEMBER OF AASA, THE SCHOOL SUPERINTENDENTS ASSOCIATION**

**COVID-19 RECOVERY TASK FORCE**

**United States House of Representatives Committee on Education and the Workforce**

**July 23, 2020**

*AASA COVID-19 RECOVERY TASK FORCE GUIDELINES FOR REOPENING*
*SCHOOLS: An Opportunity to Transform Public Education*

Good afternoon Chair Scott, Ranking Member Foxx and members of the House Education and the Workforce Committee.

Thank you for the opportunity to appear before you to discuss AASA's COVID-19 Recovery Task Force Guidelines for Reopening Schools: An Opportunity to Transform Public Education.

I am Michael Hinojosa, superintendent of the Dallas Independent School District, speaking to you on behalf of my district and AASA, The School Superintendents Association.

It has been my privilege to serve as a school superintendent for 26 years, in urban, suburban and smaller districts, in Texas and in Georgia. As the immigrant son of immigrant parents, I can personally attest to the value of education as a path to the dream America has to offer. If we as a country are to succeed, we must educate *all* students for success. Schools are vital to our democracy, and learning must continue no matter what – storm, strife, or pandemic. The COVID crisis has brought that lesson home.

**Lessons from the Pandemic**

When the coronavirus shuttered our schools at spring break in March, the district was forced to ramp up in a week's time so that teachers could be ready to move to a virtual instruction model when classes resumed. Teachers, staff and administrators worked throughout the break, preparing online learning plans, creating lesson and activity packets for elementary students, and providing hotspots and tech devices for middle- and high-schoolers who lacked them. As many as 36,000 district households had no internet service to access at-home learning. Fortunately, with the help of local partners, we were able to quickly distribute more than 15,000 hotspots, laptops and tablets

to students and their families and continued to build on that number weekly. The effort got us through the end of the school year, but it was only a temporary solution.

**Factors Impacting the Reopening of Schools**

With the new school year looming, our leadership team and board are still in talks about the way forward. Likely, the start of school in Dallas will not only be delayed but will begin largely with online instruction. The bottom line in this debate is that everyone agrees students must receive instruction. Whether that should happen online, or if and when it can safely happen in person, are open questions.

Dallas ISD is the 16th largest school district in the nation, with an enrollment of more than 153,000 students, of whom 70% are Latino, 22% are Black, 86% are economically disadvantaged, 45% are English Learners, and 10% have special needs.

Driving the debate over the decision about how to reopen schools is the current spike in COVID-19 cases in Texas and several other states, which represents a threat to the health of staff and students alike. The numbers in Dallas County as of last Friday stood at 40,200 cases and 523 deaths—the deadliest week yet. Faced with this data, Dallas and other Texas districts are confronting difficult decisions about the fate of the 2020 school year.

Further complicating matters is medical data indicating that Latino and Black communities are disproportionately among those becoming seriously ill and dying from COVID. Authorities differ on the causes, but the fact is communities of color are suffering. As of July 1, Latino Texans were 60% of those testing positive for the disease, far in excess of their 40% of the state's population.

**Feedback and Input from Regulators and Stakeholders**

What factors are in play in making this decision? Our stakeholders are torn by the need to open for in-person instruction and fearful of the danger of that decision in the current health environment. The last survey of parents showed they were almost equally divided between those calling for in-person instruction and others who feel the possible danger is an argument for online classes. Parents and educators worry about the health and safety of students and their families. Teachers and staff are concerned about risks to their own health. And, despite a strong push to equip students with technology, many families in our community still lack devices and connectivity, as the city of Dallas ranks sixth in the country, and first in Texas, among large cities without fixed internet access. Also, in addition to health issues, we face a changing landscape of regulatory and financial challenges.

Based on the disease spike and input from superintendents and educators, the county's health authority has closed in-person learning and school activities until after Labor Day. In recent days, the Texas Education Agency has done an about-face on its initial order that districts had just three weeks from the start of the fall semester to reopen to in-person instruction. TEA is now giving districts the leeway to open with online classes and extend their opening dates as late as November. Depending on the case counts in their areas, districts can request waivers to open even later or to offer strictly online instruction indefinitely. One caveat to this extension is the requirement that districts with virtual instruction must provide reliable online devices and hotspots to students.

**Educational Equity Demands Technology Access**

This pandemic has taught us many lessons, one of which is that fast, reliable internet connectivity for all families is essential for the long term. Broadband connectivity is not a luxury, but a necessity. It is a utility, much like water service, electricity or gas. Given that belief, and with the support of state and local government, the district has taken the lead in forming "Operation Connectivity." This is a joint effort of state and local leaders and technology officers, the Texas Urban Council of big-city superintendents, and the national Council of the Great City Schools, among others, to help fill this crucial need for our students.

The group has completed many of its short-term objectives: distributing hotspots, petitioning for E-rate rule changes to secure affordable internet access, and spearheading the Dallas regional coalition to permanently address this issue. As a result, school community wi-fi projects are being launched in high-need neighborhoods, deploying school buses with wi-fi in those areas. If all goes according to plan, we will achieve broadband connectivity for all Dallas ISD students, to serve as a model for what can be done across the state and the nation to connect more students to technology at home.

If equity in education is to be achieved, all students must have access to the technology and connectivity that enables learning. While the COVID crisis has exposed this need, it is clear that wi-fi hotspots and internet access must be available to all students' families as a necessary provision for learning even after the crisis is over.

The recently passed federal legislation to expand broadband access must be fully implemented, including funding for high-need urban and rural areas where citizens are currently underserved.

**COVID Presents an Opportunity to Transform Education for the Better**

In recent meetings of the AASA's COVID-19 Recovery Task Force, participating superintendents and state executives have created a national plan for reopening the nation's schools during this unprecedented challenge. One notable result of these discussions has been our shared commitment to use the lessons of the pandemic to transform public education.

Included with this testimony you will find the AASA COVID-19 Recovery Task Force Guidelines for Reopening Schools. Beyond the obvious and most crucial considerations for preserving the health, safety and wellness of all students and staff during reopening, task force members emphasized several key guidelines to address inequities. Chief among these, members agreed we must: ensure equitable access to the technology required for virtual learning; anticipate COVID-related budget and fiscal management issues; and prepare for a changing landscape while still ensuring the academic achievement and social emotional learning of all students when schools reopen.

**Ensuring a Safe Reopening of Schools**

AASA has joined the American Academy of Pediatrics (AAP) and fellow educators, the American Federation of Teachers (AFT) and the National Education Association (NEA) in issuing a joint statement calling for the *safe* return of students, teachers, and staff to schools. We agree that decisions on when and how schools reopen should be premised on the science-based recommendations of public health agencies and the best educational advice of school leaders.

The joint statement reads, "Returning to school is important for the healthy development and well-being of children, but we must pursue reopening in a way that is safe for all students, teachers and staff. Science should drive decision-making on safely reopening schools. Public health agencies must make recommendations based on evidence, not politics. We should leave it to health experts to tell us when the time is best to open up school buildings and listen to educators and administrators to shape how we do it."

Many of the school districts represented on the AASA task force plan to offer options for attendance, including:

- Classroom instruction, which may or may not be feasible for traditional August or September openings.
- Virtual learning as the primary course of instruction.
- Staggered and/or limited student schedules.
- On-site programs for specialized population groups such as English Learners and those in Special Education or Career and Technology Education, with virtual programming for all others.

Task force members support the guidance and recommendations of the Centers for Disease Control and Prevention (CDC) that universal health and safety protocols be in place in all scenarios.

This includes screening students and staff for symptoms of COVID-19, providing adequate supplies of personal protective equipment, and following recommended procedures for hygiene, sanitation and decontamination of school buildings. Participants agreed that districts must have in place social distancing protocols and detailed quarantine and closure procedures should students or staff contract the virus.

In reopening, curriculum and instruction must consider the needs of all students, but especially those who are English Learners or who require Special Education services.

Professional development must ensure that all staff members are equipped for instructional design within a virtual setting. Teachers and staff must be encouraged to create learning experiences that engage as well as inform, so that students can best retain and apply gained knowledge and skills.

The distance inherent in online learning requires that educators redouble their efforts to renew and maintain relations with students, excite them about learning, and rebuild connections that may have been frayed by isolation.

**Anticipating COVID-Related Budget and Fiscal Management Issues**

High on the task force list of concerns is the expected budget shortfalls resulting from this pandemic. Many superintendents are facing budget cuts or reallocations this fiscal year and projected 16-18% reductions for the coming fiscal year.

Fortunately, the Texas Education Agency's announcement of flexibility for school start dates included a commitment from the state to funnel $200 million in federal stimulus funds to buy devices, hotspots and routers for districts. That's on top of a previous promise to reimburse all school districts for up to 75% of their pandemic-related expenses. Texas school leaders uniformly see this as a good start. Across-the-board financial assistance is needed for a range of services. Personal protective equipment (PPE); increased transportation demands; staffing of teachers and paraprofessionals to help students demonstrating learning gaps; space reconfigurations required for social distancing; mental health services; student meals; facility sanitation; and teacher training in areas such as virtual learning, technology, social and emotional learning and trauma-skilled education are other items that will strain district budgets.

In comparison to some districts, Dallas ISD has been fortunate when it comes to finances. In 2018, voters approved a tax increase of 13 cents per $100 assessed valuation to fund the district's strategic initiatives that include Strategic Compensation, Early Learning, Public School Choice, and early college high schools, which provided significant dollars in operational funding.  In addition, last year, Texas legislators passed a school finance measure that increased per-student base funding by about 20%. So, in short, we had a healthy reserve when the virus arrived.

That is not the case for many of our colleagues across the state and nation, whose districts are facing layoffs, shortages of supplies and budget deficits, in many cases compounded by the costs incurred to manage a raging pandemic. Federal financial support will be essential to address these needs.

Superintendents recently sent a letter to Congress urging support for students displaced from their classrooms, including $4 billion in direct funds to the FCC's Schools and Libraries Program, commonly called the E-Rate program, to help connect millions of students to the internet.

As you know, in March Congress passed, and the president signed, an $8.3 billion emergency package in response to COVID-19, which included $2.2 billion to help federal, state, and local agencies prepare for and respond to the pandemic. Subsequent legislation provided additional funding for food and nutrition services, COVID testing, public health programs, and support for distance learning.

Superintendents on the task force cited the need to stay informed about the ever-changing landscape of federal funding and state pass-through initiatives to better understand budget cycles and the parameters of how funding can be used. It is evident we must ensure that funding sources are accessed and maximized to purchase equipment and resources related to safety, health, and wellness, as well as the equitable education of all students. Superintendents are grateful for the passage of the CARES Act and feel it is a good faith effort of the nation's commitment to equity

in education. However, as the virus continues its scourge, school districts will face unprecedented uncertainty.

To ensure that public schools can successfully weather these challenges, Congress should continue to demonstrate its support with passage of the HEROES Act currently approved in the House and pending consideration in the Senate. In addition, there are numerous other bills before Congress that would address infrastructure particularly as it relates to connectivity. These, too, deserve prompt action to ensure that districts can make the promise of technological equity a reality. It should go without saying that threats to withhold federal funding to districts that follow health authority recommendations in their decisions about when and how to open schools are disturbing and unhelpful in the search for workable solutions. Certainly, we hope the president will rethink this idea. We urge our delegations to continue to consider school district leaders a resource to provide the evidence and support needed to enact essential education funding.

**Preparing for a Changing Landscape**

If anything is certain in the face of this pandemic it is that nothing will be the same as before. As superintendents and staffs plan to reopen schools, we must rely on lessons learned to build a new kind of support infrastructure that will address the health and psychological issues emerging from the COVID-19 crisis.

Attached you will find specific action steps recommended by the AASA task force for building the COVID-19 reopening infrastructure, regarding:

- Wellness, health and safety measures.
- Technology.
- Ensuring academic support and addressing the learning gap.
- Special populations.
- Progress monitoring and accountability measures.
- Child nutrition services.
- Facilities.
- Financial services.
- Human resources.
- Professional development.
- Student services.
- Transportation.

Implementing any and all these action steps will require continued collaboration at the local, state and federal levels. Our children—our country's future—are depending on us to ensure their success.

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Chairman SABLAN. Thank you, Dr. Hinojosa. You know, you see how five minutes goes by so fast. But thank you.

I now recognize Ms. Boggs. Ms. Boggs, you have five minutes, please, thank you.

## STATEMENT OF LESLIE BOGGS, PRESIDENT, NATIONAL PARENT TEACHER ASSOCIATION

Ms. BOGGS. Chairman Sablan, Ranking Member Allen, and Members of this subcommittee, thank you so much for this opportunity to testify today on what is needed to support the safe reopening of our Nation's public schools in the midst of this pandemic. I am here today on behalf of National PTA, the nation's old-

est and largest child advocacy association with congresses in all 50 states, the Virgin Islands, Puerto Rico, and DC. Since 1897, National PTA has been a strong advocate, and the resource for millions of parents, teachers, grandparents, families, and community members, who share a commitment to improving the education and health and safety for all children. We speak with one voice for every child.

As the President of [the] National PTA, I have seen firsthand how the partnership between parents and school leaders is now more important than ever. Unfortunately, this pandemic is far from over, and we cannot downplay the critical nature of this virus. We are seeing a substantial increase in cases across the country, including in my own home State of Texas.

Children are the future of our Nation, and we must keep them safe. Claims that all children are asymptomatic and can't spread virus are simply not true. Our utmost priority during this time continues to be the health and safety of all students, their families, educators, and school personnel.

States and school districts, or the federal government, should not simply push plans for reopening schools on parents. State and school district leaders must meaningfully engage with parents and stakeholders on developing plans to reopen schools, and subsequently throughout the year, as changes occur in plans and strategies to ensure both learning and safety.

Parents know the value of in-person instruction, and want their children to be back in school this year. However, this must be done safely and effectively and with engagement of all stakeholders, especially parents and students. Our association understands that the reopening of our Nation's schools during this crisis is vital to ensure the continuity of education. However, it should not outweigh the safety and the mental and physical health of our students, educators, staff, and families.

Our Nation's parents and educators have significant concerns. In fact, we recently surveyed parents and other stakeholders during an online forum last week, and 72 percent were not confident that schools could physically reopen in a safe manner.

Regardless of each approach to beginning the school year, safely and effectively reopening schools is going to take resources. Whether schools begin the year in person, remotely, or a hybrid combination, funding our Nation's public schools should not be political. It is an investment in our Nation's future success. Schools must be prepared to address the transition back to school. The trauma of a pandemic and the many instructional issues, including the effects of learning loss and the digital divide. The added strain of recovery from a worldwide pandemic will wreak havoc on all localities, and will require significant, immediate, and continuing support and resources from federal and State governments.

National PTA is encouraged by and thankful for the adoption of previous COVID–19 packages. However, despite these actions, there are and will be continued needs Congress must address. National PTA has been advocating for many weeks for additional aid for our public schools in response to this virus.

Before I reiterate our previous recommendations, I want to reinforce our opposition to any private school voucher programs or

other mechanisms to funnel public dollars to private schools. Our public schools must be fully funded. Our larger recommendations called for action in five areas. Building off the education stabilization fund, the fourth emergency COVID response bill must be provided at least $175 billion in emergency funding directly to States to support K-12 education.

Next, we are recognizing the devastation of facing State and local economy. It is clear that when schools open their doors, their student population will be significantly needier. We have urged Congress to provide $13 billion for the IDEA, and $12 billion for Title I in addition to funding provided throughout the fiscal year 2021.

Next, outside of, and in addition to the fiscal stabilization fund, Congress must include $4 billion in funding for remote learning through the E-Rate Program.

Next is a provision for a one-time infusion of $245 million for the statewide family engagement centers to enable them to support the needs of families, children, and educators, during this crisis.

And, last but not least, is the increased funding for food at USDA to prevent prepared food insecurities. To help schools [inaudible] and meet protocols as students physically go back.

National PTA does urge the Congress to act swiftly. Thank you.

[The statement of Ms. Boggs follows:]

**Written Testimony**

**Leslie Boggs**
**Mother, Grandmother, Child Advocate, and President of National PTA**

**Before the Subcommittee on Early Childhood, Elementary, and Secondary Education**

**Thursday, July 23, 2020**

Chairman Sablan, Ranking Member Allen and Members of the Subcommittee:

Thank you for the opportunity to testify today on what is needed to support the safe reopening of our nation's public schools in the midst of this pandemic. I am here today on behalf of National PTA, the nation's oldest and largest child advocacy association, with congresses in all 50 states, DC, the U.S. Virgin Islands, Puerto Rico and Department of Defense schools in Europe. Since 1897, National PTA has been a strong advocate and a reputable resource for millions of parents, teachers, grandparents, caregivers, foster parents and other caring adults who share a commitment to improving the education, health and safety of all children. We speak with one voice for every child.

At National PTA, it is clear to us that parents, educators and school leaders are natural allies. As the president of National PTA, I have seen firsthand how this partnership is more important than ever in this time of crisis. Unfortunately, the pandemic is far from over. As a nation and individuals, we cannot downplay the critical nature of this virus. We are seeing a substantial increase in cases across the country including in my own home state of Texas. Children are the future of our nation. We must keep them safe. Claims that all children are asymptomatic and can't spread virus are simply not true.

Our utmost priority during this time continues to be the health and safety of all students, their families, educators and school personnel. National PTA and PTAs across the country are working hard every day to help school communities navigate the challenges that have arisen from the pandemic—focusing on social and emotional wellbeing, addressing food insecurity, creating resources for family engagement, demanding greater support for distance teaching and learning, and bridging the digital divide.

Our association understands that the reopening of our nation's preK-12 schools during the COVID-19 pandemic is vital to ensure the continuity of education. However it should not outweigh the safety and the mental and physical health of our students, educators, staff and families. It is our association's position that plans for reopening shall incorporate the best available science and the expertise of infectious disease doctors and health practitioners.

Most importantly however, States and school districts, or the Federal government, should not simply hoist plans for reopening schools on parents. States and school district leaders must meaningfully engage with parents and other stakeholders on developing plans to reopen

schools and subsequently throughout the school year as conditions warrant changes in plan and strategies to ensure both learning and safety. Parents know the value of in-person instruction and want their children to be in school this coming school year. However this must be done safely and effectively and with engagement of all stakeholders, especially parents and students.

PTAs across the country have worked to engage school leaders on reopening schools. One of our affiliates, the Virginia PTA, supports community-determined reopening plans that prioritize the health and welfare of students, staff and families. To inform how schools are reopening in Virginia, Virginia PTA conducted a parent survey, which received 50,400 responses including 3,475 comments. Through this survey, parents' number one concern, related to a fall reopening, was the level of education their children were receiving under emergency distance learning, with 85% of parents selecting this as a top concern for the fall. This was followed by keeping their family and children healthy (65%), socializing (61%) and balancing work with distance learning (46%). Spanish language survey responses indicated family health and safety as their number one concern (82%).

Furthermore, COVID-19 has shone a bright light on the long-standing systemic health and social inequities among communities of color. CDC data shows that Black, Brown and American Indian or Alaska Native persons are at increased risk of getting COVID-19 or experiencing severe illness, regardless of age. In numerous surveys, including one done by USA Today, health and wellbeing were either first or second on the list of priorities for most parents. The importance of health was often higher in low-income communities and communities of color. Additionally, a Common Sense Media survey showed 6 in 10 teens were concerned about contracting coronavirus and their family's economic security. Amongst black and Latino teens, 71 percent and 66 percent respectively were worried about their or their family's exposure to coronavirus.

The work done by the Virginia PTA, other PTAs and organizations across the country have shown the concern parents and students have for both learning, but also for safety. As reopening plans are developed, they should strictly follow the most up-to-date Center for Disease Control (CDC) guidelines for school settings, including but not limited to reasonable social distancing, rigorous sanitizing processes and viral screening and testing protocols. CDC guidelines must not become politicized or watered down and must be aligned with the best available science and research. National PTA strongly believes that states and school districts must plan and align logistics, educational strategies and public health approaches into one coherent response. We recognize that there will not be a one-size fits all process for the reopening of schools.

The issue of how or whether to physically open schools in a safe manner is a critically important issue. National PTA has tried to help guide our members and the larger education community in this area. We recently co-hosted a webinar with 16 other education organizations where we heard from infectious disease experts. Among very obvious points made by medical experts stressing the use of face masks, social distancing, handwashing and adequate ventilation to mitigate the spread of coronavirus, they made clear that a school's decision to physically

reopen must take into account the rate of community transmission. A school's expected transmission rate is significantly impacted by the rate of its community spread. To put it bluntly, where community transmission rates are high, transmission of the virus in schools will also be high. This has been substantiated by experiences in Israel and other areas around the world that had high community transmission rates when they reopened schools. In these areas, schools had to subsequently close their school buildings and revert back to online learning.  We should not make that same mistake in how we reopen schools in this country.

Regardless of approach to beginning the school year, safely and effectively reopening schools is going to take resources, regardless of whether schools begin the year in person, remotely, or a hybrid combination. These steps simply cannot be done on the cheap. What value would you place on the safety of our children and their school's educators and staff? If we desire to make up for months of lost learning time. We must have an infusion of significant, new federal resources. There is no getting around this reality.

School districts and schools need specific resources to address the health, safety, infrastructure, and immediate and long-term physical, psychological, social, and emotional needs of students, educators and staff as they prepare for the upcoming school year. Schools must be prepared to address the transition back to school, the trauma of a pandemic and the many instructional issues—including the effects of learning loss and the digital divide. Many of our nation's school districts are have already been working for decades without the resources needed to provide an equitable education and critical supports to all students. The added strain of recovery from a worldwide pandemic will wreak havoc on all localities and will require significant, immediate, and continuing support from federal and state governments.

National PTA is encouraged by the adoption of previous COVID-19 packages, the House action on the Health and Economic Recovery Omnibus Emergency Solutions (HEROES) Act, and the introduction of the Coronavirus Child Care and Education Relief Act (CCCERA) in the Senate. Congressional recognition of the COVID-19 needs of schools has made a difference in how schools support their students and their families, and educators and other staff during this pandemic. Despite these packages, there are, and will be, continued needs Congress must address now.

National PTA has called on Congress to provide additional resources to support students and their families, public schools, and the educators and staff that work in them. Today we reiterate our requests for this critical funding in response to COVID-19. Furthermore, we reinforce our opposition to the creation of any private school voucher programs and/or other mechanisms to funnel public dollars to private schools. We also urge you to include language to clarify that equitable services should be provided to students eligible under Title I only. Our recommendations for support fall in five buckets:

1) **Emergency Funding Directly to States to Support Local Education Agencies:** Building off the Education Stabilization Fund included in the Coronavirus Aid, Relief, and Economic Security Act (CARES Act), the fourth emergency COVID response must include an

investment of at least $175 billion for K12 education. Any such funding must include strict protections related to 'supplement, not supplant' and ensure that a high percentage (all dollars except those related to administrative costs) end up at the local level.

2) **Support for Federal Categorical Programs:** Recognizing the devastation facing state and local economies, it is clear that when schools open their doors, their student population will be significantly needier, with more students coming from families living at or near poverty, and students with disabilities in need of significant supports and services. National PTA has urged Congress to provide $13 billion for the Individuals with Disabilities Education Act and $12 billion for Title I on top of appropriations provided through the FY 2021 appropriations process to help school districts address the litany of needs for students served under these programs.

3) **Emergency Funding for Remote Learning**: Outside of, and in addition to the fiscal stabilization fund, Congress must include $4 billion in funding for remote learning through the E-rate program. This spring, schools and families found themselves in the never-before-found situation of wide-spread home-based learning. As they plan for remote learning options for the Fall, we must not repeat the long-documented and persistent inequity as it relates to access to broadband.

4) **Family Engagement in Education**: In addition to supporting students, many families have become and will continue to be their child's primary teachers in virtual learning situations. The current Statewide Family Engagement Centers (SFECs) program has enabled 13 states to have dedicated family engagement centers in their states. National PTA has urged Congress to provide a one-time infusion of $245.5 million for the SFECs program in the next COVID-19 relief bill to directly target and support the need of families, children and educators in this crisis.

5) **Funding for School Nutrition programs**: While we will continue to gain insight on the specific needs of children, families and schools to provide access to nutritious meals, National PTA believes Congress must continue to increase funds for Food and Nutrition Services at USDA to prevent, prepare for and respond to food insecurities related to COVID-19.

We understand that science and health-based re-opening schools is vital to the continuity of education, and that schools must be prepared to address the transition to back to school. Addressing these needs will take a significant infusion of federal funds to support local educational agencies, disadvantaged students, family engagement, remote learning and nutrition programs. Congress must take action today to support our nation's public school and ensure that the reopening of schools is done with safety and health as the number one priority. Thank you for this opportunity and l look forward to answering any questions members may have.

Chairman SABLAN. All right. Ms. Boggs, thank you very much for your statement.

And I now would like to recognize Dr. Schwinn who did not take a flight from Baltimore to join us here in the this morning. Dr. Schwinn, you have five minutes, please.

## STATEMENT OF PENNY SCHWINN, Ph.D., COMMISSIONER OF EDUCATION, TENNESSEE DEPARTMENT OF EDUCATION

Ms. SCHWINN. Good morning, Chairman Sablan, Ranking Member Allen, and Members of the subcommittee, thank you for inviting me today.

I very much appreciate the opportunity to share Tennessee's story, and the incredible work that continues to be done by our districts, educators, and Department of Education on behalf of students. I also want to thank Governor Bill Lee and the Tennessee General Assembly, for their unwavering support in prioritizing education.

I am proud that Tennessee has committed to maintaining the same level of State funding to our districts as in previous years, demonstrating the State's clear and continued commitment to schools. However, we also know that this is not like other years. We know that this school year will look and feel different. Districts are trying to make decisions with constantly updated information, and the lives and livelihoods of children and staff to consider. This is a serious discussion that is worthy of a greater understanding of the complexities that exist for schools, staff, and families.

At the core, our systems have the monumental task of keeping people safe and healthy, so that we can provide children with a strong education. In Tennessee, most districts are choosing to include both an in-person and a remote option, and are focusing on how to do that safely. These are unimaginably hard, taxing, and critical decisions. And as we prepare for school reopening, there are three primary areas that must be addressed: the health and safety in schools, technology, and child well-being.

First, to safely reopen schools, we must put the health of our students and staff in front of mind. Under Governor Lee's leadership, the Department of Education has partnered closely with other agencies to address the needs of the pandemic. The cross-agency partnership has led to a number of significant resources for our schools, including PPE for every staff member, disinfecting kits for classrooms, and resources co-developed with the Department of Health. To reopen, we must provide these types of assurances and deliver.

Second, we must address the opportunity in access gaps in technology and broadband that exist for our students and their teachers. Governor Lee recently announced $50 million in technology grants for our districts, which will support purchasing one computer for one-third of all students in Tennessee in grades 3 through 12. This investment in devices allows for continuity instruction when remote learning is required. However, it is also a critical investment in our education system that is necessary now, and will continue to pay dividends in the future.

Finally, school reopening must consider child well-being regardless of the format of instruction being provided so that every child has his or her needs met and services provided. When schools are closed, those services become more challenging to deliver, and can impact a child's ongoing development. The department created a robust child well-being task force to focus on the needs of students as they return to school. This has been done alongside significant academic resources, free professional development for teachers and principals, and grants to expand opportunities for both children and school staff, to address the learning loss and child well-being needs that resulted from school closures.

In closing, we must continue to ask ourselves, what is in the best interest of students and staff as we balance the needs of commu-

nity health, access to strong educational opportunities, financial stability for families, and critical services to students?

Education is personal to everyone. We aren't just talking about an abstract idea. We are talking about children. My girls, the students I serve in Tennessee, our children, it is nothing if it is not personal, which is why we must treat it as such, and not as an either/or conversation.

Families must make their own choices, and districts must ensure that they are considering the feasibility of providing those choices. If schools are going to be open, it must be done safely and with sufficient health protocols and supplies in place. It must also allow the flexibilities necessary to protect vulnerable staff and students. If schools are going to be closed, then we will need to have clear plans on how we will support working families who may not have an option to work from home, how to provide food to students just as they would receive at school, how to provide the required special education, language, counseling, and health services necessary for students to continue to learn and grow, how to remotely teach children to read, how to address the increasing and unreported cases of abuse and suicide that have been noted, and how to do all of this while still ensuring children continue to be educated.

Any option we choose has consequences, which is why options are so important. It is also why federal funding will continue to help our schools to create those options with the resources necessary to do so safely and responsibly for all. But there is a clock. Schools are starting. This is one of those moments for our field and our country. Our kids deserve our best right now and nothing less is acceptable. Thank you.

[The statement of Ms. Schwinn follows:]

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Testimony of Tennessee Commissioner of Education Penny Schwinn, PhD, MAT
United States House of Representatives
Early Childhood, Elementary, and Secondary Education Subcommittee Hearing:
"Underfunded & Unprepared: Examining How to Overcome Obstacles to Safely Reopen Public Schools"
Thursday, July 23, 2020, at 10:15 a.m. (EST)

Good morning, Chairman Sablan, Ranking Member Allen and Members of the Early Childhood, Elementary, and Secondary Education Subcommittee. Thank you for inviting me to testify at today's hearing, "Underfunded & Unprepared: Examining How to Overcome Obstacles to Safely Reopen Public Schools." I very much appreciate the opportunity to share Tennessee's story and the incredible work that continues to be done by our districts, educators, and department of education on behalf of our students. I want to thank all of these remarkable individuals for their commitment to the health and safety of our children, as well as thank Governor Bill Lee and the Tennessee General Assembly for their unwavering support in prioritizing education.

As commissioner at the Tennessee Department of Education, I understand the critical importance of the school re-opening decisions being made and the impact that those decisions can have on staff, students, and communities. I feel those decisions as a mother of school-aged children; a family member of teachers; as a colleague to those who serve our schools and districts each and every day. However, I also feel those decisions as a former teacher and principal to children who relied on my school for critical resources and services; to families who needed the community resources that our school provided and the in-person instruction that allowed them to work to support their families financially. It is in the face of these realities that our state and our districts must determine how they keep students healthy and safe and provide a high quality education.

I recognize the challenges that are ahead of us, and I would urge this body to recognize the complicated fabric that makes up our public school systems and understand that, unfortunately, these are not straightforward decisions. There are risks to every choice and consequences to every decision. Our responsibility as public officials is to mitigate as many of those risks and consequences as possible, so that no matter where or by what method parents choose to educate their children, they can feel confident that we are collectively committed to serving their children's needs. This will be incredibly hard to do and require more from us than ever before. However, it is imperative that it takes place.

School reopening must consider the various perspectives of our broader community with the fine-tuned care and complexity of reality— and not with the blunt instrument of politics. These are conversations about children and teachers. We must treat them as we would in discussions about our own families – because they are. In Tennessee, our families and communities have shared three primary concerns:

- *Health and Safety in Schools:* We know that schools were not built to handle pandemics and that there are a number of changes that need to be made to enhance safety precautions and to implement recommended practices like physical distancing and no-touch solutions. We need to ensure that our schools have what they need to open safely. That will require increased federal support.
- *Child Wellbeing:* We have seen the reports that over the last five months more students have gone hungry, suicide rates have increased, abuse cases have gone unreported, and critical health and counseling services cannot be provided. We also know that working parents are making difficult decisions about what to do with their children if they have to work and if there is not a childcare option available. Schools play a critical role in supporting student's physical and mental health.
- *Achievement Gaps and Literacy:* We know that the period of school closures elevated the public's awareness of the longstanding achievement gaps and the significant concerns we collectively have with literacy in this country. Further, we know that closure will continue to lead to greater learning loss and that our most vulnerable students will be most negatively impacted. We must consider the long-term effects of this on our children – those who are not likely to ever catch-up and what we know to be true about what that means for their futures.

In reviewing these considerations, we know that the decisions we make have consequences for people, no matter what. However, that is why I feel strongly that we need to provide options and opportunities for families to make the choices that best meet their needs and those of their children; that we provide educators and staff with the resources they need to feel safe and protected at school and to allow for flexibility for those with underlying health risks; that regardless of the seat a child sits in to be educated this year – whether at home or at school – we have provided the necessary resources to ensure that child receives a high-quality education and all of the services necessary for them to be successful. *At the core, we have the monumental task of keeping people safe and healthy, and providing children with a strong education.*

*Given that, as we plan for school reopening this fall, we must continue to ask ourselves: What is in the best interest of students and staff, as we balance the needs of community health with the needs for children to have access to strong educational opportunities, families to be able to financially support themselves, and critical services to be delivered to students?*

Prioritizing both the health and safety of students as well as academic instruction, the Tennessee Department of Education has continued to work closely with district superintendents, community organizations, partner groups, public officials, and advisory committees to ensure that we collectively provide as many opportunities as possible to support our school communities. Our districts face significant choices that may impact their communities for years. Those decisions are not easy and must be done locally to ensure that they meet the individual needs of their local contexts. That is both the right and more challenging thing to do as we look to provide state-level strategies to address local needs.

*Supporting Local Strategies*
*School reopening must include supports for our local districts, as needs increase and resource efficiencies become critical. This must be done with a child-centered strategy.*

Over the last several months, the department has been working hard to ensure that LEAs had resources related to school building closures, graduation ceremonies, and shifts in the policy landscape. Over the last 4-6 weeks, the department has been working to produce a suite of resources and supports for school reopening. Regardless of the reopening option(s), districts will still need ways to determine the academic, physical and mental health needs of returning students. Districts should ensure that there is a child wellbeing plan in place to address the different social and mental health needs that may exist for some students due to school closures and resulting from the impact of the pandemic and recent events. Specifically, the department of education has produced or facilitated 20+ toolkits, a framework guide, professional development for principals and teachers, and a series of other resources to help districts begin to plan for next year. These were necessary in order to provide directionality for the field and also to set clear, minimum expectations for instruction in partnership with the Tennessee State Board of Education.

To help develop a shared framework for school reopening, the department produced the **LEA Guide for Reopening Schools**, an extensive resource produced to provide an overview framework for districts as they begin planning for school reopening. It outlines 10+ different pathways that districts could consider for school reopening, most of which prioritize in-person learning.

The department also knows how important it is to stay in close contact with districts as we move into the new school year. As such, the department hosts **regular calls** three times per week **and a series of targeted monthly meetings** with superintendents, in addition to optional weekly 1:1 calls with superintendents through our regional offices. Further, the department has developed concierge support teams to provide districts targeted support. Finally, the department hosts bi-monthly partner calls statewide to outline opportunities for coherent support of the reopening strategy.

The department will be focusing heavily on reopening schools and ensuring as many as possible do so in person. The department created a number of toolkits that outline what needs to be in place for school to occur in-person in an easy-to-use checklist format. When remote instruction is necessary, the department is also overseeing continuous learning plans (CLPs), as outlined in State Board rule and policy. By focusing on supports for in-person and planning strategies for remote instruction, Tennessee districts are better prepared to handle shifting contexts and to meet families' needs.

The department is in the process of developing and finalizing **20+ Reopening [Toolkits](#) and Templates**, which will cover many of the same topics as school closure toolkits did. Over the course of the next few weeks, these resources will be provided to district leaders, many of whom contributed to the content and framing of this work as a reflection of what authentic and meaningful partnership can look like in times of uncertainty.

These *school reopening toolkits* include:

- Academics
- Assessing Student Learning
- Childcare
- Communications

- Consolidated Funding Applications
- Counseling
- Equitable Access and Opportunity
- Finance
- Governance and Management
- Heath and Public Health
- Nutrition
- Policy and Legal Considerations
- Postsecondary Transitions
- Procedures
- Professional Development
- Public Charter and Non-Public Schools
- Safety and Operations: Emergency Operations, Pandemic, Post-recovery Evaluation
- School Improvement
- Social Distancing at Schools
- Special Populations
- Staffing
- Technology
- Transportation
- Wellbeing and Mental Health

*Health & Safety in Schools*

*School reopening must put the health and safety of our children, their teachers, and our communities front of mind.*

The department of education has partnered closely with the Tennessee Department of Health, the Tennessee Emergency Management Agency (TEMA), and Governor Lee's Unified Command to address the needs of the pandemic. This cross-agency partnership has led to a number of significant resources:

- Personal Protective Equipment (PPE) will be provided to every school at no cost to the district. This includes no-contact thermometers and masks for all students and staff for school opening.
- In partnership with the department of health and our higher education partners, the state is developing community-facing dashboards to ensure that families can have better access to information about virus spread in their broader school communities.
- The department of education has partnered with the department of health to co-create a series of resources to walk districts through decisions to reopen in person as well as considerations for when to make building closure decisions should confirmed positive cases be found in schools during the year. These resources include a decision-tree document, a decision matrix, and four health-related toolkits. The department of health has also reviewed several resources developed by the department of education to ensure consistency between school-based recommendations and health guidelines.
- The department of education has partnered with a cross-section of state agencies to align overlapping workstreams and develop coherent approaches to these complex problems. For example, the department is hosting weekly calls to discuss opportunities for collaborative work to support school reopening with agencies such as Health, Commerce and Insurance, TennCare, Mental Health and Substance Abuse, Human Services, Higher Education, Developmental Disabilities, and Labor and Workforce Development.
- The state believes that all educators and staff who return to school buildings should be provided with the necessary resources to ensure they feel like they have what they need in their classrooms. This should not supplant local district efforts to provide sufficient materials and additional custodial services throughout the day and overnight. However, the state will provide a direct allocation of resources to teachers, so that teachers do not feel the need to purchase anything out-of-pocket.

Additional resources to support the health and safety of schools who choose to reopen in person would include: additional funding for overstock personal hygiene supplies; signage throughout buildings to reinforce safe practices; funds to purchase equipment like touchless trashcans and doors; additional supplies of PPE; additional resources for transportation costs (buses or expanded contracts); additional janitorial services to allow for more frequent disinfecting practices throughout the day; and additional resources for classrooms (modified furniture to allow for social distancing, etc.).

These are just a handful of the significant operational and health-related considerations that must be reviewed and planned at the school and district level. While schools are not typically built for this level of operational emergency and health response, districts are working diligently to make the changes necessary to keep people safe. As such, our systems must also remain flexible enough to make changes as the data indicates and the pandemic evolves.

*School reopening must include a series of scenarios from which local districts may operate, in the best interest of local needs.*

In Tennessee, the state believes that local districts must be allowed to make the decisions that are best for their communities. Given the significant regional differences, the state understands that a one-size fits all approach will not support all districts effectively. Instead, the state will continue to provide baseline resources that any district may adopt and modify, as best suits their local contexts. Currently, almost every district in the state is providing for an in-person and remote option, allowing families to choose what makes the most sense for their children and personal contexts. For those small districts who do not have the capacity to structure a full online or remote option, the state will launch a year-long set of videos that can be viewed online or downloaded onto devices, inclusive of instructional materials and checkpoints for student growth and understanding.

The decision on how to reopen schools is a challenging one which balances health and education. Both are important to the future of our children and all facts must be included in the discussion as it progresses. What is most critical is that local needs, resources and statistics drive decision-making within the framework and boundaries outlined through the departments of health and education. At the core, though, families must make the decisions that are best for their children.

*Child Wellbeing*

*School reopening must consider child wellbeing, regardless of the format of instruction being provided, so that every child has his or her needs met and services provided.*

Children in Tennessee, and across the country, rely on their schools to provide meals, health services, counseling, mandated reporting, and more. When schools are closed, those services become more challenging to deliver and can impact a child's ongoing development.

- The department launched the **Child Wellbeing Task Force** to focus on the needs of all students during the summer and throughout next year. The task force will continue to provide recommendations and

reports, build a framework for local implementation, and create long-term solutions to ensure all children are cared for during times of building closure.

- Over the course of the year, the department will build a **Child Wellbeing Online Resource Tool** to more quickly connect services with schools and students during the year, whether in-person or remote.
- The department provided **Assistive Technology Grants** to districts to support purchasing assistive technology so that students with disabilities are able to receive services during periods of building closure.
- The department also provided **Compensatory Services Grants,** which served as automatic awards to every district to help support any expenses related to providing compensatory services in the fall, in support of catching-up students with disabilities.
- The department's **Special Education Innovation Grant** for districts to fund the expansion of strategies and practices to serve students with disabilities during periods of school building closure.

Additional resources could be of critical importance for child wellbeing. For example, additional federal funding could provide for daily child wellbeing checks, more robust and safer food delivery systems, the development of more remote opportunities for counseling and tele-health supports, and more extensive in-school programs to provide duplicative sets of resources for when classrooms must quickly close for health reasons. As a note, these opportunities not only ensure consistent service delivery to students, but also provide for short-term employment for those who are looking for work.

_Academic Achievement & Literacy_

_School reopening must include clear plans for ensuring that all students have access to a quality education, regardless of the delivery format. This must be done in consideration of all students, including those with disabilities, those who speak languages other than English, and those who are part of our other more vulnerable populations._

To support this work, the department has taken a number of critical steps to provide districts with a series of critical supports, both for reopening and also for ongoing implementation.

- The department will be providing non-competitive grants for districts related to implementation support through **Reopening Implementation Cohorts**. We know that planning is easier than "doing," and districts will need help throughout next year. The department will provide LEA grants to identify local partners to supplement internal capacity and do that intentional and deep work for each of the 147 school districts through an opt-in, cohort model.
- The department will launch an **Online Academic Tool** for districts to use which will provide a video library, assessment builder, online professional development and more to districts, in support of their local needs during periods of remote learning. The tool will be ready for launch this school year that will provide a full year of ELA and math lessons for $1^{st} - 8^{th}$ grades, providing coherent sets of instructional materials linked to relevant standards supports, sample assessment items, and content-based resources. Districts can use this comprehensive set of video lessons to assign to absent students, remote learning students, and in classrooms where teaching staff might be limited.
- Partnership with all six Tennessee _PBS_ stations to deliver up to 30 hours per week of daily academic instruction and educational content to first through eighth grade students during times of school

closure. Developed by the department in collaboration with Tennessee teachers, three hundred and twenty lessons on math and English language arts were broadcasted statewide. These videos are also posted on the department's YouTube page where they have received over 77,000 views. Accompanying lesson plans for educators and student work packets are available on the department's website.

- The department created free instructional materials through a **Foundational Skills Curriculum** for early literacy that can be used in classrooms in-person or remotely, to reduce costs and still maintain a focus on early literacy. (Saves districts money and increases access to high quality materials.)
- Partnership with the ReadyRosie early education platform to provide Tennessee families with *free and easy access to critical early literacy lessons*. Around two minutes long in both English and Spanish, the video "moments" feature real families demonstrating instructional activities that parents can then replicate with their own children and are rooted in learning goals for children on topics such as literacy, early math, health and wellbeing.
- Partnership with the Tennessee STEM Innovation Network (TSIN) to develop the STE(A)M Resource Hub to provide three weekly challenges to promote *critical thinking and career exploration* that can all be done in the home. The challenges are ideal for students grades 3-12, but younger students can also participate with parental assistance.
- The department is providing a free beginning-of-year **Checkpoint Assessment** available for districts to use to gauge student learning (including learning loss) to support educators in identifying areas of need.
- The department is providing a free suite of **Innovative Assessment** supports available for districts to use including an assessment builder, interim assessments, and formative assessments.
- With the Tennessee Higher Education Commission, the department launched a **Post-Secondary Task Force** to support transition needs of high schoolers to post-secondary pathways.

Additional resources could continue to support academic programming by allowing for families to have access to full sets of materials at home and at school, providing coherence and greater flexibility in the case of closures. These resources include instructional materials, school supplies, and more.

### *Supporting Educators & Systems*

***School reopening must consider the needs of school and district staff and ensure that any decision includes their voices and opinions.***

The department has and will continue to provide a series of resources to support educators in providing instruction in a remote environment, as well as providing resources to ensure that there are sufficient staff to support in-person instruction. This includes supports for broadening the number of credentialed staff in key areas, supporting district recruitment and hiring, expanding the pool of available substitutes (and providing free professional development for their training), etc.

- Partnership with the University of Tennessee's Center for Educational Leadership to support principals at no cost as they lead their staff and schools in addressing student needs. The ***Tennessee Principal Professional Learning Series*** leverages the intellectual resources of the university, as well as other external expertise, to address the most pressing problems of practice facing school principals. As of June 6th, more than 500 principals representing 82 of Tennessee's 95 counties have completed this training.

- Partnership with Trevecca Nazarene University to offer *free professional development for Tennessee teachers* to help them prepare for digital teaching and learning. As of June 6th, over 14,000 Tennessee teachers have participated in this training.
- **Family Remote Learning Tool –** in partnership with Trevecca Nazarene University, the department is rolling-out an online resource to support families in managing learning from home.
- **Diverse Leaders Network –** a network to increase the number of aspiring, diverse school leaders that will pay for their master's degrees and support expected vacancies in the field.
- **Aspiring Assistant Principal Network –** a network to increase the number of aspiring school leaders that will pay for their master's degrees and support expected vacancies in the field.
- **Special Education Additional Endorsement Grants –** a grant to pay for existing and aspiring teachers to become dual certified in special education, especially to support expected vacancies in the field.
- **Tennessee Teacher Job Connect and Tennessee Education Job Board –** an online page to connect vacancies with job-seekers during remote recruitment and hiring.

Additional resources from the federal government could support educator salary increases or bonuses for additional responsibilities, hiring more school-site staff who would be responsible for additional duties that typically fall to teachers (such as nurses, health screeners, counselors, custodians, para-professionals to support learning loss, etc.).

***Systems - School reopening supports must focus on the critical systems needed to support students in a variety of learning models, and the state must employ its economies of scale to best serve local needs.***

- *Technology -* The department will continue to prioritize expanding 1:1 device access for students statewide, along with connectivity for those devices. This will occur through a $50M matching grant (that requires districts to have a sustainability plan). With that, the department will focus on technical assistance and support and teacher/staff professional development to help interested districts effectively utilize technology solutions. The department will continue to provide concierge service to support district purchasing.
- **Negotiated Rates:** The department negotiated statewide reduced rates for technology device purchases and for connectivity, allowing for all districts to access the benefits of scaled bargaining power, earlier than other states (February).
- Partnership with Hoonuit to provide families with the most *up-to-date information on meal pick-up locations closest to them* through SchoolMealFinder.com. Hoonuit utilizes an interactive map to allow users to search by city, zip code, and address to locate the nearest food pick-up site.

Despite these resources, broadband connectivity remains one of the biggest barriers for remote learning, especially for some of our rural, distressed districts. Broadband connectivity should be a top funding priority for the federal government in supporting school re-openings. Additional resources could support broadband expansion, WiFi or MiFi access for every student, ensuring 1:1 technology access for all students, logistical support for food and resource delivery, and specialized equipment for children who need access to greater resources (especially those with disabilities, those who are highly mobile, and those need translation and English Learner supports).

We know that this school year will look and feel different. Districts are trying to make decisions with changing information and the lives and livelihoods of children and staff to consider. This is a serious discussion that is worthy of equally appropriate tone and understanding of the complexities that exist.

Unlike other states, Tennessee has maintained the same level of state funding to our schools and districts as in previous years thanks to the commitment of Governor Bill Lee and the Tennessee General Assembly. This demonstrates the state's clear and continued commitment to schools. However, this is not like other years. The needs are greater, and federal support can dramatically impact our ability to provide a quality education – safely – for children and for staff.

We must appreciate the individualized perspectives that vary dramatically across communities; we need to accept that this is hard and it is certainly not straightforward. Families must make their own choices, and districts must ensure that they are providing the flexibility necessary to support those choices. If schools are going to be open, it must be done safely and allow for the flexibilities necessary to protect vulnerable staff and students. If schools are going to be closed, then cities and communities will need to have clear plans on how they will support working families who may not have the option to work from home; how they will provide food to every household just as students would receive at school; how they will provide the required special education, language, counseling and health services necessary for students to continue learning alongside their peers; how they will teach children to read remotely; how they will address the increasing and unreported cases of abuse; how they will address the suicide rates we are seeing in our youth; and how they will do all of this while ensuring children continue to be educated.

At the core, we must talk about school reopening with the level of detail and reality that our superintendents deal with every day. Keeping schools closed saves lives. Opening schools saves other lives. Both have long-term consequences. This is why options are so important. It is also why federal funding will certainly help our districts, schools, and communities to create those options with the resources necessary to do so safely and responsibly for all.

Regardless, we need to have these conversations and take these actions with understanding, compassion, and information. We must do this with staff and students in mind, and children at heart. This is one of those moments for our field, and our country. Our kids deserve our best right now. Nothing less is acceptable.

Thank you and I look forward to answering any questions from the committee members about the great work being done in the Volunteer State.

Sincerely,

Penny Schwinn, PhD
Commissioner
Tennessee Department of Education

Chairman SABLAN. Thank you, Dr. Schwinn. Thank you for ignoring the clock at this morning's hearing.

I will now like to recognize Dr. O'Leary for five minutes, please.

## STATEMENT OF SEAN O'LEARY, MD, MPH, FAAP, VICE CHAIR, COMMITTEE ON INFECTIOUS DISEASES, AMERICAN ACADEMY OF PEDIATRICS

Dr. O'LEARY. Chairman Sablan and Ranking Member Allen, thank you for the opportunity to testify before you today. My name is Sean O'Leary, and I am a practicing infectious disease pediatrician from Denver, Colorado. As a parent of two children in public schools, this issue is both professional and personal for me. I work

at Children's Hospital, Colorado, and I am testifying today on behalf of the American Academy of Pediatrics. As the Vice Chair of the Committee on Infectious Diseases, I am part of the team that authored AAP's guidance on school re-entry.

The purpose of the Academy's guidance is to inform school re-entry policies that foster the overall health of children and adolescents, while also protecting teachers, staff, and communities. Our guidance is based on the best, currently available evidence and is updated as new evidence comes to light and we learn more about COVID–19.

We start from the knowledge that children get much more than an education at school. In addition to math, reading, and science, schools help students develop important social and emotional skills, offer healthy meals, and provide physical activity, among many other benefits. Lengthy time away from school deprives students of these benefits, and makes it difficult for schools to identify and address learning deficits, child abuse, substance use, depression, and suicidal ideation.

Any parent of school-aged children can tell you the difficulties we faced when schools shut down in the spring. My own children miss their friends, and they also missed out on learning and physical activity. As working parents, we struggle to find ways to meet their needs and perform our jobs at the same time.

The importance of in-person learning is well-documented, and there is already evidence of the negative impacts on children because of school closures. The impact has been particularly hard on minority children as well as children who are medically fragile and developmental or physical disabilities, and those living at or near poverty. AAP carefully weighed the available evidence and determined that our overall goal should be to have students physically present in school this fall. However, this can only happen with careful measures to keep students, teachers, and staff safe, and with flexibility to adapt as needed to the community's prevalence of COVID–19.

This does not mean that we recommend that all schools open 5 days a week from the start of the school year. Many parts of the country are currently experiencing uncontrolled spread of COVID–19. While the AAP urges those areas to maintain in-person learning as the goal, we recognize that many jurisdictions will need to utilize distance-learning strategies until cases decline.

Although many questions remain, our guidance is based on evidence that children and adolescents are less likely to be symptomatic, particularly, younger children, and less likely to have severe disease resulting from SARS-CoV-2 infection.

A study that was just published from South Korea showed that children under age 10 were roughly half as likely, compared to other age groups, to spread COVID–19 to others. The same study also suggested that adolescents and teens, age 10 to 19, may spread the virus at rates similar to adults. With these data in mind, school systems may consider prioritizing return of younger children and taking additional measures to ensure physical distancing and the wearing of face coverings for older children.

It also needs to be acknowledged that COVID–19 policies are intended to mitigate, not eliminate risks. While no single action will

completely eliminate the risk of transmission, implementation of several coordinated interventions can greatly reduce that risk. Schools will need to follow guidance from public health officials, adhere to health monitoring and cleaning protocols, utilize face coverings as much as possible, and urge frequent hand washing.

Schools will also need to have sufficient PPE for teachers and staff, implement new procedures for busing, and put protocols in place for how to respond when a student or teacher tests positive.

It is also important that children are up to date on all vaccines, including the influenza vaccine and have their annual checkups. Schools must also be prepared to address a wide-range of mental health needs of children and staff when schools reopen. The emotional impact of the pandemic, including a loss of family members, financial concerns, and social isolation demands careful attention and planning.

In order for schools to be able to safely reopen with students in the classroom, Congress must provide sufficient funding to help schools adapt and make necessary changes and accommodations. Specifically, the AAP urges Congress to provide at least $200 billion in funding to help schools reopen. Money must be available to all schools, regardless of their timeline for reopening.

Schools and areas with high rates of COVID–19 spread may need to consider delaying the return to full-time in-person instruction. These schools will need the same or greater federal investments, not less.

In closing, reopening schools in a way that maximizes safety, learning, and the well-being of children in the communities will clearly require substantial new investments in our schools.

Thank you for the opportunity to testify today, Chairman Sablan and Ranking Member Allen. .

[The statement of Dr. O'Leary follows:]

**Testimony of Dr. Sean O'Leary, MD, MPH, FAAP**
**House Education and Labor Subcommittee on Early Childhood, Elementary, and Secondary Education**
**Hearing on Examining How to Overcome Obstacles to Safely Reopen Schools**
**July 21, 2020**

Chairman Sablan and Ranking Member Allen, thank you for the opportunity to testify before you today. It is an honor to be here to talk about how to do the best we can for our children in these challenging times. We support the goal of returning students to school in the fall, but we must do it safely and schools will need appropriate funding to do it.

My name is Dr. Sean O'Leary and I am a practicing infectious disease pediatrician from Denver, Colorado. As a parent of 2 children in Denver public schools, this issue is both professional and personal. I work at Children's Hospital Colorado and I am testifying today on behalf of the American Academy of Pediatrics (AAP), a non-profit professional membership organization of 67,000 primary care pediatricians and medical and surgical pediatric subspecialists dedicated to the health and well-being of children.

At the Academy, I am the Vice Chair of the Committee on Infectious Diseases and am part of the team that authored AAP's Guidance on School Re-entry. The guidance is attached at the end of this testimony. I would like to take this opportunity today to discuss the Academy's guidance, why and how it is developed, what it does and does not recommend, and what resources will be needed to support school reopening.

The purpose of the Academy's guidance is to support educators, public health officials, local leadership, and pediatricians collaborating with schools in creating policies for school re-entry that foster the overall health of children and adolescents, while protecting teachers, staff, and communities. Our guidance is based on the evidence currently available. It is important to note that we will be updating our guidance frequently as new evidence comes to light and we learn more about COVID-19.

**Importance of Schools and Impact of COVID-19 on Children**

We start from the knowledge that children get much more than an education at school. Schools are fundamental to child and adolescent development and well-being. Students who are in school learn more than just math, reading and science. In addition to academic instruction, schools help students develop social and emotional skills; provide healthy and reliable meals; offer physical, speech and mental health therapy; and provide physical activity through gym, recess, and team sports, among numerous other benefits. Lengthy time away from school deprives students of these benefits, and it also makes it difficult for schools to identify and address important learning deficits as well as child and adolescent physical abuse, substance use, depression, and suicidal ideation.

Being away from peers, teachers and school services has lasting effects for children. As such, it is critical to reflect on the differential impact COVID-19 and the associated school closures have had on African American, Native American and Latinx children, as well as children with disabilities and those living at or near poverty. Schools also support parents by providing safe places for their children to be before, during and after school, particularly for parents who work, including essential workers.

Any parent of school aged children can tell you the difficulties we faced when schools shut down in the spring. My own children missed their friends, and they also missed out on learning and physical activity. As working parents, we struggled to find ways to meet their needs and perform our jobs at the same time.

**AAP's Guidance on Return to School Considerations**

Because of these considerations, AAP carefully weighed the available evidence and determined that our overall goal should be to have students physically present in school in the fall. The importance of in-person learning is well-documented, and there is already evidence of the negative impacts on children because of school closures in the spring of 2020.  We have already seen studies documenting rises in mental health problems in children such as depression, anxiety, and suicidality, as well as rises in obesity as a result of school closures in the spring.

Even though this will not be easy, we strongly advocate that all policy considerations for the coming school year should start with this goal in mind. This must happen with careful measures to keep students, teachers, and staff safe, and with flexibility to adapt as needed to the community's prevalence of COVID-19.

This guidance does not mean that we recommend that all schools should open 5-days a week from the start of the school year. A one-size-fit-all approach is not appropriate under the current environment. Many parts of the country are currently experiencing uncontrolled spread of COVID-19. While the AAP urges those areas to maintain in-person learning as the goal, our guidance recommends that jurisdictions utilize distance learning strategies until cases decline.

**SARS-CoV-2 Infection in Children**

It is important that policymakers consider the evidence regarding COVID-19 in children and adolescents, including the role they may play in transmission of the infection. SARS-CoV-2 appears to behave differently in children and adolescents than other common respiratory viruses, such as influenza. Although children and adolescents play a major role in amplifying influenza outbreaks, to date, this does not appear to be the case with SARS-CoV-2.

Although many questions remain, the preponderance of evidence indicates that children and adolescents are less likely to be symptomatic and less likely to have severe disease resulting from SARS-CoV-2 infection. In addition, children, particularly younger children, may be less likely to become infected and to spread infection. A study that was just published from South Korea showed that children under age 10 were roughly half as likely compared to other age groups to spread COVID-19 to others. The same study also suggested that adolescents and teens aged 10-19 may spread the virus at rates similar to adults. With these data in mind, school systems may consider prioritizing the return of younger children and taking additional measures to ensure physical distancing and the wearing of face coverings among older children. Policies to mitigate the spread of COVID-19 within schools must still be balanced with the known harms to children, adolescents, families, and the community by keeping children at home.

Policymakers should also acknowledge that COVID-19 policies are intended to mitigate, not eliminate, risk. No single action or set of actions will completely eliminate the risk of SARS-CoV-2 transmission, but implementation of several coordinated interventions can greatly reduce that risk.

**Returning to School Safely**

Returning to school must be done safely. It is important to make the school environment safe for all those in the building. Schools will need to follow guidance from public health officials and adhere to health monitoring and cleaning/disinfecting protocols, utilize cloth face coverings as much as possible, and urge frequent handwashing. The Academy has offered age-specific guidance on the need for physical distancing among students. In addition to these essential needs, schools will also need to have sufficient personal protective equipment (PPE) for teachers and staff, implement new procedures for busing and transporting students to

school, alter before- and after-school child care and enrichment programs, ensure that students competing in athletics and other activities are safe, make physical plant modifications, adjust staffing schedules, and put protocols in place for how a school responds when a student or teacher tests positive for COVID-19.

It is also important that children are up to date on all vaccines, and AAP recommends all children are vaccinated for influenza and have had their annual checkups. Existing school immunization requirements should be maintained and not deferred in response to coronavirus. New outbreaks of vaccine-preventable diseases such as measles can cause severe illness or be life-threatening and should not be taken lightly especially in the midst of the COVID-19 pandemic. Protecting children, teachers, and staff from influenza through vaccination will be especially important this year.

Decisions to alter the school schedule, such as partial days or alternate attendance days, or to temporarily close schools, must be made in collaboration with local and state officials according to the prevalence of COVID-19 in the community and the ability of schools to accommodate safety measures.

Throughout all of this, it is also important to stay focused on considerations and accommodations to account for the diversity of youth. With the goal of safe return in mind, we must pay special attention to vulnerable populations, including those who are medically fragile, live in poverty, have developmental challenges, or have special health care needs or disabilities.

Schools should also anticipate and be prepared to address a wide range of mental health needs of children and staff when schools reopen. The emotional impact of the pandemic, including the loss of family members, financial concerns, social isolation, and growing concerns about systemic racial inequity — coupled with prolonged limited access to critical school-based mental health services and the support and assistance of school professionals — demands careful attention and planning as well. School health centers and school nurses will need to respond to these concerns while dealing with any COVID-19 concerns within schools and therefore will need significant new resources.

**Robust Federal Education Funding**

In order for schools to be able to safely reopen with students in the classroom, Congress must provide sufficient funding to help schools adapt and make necessary changes and accommodations. The AAP is urging Congress to include robust funding for education in the next legislative package in response to the COVID-19 pandemic.

Specifically, we urge $175 billion for K-12 education through the Education Stabilization Fund and $25 billion for Individual with Disabilities Education Act (IDEA), Title I and other Every Student Succeeds Act (ESSA) programs that support marginalized students that are most likely to be affected by missing in-person instruction. Money must be available to all schools regardless of their timeline for reopening. Schools in areas with high rates of COVID-19 spread may need to consider delaying a return to full-time in-person instruction, and these schools will need the same or greater federal investments, not less.

Additionally, we urge Congress to include $500 million in the Education Stabilization Fund specifically for programs operated by the Bureau of Indian Education (BIE) as Native American populations are facing disproportionately high COVID-19 infection and mortality rates. Increased funding for BIE will be important to ensure BIE schools are equipped to implement the necessary safety precautions to provide safe in-school services.

Together, Medicaid and education account for more than half of state budgets. Without urgent relief, states will be left with no option but to implement devastating cuts to essential health and education programs.

Cuts to Medicaid threaten the viability of the health care infrastructure serving vulnerable and under-resourced communities, making it more difficult for children, families, and communities to get the care they need. This would further undermine the ability of communities to respond to COVID-19 and would hamper efforts to reopen schools and businesses.

Cuts to K-12 education will threaten the ability of schools to safely provide in-person instruction, which would similarly undermine communities' responses to COVID-19. States need Congress to provide additional federal financial support for both Medicaid and education; supporting one without the other will continue to threaten both. This additional funding is needed as soon as possible since schools are actively planning for the upcoming school year and every week they do not have funding makes it harder for them to comprehensively plan.

In closing, reopening schools in a way that maximizes safety, learning, and the well-being of children and communities will clearly require new investments in our schools. We call on our leaders to provide the resources necessary to ensure that funding does not stand in the way of safely educating and caring for our children.

Thank you for the opportunity to testify today, and I look forward to working with you all to help ensure children are able to return to school safely.

**COVID-19 Planning Considerations: Guidance for School Re-entry**

**American Academy of Pediatrics, pub. June 26, 2020**

The purpose of this guidance is to support education, public health, local leadership, and pediatricians collaborating with schools in creating policies for school re-entry that foster the overall health of children, adolescents, staff, and communities and are based on available evidence. Schools are fundamental to child and adolescent development and well-being and provide our children and adolescents with academic instruction, social and emotional skills, safety, reliable nutrition, physical/speech and mental health therapy, and opportunities for physical activity, among other benefits. Beyond supporting the educational development of children and adolescents, schools play a critical role in addressing racial and social inequity.  As such, it is critical to reflect on the differential impact SARS-CoV-2 and the associated school closures have had on different races, ethnic and vulnerable populations. These recommendations are provided acknowledging that our understanding of the SARS-CoV-2 pandemic is changing rapidly.

Any school re-entry policies should consider the following key principles:

- School policies must be flexible and nimble in responding to new information, and administrators must be willing to refine approaches when specific policies are not working.
- It is critically important to develop strategies that can be revised and adapted depending on the level of viral transmission in the school and throughout the community and done with close communication with state and/or local public health authorities and recognizing the differences between school districts, including urban, suburban, and rural districts.
- Policies should be practical, feasible, and appropriate for child and adolescent's developmental stage.
- Special considerations and accommodations to account for the diversity of youth should be made, especially for our vulnerable populations, including those who are medically fragile, live in poverty, developmental challenges, or have special health care needs or disabilities, with the goal of safe return to school.
- No child or adolescent should be excluded from school unless required in order to adhere to local public health mandates or because of unique medical needs. Pediatricians, families, and schools should partner together to collaboratively identify and develop accommodations, when needed.
- School policies should be guided by supporting the overall health and well-being of all children, adolescents, their families, and their communities. These policies should be consistently communicated in languages other than English, if needed, based on the languages spoken in the community, to avoid marginalization of parents/guardians who are of limited English proficiency or do not speak English at all.

With the above principles in mind, **the AAP strongly advocates that all policy considerations for the coming school year should start with a goal of having students physically present in school**. The importance of in-person learning is well-documented, and there is already evidence of the negative impacts on children because of school closures in the spring of 2020. Lengthy time away from school and associated interruption of supportive services often results in social isolation, making it difficult for schools to identify and address important learning deficits as well as child and adolescent physical or sexual abuse, substance use, depression, and suicidal ideation. This, in turn, places children and adolescents at considerable risk of morbidity and, in some cases, mortality. Beyond the educational impact and social impact of school closures, there has been substantial impact on food security and physical activity for children and families

Policy makers must also consider the mounting evidence regarding COVID-19 in children and adolescents, including the role they may play in transmission of the infection. SARS-CoV-2 appears to behave differently in children and adolescents than other common respiratory viruses, such as influenza, on which much of the current guidance regarding school closures is based. Although children and adolescents play a major role in amplifying influenza outbreaks, to date, this does not appear to be the case with SARS-CoV-2. Although many questions remain, the preponderance of evidence indicates that children and adolescents are less likely to be symptomatic and less likely to have severe disease resulting from SARS-CoV-2 infection. In addition, children may be less likely to become infected and to spread infection. Policies to mitigate the spread of COVID-19 within schools must be balanced with the known harms to children, adolescents, families, and the community by keeping children at home.

Finally, policy makers should acknowledge that COVID-19 policies are intended to mitigate, not eliminate, risk. No single action or set of actions will completely eliminate the risk of SARS-CoV-2 transmission, but implementation of several coordinated interventions can greatly reduce that risk. For example, where physical distance cannot be maintained, students (over the age of 2 years) and staff can wear face coverings (when feasible). In the following sections, we review some general principles that policy makers should consider as they plan for the coming school year. For all of these, education for the entire school community regarding these measures should begin early, ideally at least several weeks before the start of the school year.

**Physical Distancing Measures:** Physical distancing, sometimes referred to as social distancing, is simply the act of keeping people separated with the goal of limiting spread of contagion between individuals. It is fundamental to lowering the risk of spread of SARS-CoV-2, as the primary mode of transmission is through respiratory droplets by persons in close proximity. There is a conflict between optimal academic and social/emotional learning in schools and strict adherence to current physical distancing guidelines. For example, the Centers for Disease Control and Prevention (CDC) recommends that schools "space seating/desks at least 6 feet apart when feasible." In many school settings, 6 feet between students is not feasible without limiting the number of students. Evidence suggests that spacing as close as 3 feet may approach the benefits of 6 feet of space, particularly if students are wearing face coverings and are asymptomatic. Schools should weigh the benefits of strict adherence to a 6-feet spacing rule between students with the potential downside if remote learning is the only alternative. Strict adherence to a specific size of student groups (eg, 10 per classroom, 15 per classroom, etc) should be discouraged in favor of other risk mitigation strategies.

Given what is known about transmission dynamics, adults and adult staff within schools should attempt to maintain a distance of 6 feet from other persons as much as possible, particularly around other adult staff. For all of the below settings, physical distancing by and among adults is strongly recommended, and meetings and curriculum planning should take place virtually if possible. In addition, other strategies to increase adult-adult physical distance in time and space should be implemented, such as staggered drop-offs and pickups, and drop-offs and pickups outside when weather allows. Parents should, in general, be discouraged from entering the school building. Physical barriers, such as plexiglass, should be considered in reception areas and employee workspaces where the environment does not accommodate physical distancing, and congregating in shared spaces, such as staff lounge areas, should be discouraged.

The recommendations in each of the age groups below are not instructional strategies but are strategies to optimize the return of students to schools in the context of physical distancing guidelines and the developmentally appropriate implementation of the strategies. Educational experts may have preference for one or another of the guidelines based on the instructional needs of the classes or schools in which they work.

Pre-Kindergarten (Pre-K): In Pre-K, the relative impact of physical distancing among children is likely small based on current evidence and certainly difficult to implement. Therefore, Pre-K should focus on more effective risk mitigation strategies for this population. These include hand hygiene, infection prevention education for staff and families, adult physical distancing from one another, adults wearing face coverings, cohorting, and spending time outdoors.

*Higher-priority strategies:*

- Cohort classes to minimize crossover among children and adults within the school; the exact size of the cohort may vary, often dependent on local or state health department guidance.
- Utilize outdoor spaces when possible.
- Limit unnecessary visitors into the building.

*Lower-priority strategies:*

- Face coverings (cloth) for children in the Pre-K setting may be difficult to implement.
- Reducing classmate interactions/play in Pre-K aged children may not provide substantial COVID-19 risk reduction.

Elementary Schools:

*Higher-priority strategies:*

- Children should wear face coverings when harms (eg, increasing hand-mouth/nose contact) do not outweigh benefits (potential COVID-19 risk reduction).
- Desks should be placed 3 to 6 feet apart when feasible (if this reduces the amount of time children are present in school, harm may outweigh potential benefits).
- Cohort classes to minimize crossover among children and adults within the school.
- Utilize outdoor spaces when possible.

*Lower-priority strategies:*

- The risk reduction of reducing class sizes in elementary school-aged children may be outweighed by the challenge of doing so.
- Similarly, reducing classmate interactions/play in elementary school-aged children may not provide enough COVID-19 risk reduction to justify potential harms.

Secondary Schools: There is likely a greater impact of physical distancing on risk reduction of COVID in secondary schools than early childhood or elementary education. There are also different barriers to successful implementation of many of these measures in older age groups, as the structure of school is usually based on students changing classrooms. Suggestions for physical distancing risk mitigation strategies when feasible:

- Universal face coverings in middle and high schools when not able to maintain a 6-foot distance (students and adults).
- Particular avoidance of close physical proximity in cases of increased exhalation (singing, exercise); these activities are likely safest outdoors and spread out.
- Desks should be placed 3 to 6 feet apart when feasible.

- Cohort classes if possible, limit cross-over of students and teachers to the extent possible.
  - Ideas that may assist with cohorting:
    - Block schedule (much like colleges, intensive 1-month blocks).
    - Eliminate use of lockers or assign them by cohort to reduce need for hallway use across multiple areas of the building. (This strategy would need to be done in conjunction with planning to ensure students are not carrying home an unreasonable number of books on a daily basis and may vary depending on other cohorting and instructional decisions schools are making.)
    - Have teachers rotate instead of students when feasible.
    - Utilize outdoor spaces when possible.
    - Teachers should maintain 6 feet from students when possible and if not disruptive to educational process.
    - Restructure elective offerings to allow small groups within one classroom. This may not be possible in a small classroom.

Special Education: Every child and adolescent with a disability is entitled to a free and appropriate education and is entitled to special education services based on their individualized education program (IEP). Students receiving special education services may be more negatively affected by distance-learning and may be disproportionately impacted by interruptions in regular education. It may not be feasible, depending on the needs of the individual child and adolescent, to adhere both to distancing guidelines and the criteria outlined in a specific IEP. Attempts to meet physical distancing guidelines should meet the needs of the individual child and may require creative solutions, often on a case-by-case basis.

Physical Distancing in Specific Enclosed Spaces:

Bussing

- Encourage alternative modes of transportation for students who have other options.
- Ideally, for students riding the bus, symptom screening would be performed prior to being dropped off at the bus. Having bus drivers or monitors perform these screenings is problematic, as they may face a situation in which a student screens positive yet the parent has left, and the driver would be faced with leaving the student alone or allowing the student on the bus.
- Assigned seating; if possible, assign seats by cohort (same students sit together each day).
- Tape marks showing students where to sit.
- When a 6-foot distance cannot be maintained between students, face coverings should be worn.
- Driver should be a minimum of 6 feet from students; driver must wear face covering; consider physical barrier for driver (eg, plexiglass).
- Minimize number of people on the bus at one time *within reason*.
- Adults who do not need to be on the bus should not be on the bus.
- Have windows open if weather allows.

Hallways

- Consider creating one-way hallways to reduce close contact.
- Place physical guides, such as tape, on floors or sidewalks to create one-way routes.
- Where feasible, keep students in the classroom and rotate teachers instead.

- Stagger class periods by cohorts for movement between classrooms if students must move between classrooms to limit the number of students in the hallway when changing classrooms.
- Assign lockers by cohort or eliminate lockers altogether.

<u>Playgrounds</u>

Enforcing physical distancing in an outside playground is difficult and may not be the most effective method of risk mitigation. Emphasis should be placed on cohorting students and limiting the size of groups participating in playground time. Outdoor transmission of virus is known to be much lower than indoor transmission.

<u>Meals/Cafeteria</u>

School meals play an important part in addressing food security for children and adolescents.  Decisions about how to serve meals must take into account the fact that in many communities there may be more students eligible for free and reduced meals than prior to the pandemic.

- Consider having students cohorted, potentially in their classrooms, especially if students remain in their classroom throughout the day.
- Create separate lunch periods to minimize the number of students in the cafeteria at one time.
- Utilize additional spaces for lunch/break times.
- Utilize outdoor spaces when possible.
- Create an environment that is as safe as possible from exposure to food allergens.
- Wash hands or use hand sanitizer before and after eating.

**Cleaning and Disinfection:** The main mode of COVID-19 spread is from person to person, primarily via droplet transmission. For this reason, strategies for infection prevention should center around this form of spread, including physical distancing, face coverings, and hand hygiene. Given the challenges that may exist in children and adolescents in effectively adhering to recommendations, it is critical staff are setting a good example for students by modeling behaviors around physical distancing, face coverings and hand hygiene. Infection via aerosols and fomites is less likely. However, because the virus may survive in certain surfaces for some time, it is possible to get infected after touching a virus contaminated surface and then touching the mouth, eyes, or nose. Frequent handwashing as a modality of containment is vital.

Cleaning should be performed per established protocols followed by disinfection when appropriate. Normal cleaning with soap and water decreases the viral load and optimizes the efficacy of disinfectants. When using disinfectants, the manufacturers' instructions must be followed, including duration of dwell time, use of personal protective equipment (PPE), if indicated, and proper ventilation. The use of EPA-approved disinfectants against COVID-19 is recommended (<u>EPA List N</u>). When possible, only products labeled as <u>safe for humans and the environment</u> (eg,  Safer or Designed for the Environment),  containing  active ingredients such as hydrogen peroxide, ethanol, citric acid, should be selected from this list, because they are less toxic, are not strong respiratory irritants or asthma triggers,  and have no known carcinogenic, reproductive, or developmental effects.

When EPA-approved disinfectants are not available, alternative disinfectants such as diluted bleach or 70% alcohol solutions can be used. Children should not be present when disinfectants are in use and should not participate in disinfecting activities. Most of these products are not safe for use by children, whose "hand-to-mouth" behaviors and frequent touching of their face and eyes put them at higher risk for toxic exposures. If

disinfection is needed while children are in the classroom, adequate ventilation should be in place and nonirritating products should be used. Disinfectants such as bleach and those containing quaternary ammonium compounds or "Quats" should not be used when children and adolescents are present, because these are known respiratory irritants.

In general, elimination of high-touch surfaces is preferable to frequent cleaning. For example, classroom doors can be left open rather than having students open the door when entering and leaving the classroom or the door can be closed once all students have entered followed by hand sanitizing. As part of increasing social distance between students and surfaces requiring regular cleaning, schools could also consider eliminating the use of lockers, particularly if they are located in shared spaces or hallways, making physical distancing more challenging. If schools decide to use this strategy, it should be done within the context of ensuring that students are not forced to transport unreasonable numbers of books back and forth from school on a regular basis.

When elimination is not possible, surfaces that are used frequently, such a drinking fountains, door handles, sinks and faucet handles, etc, should be cleaned and disinfected at least daily and as often as possible. Bathrooms, in particular, should receive frequent cleaning and disinfection. Shared equipment including computer equipment, keyboards, art supplies, and play or gym equipment should also be disinfected frequently. Hand washing should be promoted before and after touching shared equipment. Computer keyboard covers can be used to facilitate cleaning between users. Routine cleaning practices should be used for indoor areas that have not been used for 7 or more days or outdoor equipment. Surfaces that are not high touch, such as bookcases, cabinets, wall boards, or drapes should be cleaned following standard protocol. The same applies to floors or carpeted areas.

Outdoor playgrounds/natural play areas only need routine maintenance, and hand hygiene should be emphasized before and after use of these spaces. Outdoor play equipment with high-touch surfaces, such as railings, handles, etc, should be cleaned and disinfected regularly if used continuously.

UV light kills viruses and bacteria and is used in some controlled settings as a germicide. UV light-emitting devices should not be used in the school setting, because they are not safe for children and adults and can cause skin and eye damage.

**Testing and Screening:** Virologic testing is an important part of the overall public health strategy to limit the spread of COVID-19. Virologic testing detects the viral RNA from a respiratory (usually nasal) swab specimen. Testing all students for acute SARS-CoV-2 infection prior to the start of school is not feasible in most settings at this time. Even in places where this is possible, it is not clear that such testing would reduce the likelihood of spread within schools. It is important to recognize that virologic testing only shows whether a person is infected at that specific moment in time. It is also possible that the nasal swab virologic test result can be negative during the early incubation period of the infection. So, although a negative virologic test result is reassuring, it does not mean that the student or school staff member is not going to subsequently develop COVID-19. Stated another way, a student who is negative for COVID-19 on the first day of school may not remain negative throughout the school year.

If a student or school staff member has a known exposure to COVID-19 (eg, a household member with laboratory-confirmed SARS-CoV-2 infection or illness consistent with COVID-19) or has COVID-19 symptoms, having a negative virologic test result, according to CDC guidelines, may be warranted for local health authorities to make recommendations regarding contact tracing and/ or school exclusion or school closure.

The other type of testing is serologic blood testing for antibodies to SARS-CoV-2. At the current time, serologic testing should not be used for individual decision-making and has no place in considerations for entrance to or exclusion from school. CDC guidance regarding antibody testing for COVID-19 is that serologic test results should not be used to make decisions about grouping people residing in or being admitted to congregate settings, such as schools, dormitories, or correctional facilities. Additionally, serologic test results should not be used to make decisions about returning people to the workplace. The CDC states that serologic testing should not be used to determine immune status in individuals until the presence, durability, and duration of immunity is established. The AAP recommends this guidance be applied to school settings as well.

Schools should have a policy regarding symptom screening and what to do if a student or school staff member becomes sick with COVID-19 symptoms. Temperature checks and symptom screening are a frequent part of many reopening processes to identify symptomatic persons to exclude them from entering buildings and business establishments. The list of symptoms of COVID-19 infection has grown since the start of the pandemic and the manifestations of COVID-19 infection in children, although similar, is often not the same as that for adults. **School policies regarding temperature screening and temperature checks must balance the practicality of performing these screening procedures for large numbers of students and staff with the information known about how children manifest COVID-19 infection, the risk of transmission in schools, and the possible lost instructional time to conduct the screenings**. Schools should develop plans for rapid response to a student or staff member with fever who is in the school regardless of the implementation of temperature checks or symptom screening prior to entering the school building. In many cases, it will not be practical for temperature checks to be performed prior to students arriving at school. **Parents should be instructed to keep their child at home if they are ill.** Any student or staff member with a fever of 100.4 degrees or greater or symptoms of possible COVID-19 virus infection should not be present in school.

In lieu of temperature checks and symptom screening being performed after arrival to school, **methods to allow parent report of temperature checks done at home may be considered.** Resources and time may necessitate this strategy at most schools. The epidemiology of disease in children along with evidence of the utility of temperature screenings in health systems may further justify this approach. Procedures using texting apps, phone systems, or online reporting rely on parent report and may be most practical but possibly unreliable, depending on individual family's ability to use these communication processes, especially if not made available in their primary language. Although imperfect, these processes may be most practical and likely to identify the most ill children who should not be in school. School nurses or nurse aides should be equipped to measure temperatures for any student or staff member who may become ill during the school day and should have an identified area to separate or isolate students who may have COVID-19 symptoms.

COVID-19 infection manifests similarly to other respiratory illness in children. Although children manifest many of the same symptoms of COVID-19 infection as adults, some differences are noteworthy. According to the CDC, children may be less likely to have fever, may be less likely to present with fever as an initial symptom, and may have only gastrointestinal tract symptoms. A student or staff member excluded because of symptoms of COVID-19 should be encouraged to contact their health care provider to discuss testing and medical care. In the absence of testing, students or staff should follow local health department guidance for exclusion.

**Face Coverings and PPE:** Cloth face coverings protect others if the wearer is infected with SARS-CoV-2 and is not aware. Cloth masks may offer some level of protection for the wearer. Evidence continues to mount on the importance of universal face coverings in interrupting the spread of SARS-CoV-2. Although ideal, universal face covering use is not always possible in the school setting for many reasons. Some students, or staff, may be unable to safely wear a cloth face covering because of certain medical conditions (eg, developmental,

respiratory, tactile aversion, or other conditions) or may be uncomfortable, making the consistent use of cloth face coverings throughout the day challenging. For individuals who have difficulty with wearing a cloth face covering and it is not medically contraindicated to wear a face covering, behavior techniques and social skills stories (see resource section) can be used to assist in adapting to wearing a face covering. When developing policy regarding the use of cloth face coverings by students or school staff, school districts and health advisors should consider whether the use of cloth face coverings is developmentally appropriate and feasible and whether the policy can be instituted safely. If not developmentally feasible, which may be the case for younger students, and cannot be done safely (eg, the face covering makes wearers touch their face more than they otherwise would), schools may choose to not require their use when physical distancing measures can be effectively implemented. School staff and older students (middle or high school) may be able to wear cloth face coverings safely and consistently and should be encouraged to do so. Children under 2 years and anyone who has trouble breathing or is unconscious, incapacitated, or otherwise unable to remove a face covering without assistance should not wear cloth face coverings.

For certain populations, the use of cloth face coverings by teachers may impede the education process. These include students who are deaf or hard of hearing, students receiving speech/language services, young students in early education programs, and English-language learners. Although there are products (eg, face coverings with clear panels in the front) to facilitate their use among these populations, these may not be available in all settings.

Students and families should be taught how to properly wear (cover nose and mouth) a cloth face covering, to maintain hand hygiene when removing for meals and physical activity, and for replacing and maintaining (washing regularly) a cloth face covering.

School health staff should be provided with appropriate medical PPE to use in health suites. This PPE should include N95 masks, surgical masks, gloves, disposable gowns, and face shields or other eye protection. School health staff should be aware of the CDC guidance on infection control measures. Asthma treatments using inhalers with spacers are preferred over nebulizer treatments whenever possible. The CDC recommends that nebulizer treatments at school should be reserved for children who cannot use or do not have access to an inhaler (with spacer or spacer with mask). Schools should work with families and health care providers to assist with obtaining an inhaler for students with limited access. In addition, schools should work to develop and implement asthma action plans, which may include directly observed controller medication administration in schools to promote optimal asthma control. If required while waiting for a student to be picked up to go home or for emergency personnel to arrive, when using nebulizer or a peak flow meter, school health staff should wear gloves, an N95 facemask, and eye protection. Staff should be trained on proper donning and doffing procedures and follow the CDC guidance regarding precautions when performing aerosol-generating procedures. Nebulizer treatments should be performed in a space that limits exposure to others and with minimal staff present. Rooms should be well ventilated or treatments should be performed outside. After the use of the nebulizer, the room should undergo routine cleaning and disinfection.

School staff working with students who are unable to wear a cloth face covering and who must be in close proximity to them should ideally wear N95 masks. When access to N95 masks is limited, a surgical mask in combination with a face shield should be used. Face shields or other forms of eye protection should also be used when working with students unable to manage secretions.

**On-site School Based Health Services:** On-site school health services should be supported if available, to complement the pediatric medical home and to provide pediatric acute and chronic care. Collaboration

with school nurses will be essential, and school districts should involve School Health Services staff early in the planning phase for reopening and consider collaborative strategies that address and prioritize immunizations and other needed health services for students, including behavioral health and reproductive health services.

**Education:** The impacts of lost instructional time and social emotional development on children and adolescents should be anticipated, and schools will need to be prepared to adjust curricula and instructional practices accordingly without the expectation that all lost academic progress can be caught up. Plans to make up for lost academic progress because of school closures and distress associated with the pandemic should be balanced by a recognition of the likely continued distress of educators and students that will persist when schools reopen. If the academic expectations are unrealistic, school will likely become a source of further distress for students (and educators) at a time when they need additional support. It is also critical to maintain a balanced curriculum with continued physical education and other learning experiences rather than an exclusive emphasis on core subject areas.

**Students With Disabilities:** The impact of loss of instructional time and related services, including mental health services as well as occupational, physical, and speech/language therapy during the period of school closures is significant for students with disabilities. Students with disabilities may also have more difficulty with the social and emotional aspects of transitioning out of and back into the school setting. As schools prepare for reopening, school personnel should develop a plan to ensure a review of each child and adolescent with an IEP to determine the needs for compensatory education to adjust for lost instructional time as well as other related services. In addition, schools can expect a backlog in evaluations; therefore, plans to prioritize those for new referrals as opposed to re-evaluations will be important. Many school districts require adequate instructional effort before determining eligibility for special education services. However, virtual instruction or lack of instruction should not be reasons to avoid starting services such as response-to-intervention (RTI) services, even if a final eligibility determination is postponed.

**Behavioral Health/Emotional Support for Children and Adolescents:** Schools should anticipate and be prepared to address a wide range of mental health needs of children and staff when schools reopen. Preparation for infection control is vital and admittedly complex during an evolving pandemic. But the emotional impact of the pandemic, financial/employment concerns, social isolation, and growing concerns about systemic racial inequity — coupled with prolonged limited access to critical school-based mental health services and the support and assistance of school professionals — demands careful attention and planning as well. Schools should be prepared to adopt an approach for mental health support.

Schools should consider providing training to classroom teachers and other educators on how to talk to and support children during and after the COVID-19 pandemic. Students requiring mental health support should be referred to school mental health professionals.

Suicide is the second leading cause of death among adolescents or youth 10 to 24 years of age in the United States. In the event distance learning is needed, schools should develop mechanisms to evaluate youth remotely if concerns are voiced by educators or family members and should be establishing policies, including referral mechanisms for students believed to be in need of in-person evaluation, even before schools reopen.

School mental health professionals should be involved in shaping messages to students and families about the response to the pandemic. Fear-based messages widely used to encourage strict physical distancing may cause

problems when schools reopen, because the risk of exposure to COVID-19 may be mitigated but not eliminated.

When schools do reopen, plans should already be in place for outreach to students who do not return, given the high likelihood of separation anxiety and agoraphobia in students. Students may have difficulty with the social and emotional aspects of transitioning back into the school setting, especially given the unfamiliarity with the changed school environment and experience. Special considerations are warranted for students with pre-existing anxiety, depression, and other mental health conditions; children with a prior history of trauma or loss; and students in early education who may be particularly sensitive to disruptions in routine and caregivers. Students facing other challenges, such as poverty, food insecurity, and homelessness, and those subjected to ongoing racial inequities may benefit from additional support and assistance.

Schools need to incorporate academic accommodations and supports for all students who may still be having difficulty concentrating or learning new information because of stress associated with the pandemic. It is important that schools do not anticipate or attempt to catch up for lost academic time through accelerating curriculum delivery at a time when students and educators may find it difficult to even return to baseline rates. These expectations should be communicated to educators, students, and family members so that school does not become a source of further distress.

*Mental Health of Staff*

The personal impact on educators and other school staff should be recognized. In the same way that students are going to need support to effectively return to school and to be prepared to be ready to process the information they are being taught, teachers cannot be expected to be successful at teaching children without having their mental health needs supported. The strain on teachers this year as they have been asked to teach differently while they support their own needs and those of their families has been significant, and they will be bringing that stress back to school as schools reopen. Resources such as Employee Assistance Programs and other means to provide support and mental health services should be established prior to reopening. The individual needs and concerns of school professionals should be addressed with accommodations made as needed (eg, for a classroom educator who is pregnant, has a medical condition that confers a higher risk of serious illness with COVID-19, resides with a family member who is at higher risk, or has a mental health condition that compromises the ability to cope with the additional stress).

Although schools should be prepared to be agile to meet evolving needs and respond to increasing knowledge related to the pandemic and may need to institute partial or complete closures when the public health need requires, they should recognize that staff, students, and families will benefit from sufficient time to understand and adjust to changes in routine and practices. During a crisis, people benefit from clear and regular communication from a trusted source of information and the opportunity to dialogue about concerns and needs and feel they are able to contribute in some way to the decision-making process. Change is more difficult in the context of crisis and when predictability is already severely compromised.

**Food Insecurity:** In 2018, 11.8 million children and adolescents (1 in 7) in the United States lived in a food-insecure household. The coronavirus pandemic has led to increased unemployment and poverty for America's families, which in turn will likely increase even further the number of families who experience food insecurity. School re-entry planning must consider the many children and adolescents who experience food insecurity already (especially at-risk and low-income populations) and who will have limited access to routine meals through the school district if schools remain closed. The short- and long-term effects of food insecurity in children and adolescents are profound. **Plans should be made prior to the start of the school year for how**

**students participating in free- and reduced- meal programs will receive food in the event of a school closure or if they are excluded from school because of illness or SARS-CoV-2 infection.**

**Immunizations:** Existing school immunization requirements should be maintained and not deferred because of the current pandemic. In addition, although influenza vaccination is generally not required for school attendance, in the coming academic year, it should be highly encouraged for all students. School districts should consider requiring influenza vaccination for all staff members.

Pediatricians should work with schools and local public health authorities to promote childhood vaccination messaging well before the start of the school year. It is vital that all children receive recommend vaccinations on time and get caught up if they are behind as a result of the pandemic. The capacity of the health care system to support increased demand for vaccinations should be addressed through a multifaceted collaborative and coordinated approach among all child-serving agencies including schools.

**Organized Activities:** It is likely that sporting events, practices, and conditioning sessions will be limited in many locations. Preparticipation evaluations should be conducted in alignment with the AAP Preparticipation Physical Evaluation Monograph, 5th ed, and state and local guidance.

**Additional Information:**

- Guidance Related to Childcare During COVID-19
- Guidance on Providing Pediatric Well-Care During COVID-19
- List of latest AAP News articles on COVID-19
- *Pediatrics* COVID-19 Collection
- COVID-19 Advocacy Resources (Login required)
- Centers for Disease Control and Prevention: Considerations for Schools
- Centers for Disease Control and Prevention: School Decision Tree
- Centers for Disease Control and Prevention: Activities and Initiatives Supporting the COVID Response

**Resources:**

- Coalition to Support Grieving Students
- Using Social Stories to Support People with I/DD During the COVID-19 Emergency
- Social Stories for Young and Old on COVID-19

*Disclaimer:* The COVID-19 clinical interim guidance provided here has been updated based on current evidence and information available at the time of publishing. Guidance will be regularly reviewed with regards to the evolving nature of the pandemic and emerging evidence. All interim guidance will be presumed to expire in December 2020 unless otherwise specified.

**COVID-19 Planning Considerations: Guidance for School Re-entry**

**American Academy of Pediatrics, pub. June 26, 2020**

The purpose of this guidance is to support education, public health, local leadership, and pediatricians collaborating with schools in creating policies for school re-entry that foster the overall health of children, adolescents, staff, and communities and are based on available evidence. Schools are fundamental to child and adolescent development and well-being and provide our children and adolescents with academic instruction, social and emotional skills, safety, reliable nutrition, physical/speech and mental health therapy, and opportunities for physical activity, among other benefits. Beyond supporting the educational development of children and adolescents, schools play a critical role in addressing racial and social inequity. As such, it is critical to reflect on the differential impact SARS-CoV-2 and the associated school closures have had on different races, ethnic and vulnerable populations. These recommendations are provided acknowledging that our understanding of the SARS-CoV-2 pandemic is changing rapidly.

Any school re-entry policies should consider the following key principles:

- School policies must be flexible and nimble in responding to new information, and administrators must be willing to refine approaches when specific policies are not working.
- It is critically important to develop strategies that can be revised and adapted depending on the level of viral transmission in the school and throughout the community and done with close communication with state and/or local public health authorities and recognizing the differences between school districts, including urban, suburban, and rural districts.
- Policies should be practical, feasible, and appropriate for child and adolescent's developmental stage.
- Special considerations and accommodations to account for the diversity of youth should be made, especially for our vulnerable populations, including those who are medically fragile, live in poverty, developmental challenges, or have special health care needs or disabilities, with the goal of safe return to school.
- No child or adolescent should be excluded from school unless required in order to adhere to local public health mandates or because of unique medical needs. Pediatricians, families, and schools should partner together to collaboratively identify and develop accommodations, when needed.
- School policies should be guided by supporting the overall health and well-being of all children, adolescents, their families, and their communities. These policies should be consistently communicated in languages other than English, if needed, based on the languages spoken in the community, to avoid marginalization of parents/guardians who are of limited English proficiency or do not speak English at all.

With the above principles in mind, **the AAP strongly advocates that all policy considerations for the coming school year should start with a goal of having students physically present in school**. The importance of in-person learning is well-documented, and there is already evidence of the negative impacts on children because of school closures in the spring of 2020. Lengthy time away from school and associated interruption of supportive services often results in social isolation, making it difficult for schools to identify and address important learning deficits as well as child and adolescent physical or sexual abuse, substance use, depression, and suicidal ideation. This, in turn, places children and adolescents at considerable risk of morbidity and, in some cases, mortality. Beyond the educational impact and social impact of school closures, there has been substantial impact on food security and physical activity for children and families

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Policy makers must also consider the mounting evidence regarding COVID-19 in children and adolescents, including the role they may play in transmission of the infection. SARS-CoV-2 appears to behave differently in children and adolescents than other common respiratory viruses, such as influenza, on which much of the current guidance regarding school closures is based. Although children and adolescents play a major role in amplifying influenza outbreaks, to date, this does not appear to be the case with SARS-CoV-2. Although many questions remain, the preponderance of evidence indicates that children and adolescents are less likely to be symptomatic and less likely to have severe disease resulting from SARS-CoV-2 infection. In addition, children may be less likely to become infected and to spread infection. Policies to mitigate the spread of COVID-19 within schools must be balanced with the known harms to children, adolescents, families, and the community by keeping children at home.

Finally, policy makers should acknowledge that COVID-19 policies are intended to mitigate, not eliminate, risk. No single action or set of actions will completely eliminate the risk of SARS-CoV-2 transmission, but implementation of several coordinated interventions can greatly reduce that risk. For example, where physical distance cannot be maintained, students (over the age of 2 years) and staff can wear face coverings (when feasible). In the following sections, we review some general principles that policy makers should consider as they plan for the coming school year. For all of these, education for the entire school community regarding these measures should begin early, ideally at least several weeks before the start of the school year.

**Physical Distancing Measures:** Physical distancing, sometimes referred to as social distancing, is simply the act of keeping people separated with the goal of limiting spread of contagion between individuals. It is fundamental to lowering the risk of spread of SARS-CoV-2, as the primary mode of transmission is through respiratory droplets by persons in close proximity. There is a conflict between optimal academic and social/emotional learning in schools and strict adherence to current physical distancing guidelines. For example, the Centers for Disease Control and Prevention (CDC) recommends that schools "space seating/desks at least 6 feet apart when feasible." In many school settings, 6 feet between students is not feasible without limiting the number of students. Evidence suggests that spacing as close as 3 feet may approach the benefits of 6 feet of space, particularly if students are wearing face coverings and are asymptomatic. Schools should weigh the benefits of strict adherence to a 6-feet spacing rule between students with the potential downside if remote learning is the only alternative. Strict adherence to a specific size of student groups (eg, 10 per classroom, 15 per classroom, etc) should be discouraged in favor of other risk mitigation strategies.

Given what is known about transmission dynamics, adults and adult staff within schools should attempt to maintain a distance of 6 feet from other persons as much as possible, particularly around other adult staff. For all of the below settings, physical distancing by and among adults is strongly recommended, and meetings and curriculum planning should take place virtually if possible. In addition, other strategies to increase adult-adult physical distance in time and space should be implemented, such as staggered drop-offs and pickups, and drop-offs and pickups outside when weather allows. Parents should, in general, be discouraged from entering the school building. Physical barriers, such as plexiglass, should be considered in reception areas and employee workspaces where the environment does not accommodate physical distancing, and congregating in shared spaces, such as staff lounge areas, should be discouraged.

The recommendations in each of the age groups below are not instructional strategies but are strategies to optimize the return of students to schools in the context of physical distancing guidelines and the developmentally appropriate implementation of the strategies. Educational experts may have preference for one or another of the guidelines based on the instructional needs of the classes or schools in which they work.

Pre-Kindergarten (Pre-K): In Pre-K, the relative impact of physical distancing among children is likely small based on current evidence and certainly difficult to implement. Therefore, Pre-K should focus on more effective risk mitigation strategies for this population. These include hand hygiene, infection prevention education for staff and families, adult physical distancing from one another, adults wearing face coverings, cohorting, and spending time outdoors.

*Higher-priority strategies:*

- Cohort classes to minimize crossover among children and adults within the school; the exact size of the cohort may vary, often dependent on local or state health department guidance.
- Utilize outdoor spaces when possible.
- Limit unnecessary visitors into the building.

*Lower-priority strategies:*

- Face coverings (cloth) for children in the Pre-K setting may be difficult to implement.
- Reducing classmate interactions/play in Pre-K aged children may not provide substantial COVID-19 risk reduction.

Elementary Schools:

*Higher-priority strategies:*

- Children should wear face coverings when harms (eg, increasing hand-mouth/nose contact) do not outweigh benefits (potential COVID-19 risk reduction).
- Desks should be placed 3 to 6 feet apart when feasible (if this reduces the amount of time children are present in school, harm may outweigh potential benefits).
- Cohort classes to minimize crossover among children and adults within the school.
- Utilize outdoor spaces when possible.

*Lower-priority strategies:*

- The risk reduction of reducing class sizes in elementary school-aged children may be outweighed by the challenge of doing so.
- Similarly, reducing classmate interactions/play in elementary school-aged children may not provide enough COVID-19 risk reduction to justify potential harms.

Secondary Schools: There is likely a greater impact of physical distancing on risk reduction of COVID in secondary schools than early childhood or elementary education. There are also different barriers to successful implementation of many of these measures in older age groups, as the structure of school is usually based on students changing classrooms. Suggestions for physical distancing risk mitigation strategies when feasible:

- Universal face coverings in middle and high schools when not able to maintain a 6-foot distance (students and adults).
- Particular avoidance of close physical proximity in cases of increased exhalation (singing, exercise); these activities are likely safest outdoors and spread out.
- Desks should be placed 3 to 6 feet apart when feasible.

- Cohort classes if possible, limit cross-over of students and teachers to the extent possible.
  - Ideas that may assist with cohorting:
    - Block schedule (much like colleges, intensive 1-month blocks).
    - Eliminate use of lockers or assign them by cohort to reduce need for hallway use across multiple areas of the building. (This strategy would need to be done in conjunction with planning to ensure students are not carrying home an unreasonable number of books on a daily basis and may vary depending on other cohorting and instructional decisions schools are making.)
    - Have teachers rotate instead of students when feasible.
    - Utilize outdoor spaces when possible.
    - Teachers should maintain 6 feet from students when possible and if not disruptive to educational process.
    - Restructure elective offerings to allow small groups within one classroom. This may not be possible in a small classroom.

Special Education: Every child and adolescent with a disability is entitled to a free and appropriate education and is entitled to special education services based on their individualized education program (IEP). Students receiving special education services may be more negatively affected by distance-learning and may be disproportionately impacted by interruptions in regular education. It may not be feasible, depending on the needs of the individual child and adolescent, to adhere both to distancing guidelines and the criteria outlined in a specific IEP. Attempts to meet physical distancing guidelines should meet the needs of the individual child and may require creative solutions, often on a case-by-case basis.

Physical Distancing in Specific Enclosed Spaces:

Bussing

- Encourage alternative modes of transportation for students who have other options.
- Ideally, for students riding the bus, symptom screening would be performed prior to being dropped off at the bus. Having bus drivers or monitors perform these screenings is problematic, as they may face a situation in which a student screens positive yet the parent has left, and the driver would be faced with leaving the student alone or allowing the student on the bus.
- Assigned seating; if possible, assign seats by cohort (same students sit together each day).
- Tape marks showing students where to sit.
- When a 6-foot distance cannot be maintained between students, face coverings should be worn.
- Driver should be a minimum of 6 feet from students; driver must wear face covering; consider physical barrier for driver (eg, plexiglass).
- Minimize number of people on the bus at one time *within reason*.
- Adults who do not need to be on the bus should not be on the bus.
- Have windows open if weather allows.

Hallways

- Consider creating one-way hallways to reduce close contact.
- Place physical guides, such as tape, on floors or sidewalks to create one-way routes.
- Where feasible, keep students in the classroom and rotate teachers instead.

- Stagger class periods by cohorts for movement between classrooms if students must move between classrooms to limit the number of students in the hallway when changing classrooms.
- Assign lockers by cohort or eliminate lockers altogether.

Playgrounds

Enforcing physical distancing in an outside playground is difficult and may not be the most effective method of risk mitigation. Emphasis should be placed on cohorting students and limiting the size of groups participating in playground time. Outdoor transmission of virus is known to be much lower than indoor transmission.

Meals/Cafeteria

School meals play an important part in addressing food security for children and adolescents. Decisions about how to serve meals must take into account the fact that in many communities there may be more students eligible for free and reduced meals than prior to the pandemic.

- Consider having students cohorted, potentially in their classrooms, especially if students remain in their classroom throughout the day.
- Create separate lunch periods to minimize the number of students in the cafeteria at one time.
- Utilize additional spaces for lunch/break times.
- Utilize outdoor spaces when possible.
- Create an environment that is as safe as possible from exposure to food allergens.
- Wash hands or use hand sanitizer before and after eating.

**Cleaning and Disinfection:** The main mode of COVID-19 spread is from person to person, primarily via droplet transmission. For this reason, strategies for infection prevention should center around this form of spread, including physical distancing, face coverings, and hand hygiene. Given the challenges that may exist in children and adolescents in effectively adhering to recommendations, it is critical staff are setting a good example for students by modeling behaviors around physical distancing, face coverings and hand hygiene. Infection via aerosols and fomites is less likely. However, because the virus may survive in certain surfaces for some time, it is possible to get infected after touching a virus contaminated surface and then touching the mouth, eyes, or nose. Frequent handwashing as a modality of containment is vital.

Cleaning should be performed per established protocols followed by disinfection when appropriate. Normal cleaning with soap and water decreases the viral load and optimizes the efficacy of disinfectants. When using disinfectants, the manufacturers' instructions must be followed, including duration of dwell time, use of personal protective equipment (PPE), if indicated, and proper ventilation. The use of EPA-approved disinfectants against COVID-19 is recommended (EPA List N). When possible, only products labeled as safe for humans and the environment (eg, Safer or Designed for the Environment), containing active ingredients such as hydrogen peroxide, ethanol, citric acid, should be selected from this list, because they are less toxic, are not strong respiratory irritants or asthma triggers, and have no known carcinogenic, reproductive, or developmental effects.

When EPA-approved disinfectants are not available, alternative disinfectants such as diluted bleach or 70% alcohol solutions can be used. Children should not be present when disinfectants are in use and should not participate in disinfecting activities. Most of these products are not safe for use by children, whose "hand-to-mouth" behaviors and frequent touching of their face and eyes put them at higher risk for toxic exposures. If

disinfection is needed while children are in the classroom, adequate ventilation should be in place and nonirritating products should be used. Disinfectants such as bleach and those containing quaternary ammonium compounds or "Quats" should not be used when children and adolescents are present, because these are known respiratory irritants.

In general, elimination of high-touch surfaces is preferable to frequent cleaning. For example, classroom doors can be left open rather than having students open the door when entering and leaving the classroom or the door can be closed once all students have entered followed by hand sanitizing. As part of increasing social distance between students and surfaces requiring regular cleaning, schools could also consider eliminating the use of lockers, particularly if they are located in shared spaces or hallways, making physical distancing more challenging. If schools decide to use this strategy, it should be done within the context of ensuring that students are not forced to transport unreasonable numbers of books back and forth from school on a regular basis.

When elimination is not possible, surfaces that are used frequently, such a drinking fountains, door handles, sinks and faucet handles, etc, should be cleaned and disinfected at least daily and as often as possible. Bathrooms, in particular, should receive frequent cleaning and disinfection. Shared equipment including computer equipment, keyboards, art supplies, and play or gym equipment should also be disinfected frequently. Hand washing should be promoted before and after touching shared equipment. Computer keyboard covers can be used to facilitate cleaning between users. Routine cleaning practices should be used for indoor areas that have not been used for 7 or more days or outdoor equipment. Surfaces that are not high touch, such as bookcases, cabinets, wall boards, or drapes should be cleaned following standard protocol. The same applies to floors or carpeted areas.

Outdoor playgrounds/natural play areas only need routine maintenance, and hand hygiene should be emphasized before and after use of these spaces. Outdoor play equipment with high-touch surfaces, such as railings, handles, etc, should be cleaned and disinfected regularly if used continuously.

UV light kills viruses and bacteria and is used in some controlled settings as a germicide. UV light-emitting devices should not be used in the school setting, because they are not safe for children and adults and can cause skin and eye damage.

**Testing and Screening:** Virologic testing is an important part of the overall public health strategy to limit the spread of COVID-19. Virologic testing detects the viral RNA from a respiratory (usually nasal) swab specimen. Testing all students for acute SARS-CoV-2 infection prior to the start of school is not feasible in most settings at this time. Even in places where this is possible, it is not clear that such testing would reduce the likelihood of spread within schools. It is important to recognize that virologic testing only shows whether a person is infected at that specific moment in time. It is also possible that the nasal swab virologic test result can be negative during the early incubation period of the infection. So, although a negative virologic test result is reassuring, it does not mean that the student or school staff member is not going to subsequently develop COVID-19. Stated another way, a student who is negative for COVID-19 on the first day of school may not remain negative throughout the school year.

If a student or school staff member has a known exposure to COVID-19 (eg, a household member with laboratory-confirmed SARS-CoV-2 infection or illness consistent with COVID-19) or has COVID-19 symptoms, having a negative virologic test result, according to CDC guidelines, may be warranted for local health authorities to make recommendations regarding contact tracing and/ or school exclusion or school closure.

The other type of testing is serologic blood testing for antibodies to SARS-CoV-2. At the current time, serologic testing should not be used for individual decision-making and has no place in considerations for entrance to or exclusion from school. CDC guidance regarding antibody testing for COVID-19 is that serologic test results should not be used to make decisions about grouping people residing in or being admitted to congregate settings, such as schools, dormitories, or correctional facilities. Additionally, serologic test results should not be used to make decisions about returning people to the workplace. The CDC states that serologic testing should not be used to determine immune status in individuals until the presence, durability, and duration of immunity is established. The AAP recommends this guidance be applied to school settings as well.

Schools should have a policy regarding symptom screening and what to do if a student or school staff member becomes sick with COVID-19 symptoms. Temperature checks and symptom screening are a frequent part of many reopening processes to identify symptomatic persons to exclude them from entering buildings and business establishments. The list of symptoms of COVID-19 infection has grown since the start of the pandemic and the manifestations of COVID-19 infection in children, although similar, is often not the same as that for adults. **School policies regarding temperature screening and temperature checks must balance the practicality of performing these screening procedures for large numbers of students and staff with the information known about how children manifest COVID-19 infection, the risk of transmission in schools, and the possible lost instructional time to conduct the screenings**. Schools should develop plans for rapid response to a student or staff member with fever who is in the school regardless of the implementation of temperature checks or symptom screening prior to entering the school building. In many cases, it will not be practical for temperature checks to be performed prior to students arriving at school. **Parents should be instructed to keep their child at home if they are ill.** Any student or staff member with a fever of 100.4 degrees or greater or symptoms of possible COVID-19 virus infection should not be present in school.

In lieu of temperature checks and symptom screening being performed after arrival to school, **methods to allow parent report of temperature checks done at home may be considered.** Resources and time may necessitate this strategy at most schools. The epidemiology of disease in children along with evidence of the utility of temperature screenings in health systems may further justify this approach. Procedures using texting apps, phone systems, or online reporting rely on parent report and may be most practical but possibly unreliable, depending on individual family's ability to use these communication processes, especially if not made available in their primary language. Although imperfect, these processes may be most practical and likely to identify the most ill children who should not be in school. School nurses or nurse aides should be equipped to measure temperatures for any student or staff member who may become ill during the school day and should have an identified area to separate or isolate students who may have COVID-19 symptoms.

COVID-19 infection manifests similarly to other respiratory illness in children. Although children manifest many of the same symptoms of COVID-19 infection as adults, some differences are noteworthy. According to the CDC, children may be less likely to have fever, may be less likely to present with fever as an initial symptom, and may have only gastrointestinal tract symptoms. A student or staff member excluded because of symptoms of COVID-19 should be encouraged to contact their health care provider to discuss testing and medical care. In the absence of testing, students or staff should follow local health department guidance for exclusion.

**Face Coverings and PPE:** Cloth face coverings protect others if the wearer is infected with SARS-CoV-2 and is not aware. Cloth masks may offer some level of protection for the wearer. Evidence continues to mount on the importance of universal face coverings in interrupting the spread of SARS-CoV-2. Although ideal, universal face covering use is not always possible in the school setting for many reasons. Some students, or staff, may be unable to safely wear a cloth face covering because of certain medical conditions (eg, developmental,

respiratory, tactile aversion, or other conditions) or may be uncomfortable, making the consistent use of cloth face coverings throughout the day challenging. For individuals who have difficulty with wearing a cloth face covering and it is not medically contraindicated to wear a face covering, behavior techniques and social skills stories (see resource section) can be used to assist in adapting to wearing a face covering. When developing policy regarding the use of cloth face coverings by students or school staff, school districts and health advisors should consider whether the use of cloth face coverings is developmentally appropriate and feasible and whether the policy can be instituted safely. If not developmentally feasible, which may be the case for younger students, and cannot be done safely (eg, the face covering makes wearers touch their face more than they otherwise would), schools may choose to not require their use when physical distancing measures can be effectively implemented. School staff and older students (middle or high school) may be able to wear cloth face coverings safely and consistently and should be encouraged to do so. Children under 2 years and anyone who has trouble breathing or is unconscious, incapacitated, or otherwise unable to remove a face covering without assistance should not wear cloth face coverings.

For certain populations, the use of cloth face coverings by teachers may impede the education process. These include students who are deaf or hard of hearing, students receiving speech/language services, young students in early education programs, and English-language learners. Although there are products (eg, face coverings with clear panels in the front) to facilitate their use among these populations, these may not be available in all settings.

Students and families should be taught how to properly wear (cover nose and mouth) a cloth face covering, to maintain hand hygiene when removing for meals and physical activity, and for replacing and maintaining (washing regularly) a cloth face covering.

School health staff should be provided with appropriate medical PPE to use in health suites. This PPE should include N95 masks, surgical masks, gloves, disposable gowns, and face shields or other eye protection. School health staff should be aware of the CDC guidance on infection control measures. Asthma treatments using inhalers with spacers are preferred over nebulizer treatments whenever possible. The CDC recommends that nebulizer treatments at school should be reserved for children who cannot use or do not have access to an inhaler (with spacer or spacer with mask). Schools should work with families and health care providers to assist with obtaining an inhaler for students with limited access. In addition, schools should work to develop and implement asthma action plans, which may include directly observed controller medication administration in schools to promote optimal asthma control. If required while waiting for a student to be picked up to go home or for emergency personnel to arrive, when using nebulizer or a peak flow meter, school health staff should wear gloves, an N95 facemask, and eye protection. Staff should be trained on proper donning and doffing procedures and follow the CDC guidance regarding precautions when performing aerosol-generating procedures. Nebulizer treatments should be performed in a space that limits exposure to others and with minimal staff present. Rooms should be well ventilated or treatments should be performed outside. After the use of the nebulizer, the room should undergo routine cleaning and disinfection.

School staff working with students who are unable to wear a cloth face covering and who must be in close proximity to them should ideally wear N95 masks. When access to N95 masks is limited, a surgical mask in combination with a face shield should be used. Face shields or other forms of eye protection should also be used when working with students unable to manage secretions.

**On-site School Based Health Services:** On-site school health services should be supported if available, to complement the pediatric medical home and to provide pediatric acute and chronic care. Collaboration

with <u>school nurses</u> will be essential, and school districts should involve School Health Services staff early in the planning phase for reopening and consider collaborative strategies that address and prioritize immunizations and other needed health services for students, including behavioral health and reproductive health services.

**Education:** The impacts of lost instructional time and social emotional development on children and adolescents should be anticipated, and schools will need to be prepared to adjust curricula and instructional practices accordingly without the expectation that all lost academic progress can be caught up. Plans to make up for lost academic progress because of school closures and distress associated with the pandemic should be balanced by a recognition of the likely continued distress of educators and students that will persist when schools reopen. If the academic expectations are unrealistic, school will likely become a source of further distress for students (and educators) at a time when they need additional support. It is also critical to maintain a balanced curriculum with continued physical education and other learning experiences rather than an exclusive emphasis on core subject areas.

**Students With Disabilities:** The impact of loss of instructional time and related services, including mental health services as well as occupational, physical, and speech/language therapy during the period of school closures is significant for students with disabilities. Students with disabilities may also have more difficulty with the social and emotional aspects of transitioning out of and back into the school setting. As schools prepare for reopening, school personnel should develop a plan to ensure a review of each child and adolescent with an IEP to determine the needs for compensatory education to adjust for lost instructional time as well as other related services. In addition, schools can expect a backlog in evaluations; therefore, plans to prioritize those for new referrals as opposed to re-evaluations will be important. Many school districts require adequate instructional effort before determining eligibility for special education services. However, virtual instruction or lack of instruction should not be reasons to avoid starting services such as response-to-intervention (RTI) services, even if a final eligibility determination is postponed.

**<u>Behavioral Health/Emotional Support for Children and Adolescents</u>:** Schools should anticipate and be prepared to address a wide range of mental health needs of children and staff when schools reopen. Preparation for <u>infection control</u> is vital and admittedly complex during an evolving pandemic. But the emotional impact of the pandemic, financial/employment concerns, social isolation, and growing concerns about systemic racial inequity — coupled with prolonged limited access to critical school-based mental health services and the support and assistance of school professionals — demands careful attention and planning as well. Schools should be prepared to adopt an approach for mental health support.

Schools should consider providing training to classroom teachers and other educators on how to talk to and support children during and after the COVID-19 pandemic. Students requiring mental health support should be referred to school mental health professionals.

Suicide is the second leading cause of death among adolescents or youth 10 to 24 years of age in the United States. In the event distance learning is needed, schools should develop mechanisms to evaluate youth remotely if concerns are voiced by educators or family members and should be establishing policies, including referral mechanisms for students believed to be in need of in-person evaluation, even before schools reopen.

School mental health professionals should be involved in shaping messages to students and families about the response to the pandemic. Fear-based messages widely used to encourage strict physical distancing may cause

problems when schools reopen, because the risk of exposure to COVID-19 may be mitigated but not eliminated.

When schools do reopen, plans should already be in place for outreach to students who do not return, given the high likelihood of separation anxiety and agoraphobia in students. Students may have difficulty with the social and emotional aspects of transitioning back into the school setting, especially given the unfamiliarity with the changed school environment and experience. Special considerations are warranted for students with pre-existing anxiety, depression, and other mental health conditions; children with a prior history of trauma or loss; and students in early education who may be particularly sensitive to disruptions in routine and caregivers. Students facing other challenges, such as poverty, food insecurity, and homelessness, and those subjected to ongoing racial inequities may benefit from additional support and assistance.

Schools need to incorporate academic accommodations and supports for all students who may still be having difficulty concentrating or learning new information because of stress associated with the pandemic. It is important that schools do not anticipate or attempt to catch up for lost academic time through accelerating curriculum delivery at a time when students and educators may find it difficult to even return to baseline rates. These expectations should be communicated to educators, students, and family members so that school does not become a source of further distress.

*Mental Health of Staff*

The personal impact on educators and other school staff should be recognized. In the same way that students are going to need support to effectively return to school and to be prepared to be ready to process the information they are being taught, teachers cannot be expected to be successful at teaching children without having their mental health needs supported. The strain on teachers this year as they have been asked to teach differently while they support their own needs and those of their families has been significant, and they will be bringing that stress back to school as schools reopen. Resources such as Employee Assistance Programs and other means to provide support and mental health services should be established prior to reopening. The individual needs and concerns of school professionals should be addressed with accommodations made as needed (eg, for a classroom educator who is pregnant, has a medical condition that confers a higher risk of serious illness with COVID-19, resides with a family member who is at higher risk, or has a mental health condition that compromises the ability to cope with the additional stress).

Although schools should be prepared to be agile to meet evolving needs and respond to increasing knowledge related to the pandemic and may need to institute partial or complete closures when the public health need requires, they should recognize that staff, students, and families will benefit from sufficient time to understand and adjust to changes in routine and practices. During a crisis, people benefit from clear and regular communication from a trusted source of information and the opportunity to dialogue about concerns and needs and feel they are able to contribute in some way to the decision-making process. Change is more difficult in the context of crisis and when predictability is already severely compromised.

**Food Insecurity:** In 2018, 11.8 million children and adolescents (1 in 7) in the United States lived in a food-insecure household. The coronavirus pandemic has led to increased unemployment and poverty for America's families, which in turn will likely increase even further the number of families who experience food insecurity. School re-entry planning must consider the many children and adolescents who experience food insecurity already (especially at-risk and low-income populations) and who will have limited access to routine meals through the school district if schools remain closed. The short- and long-term effects of food insecurity in children and adolescents are profound. **Plans should be made prior to the start of the school year for how**

**students participating in free- and reduced- meal programs will receive food in the event of a school closure or if they are excluded from school because of illness or SARS-CoV-2 infection.**

**Immunizations:** Existing school immunization requirements should be maintained and not deferred because of the current pandemic. In addition, although influenza vaccination is generally not required for school attendance, in the coming academic year, it should be highly encouraged for all students. School districts should consider requiring influenza vaccination for all staff members.

Pediatricians should work with schools and local public health authorities to promote childhood vaccination messaging well before the start of the school year. It is vital that all children receive recommend vaccinations on time and get caught up if they are behind as a result of the pandemic. The capacity of the health care system to support increased demand for vaccinations should be addressed through a multifaceted collaborative and coordinated approach among all child-serving agencies including schools.

**Organized Activities:** It is likely that sporting events, practices, and conditioning sessions will be limited in many locations. Preparticipation evaluations should be conducted in alignment with the AAP Preparticipation Physical Evaluation Monograph, 5th ed, and state and local guidance.

**Additional Information:**

- Guidance Related to Childcare During COVID-19
- Guidance on Providing Pediatric Well-Care During COVID-19
- List of latest AAP News articles on COVID-19
- *Pediatrics* COVID-19 Collection
- COVID-19 Advocacy Resources (Login required)
- Centers for Disease Control and Prevention: Considerations for Schools
- Centers for Disease Control and Prevention: School Decision Tree
- Centers for Disease Control and Prevention: Activities and Initiatives Supporting the COVID Response

**Resources:**

- Coalition to Support Grieving Students
- Using Social Stories to Support People with I/DD During the COVID-19 Emergency
- Social Stories for Young and Old on COVID-19

*Disclaimer:* The COVID-19 clinical interim guidance provided here has been updated based on current evidence and information available at the time of publishing. Guidance will be regularly reviewed with regards to the evolving nature of the pandemic and emerging evidence. All interim guidance will be presumed to expire in December 2020 unless otherwise specified.

Chairman SABLAN. Well, thank you, Dr. O'Leary. Thank you, and thank you to all the witnesses for their statements. Under Committee Rule 8(a), we will now question witnesses under the five-minute rule.

I will be recognizing subcommittee members in seniority order. And, again, in order to ensure that the members' five-minute rule is adhered to, staff will be keeping track of time, and will use the chime signal when 1 minute is left and when time is up entirely. It will sound a short chime when there is 1 minute left, and a longer chime when time is up. You can miss the chime, the longer time. So please be attentive to the time and wrap up when your time is over.

Again, if any member experiences technical difficulties during the hearing, you should stay connected on the platform, make sure you are muted with the mute button highlighted in red, and use your phone to immediately call the Committee's IT Director, Ms. Sheila Havenner, whose number has been provided.

And as chairman, I recognize myself for five minutes. I have my first question for the president of PTA, Ms. Boggs.

Ms. Boggs, how many schools plan to implement rotating schedules where students who rotate daily, weekly, monthly, or on a quarterly basis? Public schools in my district also plan a staggered schedule under a partial reopening scenario. So how have families reacted to the idea of rotating school schedules, what is the status of parents from rotating schedules when they have children across different grade levels, what challenges can rotating schedules present for parents who are essential or onsite workers, or families who have multiple children in schools across different grade levels?

Ms. BOGGS. Thank you. As I visited with all of the State presidents across our Nation, it was evident that every school is implementing a different plan, and it should be locally based [inaudible] within the community. There is no one way for everyone to do it the same. I think it is important that the school districts have conversations with their parents and their students and their educators to find the best plan, whether that should be in person, remotely, or hybrid. I think it is going to change, even if you heard Dr. Hinojosa from Texas [inaudible] in our State. [Inaudible] see for all others. How do parents feel about that? Well, they are concerned. You know, we had an online forum with infectious disease doctors, 72 percent of the parents were not sure about the safety of schools. So it is important when we talk about funding that everyone understand we need to really fund our schools appropriately to help them address the virus.

It is a lot of, I get it, of money being asked for. But we are at war with a disease that is infecting this entire country. And the future is at risk because our students are the foundation for our Nation. They need to be protected as well as the educators that are giving them the tools to be successful.

So when you talk about challenges, what we have seen and what we have heard from everyone on your panel, is that distance learning is not the best way. All parents, not one, wants their, schools to be reopened and their children to be at school. So it is really important that everyone understands parents are not against going back in-person. They are just worried about the safety of their students and of their children, and of the educators as well, this is an essential business for our Nation. We need to carefully fund it and enact the right resources for everyone to be successful.

And that is why you saw PTA with the [inaudible] ask that we are asking for. It is important no matter what you do, remotely or hybrid, you are going to need to. We ask that you do that as Congress.

Chairman SABLAN. All right. Thank you. And before I forget, I will seek unanimous consent to enter into the record, a short presentation submitted by Dr. Bobby Cruz, of the Director of Instructional Technology of the North Marianas American Public School System.

Chairman SABLAN. Dr.—Ms. Boggs, again, for among parents, was there a preferred rotating schedule where there is half day, 2 days a week, A, B, C schedule, or a day a week?

Ms. BOGGS. We know—we didn't see a clear path for—every parent is different as every community is different. So I think, really, the best option for you and Congress is to think about giving local control, giving them the resources to be successful. If you ask them their first choice, it is for their children to be in school, but then again, safety is of utmost importance.

Chairman SABLAN. All right. So the National School Board of Education would not work. I mean, one size does not fit all, I think.

My time is up, and I will submit, I have questions for the record.

So at this time, I recognize the ranking member, Mr. Allen, for his five minutes of questioning. Thank you.

Mr. ALLEN. Thank you, Mr. Chairman.

Dr. Schwinn, I want to thank you for being here today to talk about this critical topic. You know, I believe that every family has a right to educational options. And, particularly, this fall, I think that the one thing that we might benefit from in this terrible pandemic we have been through is, I am seeing remarkable parental engagement in children's education now. And I am seeing that the parents are seeing our education system a lot different. And I think they are going to be demanding options in the future. But obviously, every child is different. I have surveyed my grandchildren. And I have surveyed their parents. And, you know, one says, well, you know, I—you know, like she can learn how to distance learn, but she has got to be in school. And so every child is different.

And I think that, again, you know, the problem with Congress is there has been this one-size-fits-all, this is what you got to do. What I hear from educators across the country is they don't have any flexibility when they get the funding, because every school district is different.

In your testimony, you discussed the choices you have had to make in Tennessee around physically reopening the schools. Have you looked at what is at stake if you don't set a goal of in-person learning to give parents that option this fall?

Ms. SCHWINN. Yes, sir. And thank you so much for the question. I think Tennessee is a great example of a State that has urban, suburban, rural communities. All have different needs and challenges, and that is why we think that parent choices are so important about what is best for their own child. We are thinking about the risks and consequences of not reopening schools, and that having that choice available, we looked at our data and projected out the significant learning loss for students.

I think many of you remember we had tornados before the pandemic, so some of our students had been out of school for 6 months or longer. We know we are going to have learning loss. That affects our most vulnerable population more than anyone else, and especially when we think about our early learners. We have looked at our child development statistics. We have worked closely across State agencies around that and have noted that more of our vulnerable populations are at risk, and they rely on schools for services.

It is logistically very difficult to provide those services of children that are not in school. And so some of the things that we are think-

ing about are how do we get rules schools to open in safe way, and provide resources so that families have those options that are so critically important for their children.

Mr. ALLEN. Thank you. Well, I know you and I both care about students, and—and we care about their health and welfare. But we also have to look at the economy, and I don't think those these two things are mutually exclusive.

In fact, this Congress is spending an enormous amount of money to try to deal with this pandemic. I don't think that is going to be good for our children. I think it is going to affect generations and generations and generations of our children because of this huge debt that we are building in this government, and it does not seem like there is going to be an end. And I don't think it is—I know it is not sustainable.

But American families are struggling, because of COVID–19, and they are concerned about their children's future. It seems clear to me that the primary way we can help struggling families now is by working to reopen schools. In other words, in our rural communities, we have got to reopen schools. I don't think we have a choice. W are already reopening businesses, and businesses are doing incredible, innovative work to make sure that we keep—one is our food supply, if you can believe it. I mean, we had some challenges with that.

But I recognize that reopening schools presents a lot of challenges, and there is so much we still don't know about this virus. Can you discuss the unique challenges to—that you have tackled in reopening the schools in Tennessee, and how can what you have been able to do help those schools across this country? I think we need idea sharing, although every community is different. But what are some things you have implemented you would like to share with us?

Ms. SCHWINN. Absolutely. So, briefly, we have done a lot with academics. We will have an online academic system with video lessons. We have offered free PD for teachers and principals over 18,000 teachers and over half the principals in the State have PDs ready to go back. Governor Lee has appropriated funds for face masks, gloves, disinfecting wipes, et cetera, for every single classroom in the State. So we have done a lot to make sure schools are safe and people are ready and will continue to do that.

Mr. ALLEN. Thank you very much, and I yield back. Thank you, Mr. Chairman. That alarm is obnoxious, if I can say that.

Mrs. FOXX. Mr. Chairman, could they ring it five or six times and then stop because it makes difficult to hear the witness. I mean—

Mr. ALLEN. Maybe one time.

Chairman SABLAN. Well, I think the clock is when it rings it stops. I mean, witnesses try their best to stay, they are actually stay within the five minutes. I just—I don't control the clock. I have got a cheap Casio, you know, I can't depend on it. It is actually brand new, too, because I broke my—

Anyway, next up is Mrs. Hayes, our national teacher of the year, you have five minutes.

Mrs. HAYES. Thank you to everyone for being here today. I think we all want schools to reopen and to go back to normal, but I think reality is that no one can say with absolute certainty that we can

do that safely, not governors, not commissioners, not the Secretary of Education, not the President, not this committee. So I think we have to explore every available option and every precaution to keep students and faculty safe.

My question is for Dr. O'Leary. I have talked to many in my district about plans that they have for reopening, and I am concerned because none of those plans involve testing. Do you believe that States and districts should be responsible for ensuring that individuals in schools have access to testing if they request it or if that is needed?

Dr. O'LEARY. Thank you for that question. It is an incredibly complicated issue right now. You know, I wish we had more testing capacity in the U.S., that would greatly help matters right now. But, you know, like many of you are discussing, as I am sure you are well aware, they are very contextual down to the district and even down to the school level. And so I know that schools across the country are asking that same question, how are we going to get testing done?

So just to point out, I don't believe all students before attending school, that doesn't appear to be a good approach, because if you are positive—or if negative one day, then you are going to be negative the next day. So testing asymptomatic students and the staff, I think, is really not in the cards at this point, given the testing capacity.

In terms of testing symptomatic students, yes, we absolutely have to have plans in place for how to do that safely. You know, as we approach the school year, and inevitably some other respiratory viruses [that] mimic COVID–19 are going to circulate, we need to have plans in place on how we handle that. And to get those tested with a turnaround time that is reasonable, turnaround times really don't help you right now.

So if you have seven—waiting seven days for a test, that doesn't help, and that is going to exclude students for longer than is necessary. Most of them are actually not going to have COVID–19.

So I absolutely 100 percent agree with you that we need to come up with a good plan for testing, but it is going to be contextual at this point, even down to the school district.

Mrs. HAYES. Thank you, because what I have heard—I guess my granular question on that regard is, if you have a faculty member, a student or someone who says I feel symptomatic, can I be tested? So I understand that we can't do a universal testing plan, but no one has been able to answer to me if a staff member comes in and they say, I am feeling symptomatic, most of the responses that I have gotten is that they would have to seek some type of community-based testing or figure it out on their own.

There is a national poll of school principals that found that many principals are concerned over the safety of their staff, especially those who are older or immuno-compromised.

Dr. Hinojosa, do you have a plan to address the concerns of our most vulnerable staff members?

Mr. HINOJOSA. Yes, absolutely. Thank you for—

Mrs. HAYES. I mean, not just teachers, everyone in the building. Cafeteria workers, vendors, everyone who is in and out of our educational spaces.

Mr. HINOJOSA. No, absolutely, we have a form we distribute to all of our employees to give us specific information on their health conditions, and we will handle those on a case-by-case basis. What you described is an issue we faced this summer, as we were trying to distribute food, half a million meals a week to our employees [students]—we had difficulty finding enough employees to come and distribute the meals. That is why we went to one day a week to distribute meals and technology to all of our students.

So we do have a plan, we ask them to identify, and then we will work with them individually on how we execute this. But I concur with the [inaudible] on that because communicated that very same feeling to us locally here in this district.

Mrs. HAYES. Thank you.

I have also heard from leaders that they are afraid that this situation may lead to a shortage of full-time teachers and substitute teachers. I think there is a population that we haven't really talked about. How would this potential shortage in the teacher workforce affect students with disabilities?

Dr. Hinojosa?

Mr. HINOJOSA. Yeah. Students with disabilities is probably our biggest concern right now, because, actually, many of them, especially medically fragile students, the teachers need to get very close to them. And if they already have a medical condition, this is going to exacerbate the shortage area.

We have a shortage of bilingual and special ed teachers. So this situation is not going to help, and it will make it more difficult to hire qualified employees in these positions.

Mrs. HAYES. Thank you.

My time is about to expire, but, Dr. Schwinn, I have just one question. Can anything that you have talked about or any of the interventions that you have discussed happen without government or federal resources and support, yes or no?

Ms. SCHWINN. We will appreciate any resources that will help us open schools safely.

Mrs. HAYES. Can you do it without it?

Ms. SCHWINN. We will—

Mrs. HAYES. Yes or no?

Ms. SCHWINN. Those resources will be incredibly helpful to schools.

Mrs. HAYES. Yes or no?

Ms. SCHWINN. That is the answer. Tennessee is doing great work to make sure we can reopen our schools safely.

Mrs. HAYES. Thank you.

Chairman SABLAN. Thank you very much, Mrs. Hayes.

I would now like to recognize the full committee ranking member, Dr. Foxx, for five minutes, please.

Mrs. FOXX. Thank you, Mr. Chairman.

And I want to thank all of our witnesses for participating in the hearing today, and particularly to Dr. Schwinn for being here in the committee room.

Thank you for the work you and your schools have done in Tennessee to serve the students since the outbreak and for coming here today to discuss the ways we can help students get the education they need in the upcoming year.

In many ways, the best way to do so is in person. Despite commendable efforts by educators, students, and families during the unexpected months of remote learning, it is clear that for many students the greatest chance for success is that in-person instruction in the classroom.

Can you describe the advantages of having students in person this fall?

Ms. SCHWINN. Absolutely, and thank you for that question.

I think that it is critical that we have opportunities for students to be in person. I have two young daughters myself. Both are in third grade, and one is in kindergarten. And so thinking about, for our very young learners, the need to learn to read, that is very difficult to do remotely.

We also know that many of our students rely on services like special education. To go to a previous question, Tennessee is looking at innovative options like having 200 teachers get endorsements for special education at the cost to the State so we can provide those resources in schools.

But when we think about what schools provide—healthcare, counseling services, et cetera—that can be done in schools, and schools being reopened is incredibly important for those.

Mrs. FOXX. Well, it sounds to me like you are focusing on students, and that is something that needs to be done. I have said for years, schools are basically focused on administrators and teachers and their convenience, not for focusing on students. So thank you for that.

Again, the focus is often on the obstacles, but I believe we can find ways to overcome these challenges just in the two examples you gave. Prior to March 2020, one might have said that transitioning all classes online was inconceivable, but many schools accomplished this feat swiftly.

So, Dr. Schwinn, what makes you so confident that it is, in fact, possible to reopen schools safely in person this fall? What evidence do you have to support your decision?

Ms. SCHWINN. I appreciate that question, and I think it is a great opportunity to talk about how adults can support children.

So, in the State of Tennessee, our State legislature, our Governor—and we have a history of Governors who have committed to education in the State. We have not reduced State funding to public schools in the State of Tennessee. Governor Lee has allocated millions of dollars for technology, safety equipment, resources, health and sanitation equipment for schools.

All of that is so that our schools can reopen, because we understand how important it is for our families and for our children. We also know how important it is for our staff, teachers as well as support staff and district staff. We are getting them what they need so that they can do the really hard work about educating our students. And we know that has got to be the priority.

Mrs. FOXX. Thank you again.

Dr. Schwinn, much has been learned over the past several months about the coronavirus and its consequences for education. In addition to the research that provides new insights into the risk of COVID–19, particularly to young people, there is also more information available about the effectiveness of education in a remote

environment. How does this information and research inform your plans for safely reopening schools this fall?

Ms. SCHWINN. Sure. And as a mom of two children who is doing the same balance as many families, understanding how difficult it is to both do your job and then certainly to support learning at home, and I think we have heard that from parents across the country.

Look, our teachers have been working incredibly hard, our principals and our superintendents have been working incredibly hard to do what they could in a remote environment, but nothing replaces the relationship and quality of instruction that happens between a teacher and his or her children in the classroom. We know that is where this really wonderful learning takes place.

And so our efforts and supports have been certainly to provide remote options for those staff and students who need them, but knowing that the most high-quality education happens in the classroom for students at all levels but particularly those who are most vulnerable and in our youngest grades.

Mrs. FOXX. Well, again, thank you. Thank you for what Tennessee is doing. Thank you for your leadership.

I am so incredibly impressed to hear your emphasis on the students. I believe that, in many cases, that is being lost in this discussion about not reopening schools, and that is, what are the needs of the individual students? My colleagues on the other side of the aisle continually talk about the need for the personal approach to all students. We need to keep that in mind in all the decisions we make.

Thank you, Mr. Chairman. I yield back.

Chairman SABLAN. Thank you very much, Ms. Foxx.

I now recognize Ms. Schrier for five minutes, please.

Ms. SCHRIER. Thank you, Mr. Chairman.

And thank you to all of our witnesses. I very much appreciate this testimony.

And I want to tell you that I am speaking from the standpoint of being a pediatrician, so there is no question that I have the students' best interests in mind. I am also speaking to you as a parent with type 1 diabetes, and so I have the interests of other parents with preexisting conditions or grandparents at home in mind. And I am speaking to you as the daughter of a teacher. So I am looking at all of these things.

And I would just remind my colleagues on the other side of the aisle that you can't open schools without adults and also that kids don't live in a vacuum. We do know that kids are better served in school. I experienced remote education with my son, and, frankly, it was pretty lousy. And so we all want our children back in school. We know it is better for them academically, socially—we know kids who need nutrition and childcare through schools need to be there.

But we also know that other countries wisely have not opened while rates are surging, because that essentially dooms this process to failure. We also know now that kids 10 and up seem to spread this just as readily as adults, putting families in danger. And so, while we know that children are less affected and tend to remain either asymptomatic or mildly symptomatic, they don't live in a vacuum.

And what this seems to come down to for me is really the level of community spread. Because if there are high levels in the community, there will be high levels in the school, and you will end up closing and quarantining an awful lot.

And so my first question is for Dr. O'Leary, which is just: Is there a number, either developed by States or, gosh, it would be really nice to have a national number, that just says, hey, if levels are below some number, 1 in 100,000, 1 in 10,000, then it is considered a safe incidence or safe prevalence to open our schools? Or is that based on the R0?

And, as you are answering that question, would it be helpful to have that information from the CDC, since different communities have different levels of disease and different R0s?

Dr. O'LEARY. Thank you for that question, Representative Schrier. Can you hear me okay?

Ms. SCHRIER. Yes.

Dr. O'LEARY. So the R0, the reproductive number, is one measure that a lot of folks are using to help make these determinations. It is an incredibly complicated calculus. Each—it is done at the local level, the State level, and States are tracking their numbers differently, in different ways. They have different benchmarks for how they are making these decisions, and they are complicated.

So, again, R0 is one number, but other numbers include, as you point out, the incidence of disease, the rate of rise of the disease, the percentage of positive tests, the number of hospitalizations in a community. There are quite a few metrics that people are using.

I know CDC is also working on, you know, what are the best ways to make these decisions, but it is really a complicated discussion between CDC, local, and State public health, as well as the schools and the educators, because, again, it is very contextual.

Ms. SCHRIER. Thank you. It seems to me it would be helpful to have that number. And it is nice to hear that the CDC is working on it, to have that. Because I think it would inform the administration, as well, that we know that different communities, different school districts are in different situations, and just to blanketly say all schools should open is just irresponsible. And so that kind of data would be very helpful.

My next question is for Dr. Hinojosa, which is about remote learning. And, like I said, our experience with that was very substandard. Are there other methods, perhaps through TV, anything else that could bridge the digital divide? Because we just can't get broadband to every child, and they can't do their homework in a car.

Mr. HINOJOSA. Yeah, I do want to acknowledge public broadcasting systems in many cities, including L.A. and Dallas and other places, where they have a contract, a contract agreement with us where we actually provide some television opportunities for teachers, for students and families.

But we also need to do better on learning at home 2.O. Number 1.0, we just put things together. Right now, we are training our teachers on the tools and the content, and both of those are very important. That is why buying a little bit more time will help us do a better job to have quality instruction.

So thank you for the question, Representative.

Ms. SCHRIER. And are there some super-smart teachers out there who are really good with online instruction who could basically spoonfeed this to all the school districts out there so each teacher isn't inventing the wheel on their own?

Mr. HINOJOSA. Yeah, we are actually studying that right now. We have a differentiation of our most effective teachers, and now we want to know which ones are most effective in this context. And so we are trying to do that assessment ourselves.

Chairman SABLAN. Thank you, Ms. Schrier.

Ms. SCHRIER. Thank you.

Chairman SABLAN. Thank you very much.

Mr. Thompson, you have five minutes.

Mr. THOMPSON. Mr. Chairman, thank you. Appreciate it.

Thank you to all members of the panel on this very timely and incredibly important discussion.

Dr. Schwinn, you know, I—first of all, I just want to say thank you publicly to all the life-essential employees that are out there. That is kind of a term that has taken on a new meaning in this pandemic. But thank you to the folks who show up to work each and every day, of different ages and diversity, in grocery stores, convenience stores, manufacturing, making the personal protective equipment, the other things that we deem as being needed, our first responders, our healthcare providers.

And so—I want to see, do you think that teachers fall into that category as life-essential? And, I guess, why or why not?

Ms. SCHWINN. Thank you for that question.

And I come proudly from a family of teachers, many of whom are starting school this year. And so, when I think about what is critically important to the foundation of our country, public schools are part of that. It is the fabric of who we are and how we educate our children.

And so, certainly, when we think about the impacts of children going to school and being able to live whatever lives they choose, when we think about how families rely on schools, and certainly when we think about opening up our economy so that families can get back to work, we need to be able to provide those options to all of our parents, whether they choose to educate their children remotely or choose to send their kids to school, that option is available. And so I think it is critically important we provide those.

Mr. THOMPSON. Yeah, no, I would agree. I am a big fan of teachers. I think they are life-essential. It is the immediate, intermediate, and long-term educational benefits, the mandatory reporter role. A lot of these kids are sheltering at home with distance learning with their abusers, unfortunately. It is being able to get access to the nutrition that they need.

So I would encourage—I think our school districts need flexibility. And the CDC guidelines specify that and talk about cohorting, talk about different suggestions, just guidance. As a recovering school board member, I found that very helpful and meaningful, as I read and digested that. And I think they need the flexibility to be able to perform their function as life-essential employees.

I am really appreciative of the things I have heard about students with disabilities. I think that those students in particular are

very vulnerable, and it is very, very difficult, and we need to figure out a better hybrid. Distance learning just I don't think is working for those students, and they are really at risk.

You know, a student that I haven't heard talked about but I am—obviously, the chairman knows I am pretty passionate about career and technical education. Career and technical education is actually preparing our future life-essential employees. The people that I named off here are kind of career and technical education fields.

And, really, our school districts need to take a look at keeping that in mind, because those are hands-on. And when these kids graduate, they are going to be life-essential employees during the next pandemic. Unfortunately, these things travel at the speed of jet airplanes, in hours and days, not months and years anymore. And so to cheat, really to short them in their education so that they are not prepared with the skills to be able to go into the workforce to be there to provide for us in the future.

So any thoughts in terms of how we could do a better job for those students that are in career and technical education tracks?

Ms. SCHWINN. I appreciate the question, especially in this room. And we have our CTE Week this week, actually. And so I think about Gibson County; I think about Kingsport city; I think about Clarksville, Montgomery. These are districts in Tennessee who are tackling those problems.

And one of the things that has come from our superintendent is, how can the State fund curriculum that can be used whether the student is in school or in a remote environment and going back and forth? Because we know classrooms may need to close throughout the year. So the State is looking to invest in those types of remote-to-classroom opportunities for students.

And we are partnering—and, again, cross-agency support is critical—partnering with other State agencies, working closely together, under Governor Lee's administration, so that our workforce development group can support our schools to still provide those opportunities.

Mr. THOMPSON. Yeah. And within months, hopefully, or hopefully maybe weeks after these students graduate from these career and technical education programs, some of them will be going to work still in the middle of this pandemic. So we need to figure out how we do in classroom, whether it is—whatever the skills are, whatever that area, so they can do that safely as a future life-essential employee.

So I would argue that, you know, distance learning and modules that are—you know, they need to be in those settings, because they are going to be working in those settings. And education is a lot more than probably just a diploma; it is about, really, preparation to work and survive and succeed in the world that we live in.

Chairman SABLAN. Thank you.

Mr. THOMPSON. Chairman, thank you.

Chairman SABLAN. Thank you, Mr. Thompson.

Without losing her place on the question list, I will pass on Ms. Shalala at this time and recognize Mrs. Davis for five minutes.

Mrs. DAVIS. Thank you, Mr. Chairman.

And thank you to all of you who are present with us but also very active in this discussion. We appreciate that greatly.

I wanted to turn to Dr. O'Leary, because, Dr. O'Leary, I know that your testimony suggests that schools that are forced to delay in-person openings need more resources, not less. And yet the proposals that we are hearing seem to suggest that, if schools are not able to be do that because there is a fire raging in their community, the virus, that they should be not given any resources in order to fund them.

So, Dr. O'Leary, what do you think about that proposal?

Dr. O'LEARY. Yeah. Thank you for that question.

I think, just to put it in context, you know, imagine a community where there is a lot of virus circulating and you have, you know, lots of different people getting infected. It is inevitable that the virus—oh.

Sorry. I think I might have a bandwidth issue.

But it is inevitable that the virus is going to get into the schools, and the schools are going to have to shut down. It doesn't make sense where there is widespread community circulation to open schools, no matter how many mitigation measures are in place, to withhold funding from those districts because they can't open. They really can't open in that circumstance, and those decisions need to be made with local and State public health.

Mrs. DAVIS. Uh-huh. Thank you.

One of the issues that has been raised—and I know, Dr. Schwinn, you probably relate to this as well—is you need to have the connectivity for students to be able to even have a fighting chance to be able to not keep continuing to fall back. And we know for all children that they did.

You were not willing to really answer my colleague's question about whether schools need more resources. But, I mean, if you were asked, along with other education commissioners throughout the country, if you wanted more resources, if you felt it would help the children in your State, what would you say? Would you say, "No, don't worry, I am okay, I don't need anything"?

Ms. SCHWINN. I would say, absolutely, we want more resources to open schools. What I don't want to say is that we will make decisions for 147 very unique districts and counties simply by waiting for the federal government.

Tennessee will protect our own, and we will certainly allow our superintendents to make decisions that are right for their own communities. But, certainly, we welcome and need additional resources to do so with complete safety in mind.

Mrs. DAVIS. Yeah.

Dr. Hinojosa, could you respond as well, as the Dallas superintendent? Because I know that you certainly are in a position, as the superintendent, to see that the city of Dallas itself has lost, what, nearly $33 million in tax revenue in 2020. And that impacts the schools; am I correct?

Mr. HINOJOSA. Yes, absolutely. Well, it impacts us significantly. Sales taxes are down in the State of Texas. All revenues are down in the State of Texas. So we are going to hit this big wall, and if we don't have the resources—but, more importantly, back to your original question about Operation Connectivity, we have even

asked the FCC to relax some of their requirements so that we could use some of the resources at the FCC so we could actually use them to knock down the front door and have families access connectivity.

So, yes, we definitely need additional resources. And if you think about high-poverty States with Title I and special ed dollars, IDEA dollars, those are well within the federal government's purview, and those would be extremely welcome during this time. And we know that—

Mrs. DAVIS. Would you like to see—I guess Dr. Hinojosa, would like to see Congress then address that issue?

Mr. HINOJOSA. Yes, I would love to see Congress address that issue. You have already done it in the House. We would like for the Senate to consider it. Thank you for the CARES Act, but we also think that the HEROES Act has the potential to significantly help districts throughout the country.

Mrs. DAVIS. Uh-huh.

And I want to go back to Dr. O'Leary for a second. Because one of issues that has been raised is that school districts have to develop protocols in order to deal with the "if"s. You know, what if, one day, you know, right after school is open, you have several teachers that come down with COVID? What if you find that, in a classroom, children have symptoms?

Are there protocols out there that the pediatric association is dealing with, is trying to suggest to schools? Do you think that what the CDC has done has helped people with those specific kind of protocols? Because that could be really a very dangerous situation.

Dr. O'LEARY. Yeah. Those protocols are being actively worked on, including from members of the Academy, the CDC is working on this, State and local health departments. Absolutely.

Chairman SABLAN. Thank you.

Mrs. DAVIS. Thank you.

Chairman SABLAN. Thank you, Mrs. Davis.

I would now recognize the gentleman from Wisconsin, Mr. Grothman, for five minutes.

Mr. GROTHMAN. Thank you. I am glad to be here and will give Dr. Schwinn some questions.

It seems to be little doubt that children spread COVID–19 less rapidly than adults. Is that so?

Ms. SCHWINN. According to our department of health in Tennessee, yes.

Mr. GROTHMAN. Can you expand on some of that claims and explain why those aspects need to be looked at when determining whether or not we send kids back to school, the effect of that?

Ms. SCHWINN. Sure. I think, you know, again, pointing to the exceptional leaders that we have in Tennessee who are responsible for our school districts, there are a lot of conversations about prioritizing our younger students. Our superintendents are being incredibly creative about that, because we know that the spread of the virus is less in our younger students, and so trying to think about different options that allow for us to bring especially that age group back into school and spread out, social distancing, et cetera.

So that is a priority in Tennessee, and we have seen that reflected in our schools.

Mr. GROTHMAN. Sometimes I think that our whole bureaucracy, in dealing with this thing, doesn't look outside the United States enough. And at least the papers in front of me claim that countries like Switzerland and the Netherlands are saying that children play even a minor role in spreading the virus. Have you heard that? Do you think Switzerland and the Netherlands are right in that or not?

Ms. SCHWINN. You know, I don't think I would be able to speak specifically on any kind of health conditions or studies that have been done there.

But I do know that, when we are looking at the best practices from other countries, what we are seeing is that there are solutions we can put into place in our schools that protect students and staff and allows children to continue to be educated in person, as long as we provide them with the resources necessary to do so safely. And that is what we have been focusing on.

Mr. GROTHMAN. One suggestion in Wisconsin, apparently, since you proposed guidelines, we have a 4-day week and a fifth day for cleaning, put kids on a 2-day rotation. Have you heard about that, and could you kind of comment on that?

Ms. SCHWINN. Sure, we have a similar—so we have a district who is looking at similar options around bringing students in on A days, B days, and allowing for alternative classrooms or alternate classrooms to be cleaned on those on and off days. Frankly, we will be doing the same thing at the Department of Education with our desks in our own office space.

So we are looking at that. We are also seeing districts who are bringing in younger students, K through 8, across all of their schools and having high schoolers do more remote A day/B day. So we are seeing that same alternate scheduling to allow for disinfecting procedures to take place.

Mr. GROTHMAN. Okay.

You are kind of following what is going on nationwide.

Ms. SCHWINN. Uh-huh.

Mr. GROTHMAN. In Wisconsin so far, at least whenever whoever put this together put it together, nobody under age 20 has died of the COVID. Is that true nationwide, or is it restricted to people dying with serious health problems? But could you kind of elaborate on the level of sickness for people under 20?

Ms. SCHWINN. You know, I can certainly speak in generalities. I would probably defer to a health professional related to that data.

I do know, when we are thinking about risk factors, we are making sure that, depending on the age range and certainly—and that goes from students all the way to staff—that they have what they need, including personal protective equipment, to keep themselves safe.

And, certainly, I have relatives in Wisconsin, and so it is special and near and dear to my heart to make sure that they are safe in schools in that State as well.

Mr. GROTHMAN. We will get their name later, and I will look out for them. But we will do that after the hearing.

Some of my colleagues and national pundits have said that putting kids to school, it is—if you let the kids in school, you are putting their health at risk. Nobody I know talks about reopening schools without making sure the kids are not at risk.

But do you think the conversation should really be about reopening schools safely and how it will benefit children?

Ms. SCHWINN. I do, especially because—you know, I was talking with the superintendent yesterday morning in Pickett County. She has very few cases in her county. Her district wants to open up in person. That is certainly very different than metro Nashville or Shelby County, where Memphis is, that has a different population and skyrocketing cases. Local communities need to make local choices, but the conversation needs to be how we do so safely.

Mr. GROTHMAN. I will give you another question. I am not sure this exactly applies to schools, but last week, when I was home, I looked at one of what used to be the called the sheltered workshop—in other words, people who are used to be called handicapped working there. And I have a special interest in people like that.

We had a shutdown in Wisconsin, like a lot of States, so these folks couldn't come in and work for, like, 3 months. And when they came back, the staff could really tell psychologically it was damaging to them, not having the school to go to, because I think particularly for folks in that situation the workplace is their social setting as well.

Could you comment on any special concerns we would have or special damage that would happen if you have people with special needs who are not able to go to school and see their peer group? Is it especially damaging to people like that?

Ms. SCHWINN. I have a strong concern especially when we think about our vulnerable populations, inclusive of our children with disabilities. The Department of Education put forward a $5 million compensatory services grant and a $1 million assistive technology grant. It is not enough to serve children in a remote setting. That is why we know that we need to bring certain students in to provide that in-person instruction. It is incredibly important to them and their health.

Chairman SABLAN. Thank you, Dr. Schwinn. Thank you very much.

At this time, I would like to recognize Ms. Shalala for five minutes, please.

Ms. Shalala, are you on remotely?

All right. We will move on.

Ms. Wilson of Florida? Ms. Wilson?

All right.

Mr. DeSaulnier of California? Sir?

I will move on.

Mr. Morelle of New York?

Okay. He is on the floor. So let's try—

Mr. MORELLE. No, I am here. Mr. Morelle. I am sorry. I was searching for my "mute" button.

Chairman SABLAN. Oh, Mr. Morelle. Hi. Good morning. You have five minutes, sir. Thank you.

Mr. MORELLE. Great. Thank you, Mr. Chairman. And thank you for holding, I think, one of most important, one of the most important hearings that you could hold.

Obviously, as we look towards the fall, this is the time of year when students and teachers and parents are happily preparing for the return to school—teachers refreshing curriculum, setting up classrooms, getting ready to welcome their students; parents and children gathering school supplies, reviewing schedules and getting excited about the first day of a new school year.

But, obviously, nothing, to put it—suggesting that is a major understatement—nothing is normal about this year. Principals and teachers are stressed about providing a safe environment for their students with limited resources. Parents worry whether their child will be exposed to the virus in the classroom, as well as how to balance work and daycare if you are in a district where schools are going to provide education remotely through distance learning.

So I think we can all agree we want students back in the classroom, but only under safe conditions, and that rushing to do this is terribly inappropriate. So we need to safely open schools and follow clear public health guidelines. I think that is what Dr. Fauci has said repeatedly about that.

And I think if the administration was serious about getting students back in the classrooms, we need fewer tweets and more meaningful action and resources devoted towards schools to help them get to the point where they can reopen. And rather than blocking the CDC from testifying before the House for fear of what they will say, let's see a commitment to sharing data and providing clear guidance for industries that repeatedly are calling for assistance. And let's put the political agenda aside and utilize the Defense Production Act to ramp up testing immediately and demonstrate leadership the American people so greatly deserved.

I am proud of this body, that we have showed this country we are serious about providing support. I know colleagues have said it is not sustainable, but there is nothing that we want to sustain about this situation. We need to act. This is, as I often say, people talk about, "Well, you should only do that in case of a really rainy day." Well, this isn't a rainy day; this a torrential downpour, and we need to do everything we can.

That is why I think the HEROES Act was so important. It provided $200 billion in funding for K through 12 schools. And waiting for action by our colleagues has been incredibly frustrating, especially when so much is at stake. I think we are on the right side of history, and we are gathered here today to continue the important conversations.

I think the President and Secretary DeVos have publicly come out and demanded schools reopen full-time in person. I think that is wrongheaded. CDC guidance, which categorizes full-size, in-person classes and activities to be the highest risk of transformation and transmission of the disease.

So, with that, I wanted to ask Dr. O'Leary—and I partly wanted to ask as a follow follow-up to the conversation my colleague Mrs. Hayes asked about testing.

But, first of all, someone said that transmission of the virus among children, obviously even those who are asymptomatic, could

put teachers and adults in the building at risk, and I want you to talk about that.

And, also, could you just comment—I thought I heard someone say that the transmission was less among children. Could you talk about the science of that and whether or not that is actually true?

Dr. O'LEARY. Yeah. Thank you for that question.

So we are learning more every day about this issue. At this point, it appears that younger children appear to be less likely to get infected and less likely to spread it. But that by no means, means that they can't get it and they can't spread it and that some don't get sick.

So, yes, they are at lower risk; yes, they can get it and can spread it.

Mr. MORELLE. So, just for clarification, the reason it is harder for them to spread is because they are less likely to get it in the first place? Or is there something, even for those children who have the virus, who contracted it, it is harder for them to transmit? So those are kind of two pieces, right?

Dr. O'LEARY. Yeah. So it appears to be both. And we can talk another time about why that is. But, yeah, younger kids appear to be less likely to get it and less likely to spread it.

Mr. MORELLE. So I also wanted to go to the question of testing, because you seemed to suggest that testing students was not a viable option. But is that simply because you don't think we have the capacity or we haven't demonstrated the capacity at the federal government to ramp up testing and make it available? Or are there other issues with testing students?

Because, clearly, if one tests positive, you would want to get them out of the classroom and quarantine them at home, even if they are asymptomatic but have contracted the virus.

Could you just comment on that?

Dr. O'LEARY. Let me be clear. I am talking about not testing asymptomatic students. (inaudible) We don't have that capacity in the U.S. We do want to try and test the students who are symptomatic to the extent that is possible, but it really varies a lot across the country.

Mr. MORELLE. But just to be clear—

Chairman SABLAN. Thank—

Mr. MORELLE. Oh, I am sorry. Has my time expired? Boy, that was quick. I apologize. I yield back.

Chairman SABLAN. Thank you, Mr. Morelle.

At this time, I recognize Mr. Keller for five minutes, please.

Mr. KELLER. Thank you, Mr. Chairman. And I would like to thank the chairman and the ranking member for holding this critically important hearing today on how our Nation can move forward with safely reopening our schools.

Additionally, I would like to thank the witnesses for participating today and for offering their valued perspective and expertise.

As a father of two and a proud grandfather, I am extremely concerned about the long-term impacts that COVID–19 has had on students as a result of being out of the classroom for months at a time.

One example is, McKinsey & Company has projected that, when all the impacts of COVID–19 are considered, students should fall

an average of 7 months behind academically. This is simply unacceptable. We owe every generation of students a well-rounded education that encompasses the educational, social, mental, and physical benefits that come with students attending school.

Additionally, I commend Congress for working together to provide schools with billions in dollars for relief. The Elementary and Secondary School Emergency Relief Fund authorized under the CARES Act provided $13.2 billion in formula funding directly to States and school districts to help schools respond to COVID–19. My home State, Pennsylvania, received almost $524 million for local educational agencies to address the impact of COVID–19.

However, it is my understanding that not one State has spent the entirety of their funding under the CARES Act.

Mr. KELLER. While the Pennsylvania General Assembly has appropriated much of the money, there is still about $1.3 billion unspent in the Pennsylvania treasury.

Across Pennsylvania's 12th Congressional District, districts are approving reopening plans for the fall, working in conjunction with local school boards, administrators, parents, and State officials. One central Pennsylvania school district surveyed parents and found that 60 percent of the respondents favored a return to in-person schooling this fall.

I was thrilled to read this morning that the Williamsport Area School District, located in Pennsylvania's 12th Congressional District[CR4], has outlined a thorough three-educational-phases plan to reopen schools in the fall that include[s] a hybrid of in-person learning and remote learning based on the level of transmission risk.

Today I am eager to hear about how reminding CARES funding can be utilized to safely open schools and learn more about the specific actions schools are taking to make sure students, teachers, staff, and families can attend schools safely and in person this fall.

Dr. Schwinn, I look at schools, and when schools across the country closed in March, scientists and policymakers alike had limited information as to the implications of the coronavirus and what they were for children. Although there are still lingering questions regarding the novel coronavirus, one thing most scientists agree on is that the risks to adolescents are extremely low. Thus, it appears that you can open schools safely for students.

While you still need to look at how to protect the staff, doesn't this knowledge help make the decision to open schools a little bit easier?

Ms. SCHWINN. Thank you for the question.

And I think that, bringing both of your, I think, really important points together, when we look at our ESSER funds or our CARES funds and how our districts are choosing to spend that on technology and certainly on safety and disinfecting equipment so that we can open, we also know that there has to be a priority on providing every child with that opportunity.

I have spent my career supporting those students in the most vulnerable populations, because education is such a critical vehicle for them being able to support themselves for the rest of their lives. And that is our focus in Tennessee.

So, certainly, we know that protecting our adults allows us to open schools in a way that is safe and supportive of local communities, and that will continue to be our priority.

Mr. KELLER. Okay. Thank you.

And just to follow up, how is your agency working to make sure school leaders and personnel as well as parents have the facts and not invoking fear and rhetoric to help make decisions about school?

Ms. SCHWINN. Yeah. And that communication is always so challenging, I think, as you are well-noting.

So one of the things that we are doing is, we had an educator survey. Twenty-five-thousand teachers in the State of Tennessee took a survey through our partnership with Vanderbilt to be able to know what it is that they were challenged by.

We are working closely with the Department of Health, and on Friday we will release a number of parent-facing supports and resources to communicate. One of those will be a family website, in partnership with Trevecca, to be able to communicate directly to parents about what the information is and what their choices are that they can make for their own children.

Mr. KELLER. Okay. Thank you.

I just have a question for Dr. O'Leary.

There was a question about how kids transmit the coronavirus, and you just got done talking to one of my colleagues about that. So we know that it transmits differently with adolescents, and kids aren't as at risk to transmit it. Is that true?

Dr. O'LEARY. There does appear to be a difference between younger children and older children. But, again—

Mr. KELLER. How does it transmit differently than the flu? Or is it similar to that?

Dr. O'LEARY. Well, it is different. Children are clearly drivers of influenza epidemics. That seems to be less the case with this.

Chairman SABLAN. All right. Thank you. Thank you, Mr. Keller.

Mr. KELLER. Thank you.

Chairman SABLAN. And now I would like to recognize Ms. Shalala for five minutes.

Ms. Shalala, are you on remotely?

Okay. She is on the floor.

The Chairman of the full committee, Mr. Scott, you are on, sir. You have five minutes.

Mr. SCOTT. Thank you, Mr. Chairman.

You know, we have heard comments about the desirability of opening schools. Of course that is how you get better academic achievement, socializing skills, access to nutrition, prevent child abuse, and you are not going to reopen the economy without reopening the schools. So of course we want to reopen the schools if it can be done safely.

And so, Dr. O'Leary, let me ask you about a question about ventilation. Four in 10 school districts, it has been found, need to update or replace HVAC systems—heating, ventilation, and air conditioning systems—in at least half of their schools. Why is ventilation so important?

Dr. O'LEARY. Yeah. I don't want to pretend to be an environmental engineer, but it does appear that ventilation matters with the spread of this particular virus. You know, for example, we

know that, the virus transmits much less in outdoor environments than indoor environments. And so having circulation within classrooms is important.

But that is another one of the reasons that schools need resources, to address ventilation. You know, that is one example of many of the reasons schools need resources in trying to reopen.

Mr. SCOTT. Thank you. In the Moving Forward Act, the school, the infrastructure bill, we have significant funding for school construction that could take care of that.

And, Dr. O'Leary, if we are not going to test all the students on day one to know who is infected and who isn't, you have to assume that, students coming from the community all into one place, somebody is going to be infected.

What is the plan to deal with a student who is beginning to show symptoms? What should be the protocol at that point?

Dr. O'LEARY. Yeah. I think that speaks to the issue of why we need to act across the U.S. right now to drive infections down as much as possible with wearing face coverings, physical distancing, et cetera. Because if we can drive infections down as a country, then that issue is going to become much, much less of a problem.

But in terms of the actual—

Mr. SCOTT. Well, statistically, there will be children who will be present in school and show symptoms that they are infected. After they show symptoms, that means they have been in school for all those days asymptomatic or pre-symptomatic, spreading the disease around. What should be the protocol when you find someone who is symptomatic?

Dr. O'LEARY. Yeah. So those protocols are being developed right now at the, you know, federal, State, district, and even school levels. I mean, we could talk for an hour about the details of those protocols, but basically what they are trying to do is screen students to identify who might be ill, and strong encouragement for parents to keep their kids home when they have any symptoms, including fever or runny nose, et cetera.

There are screening protocols that are being put in place, such as having an app or some kind of a system that parents can screen prior to sending their child to school. There are difficulties in trying to do that at school. For example, having children line up to get their temperature taken, that could present more problems than it solves.

So these issues are being worked out right now. And, again, it comes down to the level of the individual school for how that may be done.

Mr. SCOTT. Well, if you wait for the symptoms to occur, it is too late. If someone has been found to be positive, do you shut the school down?

Dr. O'LEARY. Well, the various plans that are coming into shape usually involve cohorting students so that, if there is a student identified as having been infected by COVID–19, it is only the people that they are in close contact with. And then it also depends on the number of students that are infected, et cetera.

So it is not as simple as saying, if you get one case in a school, you shut the school down.

Mr. SCOTT. Okay. Should we have nurses in the school?

Dr. O'LEARY. I am sorry, could you repeat the question?

Mr. SCOTT. Should we have nurses in every school?

Dr. O'LEARY. I would love to have a full-time school nurse in every school. School nurses have been shown to improve health outcomes across the board. Being in schools, unfortunately, is not currently the reality in the U.S.

Mr. SCOTT. Thank you.

I think by the time I get my next question in, my time will expire. I yield back.

Chairman SABLAN. All right. Thank you, Chairman Scott.

Mr. Van Drew?

All right.

Mr. Walberg?

I will go to Dr. Murphy. Dr. Murphy, you have five minutes.

Your mic.

Mr. MURPHY. There we go. Technology is wonderful. Thank you. My first question is for Dr. O'Leary, actually.

You know, I was reading a couple journal articles last evening. We talked about immunity, antibody immunity and cellular immunity. It was interesting to point out that a lot of studies now are talking about antibody immunity waning after several months and that T-cell immunity is going to be really what is going to get hold of this.

And I was wondering if you could speak to—and this looks why that children are by all means relatively spared from this, compared to adults, just because of their thymus gland and everything as we burn out as we get older. I was wondering if you could speak to that a little bit.

You know, our kids are obviously our biggest concern, and putting them behind in their education is why we are all here, to try to prevent that. But I think—I would really like to know what you truly believe is the relative risk of our children. In the State of North Carolina, we have had 3 fatalities in kids under 24, all with comorbid diseases.

And let's give a real, true picture for what the true risk is for our kids under age 18 as we move forward. Give me the R0. Give me the things that you truly believe, are our kids at risk. And, you know, not just a hypothetical. I would really, truly like to look at what we have learned so far from, you know, Korea, the GermanGerman studies, and all these things. What are we truly looking at for the risk of our kids as we go back to school?

Dr. O'LEARY. Yeah. So you have asked several complicated questions there. I will do my best—

Mr. MURPHY. Yeah, just—I will tell you what, forget the T-cell immunity one. That is pretty heady there. Let's just talk about the true relative risk for our kids.

Dr. O'LEARY. Yeah. So, again, learning every day, but what we have seen so far in the U.S. is that kids are less—well, sorry, around the world, kids do appear to be less impacted from COVID–19 than adults. That is fairly clear.

In terms of the actual numbers, I think we are still trying to get a handle on that, because we don't have a good sense of the denominator of children that are infected. We also—you know, the understanding of the biology of the virus is still really rapidly evolving.

There have been some studies suggesting that the overall risk for mortality is less than—for children, I should say—is less than several other things that we commonly accept on a daily basis in society, such as trauma, influenza, things that sort of happen all the time. But, again, that is not to say—

Mr. MURPHY. Yeah. So I am sorry to interrupt. I just want to get one other question in.

Just from what I was reading last night, the relative risk, as it is calculated—to the best to my calculations, is 0.011 percent. That is 1 in 10,000. So, if you look at the number of kids who die every year from flu—from flu—in the United States, it is going to seemingly be a fairly comparable number, and we don't shut down our schools every year.

And so, I mean, I just want to take the fear factor out of this. I just want us to deal with the nonpolitics, with the true part of this, that we can put our kids back to school safely. And we need to stop the fear mongering. We need to get our kids back on track.

So, anyway, thank you.

And in that same line, this question is for Dr. Schwinn. You know, I had a great telephone townhall across the school administrators from our district this morning. They are all concerned about all the details, which we all are. I was wondering if you could speak to liability.

I have actually put forth an Open Schools Responsibly Act that basically holds our school institutions free from frivolous lawsuits because of this, because it is just one less thing that they have to worry about.

And I wonder if you could speak to that, Dr. Schwinn, briefly.

Ms. SCHWINN. Sure, I am happy to. And that is an ongoing conversation in Tennessee as well, and I know our legislature is looking to pick that back up in August.

I think, when I talk with superintendents, one of the things among the many concerns that they have is around how to ensure they can make the best decisions possible for children and for their staff, and I think liability is one of those concerns that is getting into the conversation outside of the outcomes that we are driving toward. So I think it is a worthwhile conversation and one that we are incredibly grateful is happening at both the federal and the State level.

Mr. MURPHY. Great. Thank you so much.

It looks like my time is just about out. I will yield back. Thank you, Mr. Chairman.

Chairman SABLAN. Well, thank you, Dr. Murphy.

So I would now would like—Mr. Courtney?

Mr. COURTNEY. Yes, Mr. Chairman. Thank you.

Chairman SABLAN. All right. Five minutes, please.

Mr. COURTNEY. Yes. Thank you. So I appreciate you holding this hearing, which is the question of the day, I think, for our country in many different respects.

This morning, the Department of Labor reported 1.4 million new unemployment filings, which actually is the first time in 3 months that number has gone up, and just really, unfortunately, validates what the Chairman of the Federal Reserve has been saying since last May, which is that the CARES Act stimulus was inadequate

in terms of addressing a whole host of issues and that the country needs more fiscal stimulus.

The most efficient way to do that, to accomplish that, is to provide more funding for State and local assistance, because that, again, will circulate into the economy the quickest and will enable us to solve the problem which we are trying to figure out here this morning, which is how to safely reopen schools.

Again, I think it is clear, both sides can stipulate to the fact that opening up schools is highly beneficial, and it is a goal we all share. The question is, how do we do it safely?

A couple days ago, the Secretary of Education, in an interview, actually made a comment, that we should open schools because children are actually stoppers—and that was the term that she used—of COVID–19, which, when asked by the press afterwards what she meant by that, the Department of Education cited a study in Saxony, Germany, which, again, echoed some of the comments that we have had here this morning about the fact that young kids, particularly smaller kids, are not—they don't transmit as much as older children or adults.

But the researchers, when they were interviewed after the Secretary made her comment, you know, were careful to point out that their results depict a situation with low infection rates after the initial transmission peak is under control. "If you do have rising infection rates, as in the U.S."—and this is a quote from the researchers in Germany—"putting people in close contact will obviously lead to transmission of respiratory viruses."

So the question I wanted to ask Dr. O'Leary is just—I mean, that is sort of the issue we have to grapple with here. If there are parts of the country where infection rates are going up in the population at large, you know, the decision to reopen schools is a different one than in other parts of the country where infection rates are low or below the 1 percent positivity rate.

I mean, is that, you know, what the association of pediatricians— is that sort of your take in terms of evaluating, you know, this decision?

Dr. O'LEARY. That is absolutely correct. It varies depending on what is going on.

And I think, you know, there is a lot of discussion of other countries, but what is rarely mentioned is that the situation in all of these other countries where they have attempted to reopen schools is vastly different than what we are seeing in most parts of the U.S.

And so, yes, it is important to draw lessons from what they are doing in other countries, but we can't simply say, "Oh, look. They did it, and so we can too." You really have to base it on the local epidemiology.

Mr. COURTNEY. And, again, the researchers which the Department was relying on, you know, made that precise point, which is that, you know, you have to deal with the overall population of a country or a region before you can, you know, sort of extrapolate from that it is, you know, all clear in terms of reopening schools.

And, again, in Israel, they, again, had a very bad experience in terms of school reopenings and the number of students who became

infected as well as almost 700 staff members. And they had to again really hunker down in terms of trying to respond to that.

So, again, The Washington Post did an analysis of the Secretary's statement. They again interviewed the researchers, as well as other resources, and did their Pinocchio test, which gave the Secretary four Pinocchio's for her comments.

And, Mr. Chairman, I would like to enter that story into the record.

Chairman SABLAN. Without objection, so ordered.

[The information follows:]

## DeVos's claim that children are 'stoppers' of covid-19

Education Secretary Betsy DeVos. (Manuel Balce Ceneta/AP)

By
**Glenn Kessler**

July 23, 2020 at 3:00 a.m. EDT

*"More and more studies show that kids are actually stoppers of the disease and they don't get it and transmit it themselves, so we should be in a posture of — the default should be getting back to school kids in person, in the classroom."*

**— Education Secretary Betsy DeVos, in an interview on "The Conservative Circus" (iHeart radio), July 16**

Our eyes popped out when we first heard this comment by Education Secretary Betsy DeVos, as she pressed the administration's case for reopening schools in the fall with in-person classes.

Could children actually be "stoppers" of covid-19, the disease caused by the novel coronavirus? That would be great news — if true. The interruption of school threatens to create a learning deficit — and many parents may find it difficult to return to work if children are not in classes.

Let's examine DeVos's evidence that children do not transmit the coronavirus, as it appears to be influencing administration policy. President Trump echoed her claim in a news briefing Wednesday evening. "They do say that [children] don't transmit very easily, and a lot of people are saying they don't transmit," he said. "They don't bring it home with them. They don't catch it easily; they don't bring it home easily."

**The Facts**

An Education Department spokesperson supplied four reports from around the world:

- American Academy of Pediatrics: Evidence suggests that children don't contract or spread the virus the way adults do, in contrast to how they spread influenza.
- New South Wales, Australia: Eighteen infected people who had contact with nearly 900 people resulted in only two additional infections, with "no evidence of children infecting teachers."
- France: An infected 9-year-old in France came into contact with 172 people while attending three ski schools, and none of them — not even the child's siblings — appeared to contract the virus.
- Saxony, Germany: A study (in German) found no evidence that schoolchildren play a role in spreading the virus, with a researcher quoted in a news report as saying that "children may even act as a brake on infection."

"We're mainly looking at the German study — one of the people who helped run it is the one who first said that kids can act as 'brakes' on virus transmission," the Education Department spokesperson said.

Well, there's a problem with that. The German study has not been peer-reviewed; it is still in [preprint review](#) by the Lancet, meaning it should not be used to guide clinical practice.

Moreover, the German researchers told The Fact Checker that the results do not apply to a country such as the United States, where infections have been soaring. Germany, by contrast, is among the countries that are considered to have handled the outbreak with skill and diligence, keeping infections per million people relatively low.

"Our results depict a situation with low infection rates after the initial transmission peak is under control," Jakob Armann, a pediatric infectious-disease specialist at University Children's Hospital in Dresden and co-author of the study, said in an email. "If you have rising infection rates — as in the United States currently — putting people in close contact will obviously lead to transmission of respiratory viruses as SARS-CoV-2."

The key, he said, is to get the situation under control, as most Europeans countries have. Then "there is a way to safely reopen schools and schoolchildren are not 'hidden' hotspots of transmission."

Reinhard Berner, Armann's colleague, made the "brake" comment, but Armann said his quote was "widely exaggerated through in the media." (The phrase does not appear in the study.)

"The point he was trying to make is that these findings are in contrast to the earlier assumptions that children will spread the virus to a much higher degree than adults," Armann said. "We are not trying to argue that children do not spread the virus at all, and you are absolutely right that in high-infection communities, children will get infected and will transmit to close contacts."

It's easy to find studies and news reports that contradict DeVos's assertion:

- [South Korea](#): A large study using contact tracing found that children ages 10 to 19 can spread the virus at least as much as adults do; children younger than 10 were half as likely to transmit the virus, but there was still a risk.
- [Israel](#): At least 1,335 students and 691 staff members contracted the coronavirus after Israel reopened its entire school system without restrictions on May 17, believing it had beaten the virus. The spike in infections among the children spread to the general population, according to epidemiological surveys by Israel's Health Ministry. As of mid-July, 125 schools and 258 kindergartens have been closed because of infections. ([One study](#) suggested that the disease spread quickly at a high school, affecting more than 260 people, during a heat wave, when mask rules were suspended and air conditioning was in constant use.)
- [New York](#): An asymptomatic child attending family in-home day care in DeWitt led to four families getting sick, including six children at the day care, one sibling, seven parents and two grandmothers.

In the United States, according to the American Academy of Pediatrics, 241,904 child coronavirus cases were reported as of July 16, with children representing 8 percent of all cases. There was a 46 percent increase in child cases from July 2 to July 16, although mortality remains low, with 24 states reporting no child deaths so far.

Although there have been relatively few deaths of children — fewer than 70, according to state reports — about 3.3 million adults ages 65 and older live in a household with school-age children, according to a July 16 analysis by the Kaiser Family Foundation. That's about 6 percent of all seniors in the United States, who have a greater chance of becoming severely ill from the virus if a child becomes infected.

Michael T. Osterholm, director of the University of Minnesota's Center for Infectious Disease Research and Policy, said that too often people have latched on to studies that later turn out to be flawed. "There have been so many studies, sometimes with strident conclusions, only to be blown out of the water later" when conditions change, he said. "The bottom-line message is that school-age kids will see transmissions. How much is unclear, but they definitely are not brakes."

After we communicated the response from the German researchers, we received this statement from the Education Department: "The science remains on the side of reopening schools, even at the highest levels of the medical field. As the Secretary has said, we have to think about the impact on the whole child if schools continue to remain closed. In addition to a quality education, students need the peer-to-peer interaction, access to mental health care, and nutritious food that schools provide. As she has said previously, decisions on schools fully reopening will need to be made on case-by-case basis depending on the local health situation, and the goal should be fully reopening in the fall."

**The Pinocchio Test**

As a Cabinet secretary, DeVos has a responsibility to provide accurate information to the public. It's easy to pick and choose medical studies to assert a political point. But it's irresponsible to mainly rely on a news account of a report that has not even been peer-reviewed yet — and that concerns a low-infection environment not yet applicable to the United States.

There is evidence that children may not get as sick as adults, and younger children especially may not transmit the virus as easily. From an educational perspective, certainly it would be better to provide in-class instruction than to continue remote learning. But to claim that children actually may stop the spread of the disease shows a stunning lack of due diligence.

DeVos earns Four Pinocchios.
**Four Pinocchios**

Mr. COURTNEY. And, again, the notion that we all want schools to reopen, but let's really get a shared baseline of science and not cherry-pick in terms of studies that, again, I think, just create more confusion and misunderstanding then really a shared baseline in terms of how we solve this problem as a country.

And, with that, I yield back.

Chairman SABLAN. Thank you, Mr. Courtney.

Ms. Bonamici?

Ms. BONAMICI. Thank—

Chairman SABLAN. Ms. Bonamici?

Ms. BONAMICI. Yes, I am here. Can you hear me?

Chairman SABLAN. Yes.

Ms. BONAMICI. Thank you, Mr. Chairman, and to all our witnesses today.

This is an important conversation. I have had so many discussions with parents, students, teachers, school counselors, psychologists about their struggles over the last several months with distance learning. And we know how important it is to reopen schools. We know that. We also know that the decision to reopen has to be based on science, and it has to make the health and safety of our students and our teachers and our staff and families the top priority.

I just want to follow up on a question that one of my colleagues made, the suggestion that the flu kills more students than COVID. I did just read, 2 days ago there was a 9-month-old in Minnesota who died of COVID.

But, Dr. O'Leary, can you respond to that, that the flu kills more students than COVID in schools? Why is it different?

Dr. O'LEARY. Yeah. I think—sorry, there is some background noise. But I think that, yeah, influenza is potentially a severe illness in children, and we do see roughly 100 deaths every year in the U.S. among children from influenza.

But I also want to point out, we are still learning every day about COVID–19 and its impacts on children. And, you know, any of us working in children's hospitals have taken care of very sick children. Unfortunately, many of us have worked with children with COVID–19 who have died.

So to minimize the risk of COVID–19 I think is a mistake. We need to put it in context.

Ms. BONAMICI. Absolutely.

Dr. O'LEARY. It is not that kids don't get sick.

Ms. BONAMICI. Thank you. I appreciate that.

And I have been very concerned. We haven't had a national strategy to curb the virus. We have had rhetoric about forcing schools to open, you know, their funding threatened, which is completely inappropriate. No school should be threatened into reopening before it is safe for them to do so. And it does vary by district, and by—across the country.

So, when schools can safely reopen, they need our help. Our public schools and districts, they need funding to make sure they can equitably serve students and keep everybody in the school building safe. And I know the HEROES Act does make a robust investment of $58 billion in K-12 schools. I hope the Senate will pass that. We need to make sure that our schools can open safely.

And, Dr. O'Leary, another question. The reopening guidance from the American Academy of Pediatrics makes clear that schools must anticipate and address a wide range of mental health needs for both students and staff as they prepare to open.

So what mental health supports will students and staff need as they return to school? And what does the Academy recommend to prepare teachers to address the mental health needs of their students?

Dr. O'LEARY. Yeah. That is a very important question.

So, you know, we already are vastly underfunded for mental health support across the country. You know, there is a shortage of mental health providers. Access is a real problem.

And I think schools should be planning right now—I know a lot of them already are—for how to handle that. They are working within their own communities to work with behavioral health specialists, child psychologists, child psychiatrists, to meet the needs of those students.

But it is a real problem. It is an ongoing problem that absolutely did not start with the COVID–19 pandemic and, I think, absolutely needs to be addressed.

Ms. BONAMICI. It has been exacerbated, of course.

Dr. Hinojosa, how have schools and districts meaningfully engaged with families to learn about what went right and what went wrong with distance learning? And how are school systems involving families in planning for the next school year to make sure that reopening plans will incorporate their feedback?

Dr. Hinojosa?

Mr. HINOJOSA. Yes, ma'am. Well, we have definitely surveyed our parents. We communicate with them. We ask them to contact our teachers directly to give us—and they have been pretty honest with us about what worked and what didn't work.

But I also want to elaborate that we have 57 mental health specialists that we are bringing back to our schools. Because when the students do come back, they will need support, and our teachers and counselors may not be ready to do that support. So that is a big fiscal notenote on our local district, but we know it is important, so we have hired 57 new mental health specialists in Dallas ISD.

Ms. BONAMICI. Well, thank you so much.

And before I yield back, I just want to follow up on the concerns raised by both Chairman Scott and Mr. Morelle about testing of students. And with apologies to anyone who is eating lunch, I know there has been very promising work done on wastewater testing as an early warning system.

And I don't know if, Dr. O'Leary, you are familiar with that, that testing. But I think we need to look at all ways to make sure that we are making sure that our school buildings are safe for our students and—the adults who work in them, and for families. That is just something to keep in mind.

Dr. O'Leary, are you aware of the work that is being done on wastewater testing as early detection?

Dr. O'LEARY. Yes. That is one of many strategies to help the global pandemic.

Ms. BONAMICI. Thank you. My time has expired. I yield back, Mr. Chairman.

Chairman SABLAN. Mr. Norcross, once?

All right. Ms. McBath?

Ms. Underwood, I can see you.

Ms. UNDERWOOD. Thank you, Mr. Chairman. I appreciate the time today and your indulgence in allowing me to participate in this committee's proceeding.

Local school administrators in my district and across the country are weighing incredibly difficult decisions. The educational needs of students, the concerns of parents, and above all, the risk to the health, and ultimately, the lives of students and staff. In my outreach to schools in my district, the number one concern I hear is

funding. And I will continue to fight until the necessary funding we need and that was passed by the House in the HEROES Act 2 months ago, reaches our schools that are so desperate, desperately needing those resources.

I am so disappointed that we are not able to hear today from the administration officials who are leading the public health response to reopening schools. But I am very grateful to the witnesses who are here, and, of course, to our educators across the country who are working so hard to keep our kids safe and learning.

The decisions about what school will look like in the fall should be guided by public health experts, and those experts must be allowed to make recommendations based on the best data and science, and not pressure from this administration.

Dr. O'Leary, as a pediatrician with health and development in mind, what should CDC be relying on when developing guidance for schools? And why is it important that schools have clear guidance from public health experts?

Dr. O'LEARY. Yeah, thank you. I agree with everything you just said. It does need to be in conjunction with local and State public health. You know, CDC, you know, I work in various aspects with a lot of folks at CDC, and they are working very hard right now to help—working on this guidance and they are working with health departments, local health departments, as well as physicians, et cetera, trying to develop guidance.

And I think they also recognize, though, that it is—these decisions are best made at the local level.

Ms. UNDERWOOD. Mr. Chairman, at this time, I would like to ask for unanimous consent to enter written testimony from Lori Combs, she is the president of the National Association for School Nurses into the record.

Chairman SABLAN. Without objection, so ordered.

[The information follows:]

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July 21, 2020

Representative Gregorio Kilili Sablan
Chairman
Early Childhood, Elementary and
Secondy Education Subcomittee
US House of Representatives
Washington, DC 20515

Representative Rick Allen
Ranking Member
Early Childhood, Elementary and
Secondy Education Subcomittee
US House of Representatives
Washington, DC 20515

Representative Bobby Scott
Chairman
Education and Labor Committee
US House of Representatives
Washington, DC 20515

Representative Virginia Foxx
Ranking Member
Education and Labor Committee
US House of Representatives
Washington, DC 20515

Dear Chairman Scott and Ranking Member Foxx:

On behalf of the National Association of School Nurses (NASN) we appreciate the upcoming hearing that you will hold on "Underfunded & Unprepared: Examaning How to Overcome Obstacles to Safely Reopen Public Schools" on July 23, 2020. School re-entry will bring many challenges for students as they resume classes in school year 2020-2021. Students will experience mental and behavioral health concerns that may present as physical health issues; they will need support from school nurses.  For the 56.6 million pre-kindergarten, elementary and high school students in the United States and the National Association of School Nurses (NASN), we ask that you fund 10,000 school nurses for the upcoming school year as this country begins to open schools in the recovery phase of the COVID-19 pandemic.

School re-entry is crucial for parents to go back to work; having children at home and out of the classroom has caused undue economic and mental stress for families. Placing additional school nurses in schools across the country provides a key solution to help parents resume full work capacity and re-opening of the economy. There will be multiple challenges for students as they resume in person classes in school year 2020-2021.  For schools to address the ongoing impact of the COVID-19 pandemic, school nurses need to be in place when schools re-open and are central to discussions of safe procedures for 2020-2021 school year..

School nurses are front line health care providers serving as the bridge between the health care and education systems. Whether they are hired by school districts, health departments, or hospitals, school nurses look after the physical and mental health of students in schools. School nurses, as public health sentinels, engage school communities, parents, families, and healthcare providers to promote wellness and improve health outcomes for children. School nurses are essential in infectious disease surveillance, identification and intervention for student physical and mental health concerns, health screenings, school located vaccinations and immunization compliance efforts.  Historically children have been the first to show signs of an epidemic and the school nurse has been a bell weather of

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National
Association of
School Nurses

illness. As we look at the 2020-2021 school year that will also coincide with the next influenza season, the need for new school nurses is paramount. School nurses support the academic success of students by making sure they are healthy, safe, and ready to learn.

For many children living in or near poverty, the school nurse may be the only health care professional they access regularly. Additionally, children today face more chronic and complex health conditions than ever before. Access to a school nurse is a student equity issue. As schools prepare to reopen, school nurses provide crucial input for school preparedness, prevention, and response to infectious diseases.

As the current financial recession deepens, there will be less funds for schools to be able to retain a school nurse. Currently, only 39 percent of public schools have a school nurse all day, every day, while another 35 percent of schools have a school nurse who works part time in one or more schools. This leaves 25 percent of schools without a fulltime school nurse. This fall, it is imperative that schools have school nurses to provide for the safety and wellbeing of all students, especially with the ongoing presence of COVID-19 and the upcoming flu season.

School nurses serve students and families in schools and in communities. During the COVID-19 pandemic, school nurses continue to work by to checking in on students with chronic conditions, either by phone or through telehealth; others provide home visits. Some school nurses collaborate with school staff to ensure that children receive needed meals in a manner that protects the health of students, families, and staff. Other school nurses serve at COVID-19 testing centers and as contact tracers to support local and state public health departments.

As you and other Congressional leaders negotiate stimulus packages centered on the COVID-19, keep in mind that 25% of the nation's schools have no school nurse. Therefore, it is essential during this pandemic to add 10,000 new school nurses for the upcoming school year. Healthy students learn better. When a school nurse is present to meet student healthcare needs, parents and school administrators know that children and youth can focus on learning.

Thank you for your consideration to address the health, safety, and learning readiness of students by increasing school nurse positions in U. S. schools. Please don't hesitate to contact me if I can be of assistance or put you in touch with NASN members from your local communities. Additionally, you can contact NASN's Director of Government Affairs, Piper Largent at plargent@nasn.org if you have any questions.

Sincerely,

Laurie Combe

Laurie Combe, MN, RN, NCSN
President

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Ms. UNDERWOOD. According to this testimony, less than 40 percent of schools have a full-time nurse on staff, and a quarter of schools have no nurse at all.

Dr. O'Leary, school nurses are critical in ensuring the health of our kids in normal times, can you tell us more about why it is so important to have a healthcare professional like a nurse on staff for schools during a pandemic?

Dr. O'LEARY. Yeah, school nurses do an amazing job of improving [the] health of students within the schools. Across the board, there have been a number of studies showing the positive outcomes of having a school nurse within the schools. And so, the—in the schools where there is a full-time school nurse, in general, children

have different health outcomes than where there is none. So I absolutely support fully funding school nurses within our schools.

Ms. UNDERWOOD. And the school nurses connected in with that local public health infrastructure, right? So if there is something going in that school building, that school nurse can help flag and bring the attention into that school building, help the students, help the teachers, help the staff, help the families. I heard from teachers in my district who are at higher risk for complications of COVID–19 due to their age or health status. They want to be back with their students but are deeply worried that this will put their health at risk. One in three teachers in this country is over the age of 50.

Dr. O'Leary, what precautions do we need to be considering to protect the health of older or medically vulnerable teachers and staff?

Dr. O'LEARY. I mean, first, let me say, I think—I as a physician, you know, we choose to devote our careers to the lives of children. Teachers are no different. They are devoting their careers. And so I think we need to support our teachers. And right now, we need to do everything we can to make sure that they are safe, to safely return to school. And so I think funding to be able to help them do that is going to be crucial to successfully reopen schools safely.

Ms. UNDERWOOD. Yes, funding is particular for PPE, despite repeated calls from Congress to do so, this administration has not invoked the full power of the Defense Production Act to meet the shortages of PPE. Shortages that will get worse if schools open.

In a Homeland Security Committee hearing that I participated in yesterday, FEMA Administrator Pete Gaynor said the administration has no plans to invoke it to provide schools with face masks. And so, we know that school districts are often very worried about how they are going to pay for their PPE and other necessary supplies for the entirety of the school year. We need to help relieve them of that burden. The administration has all the authorities at their disposal to do so. And, you know, we are going to continue to call for the full implementation of that. Thank you again to our witnesses for being here. And I yield back.

Chairman SABLAN. Thank you.

Mr. Levin was here earlier.

All right. Ms. Stevens, you have five minutes.

Ms. STEVENS. Thank you, Mr. Chairman, for having me at this hearing. And thank you to our witnesses. It has certainly been an honor to hear the exchange back and forth, particularly as we move closer to the start of the school year. And we are all looking for certainty.

And if we recall when this pandemic was declared by the World Health Organization, they projected a year to a year and a half. And so, here we are in sort of the middle of it and it is uncertain, it is trying, and it is safe to say we all want it to be over. We all want to get back. We want to get back to school safely.

I have been on the phone with my school administrators, our superintendents, our educators, our parents around the clock since the first timeschool was cancelled. It was supposed to be 2 weeks. And it was the rest of the school year. We honored and we recognize the class of 2020, these incredible seniors. And we look, to the

classes that are coming up, and we look to those who are juniors and sophomores and—had to interrupt their sports season wondering if they are going to get that letter, or students of all abilities who need that IEP.

The White House, just the other day, said we are going to have to learn to live with this. And I know we have been getting asked some scientific questions here that are being asked of you that really shouldn't be being asked of you to our incredible witnesses who do have Ph.D.'s and great backgrounds. And we know you, like me, like to listen to the scientists. Alright. We want the answers. We are in the race for the information. But yet, the White House we have got to learn to live with this.

It dawned on me, Mr. Chair, as we have been hearing today the questions and answers about what has been asked of our educators across this country, our public schools for so long. Can you accept the unacceptable? Can you accept unfunded mandates? Can you accept the threat of gun violence in your schools?

I think it is fair to say that the American public is tired of accepting the unacceptable. And we are here today as a legislative body, to legislate, to partner, to join forces with you.

I heard Mr. Keller talk about that the CARES Act funding in Pennsylvania hasn't all been utilized. In Michigan, we have utilized our CARES Act funding, we struck a deal with our State capital for school funding for this year. But we are moving into fiscal year 2021, and I just this morning before 9 a.m. was on with the head of the Tri-County Alliance for Oakland County, Wayne County, and Macomb. And I said, okay, so we struck the deal. How are you feeling? And I check in with him all the time. I call him before I know he is really beginning his workday. And he said, yeah, we have struck the deal, but we still have the $750-per-pupil budget shortfall in Michigan.

We want to reopen safely. We want to get you to your goals. And I want to hear what you need. Five minutes is not enough.

Dr. Hinojosa, I would love to hear from you for a minute about what the primary concerns of our principals are and how we can best serve you and meet your needs? Thank you, sir.

Mr. HINOJOSA. Yes, well, our principals' primary concern is how do we manage the inevitable of having, making sure the teachers have all of the tools that they need to deliver the best quality instruction for the students in a safe environment. And that is their biggest concern. And they want to, we have missed our kids since March, but unless we have a way to deliver that instruction safely, that is probably their biggest concern, and it is going to take resources to make that happen.

Ms. STEVENS. Resources. I applaud you for saying that. We recognize that. And we do also agree that we need flexibility. We need to empower support and understand your needs. And we want to continue this dialogue going forward. You are all heroes for coming in today and participating in this hearing, answering our questions, and we look forward to supporting you going forward.

Thank you, Mr. Chair.

Chairman SABLAN. Thank you, Ms. Stevens.

Mrs. Lee? Mrs. Lee?

Mrs. LEE. Hi, there. Sorry, I had to unmute.

Chairman SABLAN. You have five minutes.

Mrs. LEE. Thank you, Mr. Chairman. And I want to thank all of our witnesses today. You know, I sat here and I listened today about the back and forth that if you want to open up schools safely, clearly, you don't value in-person learning. Let's be clear, we totally agree and honor and respect a need to have students in the classroom learning one-on-one or with a teacher. That is the ultimate goal. But we also need to do it in a way where we do not needlessly risk lives.

You know, and Dr. Schwinn, I applaud your commitment to opening schools. I find it a little odd that you are not acknowledging the necessity of federal support to be able to do so. You know, I represent the State of Nevada. We have seen a $1.2 billion shortfall likely cutting over $156 million in K-12 funding. And so we know that whatever option that we are looking at, and a lot of them aren't great options, that we need—that we will require additional resources. And, honestly, to me, it requires extensive testing.

And I want to point out that in Tennessee, you are one of nine States that has doubled, more than doubled the testing needed that has been estimated by three public health organizations that would be needed to control your outbreak. And the fact that Tennessee basically fronted the cost of this test so that anyone who wanted it could get it within—Tennessee officials now acknowledge that they are hoping and they are banking on the federal government paying for those tests.

So to me, the lack of testing in this country is, number one, why we have rampant unemployment, but number two, why we are faced with this awful decision on how we reopen schools, whether we treat our students and our teachers like guinea pigs, by rushing to open our schools without proper resources, or we keep trying to do remote learning, which we know does not do our families and our students the justice that we deserve.

Dr. Hinojosa, I wanted to ask you, you know, you are in a predicament quite like the one we are in Nevada where Dallas is facing an issue of nearly $33 million in lost revenue, which is certainly going to impact your schools. Can you tell Congress and tell us how we can best address these revenue shortfalls, and how we can best help you in your ability to reopen in the fall?

Mr. HINOJOSA. Yes, for us to be open for our biggest ask right now is to make sure that we have broadband connectivity and devices that so we can connect with our families. And also, we do have the PPE, so we are good on that kind of information, but we need a lot more support going forward with how our special needs students get supporting. And Title I is so critical to us, 92 percent of our students are economically disadvantaged. And also, the big funding that comes from the Department of Agriculture for feeding our students. We feed all of our students two meals a day, and it is just extremely important that those opportunities continue for the long term. But also, the State took a lot our money through the CARES Act to supplant the revenue we get. We understand why they did it because they have significant shortfalls.

So they did that to shore up this year. But that is only this year. Going forward, there is going to be huge deficits in State budgets.

And so, it is a domino effect that will put down every community in the State of Texas if nothing is done about it.

Mrs. LEE. Have you estimated what you plan to receive from the HEROES Act, and what is the delta, between what you would estimate that you would be needing and what you actually think you will need to open safely?

Mr. HINOJOSA. No, there is a lot of nuances because in the CARES Act, we thought we were going to get $61 million, we actually got $31 million. But from the HEROES Act, we haven't fully analyzed that. And there are several other bills in front of Congress that can help with us with connectivity. No evidence with that analysis yet, but it would be significantly helpful for everybody in Texas.

Mrs. LEE. Then, finally, I think we are running out of time here. Can you just walk us through what you have gone through with your local public health officials to talk about the public safety with respect to your reopening plans?

Mr. HINOJOSA. Absolutely. We are in constant contact with our local health officials about what they expect from us what we need if we have everybody safe [inaudible] masks, buses, entryways, everything, everything we discussed has been considered with our local health.

Chairman SABLAN. Thank you.

Mrs. LEE. Thank you very much. I yield back.

Chairman SABLAN. I now recognize Ms. Shalala, five minutes, please.

Ms. SHALALA. Thank you, Mr. Chairman. I apologize. I had to preside on the floor, so I just got back.

I would like to ask Dr. O'Leary a question. Dr. O'Leary, the Florida education commissioner Richard Corcoran recently issued an emergency order that aligns with the Trump administration, requiring all schools to reopen full-time for all 5 days of the week, they are going to be mandated to meet a minimum number of instructional hours to students. This past Monday, Florida's largest teacher's union filed a lawsuit seeking to block the return to in-person classes because we have community spread in Florida. The virus is, in fact, out of control. And we know without a safe environment to learn and grow, children risk developmental delays.

In your view, what are the risks for students from increased exposure with their peers, especially in a State like Florida which remains a hotspot of the virus? Is it the right approach to have students come to school every day of the week, and what alternatives would you recommend?

Dr. O'LEARY. We are all on the same page. Thank you for that question. We all in the same page to keep our kids in school, but we have to do it safely. And where the virus is surging as it is currently in Florida, we have to be really cognizant of those issues. And, you know, one, it is not safe. Students are going to get sick, teachers are going to get sick, staff is going to get sick. So that is number one.

Number two, it is not practical. If you open schools when the virus circulating within the community, it is inevitable that it is going to get into those schools, and you will just have to shut them down immediately. And that is—we are all dealing with sort of

whiplash from this whole thing. Imagine going—students going into school and having to come back home the following week. And that is what is going to happen if you open schools in a place where the virus is widely circulating, it is inevitable.

Ms. SHALALA. Thank you. And if I might ask the superintendent a question, just a quick question. About minority and low-income students who clearly—and also disabled students, is there another strategy, perhaps tutors, that we should focus on to make sure that students who in underserved areas actually are able to keep up with their work if we have to go online for the fall? If you have the resources, what would you do in terms of helping those students to catch up in addition to their classroom work?

Mr. HINOJOSA. Yes, we had to have some assessment that tell us which students are the furthest behind and have the least contact. What I worry about is a lot of these nonprofits that help us, like reading partners and tutors, they are also not getting donations from other people that help foundations that help support them because they are short on dollars.

So it is a double whammy on our partners that need to help us with the wraparound services that our students need to have tutoring and reinforcement. So I think an influx of resources would help, not only us, but them to be able to provide the quality nonprofit services that they help us to support and tutor our students. It would be vitally important.

Ms. SHALALA. Thank you. I yield back.

Chairman SABLAN. Thank you, Ms. Shalala.

At this time, Ms. McBath has agreed to let Ms. Wild—Ms. Wild, you have five minutes.

Ms. WILD. Thank you, Mr. Chairman, and thank you to my colleague, Ms. McBath, for her accommodation.

My question is for Ms. Leslie Boggs. Ms. Boggs, when my children, who are now in their 20s, were in school, their dad and I panicked whenever we had to accommodate a single snow or sick day into our work schedule. So I have great sympathy for parents now as they try to figure out how they are going to manage their schedules, not to mention being worried about their children's health. And so many of the discussions we have been hearing around school reopening have focused on the perspectives of the administrators, the teachers, and political leaders, quite frankly. I think it is vital that we engage parents and families in the conversation on how to best and most safely reopen the schools, because it is going to affect parents and families just as much as it affects students and school staff.

And based on the conversations I have had with the parents in my district, there is a wide range of opinion about how schools should operate this fall.

So my question to you as president of the National Parent Teacher Association is: Do you think parents and PTAs have been included enough in the local and national conversations about ways to safely reopen the schools? And could you just comment on the benefits of incorporating the parents' opinions and insight when creating these school reopening plans?

Ms. BOGGS. Thank you for the question. It is interesting to see across our Nation the effect when our parents and educators be-

come true partners in our education system. I am hearing from several States that parents have been meaningfully involved in the conversations for reopening schools, but I have also heard that there are some school districts that are not including parents in the conversation and students.

So I think in order for us to be completely—am I not—can you hear me?

Ms. WILD. We can hear you.

Ms. BOGGS. Okay. Something came up on mine that said I have been muted. Whenever I see that parents are not included in the conversation, that is when you were going to see schools struggle with reopening, because they are not listening—to the critical issues parents are concerned about. They do want to be back in school. And we know that for sure. That they are concerned about the safety and the reopening of those schools, and the ability for them to do it appropriately.

So I think that is why you have to see that conversation be there. I have seen districts, even my own district here in ECISD, this administration does a Facebook live every week, takes questions from parents, they have had town halls with parents to see what they can do to help effectively reopening. The concern is if we don't re-open schools, again, is that homework gap, or learning gap. Because what you are seeing in districts that are low-income districts is that they are really hurting more. And what we have seen is, there is really populations that bear the burden, right? There are 37 percent of rural students and 21 percent of urban students lack home internet access. 35 percent of Native American students, 30 percent of Black students, and 26 percent of Latino students have inadequate internet access at home compared to only 18 percent of white students.

We got a disparity that we have got to be worried about. When children come back to school, they are going to be significantly needier than they have ever been in the past. And this is probably the biggest hurdle, I think, our education system will have to overcome is really assessing those needs for each student. And they are very different depending on where you are.

Ms. WILD. Well thank you for that very thoughtful answer, I'm. I am a big believer that we need to be establishing commissions or committees that consists of teachers, parents, other educators, physicians, both pediatricians in infectious disease, [and] we really need to get the political officials out of the discussion and yield to the sentiments of the people who are true stakeholders and who really know what they are talking about when it comes to this. And you are clearly one of them. So thank you so very much for your responses. I yield back.

Chairman SABLAN. Thank you very much. And now I recognize Ms. McBath for five minutes, please.

Mrs. MCBATH. Thank you, Chairman Sablan, for holding this hearing today, and thank you to all of our witnesses that have taken the time to really enlighten us as to what is truly happening with the public school system and our children.

I think we can all agree that the best place for our children to truly be educated is within the classroom. I don't think anyone

here is denying that at all. But our current pandemic prevents us from allowing that to happen safely.

And I will say this very briefly. I was a woman who chose to home school her child [from] 4th through 8th grade. And I know that is not something each and every family is able to do. But I understand now that I think parents are feeling that they are in a sense of home schooling, even with virtual schooling and that added—that adds a lot of additional stresses because of the COVID–19.

So after the last few weeks, I have actually had conversations within my own district with my teachers and my school board members. And we were trying to decipher, and I wanted to hear from them what is the best pathway forward, going forward to re-open our schools? These conversations, they confirmed my deepest fears. I felt in my gut that there was trouble, that our teachers and our superintendents were really troubled by how they were going to best be able to appropriate funding and resources and tools to make sure that our children have the global education that they deserve.

And our teachers, what I found out, are basically afraid of infecting their students with COVID–19, but also they are afraid that their students might also inadvertently affect them, too.

They said to me that there was clearly a lack of uniform guidelines. And this is when I represent the 6th Congressional District of Georgia, that there was a lack of clear guideline and guidance from our administration as to how our students and our teachers would be protected to return to the physical classroom.

So I know that we are here today because of that lack of leadership. And if the administration had acted earlier to prevent the spread of COVID–19, I really believe we would not be in this predicament at this time. In the House, we have passed the HEROES Act. We actually passed that 2 months ago. And yet, we are still waiting today, we are still waiting on the Senate to take action on the HEROES Act. And the HEROES Act we know, truly, appropriates the funding and the resources and the tools to save lives.

In each of my meetings with my local school officials, they all express the need for more funding from Congress for PPE, and also, school infrastructure and hiring more mental health professionals in the school, because that is definitely lacking, and the mental health of our students is very, very critical at this time.

The HEROES Act does provide for increased funding for mental health services, and it also gives the resources necessary to stop the spread of this very devastating disease.

Ms. Boggs, if you would please answer my question. You know, you mentioned the results of the Virginia PTA parent survey in your testimony, which I have read. As we all know, the pandemic might be taking a toll, more specifically on the mental health of many, many of our students. Did the responses align to those concerns, the responses from that survey?

Ms. BOGGS. I would say yes, I think they align with the concerns that you heard and saw within the report that we gave. Parents are just overall concerned, but they want their children back in school, but they do understand that likely we will see parents [inaudible]. The concern that I have as leader of this association is en-

suring that everyone has options, and that parents are not putting themselves in a no-win situation. So we know that distance learning is not the best option. If our schools aren't safe, then we are not giving them great options, are we? And I think that is where I find your earlier comment on leadership during this crisis, leaders will be defined by what happens during this crisis.

We have seen the House do the right thing. I think the Senate needs to understand that leadership needs to happen, and our Nation is waiting, and our parents are watching. So I hope this answers your question.

Mrs. MCBATH. It does, thank you very much.

And Mr. Hinojosa, can you please discuss how the Dallas Independent School District plan to reopen addresses the need of marginalizes students, including students that have disabilities. I am very concerned about that. And we know that those students, those demographics of students are disproportionately impacted by school closures.

Mr. HINOJOSA. Yeah, that is one of our biggest concerns. We have a lot of robust plans for our traditional students. But our students with special needs, by definition, have an individual plan that has to be adjusted. And many of the parents are now carrying the burden of doing that at home, when our trained professionals are the ones that need to do it. So we also, though, need to be concerned about their safety. Those teachers have to get very close in proximity to the students in certain conditions. And so we are concerned about that and we think we can make it happen.

Mrs. MCBATH. Thank you so much for your answer. I yield back my time.

Chairman SABLAN. Thank you very much.

At this time, I would like to remind my colleagues that pursuant to committee practice materials for submission for the hearing record must be submitted to the Committee Clerk within 14 days following the last day of the hearing. So by close of business on August 6, 2020, and preferably in Microsoft Word format.

The material submitted must address that subject matter of the hearing. Only a member of the subcommittee or an invited witness may submit materials for inclusion in the hearing record, and documents are limited to 50 pages each. Documents longer than 50 pages will be incorporated into the record via an internet link that you must provide to Committee Clerk within the requested, required timeframe. But please recognize a year from now, the link may no longer work.

Pursuant to House Resolution 965 and the accompanying regulations, items for the record shall be submitted electronically by emailing submissions to Edandlabor.hearings@mail.house.gov. Member offices are encouraged to submit materials to the inbox before the hearing or during the hearing at the time the member makes the request. The record will remain open for 14 days for committee practice for additional submissions after the hearing.

Without objection, I would like to enter the following statements into the record: a statement from Dr. Bobby Cruz, Director of Instructional Technology, Commonwealth of the North Marianas Islands Public School Records System; COVID–19 Planning Considerations Guidance for School Re-Entry by the Academy of American

Pediatricians, a Plan to Safely Reopen America's Schools and Communities by the American Federation of Teachers; All Hands on Deck Initial Guidance Regarding Reopening Schools by the NEA; and Guiding Principles & Action Steps For Reopening Schools by the AASA.

Chairman SABLAN. Witness questions for the hearing record, I want to thank our witnesses for their participation today. Members of the subcommittee may have some additional questions for you, and we ask the witnesses to please respond to those questions in writing. The hearing record will be held open for 14 days in order to receive those responses. And I remind my colleagues that pursuant to committee practice, witness questions for the hearing record must be submitted for the majority committee staff or committee clerk within 7 days. The questions submitted must address the subject matter of the hearing.

I would now like to recognize the distinguished ranking member for his closing statement.

Mr. ALLEN. Thank you, Mr. Chairman, and I want to thank everyone for taking time today to provide testimony about this important topic of safety, safely reopening our schools this fall. I want to thank our—all of our witnesses for their input. And it is much appreciated, Dr. Schwinn, a special thanks to you.

The coronavirus pandemic has tested our Nation's public schools in a way we have not seen in generations. We know that Americans can turn this challenge into something positive for students by further enhancing how we educate our students. Quite frankly, we cannot fail a generation of school students. Children learn and thrive in school. Students deserve the option to go back to school with instruction, supports, services, and all of this provided in person. And we all need to work together to focus on how to make it happen safely. Likewise, teachers and staff deserve thoughtful thorough planning that protects their health and safety while at school.

We touched on so many reasons that the ability to safely return to school is so important for our students and their families. These students rely on schools for meals, the support of counselors, coaches, school nurses, and many other trusted adults that make up our school community.

Families' economic security has been negatively impacted by COVID–19 related to school closures. We must remember that in the best of cases, this spring, families were adapting to remote learning in their homes and making due with virtual connections to classmates and educators. But in many scenarios, families struggle without critical resources for their children. Now more than ever, we need to work together to help all children get the education they need to thrive.

We have guidance from the CDC, the AAP, and other experts outlining the considerations for returning to schools, and the steps we need to take to do it safely. States like Tennessee and Georgia are setting great examples of the resilience and fortitude it takes to find solutions in the complex conditions we are facing today, and will continue to do—continue to face this in the fall and in the future.

No one takes the decision to reopen schools for students this fall lightly. It is with great consideration, coupled with the determination to do what is best for our Nation's students. Every student should be afforded the option for high-quality instruction this fall.

I want to thank, again, our witnesses for bringing thoughtful testimony before us today, and I look forward to working with my colleagues and educators to ensure our students are provided opportunities to be successful this fall and beyond.

And, Mr. Chair, I yield back.

Chairman SABLAN. Thank you very much, Mr. Allen. I also want to thank you, again, all the witnesses for joining us and providing your expertise. I want to thank the Members also for taking part in today's hearing.

And today's hearing confirmed that what family, school staff, education leaders, and public health experts across the country have been telling us for months, schools need immediate and significant support to confront the unprecedented challenges of providing students with safe and high-quality education during this pandemic.

President Trump and Secretary DeVos should heed that warning and join Democrats in delivering the $200 billion in relief that we have passed for school safely reopen for in-person instruction. But, instead, this administration is leaving school districts to fend for themselves, threatening to strip away without any legal authority the very resources that schools need to ensure the safety of students and school staff.

In short, this administration is abandoning the health needs of our school communities at a time when the U.S. has surpassed 4 million known COVID–19 infections, and they are blaming school districts for not doing enough to reopen. I will read through it again. Each one of us wants to reopen our school system as soon as possible so that we can get our children back into classrooms and reopen our economy. But we also have the responsibility to care for the health and safety for our students, families, school staff, and communities. And that, that must always be our first and foremost priority.

I look forward to working with you and all my colleagues to provide our schools with the resources they need to safely reopen classrooms, welcome students back to in-person instruction, and help our economy recover from the pandemic. Thank you.

If there is no further business, without objection, this committee stands adjourned.

[Additional submissions for the record by Chairman Sablan follow:]

Tim Thornburgh <tim.thornburgh@cnmipss.org>

## Remote Learning Synopsis
1 message

Bobby Cruz <bobby.cruz@cnmipss.org>                                                           Wed, Jul 22, 2020 at 6:07 PM
To: Tim Thornburgh <tim.thornburgh@cnmipss.org>
Cc: Lorraine Catienza <lorraine.catienza@cnmipss.org>, Shawn San Nicolas <shawn.sannicolas@cnmipss.org>

**Here you go! Edit as you see fit! We're swamped for the remainder of the week. But, we'll do our best to help wherever we can.**

### Remote Learning Synopsis

CNMI PSS Remote Learning Goals:

- All students have opportunities for continued learning that focuses on priority standards
- Schools work to minimize instructional loss and ensure continued learning
- Students and families are provided support to ensure they stay connected to schools and have adequate access.
- Establish adequate infrastructure and protocols to minimize vulnerability and ensure the safety of all staff and students.

In light of COVID-19, the Commonwealth of the Northern Marianas Islands (CNMI) Public School System (PSS) will provide a hybrid approach to instruction to ensure optimal safety and while ensuring that learning continues for its 10,000 students and 1000 personnel. In the absence of a vaccine, a growing number of cases in the CNMI, limited resources, and human capital, and inadequate healthcare infrastructure, schools are not prepared to support a full physical reopening.

The hybrid approach will mitigate the vulnerability by providing both remote and face-to-face learning mechanisms. The percentage of each type of instruction will vary depending on the condition of the CNMI. At present, a hybrid approach will primarily center on a remote learning approach with opportunities for face-to-face instruction, intervention, and support for students with special needs, K-3 learners, and students with extenuating circumstances that require face-to-face intervention. An estimated 80% of the student population will engage in full remote learning whereas 20% will avail of face-to-face support.

In response to the shift in instruction, the CNMI PSS has identified Blackboard as it's learning management system (LMS), created remote learning developmentally appropriate instructional frameworks for effective online teaching, and designed virtual training modules. An inventory has been conducted to identify available digital resources to support student and staff needs. The curricular scope and sequencing have been altered to account for priority standards to address learning gaps. The remote learning training plan for teachers and support services have been developed with accompanying standard operating procedures. Training topics include LMS usage, asynchronous and synchronous teaching strategies, remote learning intervention strategies, responding to all learners' needs remotely, assessments, and student engagement for remote learning. Furthermore, surveying student home internet and device accessibility has been completed to ensure equity and access in light of the new instruction mode. The procurement of additional technology resources and the improvement of technology infrastructure are underway to optimize the online learning experience and will be completed before the school year begins.

Additionally, the policy is being presented to the CNMI Board of Education to address the instructional approach changes in light of remote learning, specifically to resolve instructional time implications in the remote learning environment. These policy implications will set the precedent for existing plans and shore up the sustainability of services related to remote learning.

PSS reopening planning continues and remains focused on ensuring that all 20 campuses are safe for our staff and students who will be accessing the grounds and have the needed technology resources and infrastructure to support online facilitation. PSS is also preparing training for remote learning for all instructional personnel in August, increasing online infrastructure and procuring technology devices, and developing equity and access strategies to support our hybrid instructional approach. We will continue to protect our funding to ensure that we can have the skilled staff and needed resources to provide quality learning despite these challenges.

While plans are in place to shore up the alternative learning framework for the CNMI PSS, there remains unbudgeted cost related to accessibility. Specifically, the CNMI PSS will need to account for connectivity for nearly 1,700 students who have been identified as lacking technological resources to avail of remote learning. The estimated expenditure is 2 million dollars to support the connectivity subsidy for 1-year of services around $100 dollars a month per student. To ensure free and appropriate education to all students, this service is imperative. Additionally, unbudgeted costs include the procurement of adequate personal protective equipment for optimal safety.

These are unprecedented times, but we remain flexible. Our litmus test for decision making is focused on students' safety and well-being at the forefront. Underpinning these plans is the need for resilience, critical and creative thinking, thoughtful responsiveness, and empathy to help ensure that students continue to grow personally, academically, and socially emotionally.

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*A Union of Professionals*

# A PLAN TO SAFELY REOPEN AMERICA'S SCHOOLS AND COMMUNITIES

*Guidance for imagining a new normal for public education, public health and our economy in the age of COVID-19*

*A Union of Professionals*

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## Our Mission

The **American Federation of Teachers** is a union of professionals that champions fairness; democracy; economic opportunity; and high-quality public education, healthcare and public services for our students, their families and our communities. We are committed to advancing these principles through community engagement, organizing, collective bargaining and political activism, and especially through the work our members do.

# A PLAN TO SAFELY REOPEN AMERICA'S SCHOOLS AND COMMUNITIES

*Guidance for imagining a new normal for public education, public health, and our economy in the age of COVID-19*

## SUMMARY

People across the United States are eager to return to some semblance of "normal." To do so, we must meet a herculean challenge: remaking our society and the places in our lives we hold dear—public schools and colleges, places of worship, workplaces, restaurants and more—in ways that hold paramount our ultimate priorities: the safety and well-being of our children, families and communities; the safety of our members and every frontline worker; and the health of our economy and economic well-being of working families.

Physical distancing efforts have slowed the rate of COVID-19 infections, but no expert believes  we will eradicate this virus without a vaccine. Reopening prematurely by relaxing stay-in-place restrictions and resuming large public gatherings runs the risk of undoing the work of the last two months. A premature return to full commercial activity risks a second surge of infections and second lockdown as is happening in Singapore right now. Even once public health officials deem it safe to reopen, doing so without the necessary precautions could be deadly.

This document provides a roadmap for navigating the next steps. It provides specific guidance for transitioning from lockdowns to other public health tools to limit the transmission of COVID-19. It focuses on reopening school buildings in particular, because the safe reopening of public school buildings means students can go to school, and parents, who work outside the home, can go to work. That is key to the reopening of the broader economy.[1]

 We expect the plan to evolve and adapt over time. It rests on five pillars that draw on the best available science and public health guidance, and the expertise of educators and health practitioners. Gradually, responsibly and safely reopening society requires:

1. **Maintaining physical distancing until the number of new cases declines for at least 14 consecutive days.** Reducing the number of new cases is a prerequisite for transitioning to reopening plans on a community-by-community basis.

2. **Putting in place the infrastructure and resources to test, trace and isolate new cases.** Transitioning from community-focused physical distancing and stay-in-place orders to case-specific interventions requires ramping up the capacity to test, trace and isolate each and every new case.

3. **Deploying the public health tools that prevent the virus' spread and aligning them with education strategies that meet the needs of students.**

4. **Involving workers, unions, parents and communities in all planning.** Each

workplace and community faces unique challenges related to COVID-19. To ensure that reopening plans address those challenges, broad worker and community involvement is necessary. They must be engaged, educated and empowered.

5. **Investing in recovery: Do not abandon America's communities or forfeit America's future.** These interventions will require more—not less—investments in public health and in our schools, universities, hospitals, and local and state governments. Strengthening communities should be a priority in the recovery.

The AFT held its first press conference on COVID-19 on Feb. 2. Our union has worked to ensure the safety and well-being of our communities and our members, and we've been particularly fixated on the frontline workers who are risking their lives to combat this pandemic. Early on, we worked to alert our members and allies of the risks of an impending pandemic; unfortunately, the Trump administration gave little and often conflicting guidance. We have remained steadfast in our efforts to keep people safe, while also fighting to keep our public schools and universities functioning, and for economic security for workers.

There are no magic elixirs to simply reopen. Reopening demands comprehensive, transparent action and forthright communication by federal and state authorities, and will take the dedication, voice and forethought of frontline providers and educators and their unions, school districts, hospitals, local governments and communities. The alignment in every school and workplace of public health, instruction and operations is absolutely imperative.

COVID-19 has exacerbated the deep inequalities in our society and underscored the need for additional public investments to combat this inequity. As we face growing recessionary forces, we can't simply limp out of this crisis or revert to a status quo. We need a renewed sense of national urgency to reimagine a better America and a pathway to a better life for all.

The challenges facing us should not be underestimated. For example, even as governors relax physical distancing requirements (after observing a reduction in the number of new cases), some communities may not reflect the statewide trend. Moreover, each workplace faces a unique set of challenges for preventing the spread of the virus. Additionally, we must consider the possibility of a resurgence of the virus in the fall. Communities must be engaged, educated and empowered to exist under this pre-vaccine new normal.

No one knows our public schools, universities and hospitals better than AFT members, many of whom will face great risks in carrying out their jobs. That is why our members and leaders must be at the table in envisioning and implementing plans to reopen our society at the local level.

Our commonsense approach requires real partnerships with employers and community stakeholders on state and local levels. School districts, universities and hospitals should look to unions and the collective bargaining process as opportunities to provide genuine

participation, communication and buy-in from the workers ultimately responsible for ensuring the health and safety of our students, patients and those we serve. In the absence of collective bargaining, other consultation processes must be established. There is no substitute for eyes and ears on the ground in the case of public health and safety.

### 1. Maintaining physical distancing until the number of new cases declines for at least 14 consecutive days.

While projections vary, we are likely at least a year away from a widely available vaccine. Adherence to physical distancing protocols has flattened the curve, showing early signs of reducing the number of new cases.  Flattening the curve is not a panacea; it does not mean no additional cases. Its goal is to reduce the number of new cases, to reduce illness and to ensure the healthcare system is not overwhelmed by critically ill patients.

Unless and until we have adequate testing capacity, there is simply no way to know whether we have sufficiently reduced the number of new cases to consider reopening society. **Once we have reduced the number of cases for at least 14 days with adequate testing in place, reopening plans can go into effect on a community-by-community basis.**

Decisions to phase in less stringent physical distancing requirements and to begin expanding allowable activities should be based on established criteria such as a sustained decline of infections combined with protocols for protecting high-risk populations. This must be coupled with a robust public health infrastructure with the capacity for effective disease surveillance, tracing, isolation of those infected and quarantine.

While most physical distancing requirements come from state authorities, local decision-making has a critical role to play. Even if a state determines that it can ease or altogether lift physical distancing requirements based on the 14-day trigger, the number of new cases in a specific community may not reflect the statewide trend. That is why it is critical for unions to be in regular contact with their employers, and with their local and state authorities, as well the Centers for Disease Control and Prevention, to assess their particular situation. Unions and employers need to determine whether there is (a) adequate testing in their community, given the number of confirmed cases, and (b) then, once there is adequate testing capacity, a reduction in the number of new cases for at least 14 consecutive days to make a decision to transition to reopening.  This information must be transparent and available.

Active surveillance of new cases that develop once reopening has started will identify clusters of disease. Prompt action must be taken to prevent the widespread resurgence of COVID-19 in a community. It may be necessary to resume sheltering in place for shorter periods of time in communities where there is disease resurgence, and plans must be in place so schools and other workplaces are prepared if they must close again.

### 2. Putting in place the infrastructure and resources to test, trace and isolate new cases.

Transitioning from community intervention to case intervention requires the capacity to test, trace and isolate new cases as they emerge. As governors and public health experts

have repeatedly said, this capacity to test, trace and isolate every new case of COVID-19 must be built now. People with confirmed infection should quarantine for at least 14 days (or based on the latest CDC guidance). Anyone in contact with confirmed cases should be traced and tested. Since there is ample evidence of both asymptomatic and pre-symptomatic spread, it is necessary to test contacts to ensure the virus is contained. In addition, anyone who exhibits symptoms consistent with COVID-19 should be tested immediately.

Serological testing—a test that looks at people's blood for trace evidence of whether they have come into contact with the virus—also provides some hope. With serological testing, we may be able to identify people who have developed immunity and may be less vulnerable to infection.  Concerns about reliability, privacy and government oversight warrant close consideration by unions in determining whether and how serological testing is appropriate for the workforces we represent.

Public health departments are leading testing and tracing efforts, but they have been defunded for years and are stretched thin for resources. Estimates suggest that the United States needs to deploy somewhere between 100,000 and 250,000 contact tracers to adequately move from community intervention to case intervention.

However, local communities cannot hold their breath for a day that may never come or the scale that we need. Unions, in partnership with employers and state and local authorities can help public health departments in their efforts to test, trace and isolate new cases. And to contribute to this effort, unions, working with employers and others, should also consider creating and training in-house contact tracers and rapid response resource coordinators. These roles would serve to help people with confirmed diagnoses, and provide available health and financial supports and resources during quarantine, to mitigate the isolating and other effects of the experience.

Again, alignment of strategies, logistics and operations is essential. What we are facing is complicated and unprecedented. Testing, tracing and isolation must be done in conjunction with other public health tools and interventions like physical distancing, proper hand-washing, the use of personal protective equipment like masks, and other supports and services (for example, food and mental health services) that communities need.

### 3. Deploying the public health tools that prevent the virus' spread and aligning them with education strategies that meet the needs of students.

Reopening society and the economy hinges on successfully reopening schools. While there is general guidance on how each community should respond to mitigate the risk of spreading the virus, public education, higher education and our healthcare system each face unique challenges. We must take every precaution to ensure that students, teachers and support staff are safe at school and not transmitting the virus. This requires: adopting evidence-based public health measures at every school and workplace; aligning those measures with necessary instructional and well-being strategies that meet the needs of students and staff;  and recognizing that this may be a rollercoaster because it may be

necessary to resume physical distancing at certain times and on a rolling basis, to address community-specific outbreaks. Even without COVID-19, there are many programmatic considerations for educators as they plan for every school year. Elementary schools program far differently from high schools, so incorporating public health measures takes planning and resources. The alignment of logistics, educational strategies and public health tools really matter, which is why the eyes and ears of frontline workers must be respected.

The following framework for assessing methods for controlling exposure to hazards in the workplace was initially developed by the National Institute for Occupational Safety and Health and later modified by Johns Hopkins University in response to the COVID-19 pandemic.[2] It is a good starting point.

- **Physical distancing—**Allowing people to work from home and/or restructuring work to minimize the number of workers physically present in a workspace.

- **Screening—**Utilizing screening measures at work and school sites. This could include temperature-taking, if still recommended as an effective screening measure by the CDC.

- **School-based programming and organization—**Among many things discussed below, redistributing work responsibilities to reduce contact between people.

- **Personal protective equipment and sanitization—**Providing medical-grade masks for health professionals and nonmedical-grade masks for all others, and disinfecting schools on a regular basis, in addition to providing hand-washing and sanitizing stations.

## A.    Reopening Our Schools

First and foremost, we must do all we can to ensure students, teachers and support staff are safe at school and are not unknowingly transmitting or contracting the virus. This will require a number of steps that anyone who has consumed any news has heard repeatedly: screening and testing, contact tracing, and isolation and quarantine measures, as well as ongoing prevention measures like frequent hand-washing and some degree of physical distancing. There won't be a one-size-fits-all process, or a hard open where every school in every district immediately turns the lights on; we may be opening and closing for a number of months while we secure these measures and develop ways to keep everyone safe. In addition to the immediate public health tools and interventions, we must plan for a curriculum-based academic year, and for the panoply of appropriate educational and social-emotional supports our students need. We must be prepared for the trauma, the transition and the many instructional issues—including the effects of learning loss and the digital divide.

Revisiting the community school model is a way to do all of the above. Even before the COVID-19 pandemic, community schools created a community hub where students and families could get access to health services, where marginalized communities received support, and where necessary services were available in one place. This model is needed even more now, given the effects of the pandemic—from the inequalities that have been exacerbated, to the need for care before and after school so that essential workers can

continue to work and other parents can return to work.

If experts deem it safe, summer may be a way to start planning a community school model that incorporates the collaborative partnerships and community resources families have used, including meals and medical care, while schools were closed.[3] Summer is a way to try things other countries are doing, including Denmark, Germany, Israel and Norway, which are bringing in small groups of students who need instruction first, including students with special needs whose needs were hardest to meet during closure.

A voluntary multiweek summer session could provide enrichment and "catch-up" time. It also would enable trying, on a smaller scale, protocols that may work when schools open more broadly, including staggered scheduling, increased hand-washing, and nightly school cleaning. And summer can be an opportunity to expand grab-and-go nutrition programs, as food insecurity remains a pressing issue for far too many students.

Now is the time for unions and employers to work on all issues for returning to school. This includes programming, space, operations, logistics, calendar, and aligning all the public health interventions with all the schooling interventions: ensuring students' healthy social, emotional and academic development; nurturing productive relationships; building resilience; supporting diversity and inclusion; and rebuilding the school community.

While COVID-19 has upended much of our lives, it has reinforced the value and importance of public schooling. Teachers and school staff across this country continue their heroic efforts to make distance learning work and support their students—with many parents working valiantly to support them as well. This experience has made clear that there is no substitute for a safe and welcoming neighborhood school.

And while our public schools have been woefully under-resourced, and we must continue the fight to change that, this next two years is an opportunity to visualize what schooling looks like in a post-pandemic era, to ensure every child has the opportunity to thrive.

### i. School-Based Public Health Interventions

Even after shelter-in-place orders are lifted, physical distancing—including limiting the number of people who can be in a school, a hall, an auditorium or a classroom—will play an important role in school safety. Physical distancing measures are the most effective intervention but also the most disruptive. It is a real possibility that even after schools open, targeted building closures could happen around the country in response to community outbreaks. That is why, even though online education is not a substitute for the in-person learning and socialization that happens in schools, schools must prepare for hybrid measures: both in-school and remote education.

**Handling emergent cases:**

Districts, in partnership with unions, will need to develop protocols for the referral, tracing and isolation of students and staff who are exhibiting COVID-19-related symptoms or with confirmed diagnoses. Any plan should, at minimum, include:

**Entry process/screening:**

- Hand-washing on entry to all schools, with soap and water or hand sanitizer;

- Screening for symptoms in children and staff, including temperature-taking if recommended by the CDC;

- An isolation room;

- Clear protocols for communicating with students, parents and staff who have come into close/sustained contact with confirmed cases;

- Limiting access to the nurse's office and creating a secondary area for triage for other student illnesses or injuries;

- An ability to transfer healthcare staff to sites with more cases, without diminishing support available to students elsewhere in the district; and

- Communicating directly and immediately with parents and community regarding cases and how the district responded.

**Protections for at-risk staff and at-risk students:** COVID-19 disproportionately affects people 65 and older and those with underlying chronic health conditions. Reopening plans should consider providing these workers with the option to deliver instruction remotely while students are in the building, with students 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.

ii.   School-Based Public Health Reorganization

Prolonged physical distancing practices may prove impossible for certain populations. Schools  serve diverse populations, from very young children, to students with severe behavioral issues, to others with physical limitations that may make strict adherence to a six-foot distancing standard difficult. This will require efforts to reorganize the school day and school operations to maintain health and safety standards.[3]

It is critical to recognize that different schools, different districts and even different rooms will require tailored solutions.

- **Smaller class sizes.** One of the most important measures districts can take is to reduce class sizes. Class sizes of 25 or more students in a small classroom pose obvious risks to student health and safety. Class sizes of 12-15 students will, in most circumstances, make it possible to maintain physical distancing protocols.

- **Split scheduling.** Alternating days of the week or times of the day may offer schools a way of limiting the number of students physically present in the building at any given time. Knowing that split scheduling may cause disruption for parents and guardians, schools should consider putting in place after-school care with safety protocols for students and families most in need.

- **Monitoring access to school facilities.** Schools should closely monitor access to school facilities and limit the number of visitors granted access to school facilities.

- **Transportation.** Districts should consider modifying transportation to provide staggered arrival times and multiple arrival locations to limit large gatherings of students.

- **Staggered lunch and meal times.** Meals should be staggered throughout the day,

and schools should consider having students eat in classrooms with appropriate protocols to keep the classroom clean.

- **Special student populations.** Additional considerations and planning will be needed for students with disabilities, underlying health conditions, asthma or respiratory illness, and special education requirements.

- **Training for staff, students and parents.** Districts should consider providing up-to-date education and training on COVID-19 risk factors and protective behaviors.

- **Alternative plans for after-school programs, sports, recreation and physical fitness.** These activities may need to be adjusted using the above protocols.

- **Space and time considerations.** This includes the need for portable classrooms or additional space if schools are overcrowded.

- **Additional supports.** This includes professional development, small-group instruction, and all the other social-emotional and academic programmatic supports necessary during this transition.

iii. PPE and Sanitization
- **Availability of and training on how to effectively use PPE.** Educators and support staff need appropriate PPE and training on how to properly put on, use, take off and dispose of it.

- **Hand-washing stations and protocol.** Schools should set up hand-washing stations upon entry to school buildings. Hand-washing recesses can be integrated into the schedule throughout the day for all students and staff.

- **Daily sanitizing.** School facilities should be thoroughly sanitized on a daily basis to prevent transmission of the virus, increasing staff as necessary.

iv. Mental Health Supports for Students
Our collective response to COVID-19 requires much more than limiting the spread of the virus. Prolonged physical distancing, death and illness in our families and communities, and economic dislocations, will leave many students and faculty with ongoing trauma and mental health issues, and it is incumbent on us to meet their needs now more than ever. We know from brain science that lack of psychological safety and the impact of adverse childhood experiences impede and even prevent learning. These impacts will be widespread. This will require additional staff with expertise in mental health, to provide trauma and sensitivity training for all staff, students and parents.  All staff should be trained on how to identify students struggling with trauma and refer them to mental health professionals for additional support.

v. High-Quality Instruction
Teachers and school support staff have responded to the crisis with verve and creativity, creating an entirely new educational delivery system remotely with no advanced notice and little, if any, training. If anything, the pandemic has proven that teachers, when given the freedom to teach, will rise to the occasion to deliver high-quality instruction to their students.

- **Blended in-person and distance learning models.** When school attendance is not

possible or is limited, districts could consider a temporary blended model that distributes educational time between in-person learning and distance learning or fully remote instruction. Recognizing the dangers of excessive time on devices, especially for young students, districts should develop age-appropriate student learning schedules with teacher input.

- **Expanded access to broadband and technology to close the digital divide.** Districts should identify students and educators who lack sufficient access to the internet and the hardware that has become critical to distance learning, and determine solutions for equal access to learning opportunities for those who are unable to connect with the school digitally.

- **Professional development.** Professional development and collaboration time for teachers—before the school year begins, and ongoing—will be more important than ever. This should include not  only relevant content, but should address teaching in the new instructional environment, and trauma-informed practices.

- **Rethinking student assessments.** An extensive review of all assessment programs to limit the loss of learning time to excessive testing, and to prioritize assessments that provide teachers critical information. Special effort will be needed for appropriate diagnosis of students' learning levels and needs given the truncated traditional school year. These diagnostics should be teacher-friendly and accompanied by access to relevant instructional resources and supports to fill gaps.

- **Performance evaluation.** Districts should put formal evaluations on hold during the reopening period until they develop new expectations for the possibility of instruction that alternates between in-person learning and distance learning. Informal evaluation focused on helpful feedback should continue.

- **Role of data.** Beyond refocusing schools on the fundamental values of public schooling—a focus that has been lost over the years—it is also time we repurpose the role of information and data in our schools. For too long officials have used school and student data solely for accountability purposes. As we reopen our schools, we need to primarily use these data to guide instruction, identify and share best practices, and help collectively solve mutual problems.

- **Teaching and learning.** The considerations laid out above must be placed in the context of the overall instructional program as well as supplemental services and co-curriculums—all of which will require significant adjustment. Consideration of the needs of students—particularly students with disabilities and special needs, economically disadvantaged students, and English language learners—will help ensure that the program works for all.

**As the CDC guidance suggests, schools can be information hubs and places to practice key protocols to help stop the spread of the virus.** We are facing a new normal, and at least in the near future, schools will not be the same.  In the short term, this new normal requires more, not fewer, resources—nurses, mental health professionals, and additional instructional and other support. This crisis provides an opportunity to reimagine America's public schools as inclusive and welcoming places for all children to thrive and learn.

Perhaps, out of crisis, we will put our children's and their educators' well-being first. That means, just as we must listen to the healthcare experts to help ensure everyone's safety through this outbreak, we must listen to frontline educators, staff and administrators to ensure children's new normal is one that meets their needs.

### B. Reopening Our Colleges and Universities

Institutions of higher education have been essential to our defense against this pandemic, and they will be essential to economic recovery in the new era. American colleges and universities have produced many of the people who have helped us through this crisis—physicians, nurses and other frontline medical professionals, as well as supply-chain logisticians, information technology personnel, materials science engineers and innovators, and more, who will be urgently needed at every step of what is to come.

College campuses are, historically, exceptionally open physical environments, with most spaces, including buildings, accessible to the public virtually all day, and with a wide range of students, faculty, staff, community members, vendors, outside organizations and other people—all of whom are potential COVID-19 vectors—moving in and through the work site, and to off-campus locations both near and far. The extended duration of daily campus operations—7 a.m. to 10 p.m. daily is not at all uncommon—allows minimal or no window for deep-cleaning procedures.

All of this means that the dislocations caused by the COVID-19 crisis pose a unique existential challenge to American higher education. Because of decades of disinvestment, many institutions—public and private—are revenue-dependent, and are currently not situated to survive even a 10 percent or 20 percent decline in enrollment, or the closure of campus housing for a semester or two. While prospective students at elite institutions consider taking "gap years," the students who would and should attend public colleges and universities are in danger of dropping out of college entirely.  And college and university workers rightly fear that this confluence of factors will combine with an aggressive transition to online modes of instruction to result in institutional collapse.

It is critical to remember that the higher education workforce skews older than average, and is, by the CDC's definition, at heightened risk from coronavirus. And they are, in the majority, struggling financially. Most teachers in higher education are gig workers. Seventy-five percent are employed one year or semester at a time. One-third of them are making less than $25,000 per year, one-quarter of them are food-insecure, and 43 percent of them have put off seeing a doctor for financial reasons in the past year.

To keep these institutions afloat, and to grow the educational infrastructure we will need in order to come back as a nation from the coronavirus, a program of investment similar to the grant program that has helped to stabilize small businesses in this time is needed. We must invest in our institutions of higher education like never before, with the college equivalent of Title I: $50 billion in funding to public institutions of higher education and minority-serving institutions. This money should flow through states with a formula that emphasizes enrollments of low-income individuals, and encourages greater support for institutions that derive larger shares of their operating budgets from state and local sources.

Specific recommendations for our colleges and universities include:

i.  Physical Distancing
- Faculty must decide whether and how online instruction is possible and, with the guidance of campus and public health officials, how any in-person or hybrid instruction can be conducted safely.

- As much as possible, college and university staff—both professional and classified—must be afforded the opportunity to continue telework.

- To encourage the greatest extent of physical distancing, institutions must do everything possible to close the digital divide for faculty, staff and students, thereby lessening the need for anyone to be in shared space in order to access the internet.

- Residential colleges and universities must implement physical distancing measures for both residents and staff in campus housing, dining facilities and other common areas including libraries, if they remain open. Institutions should consult with, or employ, public health specialists to advise in an ongoing way about how to accomplish this.

- To prevent fear pushing faculty or students into physical proximity when physical distancing could and should be maintained, institutional leaders must expeditiously work with institutional accrediting agencies, programmatic accreditors, and union and employer sponsors of workforce training programs, to assure students and faculty that the responsible movement of instruction into remote/online and hybrid space will not be penalized.

- Create and utilize campus public health teams to evaluate and recommend action on potential problem areas on campus, and to assess and improve the institution's capacity for testing, tracing and isolation.

ii.  Campus-Based Solutions
- **Flexible graduation requirements.** Be flexible about program and graduation requirements, course timelines and sequences, requirements for professional certification, and other areas of historic stringency that may conflict with the need for physical distancing. Consider adjusting upper-level courses to account for changes in the preparedness of students who have taken lower-level courses online during this interval.

- **Protections for academic freedom.** Attend to academic freedom and student/faculty privacy in a remote learning environment. The safety of open discussion in a contained classroom could be compromised by the possibility of recordings that get widely circulated.

- **Data security.** Establish rules, including contract language, that reassure faculty and students that corporate education vendors will not be using this crisis to enhance their data mining and in turn appropriate that data to expand prefabricated curriculum.

- **Prepare for ongoing disruption.** To the extent an institution is reopening, make

and propagate plans for disruptions to in-person instruction caused by surges in COVID-19 cases.

- **Protections for at-risk populations.** Create and enforce policy and practices to prevent replicating and worsening the virus's disproportionate impact on older people and people with underlying health conditions that place them at greater risk. Be especially attuned to the needs of older faculty and staff, or those with underlying health conditions or with household members who have underlying health conditions, to be able to work out of proximity to others.

- **Adjust compensation for additional instructional time.** To maximize educational value and ensure compliance with physical distancing, plan to pay teachers, particularly adjunct teachers and graduate assistants, for the time they are asked to spend meeting either in person or virtually with smaller groups of students than had met in the past.

iii. PPE and Sanitization

- Identify and provide appropriate PPE for employees and students.

- Establish cleaning regimens; properly protect and train the custodial staff who conduct the cleaning.

- Appropriately and regularly sanitize public buildings, especially campus residential and dining facilities.

iv. Physical and Mental Health Considerations

- **Community health liaisons.** Add trained nurses and counselors to oversee the handling of identified cases of illness in the college or university community, and to direct those in need of resources.

- **Protocol for new cases.** Expand campus health resources, including isolation rooms for students identified with COVID-19 symptoms. Establish criteria for when residential students with COVID-19 symptoms, or who are diagnosed as COVID-19 positive, will be excluded from regular campus activities, and identify the procedure that will be followed to relocate the student either on or off campus.

- **Resources for degree completion.** Strengthen and expand existing programs to help students maintain continuous enrollment and progress toward degrees—e.g., small-dollar grant programs, transportation and child care assistance.

## C. Readying Our Hospitals and Health Systems

The lessons of this pandemic demonstrate the dangerous consequences of being ill-prepared. The inability of our decimated public health infrastructure to handle a pandemic puts the problems with our corporatized healthcare system on full display. In the absence of widespread immunity to COVID-19, new infections could surge once shelter-in-place orders are lifted and society begins to reopen. Experts additionally talk about a possible second wave of outbreaks in the fall. Without a robust public health infrastructure, and absent enforcement of strong protective guidelines and a supportive

response plan by the federal government, union leaders in the health sector must engage in meaningful ways of holding employers accountable.

The gap between our public health system and private healthcare corporations must be addressed. A lack of transparency and a funding model that has starved resources from the  public health system not only reward pharmaceutical and large healthcare corporations. They also establish a power imbalance that minimizes the voices of patients and workers in setting standards of care and in helping shape how care should be delivered. Notwithstanding the challenges with our current system, evidence-based practices, enactment and enforcement of protective regulatory standards, and collectively bargained terms are necessary to ensure healthcare workers can care for patients without fear of harm to themselves and their family, should a resurgence of the virus occur.

Worker safety is patient safety. Our healthcare workforce has borne the brunt of workplace infections and deaths related to COVID-19, owing in large part to the crisis rationing of PPE and the diminution of federal standards and guidelines that conform with the highest standards of patient safety. It is imperative that nurses and other health professionals are at the table during employer debriefs and when preparedness plans are evaluated and modified, to ensure our healthcare workforce is not working in hazardous conditions. Health and safety issues must be addressed before another surge in infections occurs. PPE supplies must be adequate in number and quality, and all staff should be fit-tested and fully trained for use of PPE.

State reopening plans phasing in the return of elective medical procedures and routine care require a hard look at where we have failed to keep our patients and healthcare workforce safe. With COVID-19, nurses and healthcare professionals are working in conditions where protective measures of infection control have failed and their expertise and training have been overlooked.  Infection control measures in patient care environments have necessarily been adjusted during the pandemic and will require ongoing adjustment as reopening occurs. Factors like patient flow, room setup, and visitor policies will influence the ability to limit transmission in clinical settings. And union leaders will need to press healthcare employers to ensure they are ready to quickly implement preparedness plans in the event of a resurgence.

There is a need to stabilize the healthcare workforce, as areas hard-hit by the virus have seen an increased need for critical care nurses, but a decrease in need for other nurse specialties. Resulting layoffs and substantial job loss in healthcare contribute to the overall unemployment rates, prompting the need for effective deployment of our healthcare workforce; this is a key component of reopening and preparation for a second surge in infections. Nurses on medical floors with low patient counts, for example, could be trained to augment staffing in critical care areas where staffing numbers are low due to infection rates among clinicians. Rather than tactics like recruitment from abroad, we should first implement retraining to redeploy existing staff based on patient needs.

Mending well-being and emotional resilience among the healthcare workforce will also be a necessity. Stressors abound for healthcare workers caring for acutely ill COVID-19 patients in isolation in hospitals and other healthcare settings. Whether related to stressors like employment of strict biosecurity measures, the isolation from family and friends, the heightened workload demands, or even the risk of disease, our healthcare

workforce will require a period of reintegration—even though most of their facilities have remained open. The systematic failure of employers and the federal government to prepare for a pandemic resulted in an extraordinary level of unnecessary trauma across the healthcare workforce, and those things must be addressed.

### 4.  Involving workers, unions, parents and communities in all planning.

There is no one-size-fits-all solution to this crisis. Rebuilding community after a complex public health and economic crisis necessarily involves thousands of people navigating recovery who are as new to the experience as the average person; thus, the effectiveness of our collective response depends on the collective action of each community. Communities and workers must be educated, engaged and empowered. This is an unprecedented situation; the eyes and ears of practitioners are essential to ensure that the public health, instruction and logistics of reopening are operationalized as seamlessly as possible.

Schools, colleges, hospitals, and local and state governments will need to engage workers and community stakeholders at every level of the decision-making process to ensure that the mitigation strategies embedded in reopening plans are responsive to the specific vulnerabilities of each workplace and that there is regular and open communication regarding the policies and procedures to keep everyone safe. Without transparency and joint decision-making, there is a real risk of distrust, the spread of misinformation, and a lack of compliance with reopening plans.

Collective bargaining is the best way to ensure that workers are represented in decision-making and that health and safety standards are enforced to the benefit of workers and the communities they serve. In the absence of collective bargaining, workers and employers can use meet-and-confer arrangements to formalize reopening plans and ensure accountability.

*Protections for Workers and Community*

Strong, clear and enforceable workplace health and safety standards must be in place to protect workers' voices during the reopening process. Employers and joint bodies administering the phased reopening plans need to know where there are faults in the plan and noncompliance issues. In addition to OSHA protections available in some states, workplaces and other authorities should develop policies to protect workers who speak up about health and safety issues, as healthcare professionals are frequently subject to gag orders, and many have lost their jobs for speaking up about safety concerns.[4]

To ensure that health and safety measures are implemented, workers who voice concerns publicly should be protected from employer retaliation that could result in their discipline or dismissal. Workers must have the right to refuse work if they fear exposure to the virus because they have not been provided proper protections or training to do their jobs safely. The surest way to protect workers in these instances is to put these protections into collective bargaining agreements. Workers have and will face great risks in transitioning to reopening, and their voices should be treated as a public health resource, not a liability.

In general, unions and employers, consulting with diverse community stakeholders, should treat the collective bargaining process as an opportunity to solve problems facing school districts, universities and hospitals as they plan for and manage reopening. Consultation provisions can be built into the agreement to ensure that all parties are regularly discussing and solving problems as they arise.

Collective bargaining can also be used to fight for the resources workers and communities need. AFT affiliates from across the country have been fighting for smaller class sizes, more nurses and counselors, safe patient staffing, resources for community schools, and other supports for students. Public schools should continue to be reimagined as community hubs—places where students and families can get access to community health services, be regularly educated about how to stay healthy, and learn where to go to receive testing and treatment. Strong community and family engagement has been a cornerstone of transforming struggling schools to support students. When practitioners and school administrators work together to support these efforts the results are even stronger and more sustainable.

This kind of investment around a whole-community approach is what will not only mitigate the disproportionate harm this crisis has caused the most vulnerable communities, but help reverse the inequality that existed long before this pandemic.

*A Seat at the Table*

All community members are struggling with the fear and anxiety of reopening before a vaccine is widely available. In order for communities to trust reopening plans, they need a seat at the table to make decisions, and to feel engaged and empowered to help their community implement them.

Reopening plans need to address specific challenges in each community. Some schools have a network of healthcare providers that deliver services to students and the school community, and others don't. Some universities have student populations with no home to return to in the event campus is closed. African Americans face higher rates of infection and death. Older workers and those with chronic or underlying conditions are at higher risk of having life- threatening cases of COVID-19.

To address these issues, state and local unions should start planning committees now, for the next school year, and use a needs  assessment tool to map out the risks of reopening. These committees can also help align the resources available across sectors—education, public health and public safety—to mitigate those risks. The guidance on the available public health tools and strategies for preserving high-quality instruction discussed in section three is a good starting point, as is any overture to invite parents and community groups to join you.

The plans that come out of needs assessments not only should provide guidance to employers, but also should become official policy upon adoption by school boards and other governing bodies and/or included in collective bargaining agreements to ensure compliance and accountability. Workers and community stakeholders need the power and voice to enforce these reopening plans, and to make sure they work to fulfill health, safety and educational goals.

Effective communication depends on a high degree of trust. Without the trust of workers and community stakeholders, workplaces will be challenged to ensure compliance with reopening plans. Communication before and during phased reopening must be transparent about the stakeholders involved in the decision-making process, the factors used to make decisions, and the nature of the decision-making process itself. We must remember that our communities are eager to return to a sense of normalcy, as they are feeling the grief of lost loved ones, economic insecurity due to lost jobs and incomes, and prolonged isolation.

Perhaps most importantly, communication needs to be clear about the actions people can and must take to protect themselves and others from COVID-19. Employers may simply not have the ability to effectively communicate those actions to workers and the community at large, and they will need to call on the help of union and community stakeholders to deliver the message into the community. A "whole school-whole community" approach has been the most effective at limiting the spread of the virus and keeping panic at bay. The AFT has worked tirelessly to ensure our members and communities are properly informed.

### 5. Invest in recovery. Do not abandon America's communities or forfeit America's future.

The paired crises of the COVID-19 pandemic and the resulting economic devastation make reopening the public square especially complex. We know we must reignite the economy, and a safe reopening of schools and other workplaces is a necessary step toward recovery. While we are eager to put people back to work, send children back to school, and repair the damage done to the economy and our families' well-being, to rush this process or fail to put in place the safeguards advised by public health experts will risk both a second surge of infection and an even deeper economic downturn.

The toll this has taken on America's working families and our communities is incalculable, and the hole gets deeper with each passing day. This particular moment requires our federal government, in particular, to respond appropriately. In addition to what has already been done, a substantial and immediate federal investment in our states, cities and towns is critical to ensure that we are continuing to respond to the pandemic, clearing the way for a safe reopening, and supporting our families and communities.

*A Plan to Support State and Local Governments and Other Critical Services: Public Schools, Public Safety, Public Health, the U.S. Postal Service and More*

Businesses large and small have shut down operations, and more than 26 million workers have filed for unemployment in recent weeks, threatening to crater tax revenue for state and local governments. Even with the $2 trillion CARES Act rescue package passed in March, the White House predicts 20 percent of Americans will be unemployed by June. Governors from all 50 states have issued emergency declarations and taken steps to reallocate their budgets. Now, these governors, Democrats and Republicans alike, are calling for the next COVID-19 relief bill to include another $500 billion to stabilize their states and prevent another wave of layoffs, because they're desperate to avoid the cuts to public services like schools, healthcare centers and public safety. More will be necessary

to provide for a safe reopening and address new needs created by this crisis.

But Senate Majority Leader Mitch McConnell suggested that Congress should let state and local governments go bankrupt, putting teachers, nurses, bus drivers, firefighters, EMTs and other public employees out of work, plundering pensions and retirement security, and plunging even more families and seniors into poverty. His plan would gut public education, Medicaid, public health services and mental health treatment—the essential public services that never recovered fully from the austerity measures imposed after the Great Recession of 2008.

We cannot forfeit our future or abandon our communities. To survive as a nation, we must help our public schools, universities, hospitals, state and local government, and the Postal Service provide services that will be more needed than ever; this will require an immediate, massive reinvestment in public services. The CARES Act and related legislation provided an important first step in a federal response, but more is needed. Congress should, in the next iteration of its response, do at least the following:

- **Support the National Governors Association's call for $500 billion in additional funds to meet the states' budgetary shortfalls that have resulted from this unprecedented public health crisis.**

- **Provide at least $175 billion for the Education Stabilization Fund distributed directly to local education agencies and institutions of higher education, with minimal state set-asides, in an equitable and targeted fashion. Also provide $50 billion in direct funding for public colleges and universities and minority-serving institutions.** Given anticipated loss of tax revenues, they will need substantially more federal support to deliver crucial public services, such as educating our nation's public school students, sustaining public higher education and maintaining a public service workforce.

- **Invest in voluntary summer school, after-school programs and community schools that will make up for the instructional time lost during the 2019-20 school year, by providing significant additional funding for Title I and the Individuals with Disabilities Education Act as well as additional funding for high-quality, voluntary summer school and extended learning time.** While the full extent of the current crisis continues to evolve, we already know that, despite their best efforts to support students and families, our schools will be faced with students who have experienced extended months of learning loss, significant poverty, trauma and unmet social-emotional needs.

- **Increase investment to close the digital divide.** High-speed broadband, reliable mobile service, modern technology and hardware are no longer optional. They are now core infrastructure needs of businesses, schools and homes.[5]

- **Substantially increase Medicaid funding, provide free COVID-19 testing and treatment for all regardless of immigration or insurance status, and increase support for providers assisting underserved populations.**[6]

- **Provide for the personal protective equipment, cleaning supplies and other materials necessary to help our public institutions reopen safely.**

- **Cover 100 percent of COBRA health insurance premiums for those workers now unemployed through no fault of their own, or who lost health insurance due to the death of the carrier.** Ensure resources are available, and that proper testing and safety provisions can be in place, before schools reopen.

- **Permanently expand eligibility for unemployment benefits to many previously uncovered workers (including the self-employed, independent contractors and gig workers), and extend unemployment benefits for an additional 13 weeks.**

- **Boost SNAP maximum benefits** by 15 percent and increase the SNAP minimum payment from $16 to $30. This will help provide adequate nutrition assistance to meet the overall need and spur economic recovery. Every day there is new evidence of the depth of food hardship and economic dislocation. Each $1 of federal SNAP benefits during a downturn generates between $1.50 and $1.80 in economic activity.

- **Increase by a minimum of 15-percentage points the Federal Medical Assistance Percentages, which determines Medicaid spending.** This increase should be added to the 6.2 percentage-point increase adopted in the Families First Coronavirus Response Act, and increases should be retroactive to Jan. 1, 2020, and should last until at least Dec. 31, 2021.

- **Cancel student debt.** As a nation, we are now paying the price for our decades of neglect of the systems through which collective effort once enabled us to take on herculean challenges. This includes our neglect of our system of higher education, which has produced fewer essential professionals than we need and has, in shifting the burden of its costs to individual students and families, effectively demanded lifetime personal indenture of those who undertake college, graduate and professional education. In the economic catastrophe we now face, for its stimulative effect alone, it is time to free people who have attended college of the burden of student loan debt.

Given these needs, Congress should make at least a $750 billion investment in state and local government to stabilize public services, which will help put us on a path to reopen safely and allow for a real recovery for all our communities. This administration spent trillions on a corporate tax cut in 2017; it must be prepared to invest a comparable amount on the anchoring institutions that have been key to fighting the virus and are central to any recovery plan: Public schools, universities, hospitals, state and local governments and the U.S. Postal Service provide services that will be more needed than ever, and we need a massive investment in them right now.

In partnership with the AFL-CIO and partner unions, we developed five economic essentials to address the stark realities now faced by workers across all sectors:

- Keep America healthy—protect and expand health insurance for all workers;

- Keep frontline workers safe and secure;

- Keep workers employed, and protect earned pension checks;

- Keep state and local governments, our public schools and the U.S. Postal Service

solvent and working; and

- Keep America competitive—hire people to build infrastructure and make long-overdue investments in this key pillar of the economy.

We have all watched harrowing reports of abusive and unsafe conditions for essential workers in meatpacking plants[7] and warehouses[8] across the country. On April 28, AFT-affiliated nurses and healthcare professionals in 10 states filed 24 separate OSHA complaints[9] for lack of necessary personal protective equipment despite their ongoing exposure to COVID-19 patients as part of their jobs. The president must use the power of the office to protect workers with the aggressive enforcement of Defense Production Act and OSHA standards. He must cease using the power of the presidency, his public press conferences and his Twitter account to endanger the lives of working people.

*A Progressive Economic Agenda*

With interest rates and inflation at historic lows, the federal government should continue to borrow to fulfill its role and to support state and local government services. It is not the time to be concerned about deficits. And the federal government should be prepared to raise taxes.  We are trying to both save lives and ensure the quality and dignity of those lives. It is completely appropriate to ask our future selves to help pay for that. We must fund our future if we want our children to inherit the potential to fulfill the promise of the American dream.

States also will have an important role. In Illinois and California, there are initiatives on the ballot this fall to raise revenues by asking those who have more to pay more. These are the right policies to pursue at the moment, and more states should look to emulate these efforts in the coming days. While there is an argument that raising taxes in a recession has an economic cost, the economic and social costs of cutting services and creating further suffering are far greater.  We can afford to make these investments, we cannot afford to fail.

## CONCLUSION: A LIVING DOCUMENT

This plan to reopen our society is a living document, guided by constantly evolving expert advice about how best to keep our children, our workers and our communities safe from the continued spread of COVID-19 and what resources are needed to put communities back on the road to recovery.

It rests on the fundamental belief that without a vaccine, we must take specific steps to map out our new normal, which must include: some elements of physical distancing; infrastructure for testing, tracing and isolation; deploying public health interventions in our schools and workplaces and aligning them with the necessary educational supports; involvement of workers and community in the development of reopening plans; and significant investments in states, localities, schools, healthcare and the Postal Service—the essential systems that have carried us through this crisis and will need continued support.

Together, as the people on the frontlines of carrying our country through this crisis, we will work to carry our communities through the recovery that follows.

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**Endnotes**

[1] School systems have been operating throughout this pandemic. By reopening schools, we mean having regularized access to school buildings and other physical learning and service delivery locations.

[2] Caitlin Rivers et al., "Public Health Principles for a Phased Reopening During COVID-19: Guidance for Governors," Johns Hopkins Bloomberg School of Public Health, April 17, 2020, https://www.centerforhealthsecurity.org/our-work/publications/public-health-principles-for-a-phased-reopening-during-covid-19-guidance-for-governors.

[3] John King and Randi Weingarten, "What Comes Next for Public Education?", The Hill, April 24, 2020, https://thehill.com/opinion/education/494521-what-comes-next-for-public-schooling.

[4] Theresa Brown, "The Reason Hospitals Won't Let Doctors and Nurses Speak Out," New York Times, April 21, 2020, https://www.nytimes.com/2020/04/21/opinion/coronavirus-doctors-nurses-hospitals.html.

[5] Congressional Budget Office, "CBO's Current Projection of Output, Employment, and Interest Rates and a Preliminary Look at Federal Deficits for 2020 and 2021," April 24, 2020, https://www.cbo.gov/publication/56335.

[6] American Federation of Teachers, "A Decade of Neglect: Public Education Funding in the Aftermath of the Great Recession," https://www.aft.org/sites/default/files/decade-of-neglect-2018.pdf;

Trust for America's Health, "Pain in the Nation Update: Deaths from Alcohol, Drugs and Suicide Reach the Highest Levels Ever Recorded," February 2018, https://www.tfah.org/article/new-report-funding-for-public-health-has-declined-significantly-since-the-great-recession/.

[7] Ken Anderson, "Trump Orders Meatpacking Plans to Remain Open," Brownfield AG News, APril 28, 2020, https://brownfieldagnews.com/news/trump-orders-meatpacking-plants-to-remain-open/.

[8] Alina Selyukh, "Amazon Warehouse Safety 'Inadequate,' N.Y. Attorney General Office Says," NPR, April 27, 2020, https://www.npr.org/2020/04/27/846438983/amazon-warehouse-safety-inadequate-n-y-attorney-general-s-office-says.

[9] Olivia Messer, "OSHA Complaints Flood in from COVID-19 Frontline Health Workers," Daily Beast, April 28, 2020, https://www.thedailybeast.com/osha-complaints-flood-in-from-covid-19-frontline-health-workers.

ALL HANDS ON DECK:
GUIDANCE REGARDING
REOPENING SCHOOL BUILDINGS

**nea** NATIONAL EDUCATION ASSOCIATION

**National Education Association**
The National Education Association is the nation's largest professional employee organization, representing more than 3 million elementary and secondary teachers, higher education faculty, education support professionals, school administrators, retired educators, and students preparing to become teachers.

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In addition to the team in NEA Education Policy & Practice, colleagues contributing to this guidance represent the Center for Advocacy, Center for Enterprise Strategy, Center for Great Public Schools, Center for Organizing, Center for Social Justice, and Office of General Counsel.

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## INTRODUCTION

The COVID-19 pandemic has brought unprecedented challenges to our schools, our economy, and our nation's families, exacerbating racial inequities and placing a disproportionate burden on communities of color throughout the country. While physically opening schools at the beginning of the 2020–2021 school year is the goal of most districts, the decision of when to reopen school buildings must be rooted in health and safety and not based on an arbitrary start date or any other priority. However, COVID-19 has also brought an opportunity to reimagine and reengineer the policies and processes that have benefited some students while not prioritizing other students, specifically under-resourced students; Indigenous, Black, and students of color; and students with disabilities.

This is an opportunity to intentionally plan for school success during COVID-19 and beyond with health, safety, and equity at the forefront. We encourage educators to seek out opportunities to engage in dialogue about how we can educate all students safely in the midst of the crisis. In this process, we also encourage all stakeholders to unlearn biases and deficit ideologies about students, parents, and communities. We advocate that educators move to practice the types of teaching that will benefit all learners.

The National Education Association (NEA) recognizes that each school building is unique and not all recommendations or items for consideration will be relevant to every building or campus where our members work. We welcome your feedback and suggestions. We invite you to share your thoughts on this document and subsequent guidance and recommendations. Email futureofschools@nea.org.

> "The health and safety of our students, families, and educators must be the primary driver of when it is safe to reopen school buildings in each community."
>
> –Lily Eskelsen García, President, NEA

# I. GUIDING PRINCIPLES

COVID-19 has put a spotlight on a hard truth that our members across the country already knew: Not all students have equitable access to the educators, resources, and tools they need. Our collective work must promote a vision for public education that advances inclusion, equity, and racial, economic, and social justice in our schools, association, and society.

We don't just want to "get back" to school. We want to make the schools our students return to *better*. We want a public school and higher education system fully committed to the learning of every single student and thoughtfully designed to achieve that end. We have a unique opportunity to create schools and campuses that are unequivocally resolute in their commitment to student learning, beacons of service and partnership to communities, and respected and sought-after institutions of employment. The aim is not adequacy; rather, it is productive excellence for all. The NEA recognizes an immediate need for concrete guidance on returning to school buildings. This document, "All Hands On Deck: Guidance Regarding Reopening School Buildings," reimagines our schools as just environments so that students and educators are safe and healthy, and they are able to teach and learn regardless of school, community, race, class, or ability.

Our guidance is rooted in four basic principles:

1.  **Health Expertise:** Health and safety of all as advised by science is fundamental.
2.  **Educator Voice:** Educators' voices and expertise are front and center as part of decision-making and implementation.
3.  **Access to Protection:** Educators and students need consistently funded access to personal protective equipment (PPE) and the ability to disinfect surfaces regularly.
4.  **Leading with Equity:** Achieving racial and social justice is imperative and not an expendable aspiration.

Our nation's public schools and institutions of higher education (IHEs) serve an incomparable role as pillars of our communities. As educators, we know the value of trusting relationships that educators have with students and the importance of face-to-face instruction. The NEA has compiled this guidance to ensure the safety of our members, students, and our most vulnerable communities while still providing a way forward so that our society can prosper and learning can resume in a face-to-face format when and how it is safe to do so.

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**DEFINITIONS**

**Educators** include classroom teachers, paraeducators and other education support professionals (ESPs), specialized instructional support personnel (SISP), librarians, administrators, and higher education faculty and staff.

**Education Support Professional (ESP)** means an individual employed in a professional career that falls into one of the following career categories: paraeducator, clerical services, custodial and maintenance services, transportation services, technical services, skilled trades services, security services, health and student services, and higher education ESP.

**Specialized Instructional Support Personnel (SISP)** means personnel who work with teachers, school support staff, parents, community members, and other education stakeholders to make sure students have the services they need to succeed academically and socially, inside and outside the classroom. SISP include professionals such as school counselors, psychologists, social workers, occupational therapists, library media specialists, speech pathologists, and others.

### Principle 1: Health Expertise

This global health crisis has highlighted the critical role public schools and IHEs play in the fabric of our society. Failure to prioritize safety and adequate staffing in public schools as school buildings reopen would create a public health risk that will only prolong the pandemic. The guidance produced by the federal government lacks the specificity and context required to support the unique needs of education communities across the country.



### Principle 2: Educator Voice

The NEA is drilling down on critical issues that education systems should consider as they prepare to physically welcome back educators and students. As states and districts begin to plan for the Fall 2020 semester, we want to make sure that educators are equipped with the tools needed to advocate on behalf of all students and themselves. More important, educators have extensive expertise in teaching and supporting students, and they must be front and center by fully participating in decision-making and implementation processes, preferably in a collaborative environment.

### Principle 3: Access to Protection

Students and educators will continue to face health and safety inequities in schools if they are not provided with proper PPE and disinfectants. Schools are collaborative spaces where materials are regularly shared and social distancing might not always be possible. To minimize exposure or infection from COVID-19, we must ensure that all students and educators have continuously funded access to PPE and other disinfecting supplies. Schools, many of which are already underfunded, should not be faced with the decision of how to pay for this equipment. Denying schools access and funding to PPE would exacerbate health and education inequities.



### Principle 4: Leading with Equity

Every student deserves to live and learn in a community with an accessible network of public infrastructure and opportunities designed to meet their needs. However, the NEA's 3 million members know that race, ZIP code, disability, sexual orientation, gender identity and expression, family status, employment status, and economic background impact a child's access to opportunity and success. Additionally, the negative impacts we continue to see are exacerbated for Indigenous, Black, and students of color. We understand how policymakers attempt to divide us by strengthening these networks in some of our communities and not in others. Members understand that the status of public education today is not an accident. As we begin to have discussions on how to move our schools beyond COVID-19, we must do so by creating policies that clearly articulate what each community needs to be able to achieve racial and social justice. We need to organize as a broad coalition to attack the interconnected systems that create the inequities in our schools.

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> "We must share in finding solutions that finally work for students of color, students with disabilities, English language learners, undocumented families, homeless families, rural schools, and under-resourced schools."
>
> –Lily Eskelsen García, President, NEA

## Future Forward

In contemplating what must be done in schools to safely reopen buildings, one thing is abundantly clear: There is a paramount need for the federal government to provide substantial support to education systems in order to safely and effectively deliver instruction. Our priorities as a nation must be reevaluated. Rather than bailing out massive corporations who have profited during the pandemic, we must support a system that works for all of our nation. School systems will not only need additional resources to reopen buildings safely, they also will need to make up for the economic fallout from the pandemic, which is expected to hollow out the state and local tax revenues that fund ordinary school operations. Under pandemic conditions, the need for additional federal measures to fund schools is nothing short of desperate.

**Investing in public PreK–12 and higher education is critical to prepare our children for an increasingly uncertain economic future.**

Failure to invest in public schools and IHEs would exacerbate various problems that will prolong the current economic crisis, including increased class sizes, educator job losses, reduced resources and opportunities for student learning, and potential impacts on school infrastructure. The federal government must make massive federal appropriations earmarked for public schools and IHEs, and the Federal Reserve must be prepared to purchase bonds that would support states and school districts facing major budget deficits. Investing in public PreK–12 and higher education is critical to prepare our children for an increasingly uncertain economic future and give them the knowledge and critical thinking skills they will need to help secure our democracy.

# II. PREPARING TO REOPEN SCHOOL BUILDINGS
## CRITICAL TOPICS FOR EDUCATORS TO RAISE IN PLANNING A RETURN TO SCHOOLS

### Learn from Spring 2020

*How should we assess the extent to which technological solutions implemented when school buildings closed were effective in meeting the needs of educators, students, and families and prepare to adapt those solutions in the next school year?*

The severity of the digital divide came under harsh light throughout much of the country as the scarcity of student access to devices and broadband Internet caused districts to scramble to provide distance learning programs to students. To avoid the potentially devastating effects that similar disruptions could have on student learning opportunities in the next school year, we must evaluate what was learned from Spring 2020 closures and identify specific actions that states, districts, and schools can take to avoid repeating history.



Districts, states, and the federal government must acknowledge that the pandemic was not experienced equally by all communities and populations, particularly in rural areas and communities of color. These systems must evaluate how different families handled the time out of school buildings.

1. Acknowledge the pandemic was not experienced equally by all communities and populations, particularly in rural areas and communities of color. Listen and learn how different families handled the time out of school buildings.

   **Items for Consideration:**
   • How can schools effectively evaluate and build learning that meets the needs of all students, including those whose learning may have been disproportionately affected by COVID-19?

   • How can schools identify ongoing needs for social services, academic remediation, and the like?

   • How can schools identify students without needed technology and student households that may need assistance?

   • How can schools allocate funding and resources to help close opportunity gaps that have been exacerbated by the disparate impacts of school closures on households without Internet access, hardware, and other resources essential for student success?

   **Resource:**
   • Statewide Committee to Safely Reopen Florida's Public Schools: Priorities and Recommendations, by Florida Education Association. See *References*.

2. Evaluate the extent of disruptions to student learning due to resource shortages, including device shortages, lack of connectivity, lack of digital literacy, etc.

3. Recognize the extent of inadequate and inequitable distribution of student devices and examine the extent to which such inequities contribute to differing levels of student engagement with learning.

   **Items for Consideration:**
   - How can schools ensure that they are prepared and work with stakeholders to create distance learning transition plans that are consistent and equitable to avoid future episodes of crisis learning?
   - What can schools do to secure and supply adaptive technologies to meet individual student needs, including assistive technology to support students who are English language learners or are differently abled?

4. Provide digital literacy instruction and ensure that informational resources on how to utilize online programs and school software systems are available in multiple languages and include adaptive technology.

   **Items for Consideration:**
   - To what extent were those solutions ineffective or inadequate?
   - Which students were unable or unwilling to participate in online activities?

5. Prepare students and educators to switch or toggle back and forth from face-to-face instruction to online learning in the event of virus-related closures in the future.

   **Item for Consideration:**
   - How can districts ensure access to technology and broadband Internet in consideration of Indigenous, Black, and students of color and under-resourced students and educators who do not otherwise have access to this technology or broadband?

## Ground Decisions in Science

*What information should be used to prepare to transition from social distancing to in-person instruction?*

Widespread increases in the capacities for COVID-19 testing and contact tracing are necessary preconditions for making informed decisions about reopening school buildings.

### Base Decisions on a Full Picture Informed by Evidence

*What public health measures must be in place to adequately conduct an assessment and make a determination regarding the reopening of school buildings?*

The importance of public health expertise and guidance cannot be overstated. All decisions to reopen school buildings must be based in scientific evidence and advice.

> **All decisions to reopen school buildings must be based in scientific evidence and advice.**

#### Testing and Contact Tracing
Testing capacity in the United States remains inadequate and uneven. This is especially true in under-resourced communities and communities of color—populations that have had the least access to adequate COVID-19 testing. To evaluate whether outbreaks are sufficiently contained to allow school buildings to reopen safely, the United States must have the ability to perform adequate testing.

However, the need for widespread testing is not a sufficient precondition for reopening school buildings and businesses in the absence of robust contact-tracing and case-isolation capacity. Before any decisions are made as to when and under what conditions school buildings can reopen, widespread contact-tracing and case-isolation measures must be in place, with the understanding that communities of color have been hit hardest by COVID-19.[1]



**Item for Consideration:**
- How do we ensure that rural communities and communities of color gain access to public health services and virus testing?

**Outline and Communicate Science-Based Standards for Determining School Operating Status**

*What information should schools rely on to determine whether and how to reopen school buildings?*

Public health experts know best the risks of reopening and how to ameliorate them.

**Conditions for Reopening Buildings**
In the absence of federal guidance, it is incumbent on state and local governments to develop reopening criteria based on sound epidemiological science and public health principles. Once a state has sufficient testing as well as contact-tracing and case-isolation capabilities, responsible decisions can be made about the reopening of school buildings.

**Items for Consideration:**
- What data will be used, and how will they be analyzed to make any reopening decisions?

- Which epidemiologically relevant populations in the school district's community must be considered separately—considering all student and educator communities and varied student abilities—in making these decisions?

**Conditions for Reinstituting School Closures**
Establish and be transparent about the conditions under which schools would close again; not just the conditions under which they can open. Base school closure decisions on transparent data made known by clear standards; for example, transmission rate, number of cases in the school or community, and number of persons exposed on a particular school grounds.

**Items for Consideration:**
- What conditions will be set regarding physical building closures and how learning will continue?

- How will these conditions be communicated during closures so that people can be prepared?

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[1]Rashawn Ray. Why Are Blacks Dying at Higher Rates from COVID-19? (Brookings). April 9, 2020. Additional coverage of this issue: Rodney A. Brooks. African Americans Struggle with Disproportionate COVID Death Toll (National Geographic). April 24, 2020. Shelby Lin Erdman. Black Communities Account for Disproportionate Number of COVID-10 Deaths in the US, Study Finds (CNN). May 6, 2020.

**Resource:**
- TSTA Standards for Safe Students, Schools, and Communities, by the Texas State Teachers Association. See *References.*

## Plan According to Specific Needs of PreK–12 Schools and IHEs

*Why do school plans need to be more detailed than general public health guidelines suggest?*

The voices of educators who know their schools and students best are critical for creating effective plans for keeping students, educators, and communities safe and ensuring learning can occur.

### Strategize Safe PreK–12 School Operations

The COVID-19 pandemic has brought national attention to problems that predate it, but they are not new to educators. Students whose families are in economic crisis, facing food insecurity, or homeless struggle to learn. Educators know that addressing these needs is—and must be treated as—an urgent priority as we plan for improving our schools and strengthening our communities.

Educators have seen complex plans developed by school administrators that break down the moment they come up against the humanity and complexity of our diverse student populations. Plans for safe and equitable learning environments must be developed by and with the educators who know their students and their needs best; educators who will be on the frontline administering the policies to ensure the safety of all on school grounds.

### Tailor Safety Precautions for Higher Education

As IHEs decide how and when to reopen in the next school year and offer in-person classes, student services, and on-campus housing, colleges and universities must plan for ongoing virus prevention. These plans must include how to safely situate students in residence halls: They must provide single rooms as much as possible or create plans for "pods" and "quads," where students who have tested negatively and have been appropriately quarantined can be grouped together for their time on campus to help prevent the spread of COVID-19. IHEs also must consider unorthodox teaching practices for the safety of faculty as well as the safety of students at residential campuses and commuter campuses, such as community colleges. IHEs should consider teaching in large lecture spaces or other open areas where students are able to social distance easily and safely. When that is not possible, IHEs must consider having faculty come to the dorms or other low-foot-traffic areas to keep students as stationary as possible.

Institutions also must keep campus ESPs, including custodial staff, healthy by providing them appropriate and proper PPE equipment to maintain safety on campus where students, faculty, and other staff will meet. This also means that colleges and universities must consider safety plans should cases arise during the semester that include temperature checks and spaces for quarantined students who have been affected while on campus.

As IHEs consider these plans for reopening campuses safely, decisions must be accompanied by clear and daily communication plans to faculty, staff, students, and their families so that all stakeholders have the most up-to-date information related to COVID-19 on campus. These plans must address the unique challenges of each type of IHE, including those located in urban and rural areas, HBCUs, Tribal Colleges and Universities, and other MSIs as well as traditional and commuter campuses.

**Resource:**
- UFF/FEA Higher Education Reopening Committee Guidelines: Priorities and Recommendations, by United Faculty of Florida and Florida Education Association. See *References.*

### School Campuses Are Hubs for the Community

*Why are detailed and rigorous protocols needed that drill down farther than what the federal government has provided?*

Given the conditions of human interaction on school campuses—which is different than shopping in a grocery store or boutique—it is necessary for school systems to establish and adhere to rigorous protocols for the safe operation of schools. Such protocols must be far more detailed and rigorous than what the federal government has thus set forth.

Districts must create protocols for safe reopening of school buildings in partnership with educators and other education stakeholders. Local association leaders should consider holding an issue identification campaign as a way to support district planning.

**In what ways should we shift our usual choices and decision-making to address racial, social, and economic justice during conversations about rebuilding and recovery?**

1. Create protocols for safe reopening of school buildings in partnership with educators and other education stakeholders.

   **Item for Consideration:**
   - How can schools ensure that the voices of members are reflected in priorities outlined by local association leaders so that they are authentically representative of the concerns and needs of members?

2. Ensure that school building reopening plans are inclusive and equitable for all educators and students by humanizing learning environments and designing spaces that are situated in the experiences of communities of color, not just through White, cis-hetero, and able-bodied lenses.

   **Resource:**
   - Racial Justice in Education Framework, by NEA Center for Social Justice. See *References.*

3. Embed housing, food, health, dental, and job services in neighborhood schools because it is a common-sense and proven way to begin to address these issues and the racial inequities they create and exacerbate.

   **Item for Consideration:**
   - In what ways should we shift our usual choices and decision-making to address racial, social, and economic justice during conversations about rebuilding and recovery?

**Educators at the Forefront in Responding to Crisis**

*Why is educator voice more important now than ever?*

Educator voice must saturate every level of decision-making and be authentically embedded into processes and policies that will guide decision-making throughout this emergency and in the future. Educators must be considered a permanent stakeholder in figuring out solutions that ensure our students continue to learn and thrive no matter what the challenge. Educator voice is critical because many educators place equity at the forefront and champion racial and social justice.

For schools to be successful, policymakers must invest not only in education but also in addressing issues surrounding education: mortgage and rent cancellation for families in economic crisis; school-based community food programs; increased local hiring to provide jobs for unemployed adults; home broadband Internet and computer device access for all individuals; and a more robust public health infrastructure that includes programs like basic health screenings and widespread access to community-based mental health services.

**Ensure the Meaningful Engagement of ESPs**
*What important perspective and skills do education support professionals bring to school campuses, and how might they contribute to school buildings reopening?*

ESPs must be consulted and given the opportunity to collaborate on establishing policies and procedures for keeping schools safe. The on-the-ground needs observed by those staff members should be understood and acted upon by school leaders.

ESPs often have the language skills to most effectively communicate with English language learners and their families. They also are more likely to live in the community served by the school in which they work. Without these language skills, home/school communication would be difficult or impossible and diverse cultural norms would not be accommodated in school planning. It is the position of the NEA that school district and school site-level plans must always be developed in a manner that ensures the involvement and partnership of educators, and especially ESPs.

**Items for Consideration:**
- How can schools act to provide safe conditions and protect workers from serious hazards, especially knowing that the workforce in education support positions consists of many educators of color?

- How can schools take action to ensure the safety of educators who lack work-site protections to prevent workers of color from being disproportionately affected and facing excessive risks to their health and safety?

**Collaborate with School and District Leaders in Critical Decisions About Learning Expectations and How to Help Educators Succeed**
*How can educators contribute to creating feasible, effective, and safe programs for school building reopening that will facilitate student learning and uplift educational opportunities for all students?*

Educators must be given meaningful opportunities to collaborate with decision-makers and provided greater autonomy to innovate under challenging and changing conditions. Educators practice a complex craft and their understanding of how to deliver curriculum and build student social and critical thinking skills must be honored and respected.

**Items for Consideration:**
- How can districts solicit educator feedback on plans for reopening school buildings and collaborate with educators to plan pre-opening planning days, activities, and opportunities to practice new protocols?

- How can districts be genuine in engaging educators in making plans and decisions about reopening and/or closing school buildings?

- How can districts be timely and responsive to addressing all educator concerns about health, safety, wellness, and teaching?

- How will educators be consulted and considered partners in deciding on policies and expectations regarding curriculum, grades, attendance, and student progress?

- Since school leaders succeed when they foster collaborative environments, how will educators be given time and space within professional learning communities to learn from one another and implement best practices?

- How will schools provide educators with the time and staffing required to build and deepen relationships with students' families? (Examples include manageable caseloads for special educators; educator-led programs; paid parent home visits; reimagined school conferences; and shared decision-making around school climate issues.)

**Charge Educators to Lead in Ensuring That Schools Support All Students**
*How can educators disrupt inequity, racism, and stereotyping? What experiences are unique to educators that can guide the creation of systems and opportunities that will help ensure opportunities for all students through this chapter in history and beyond?*

Educators must be given time to develop new lessons that incorporate the science and social impact of the COVID-19 pandemic. In this way, educators will serve a critical public health role in the nation's recovery. Schools must ensure that adequate time is provided for classroom community-building activities and should consider providing the paid time and additional staff to allow for the development of restorative practices in schools.

Educators—if provided with the staffing, space, and time—can help build diverse, representative environments in our schools that can serve as a model for our society's future as we recover from this crisis. By valuing the voices of students and emphasizing the importance of relationships in the school community, these structures are inherently antiracist and democratic. They are essential at a time when political leaders and mass media increasingly dehumanize groups through lies and divisive rhetoric.

**Items for Consideration:**
- How can educators help ensure that other stakeholders, including families, are consulted when creating plans for reopening school buildings?
- How can educators fight misinformation and protect vulnerable students from coronavirus racism?
- How can educators modify practices of student assessment to make sure they are checking in with students emotionally and socially before addressing academic strengths and challenges?
- How can existing school climate surveys and feedback mechanisms be modified to include additional sections on COVID-19-related changes to schools and instructional systems so that students, families, and staff can evaluate and weigh in on the efficacy, fairness, and consequences of those changes?

**Resource:**
- Guidance on Culturally Responsive-Sustaining School Reopenings: Centering Equity to Humanize the Process of Coming Back Together, by Dr. David E. Kirkland, Executive Director of the NYU Steinhardt Metropolitan Center for Research on Equity and the Transformation of Schools. See *References*.

## Implement a Detailed Plan for Reopening School Buildings

*How should schools and IHEs make the operational changes necessary for reopening school buildings and campuses safely?*

A plan for reopening school buildings and campuses must take the following into account: the preparations, including changes to physical structures, that must be completed prior to students reentering schools;  the preparations and training that educators must receive and implement prior to welcoming students back to school; the ongoing strategies and policies that must be diligently adhered to in order to keep staff and students safe; and the preparations and accommodations for potential school closures and extended student and staff absences.

For these plans to be successful, they must be grounded in sound scientific guidance and incorporate input from educators who know students best and will be expected to carry out new procedures on school campuses. Educators should be authentically engaged in the school building reopening process and serve as standing members of any planning committees or similar caucuses that will make critical decisions about school operations.

### Prepare School Facilities

*How should schools prepare school buildings for the reentry of students and staff on school grounds and their necessary movement throughout the day?*

1. All school facilities and equipment must undergo a deep cleaning using CDC-approved disinfectants, such as bleach solutions or alcohol.

**Item for Consideration:**
- How can schools ensure the education support professionals who are responsible for cleaning the buildings will receive sufficient training and PPE to safely and effectively carry out disinfection procedures?

2. Prepare vehicles used for transporting students by cleaning the interior and exterior with CDC-approved disinfectants and ensure ample supplies for routine and continuous cleaning after trips and at the end of the school day. Prior to being placed into circulation, all student transportation vehicles must be deep cleaned and disinfected, with particular attention to high-touch surfaces, such as door handles and grab bars.



   **Items for Consideration:**
   - What logistics are involved with safe school transportation?

   - How will the district decrease the number of students on school buses or limit students' use of public transit in communities that rely most heavily on these modes of transportation?

   - Are there enough bus drivers to meet the need if the school district holds multiple school sessions for different sets of students during the day, necessitating additional bus routes?

3. Provide secure, separate storage for students' outerwear and other belongings.

4. Reduce and rearrange furniture in classrooms, dining areas, break rooms, and other areas to accommodate six feet of physical separation between and among students and staff. (See *Establish Social Distancing Measures* for additional information).



   **Items for Consideration:**
   - How might large school spaces be used to support learning and ensure compliance with social distancing requirements?

   - How might schools incorporate the use of existing outdoor spaces for student learning and activities? What happens during inclement weather when those spaces are unavailable?

5. Install floor markings, signage, and other implements as necessary to designate single points of entry and exit as well as regulate and direct foot traffic to help people maintain physical distance entering and exiting school grounds and navigating school buildings. (See *Establish Social Distancing Measures* for additional information.)

6.  Install physical barriers and signage and clearly publicize policies as needed to stop students from gathering in large groups before, during, and after the school day. (See *Establish Social Distancing Measures* for additional information.)

    **Items for Consideration:**
    - What are the times of day when students typically congregate, and what changes are necessary to prevent it?
    - What changes to schools need to be made to minimize the number of students together in common spaces?

7.  Install handwashing stations or hand sanitizing stations at school and campus entrances and exits and throughout school grounds as necessary to facilitate handwashing by students and staff throughout the day. (See *Establish and Oversee Safe Hygiene Practices* for additional details).

    **Items for Consideration:**
    - How can schools ensure hand sanitizing and handwashing stations are used throughout the day? Consider installing hand sanitizer in every classroom and area that is in use by students and staff.
    - Can the school provide sufficient soap, hand sanitizer with at least 60 percent alcohol content, and face masks to students, faculty, and staff?
    - How can schools provide sufficient space and materials like trash bins and other receptacles for the hygienic disposal of biohazardous materials and single-use materials, such as masks, gloves, and paper towels?

8.  Designate and prepare a compliant space for conducting in-person parent and guardian visits with students and staff members, such as individualized education plan (IEP) conferences.

9.  Designate and prepare at least one isolation room for any student or staff member who shows symptoms associated with COVID-19. (See *Establish and Oversee Safe Hygiene Practices* for additional details.)

**Prepare School Staff**

*How should staff prepare to make operational changes necessary and prepare to welcome students back to school buildings?*

To maintain compliance with protocols and ensure student learning occurs with the least disruptions and fewest risks to students and staff, schools must ensure sufficient staffing to meet operational and instructional needs.

1.  Practice and prepare to model proper hygiene practices such as handwashing, using hand sanitizer, and social distancing techniques, including alternatives to handshakes.

2.  Practice and prepare to model the proper wearing and disposal of PPE, including masks.

    **Items for Consideration:**
    - How can schools disseminate instructions for proper mask etiquette prior to reentering schools and campuses so that everyone sees it?

- Should the school or district develop a mask policy? How can they ensure adherence to these mask policies?

- How can schools utilize digital learning platforms and traditional and social media to conduct trainings for families on proper use of PPE before the start of school?

- How can schools make information available to all families, regardless of Internet access or language, in the community about returning to school safely?



3. Train staff in trauma-informed practices to strengthen the trauma-informed culture for students. Prepare to communicate effectively and empathetically with students about the pandemic and about the necessary changes to school life. It has been well documented that COVID-19 risks and impacts are disproportionately concentrated in America's communities of color, including medical risk factors, job losses, housing insecurity, food insecurity, and mortality rates.

   **Items for Consideration:**
   - How might schools work with educators, including SISP, to organize and focus on mental and emotional supports at school for students and educators to grieve, heal, reconnect, and strengthen the in-school community before the focus on instruction begins?

   - What school-based mental and emotional health screening and supports are essential for stabilizing communities?

4. Ensure sufficient staffing of SISP—such as school social workers, school counselors, and campus support staff—to provide the support for critical family and student mental health and behavioral needs at school.

5. Ensure sufficient staffing of ESPs—including paraeducators and those who carry out custodial and maintenance services, food services, and transportation services—as well as SISP, such as health and student services staff (for example, licensed school nurses and nursing assistant staff) to make sure hygienic practices can be properly implemented and sustained.

6. Prepare staff to help students adapt to restrictions on their movements and activities. Prepare and implement ways to make students feel comfortable on campus and easily identify educators and other staff. For example, educators might wear a name badge that features a photograph of them without a mask.

   **Item for Consideration:**
   - How can schools help students—especially students new to the school—feel comfortable and alleviate their fears?

7. Prepare staff for what to do if various exigencies occur (for example, a student experiences a medical emergency while on campus; a student is insubordinate regarding hygienic procedures; a case of on-campus violence; etc.)

8. Monitor designated areas at school entry and exit times and during breaks or class changes to help monitor and facilitate the flow and regulation of student traffic. (See *Establish Social Distancing Measures* for additional information.)

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**Establish Social Distancing Measures**

*What social distancing measures are necessary to operate schools safely during the pandemic, and what changes should we expect to our campuses, classrooms, and school grounds?*

1. Maintain six feet of separation between and among students and staff members in classrooms, hallways, and exterior school grounds.

   **Item for Consideration**
   - What are the procedures for sanitizing handles/rails, equipment, and restroom facilities throughout the day to avoid learning disruptions?

2. Reduce class sizes as needed and maintain adequate staffing levels for teaching and learning to occur in a safe and equitable manner, with students seated six feet apart from one another and at least six feet from where teaching staff are stationed.

   **Item for Consideration**
   - How might in-class practices, such as assigned seating, help minimize danger to students?

3. Minimize mixing and intermingling of class groups to the extent possible and keep clusters together and in the same classroom as much as possible for the duration of the school day.

   **Items for Consideration**
   - Should instructors and/or staff move rather than students to minimize circulation of students throughout school buildings?

   - Should schools hire additional before- and after-school care staff to ensure that students are safely distanced throughout the school building and not grouped in a centralized location?

4. Restructure student meals to avoid communal stacks or bins of trays, cups, and serving ware. Provide individually plated meals that students can receive and eat in their assigned learning areas, rather than a dining hall. Ensure that the implementation of any plans consider the racial history of students to avoid practices that feel inequitable, unjust, and discriminatory to the student.

   **Item for Consideration**
   - If use of a dining hall is unavoidable, are lunch shifts a viable option for allowing students to maintain distance in serving lines and seating areas?

5. Adjust school schedules as needed to accommodate social distancing protocols, such as staggering or alternative in-person instructional days and combining with distance learning.

   **Items for Consideration**
   - If staggered or alternative schedules are used, will educators' roles be tailored so that some are assigned to virtual environments while others are assigned to in-person classroom environments?

   - How will privacy and Internet security concerns be addressed in relation to distance learning?

6. Adjust or cancel assemblies, field trips, interscholastic events, communal play, extracurricular activities, and any other activities to be in compliance with the current guidance from health experts. Those activities that cannot be adjusted accordingly must be canceled. Prevent any sharing of school supplies, including books, electronic devices, toys, musical instruments, and the like.

**Items for Consideration:**
- How can students receive a well-rounded program of instruction—including fine arts, music, and extracurricular activities—despite new school protocols?

- Are there enough supplies to consider letting students "check out" or take materials, including art supplies, calculators, musical instruments, toys, etc. that will no longer be in use in school buildings to supplement learning at home, avoid learning disruptions in the event of school closures, and ensure the success of distance learning programs?

- How can performing arts, physical education, fine arts, and other activities be effectively modified?

- How can schools incorporate student movement at regular intervals throughout the school day to promote student health and wellness?

**Resource:**
- Guidance on Culturally Responsive-Sustaining School Reopenings: Centering Equity to Humanize the Process of Coming Back Together, by Dr. David E. Kirkland, Executive Director of the NYU Steinhardt Metropolitan Center for Research on Equity and the Transformation of Schools. See *References*.

7. Restrict school entry to asymptomatic staff, students, and essential visitors, such as delivery, medical, and public safety personnel. Limit parent/guardian visits to scheduled or emergency situations.

**Item for Consideration:**
- How can schools ensure there are no disincentives for school staff and students with symptoms to stay home, such as awards or prizes for perfect attendance?

### Establish and Oversee Safe Hygiene Practices

*What hygienic practices should staff and students be prepared for and what kinds of PPE should be used to ensure the safe operation of schools?*

1. Require faculty, staff, and students to wash their hands for at least 20 seconds with soap and water upon entering and leaving school grounds; when changing tasks, such as changing classrooms or after recess periods; before and after meals; and throughout the workday.



2. Require all staff and students to wear masks of sufficient quality throughout the school day, except during meals. Schools must supply masks made of at least two-ply cotton to staff who are not carrying out disinfection procedures—which require greater protection—and students, in accordance with CDC recommendations.[2]

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[2]Centers for Disease Control and Prevention. *Use of Cloth Face Coverings to Help Slow the Spread of COVID-19*. April 13, 2020.

3.  Ensure that staff involved in preparing and serving meals and custodial staff are supplied with and wear appropriate protective gear, including N95 masks and gloves; this includes staff involved in student transport and cleaning vehicles used for student and/or staff transport.

    **Items for Consideration:**
    - Is there sufficient PPE to make sure educators stay safe, particularly ESPs?

    - How will we meet the needs to clean and sanitize schools without overburdening school janitorial staff?

    - How will school materials that must be shared be disinfected for use among students and staff?

    - How will requiring educators to wear masks, if mandated, impact students' ability to hear and understand instruction, particularly for early readers and some students with disabilities?

4.  Provide continuous reinforcement of hygienic practices and procedures through staff modeling and other methods.

**Work with Educators to Prepare Contingencies in the Event of Rolling School Building Closures**

*How can schools prepare educators and students to be able to continue learning in the event there are temporary or prolonged school closures in Fall 2020 or some people cannot return to school buildings?*

In Spring 2020, many state and local educational agencies tried to implement online learning programs so that students could continue learning throughout school closures. Some of these programs included device distribution and facilitated broadband Internet access, but by and large, inequitable access to sufficient devices and connectivity proved to be a monumental challenge to effective online learning.

Education technology is a tool to enhance and enrich instruction for students and should not be used to replace or limit educational employees who work with students. Technology in schools must always be a tool wielded by trained education professionals to augment the student learning experience and create skills for digital literacy. They can never serve as a replacement for the human component that is the essence of real education.

1.  Provide access to broadband Internet in all student homes and 1:1 devices for all students at no cost.

2.  Ensure distance learning lessons do not require access to a printer. Conduct distance learning equitably so that it can be a feasible ongoing solution to learning through the pandemic.

    **Items for Consideration:**
    - What resources and supports are needed so that all students can learn successfully?

    - How might educators' strengths and staff schedules be adjusted so that all educators can be successful?

- Do adjustments need to be made to the school calendar?
- What is the feasibility of split scheduling?
- What additional on-grounds spaces (mobile classrooms, etc.) are needed?

**Establish Systems for Effective Communication with the School Community**

*How should schools communicate with and prepare their communities/students and families to return to school?*

Schools should engage educators and other education stakeholders in informing the school community of new policies ahead of time and implement protocols for clearly communicating school operating statuses and public health updates.

**Involve Stakeholders in the Planning Process**

1. Establish a committee of all school and community stakeholders to conduct a needs and assets assessment for each school community.

2. Include educator, parent, student, and community voices in the assessment process to understand the needs and assets related to academics, physical and mental health, and socioeconomic conditions.

   **Item for Consideration:**
   - As trusted members of the community, what is the potential role of educators in bringing together families and the community to make sure all voices are heard?

**Practice Before Full Implementation**

1. Conduct pre-opening practice days for groups of students to acquaint themselves with new rules and procedures.

2. Post signs and placards in various languages.

3. Make sure sanitation products and practices are accessible to all students, including those with physical disabilities.

4. Prepare to accommodate students with disabilities, including students who may be nonverbal, so they are safe from harm.

5. Educate families and students in varied formats and languages on how to practice safety and social distancing in communities when walking or taking public transportation to school.

6. Implement best practices learned from Spring 2020 school closures.

7. Prevent inequitable access to continuous instruction by ensuring that all students have the requisite hardware, software, and connectivity to be successful.

# III. HELPING SCHOOLS SUCCEED DURING COVID-19

## GUIDANCE FOR ENSURING LEARNING CONTINUES AMID ONGOING EFFORTS TO PREVENT THE SPREAD OF COVID-19

### Create School Health Protocols

*What should schools do to ensure the continuation of learning and keep schools open once they welcome students back?*

Before school buildings physically open in the next school year, decision-makers need to ensure that all schools have protocols to maintain the safety of students and educators. Schools must consider how to conduct ongoing disease prevention and mitigation, including testing, tracing, and isolating new cases in a way that does not promote racial and social injustice and inequity.

### Implement Daily Monitoring Practices

*What steps can schools take to monitor the wellness of school and campus populations?*

Schools must establish and administer clear plans for how to monitor students and staff for symptoms and handle suspected cases of COVID-19 during the school day. The school community must be informed of these practices so that family members and others can be prepared to follow protocols, such as picking up a symptomatic student from school and isolating students who have come in contact with or are suspected to have come in contact with a person who has COVID-19.

1. Institute procedures for screening and monitoring students and staff for symptoms, including daily temperature checks and symptom inquiries upon entry to school grounds.

   **Item for Consideration:**
   • Will it be possible for schools and IHEs— including community schools and early childhood programs—that normally provide routine health screenings to continue such practices or should they be temporarily suspended depending on a school's structural and staff capacity?

2. Require staff to practice and model ongoing hygienic protocols for students. Monitor students and staff for compliance.

   **Items for Consideration:**
   • How can schools promote compliance with hygienic practices and social distancing protocols through a sense of community responsibility rather than through punitive measures?

   • How can schools ensure health protocols are implemented in a way that promotes racial and social justice?

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3. Implement social distancing measures, including procedures for moving students or staff who begin to show COVID-19 symptoms to a dedicated isolation area while at school. (See *II. Preparing to Reopen School Buildings* for additional information.)

   **Item for Consideration:**
   - How will the school system communicate with families about students who have had contact with confirmed cases?

4. Provide hygienic equipment and PPE, and maintain handwashing requirements for staff and students.

5. Disinfect and sanitize frequently. School buildings should be cleaned throughout the day and sanitized according to CDC guidelines using approved disinfectants, such as bleach solutions, after the end of the school day. Vehicles used for transporting students must be cleaned on the interior and exterior after every trip and must be thoroughly cleaned after the end of the school day.

   **Item for Consideration:**
   - How can schools complete cleaning procedures during the day without disrupting student learning or endangering student and staff safety?

## Protect Staff and Students at a Higher Risk from COVID-19

*What special accommodations should schools adopt for the protection of staff members and students who are medically fragile?*

Staff members and students who have underlying conditions or risk factors identified by the CDC should be provided with opportunities to continue learning while still putting their health and safety first.

   **Items for Consideration:**
   - What special accommodations should be extended to students and staff that come into frequent contact with individuals who are at a higher risk of COVID-19?
   - What distance learning opportunities and resources might be provided to students who are members of at-risk populations to ensure education equity?
   - What accommodations—for example, remote work—might a school provide to an at-risk staff member?

## Keep the Community Informed

*What do staff, students, and families need to know about the status of school operations and what disclosures should be made to the school community?*

Schools must work with public health and state and local government officials to establish and communicate clear criteria for determining the operating status of schools.

1. Establish science-based determinative criteria and include factors such as the transmission rate of the virus, number of cases in the school or community, number of persons exposed on school and IHE campuses, among others.

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**Items for Consideration:**
- What impact will school building closures have on the community, and what impact will community policies have on making decisions regarding school building closures?
- How will school closure conditions be monitored and who will make the final decision?

2. Make public guidelines for conditions under which school operating statuses are determined, and ensure the community has convenient access to updates and information about school building and campus reopening and closures.

   **Item for Consideration:**
   - How will resources be made available in languages spoken in the community and in formats that can be accessed by all students (for example, mass texts, website updates, radio announcements, television announcements)?

3. Collaborate with educators to continuously communicate with and solicit feedback from stakeholders including school staff, students, and families as well as other individuals as deemed appropriate regarding school operations processes.

   **Item for Consideration:**
   - How can schools avoid a culture of stigma or judgment and protect privacy while encouraging families to be honest and accountable regarding keeping sick or exposed students at home and reporting confirmed or suspected COVID-19 cases in their households?

## Be Responsive to the Needs of Students and the School Community

*How can schools conduct ongoing disease prevention and mitigation, including testing, tracing, and isolating new cases, in a way that does not promote racial and social injustice and inequity?*

Implement clear policies on how to handle suspected cases of COVID-19 during the school day. If a student registers a high temperature or reports the primary symptoms of COVID-19, the school should isolate the student and contact a parent or guardian to take the student home. Staff members who register high temperatures or who report COVID-19 symptoms should be sent home. Those who are sent home due to symptoms should not return to school until they have been tested for COVID-19 and given a negative result. Additionally, siblings of students who test positive for COVID-19 should self-quarantine at home for two weeks and must test negative before returning to school. Students who have recovered from COVID-19 should also be monitored for the life-threatening post-COVID-19 inflammatory syndrome and asked about whether they have stomach pain or a rash.

Schools should create contingency plans to continue educational services for those students who are quarantining. It is likely that even with school buildings open, some students will need distance learning opportunities.

**Items for Consideration:**
- How will students who are quarantined receive education?
- Are the expectations and procedures for students reasonable?

- What are additional options that a school could use to equitably educate all students when a school building is operating at a reduced capacity?
- Will a school nurse be available for non-COVID-19 health issues during the school day?

**Prioritize Mental Health and Social and Emotional Supports for Students and Staff**

*What kind of supports will students and staff need to be able to overcome the uncertainty and anxiety from COVID-19 and reengage in learning?*

1. Provide mental and emotional supports at school, which are essential measures for stabilizing communities.

2. Consider suspending academic instructional activity for two weeks to start school with a focus on social-emotional learning activities that includes trauma screening and supports to help students and adults deal with grief, loss, etc. Social-emotional supports should then be continued throughout the school year and be integrated into students' regular learning opportunities.

   **Items for Consideration:**
   - How might staff benefit from a mental wellness and self-care program that continues throughout the year to help avoid burnout and vicarious trauma?
   - How will educators be trained to identify students struggling with trauma and ensure they receive support?
   - How will mental health supports be made available to students who are struggling due to COVID-19 and its public health response?
   - What will trauma-informed school culture look like in each school building?
   - What additional supports might educators need to be able to work, given their own mental health stemming from COVID-19-related challenges?
   - How can schools provide or connect their educators to wraparound supports that will in turn enable them to meet student and family needs?
   - How do we promote and include self-care for educators as integrated into a school culture?

3. Ensure all students feel welcomed and have a place at schools and campuses.

4. Work to foster a sense of community in our schools with all students and families. Provide additional supports for students and others who may feel vulnerable returning to school, including, but not limited to, Asian American and Pacific Islander students who have faced COVID-19-related xenophobia, students experiencing homelessness, and under-resourced students who feel stigmatized for not having resources in digital-learning-focused schools.

5. Offer additional supports, such as group counseling, adult mentors, or referrals to community organizations that offer social services. Many LGBTQ+ students do not feel emotionally safe at home, and isolation can be particularly damaging. Thus, educators are uniquely positioned to provide support and resources to LGBTQ+ students during this time.

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**Items for Consideration:**
- How will schools maintain and support individual relationships and a sense of connectedness with the racially and socially diverse families they serve?

- How can we create an environment so that all students—including Indigenous, Black, and students of color—feel safe at school while implementing pandemic response measures?

- What mechanisms can be put into place that respect safety and health but do not perpetuate racial injustice and the school-to-prison pipeline?

- How can schools ensure support for students who feel safer at school than at home?

6. Engage student voices in designing their own support systems. As educators, our work must promote and support the engagement of students from historically marginalized backgrounds in shaping policies that directly impact their educational experience, which includes safe and inclusive schools. Social emotional learning needs, including self-care and trauma-informed practices, need to be fully integrated into the curriculum.

    **Resource:**
    - Platform for the Schools Our Students Deserve Post COVID, by the Colorado Education Association. See *References.*

## Meet the Needs of Students and Families by Providing Wraparound Supports

*What kinds of compassionate instructional and wraparound supports and flexibility are needed to continue supporting students and families throughout COVID-19?*

1. Establish a committee of all school and community stakeholders to conduct a needs and assets assessment for each school community. This should include educator, parent, student, and community voices in the assessment process to understand the needs and assets related to academics, physical and mental health, and socioeconomic conditions.

2. Continue to provide meals to all families, even for those students who are not at school.

    **Items for Consideration:**
    - How will families' food needs be met?

    - How can the food services effectively switch between in-school and remote meals, or provide both simultaneously?

    - How can community partnerships be leveraged to ensure food security for students and families?

## Ensure Students Have What They Need to Be Successful

*How can schools meet the academic needs of diverse populations of students?*

1. Maintain high standards for all students. The education offered by school systems during the pandemic was never intended to replace the experiences children would

have received in classrooms. It is a set of stopgap measures to help continue to offer educational enrichment to students and their families, but it is far from the level of quality that children deserve.

**Items for Consideration:**
- Will students be grouped by ability or need to make differentiation easier, or will that resegregate schools at the classroom level in ways that are more harmful than helpful to Indigenous, Black, and students of color?
- What are the best ways to manage content knowledge when some students are engaging in distance learning while others are learning at school?
- Which teaching methods lend themselves best to remote instruction, and which are best suited for the classroom?
- What are the best ways to lead project-based learning and other collaborative teaching methods while maintaining social distancing?

2. Differentiate for student learning needs. The pandemic was not experienced equally by different populations of students, and this will undoubtedly manifest itself in students' academic progress. There were gross inequities in the distance learning experiences of children around the country. Students will arrive at schools next year having had varied learning and enrichment opportunities since the beginning of school closures.

**Items for Consideration:**
- How will students' academic needs be diagnosed and remediated?
- How will teaching be differentiated without exacerbating racial and social inequities?

3. Clearly communicate responsibilities and expectations to students. Students should not be punished for work they weren't able to complete or access due to the pandemic. Schools should clearly explain health protocols and expectations to students.

**Items for Consideration:**
- What modifications need to be made regarding technology platforms and norms when school buildings reopen?
- What will students be expected to do with their devices?
- Will students need to wear face masks? Who will provide them?

**Provide Necessary Supports and Services to Students with Disabilities**

*How can schools maintain the involvement of parents and families and ensure schools can meet the social, emotional, and academic development needs of students with disabilities?*

The Individuals with Disabilities in Education Act (IDEA) ensures special education and related services to 7 million eligible infants, toddlers, children, and students with disabilities, and it has remained intact with no waivers throughout COVID-19. Therefore, throughout COVID-19 disruptions, school districts must continue to guarantee a free and appropriate public education and the procedural safeguards that protect students with disabilities by providing services to those students as driven by their IEP.

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As schools will be forced to rely more on distance learning methodologies, the civil rights protections of the IDEA must remain intact while still allowing educators the flexibilities they need. Schools should collaborate with parents, students, and educators in addressing the use of instructional packets, distance learning, tele-therapy, and alternative settings and options as mechanisms to assist in IEP implementation and evaluation. The health and safety of our students, educators, and SISPs must remain a top priority.

The involvement of parent and kinship caregivers is critical to ensuring student success and maintaining the IEP intent and integrity. They are crucial members of the multidisciplinary-school-based IEP team who know the student best, and this team is equipped to make all social, emotional, and academic development decisions. This team is also the group of decision-makers who should lead the conversations on the need for any possible compensatory services and/or extended school year services upon the reopening of school buildings. Schools must also remember to comply with the Americans with Disabilities Act, which "prohibits discrimination on the basis of disability in programs or activities that receive federal funding" and Section 504 of the Rehabilitation Act. They must ensure equal access for all in every school.

**Items for Consideration:**
- How can schools ensure students with disabilities are served throughout COVID-19, whether through distance learning or in the classroom?

- How can schools ensure sufficient staffing to maintain appropriate caseloads and meet compliance deadlines for students with disabilities?

- What can schools do to ensure student access to the SISP that they need for equitable instruction?

- How will schools ensure that student IEP teams are still able to meet in a virtual environment to decide how to best serve students with disabilities?

- What measures will schools implement to ensure compliance with IDEA, ADA, and Section 504 of the Rehabilitation Act?

**Resource:**
- Specialized Instructional Support Personnel, NEA website.

## Support Educator Success
*How can we ensure the professional growth and flexibility for innovation of a stable and diverse team of educators?*

### Promote Professional Learning and Innovation
*How can we promote educator success from supporting professional growth and innovation to maintaining a full and diverse team of educators?*

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1. Uplift educators' strengths, allow specialization, and embrace ongoing professional learning. Afford opportunities for educators to disseminate and learn best practices and innovative ideas with one another. At the beginning of the school year, certification rules should be relaxed to accommodate those educators just coming out of teacher preparation.

   **Items for Consideration:**
   - How will educators' professional learning and collaboration time be structured?
   - What opportunities will exist for educators to collaborate and engage in professional learning to prepare for potential returns to distance learning?

2. Provide professional development for differentiated needs. Professional learning for staff must be differentiated to ensure that educators are able to learn the skills they need to be successful. These opportunities should address currently relevant topics–for example, updates on policies and procedures; using web 2.0 tools in teaching; online classroom management; trauma-informed distance learning; and mandatory reporting requirements. Provide teacher-led, immediately relevant, and differentiated professional learning.

   **Some of the needs that should be addressed include:**
   a. Assisting educators who are struggling to make the transition to using technology;

   b. Providing opportunities for beginning and experienced educators to receive mentoring from educators with skills such as those most needed for providing effective online instruction;

   c. Identifying alternative means to measure student learning–for example, training educators on how to write valid assessments; and

   d. Working with educators to identify multiple ways to implement professional learning goals and training as well as meet teacher evaluation requirements.

   **Items for Consideration:**
   - How can professional learning for staff be differentiated as they potentially navigate unique and unfamiliar ways of teaching?
   - How can districts and schools ensure that educators have timely access to student performance data so that they can track student progress and effectively differentiate instruction for students?
   - Will educators be expected to simultaneously teach face-to-face and virtually, or split their time between the two?
   - Will some educators be assigned to virtual environments while others are assigned to classroom environments?
   - How can districts and schools tailor assignments to uplift and encourage the professional skills and growth of each individual educator?

3. Support educator creativity and innovation. Allow educators flexibility to think creatively and apply learning effectively in supporting students' needs. Think beyond what always "has been," and think about how schooling may need to be different.

**Plan for Educator Recruitment, Certification, and Retention**

Recruit new public school staff in spite of the crisis. As the Colorado Education Association's plan poignantly notes, "A stable, fairly compensated education workforce is key to providing students much-needed stability." By involving the larger community in the business of school systems, schools and districts will be better equipped to identify individuals who may make good candidates from within the community. Build programs that allow educators to serve in a paraprofessional and/or residency role as they learn to become teachers; evidence suggests that teachers who come from the communities in which they live are often more diverse and more likely to remain in the profession. Build partnerships between districts and teacher preparation programs to target individuals for preparation. Support new educators who might be facing licensure challenges as a result of school closures that impacted student teaching requirements and those teaching on provisional licenses.

Consider the staffing needs to support all students while maintaining social distancing. Many schools may need an increased number of teachers and ESP positions, including custodial staff and bus drivers. There will also be a need for additional specialized instructional support personnel, such as school counselors and school social workers to meet students' behavioral and social-emotional needs. Ensure the availability of a cadre of qualified substitute teachers ready to work should educators get sick or need to self-quarantine.

**Items for Consideration:**
- How can hiring be conducted in a virtual environment?

- How will districts conduct the onboarding process for new employees?

- How will recruitment policies and procedures support the hiring of a diverse workforce?

**Resource:**
- Platform for the Schools Our Students Deserve Post COVID, by the Colorado Education Association. See *References.*

**Suspend High Stakes Educator Evaluations**

*How can educator evaluations provide helpful feedback on professional performance and guide them in identifying needed learning?*

High stakes evaluations should be suspended until after the crisis has passed. Evaluations during the crisis should be formative and used to help improve their pedagogy or the services they provide.

**Items for Consideration:**
- For educators who will be teaching with the use of recording devices or live streaming instruction, how can schools ensure that the privacy rights of both students and educators are protected?

- How can educators receive constructive feedback on their effectiveness at this time?

- Will formal evaluations be put on hold?

# IV. FUTURE FORWARD

## HOW CAN WE TAKE THE LESSONS OF THIS TIME AND USE THEM TO RE-ENVISION SCHOOLS, NOT AS THEY ONCE WERE BUT INSTEAD AS THEY CAN BE?

The choices we make now and in the months to come can systematically transform our nation's schools into the shining cornerstones of democracy we have long envisioned. We know we must refuse to "return to normal." As we move forward, we should take advantage of the opportunity to make changes to the education system. Just as above, this transformation should continue to consider the same four basic principles: prioritizing health and safety of all, respecting educator voice and expertise, having access to protection, and leading with equity.

### Health Expertise

We need effective systems for making policies that protect those in our public PreK–12 schools and IHEs. We need to make sure that schools can quickly and effectively respond to any challenge. Crisis response should not be carried out at the expense of any school, any educator, or any child. Moving forward, we must insist on policies that ensure a safe working environment for educators and a safe learning environment for students.

We owe it to our students to identify and understand how trauma—both related to the pandemic and not—has adversely affected their lives. We can expand and strengthen the mental and emotional health supports that children and families need to be able to learn. This starts by ensuring that every school has full-time counselors and social workers. It also entails changing cultural norms and education policies that emphasize test-driven outcomes at the expense of wellness.

### Educator Voice

We can improve the professional respect given to educators and establish norms that set educators up for success. Put simply, educator voice must saturate every level of decision-making and be authentically embedded into processes and policies that will guide decision-making now and in the future.

We should support the continuous learning of educators through different configurations of schools, such as resident programs, professional development schools, community schools, and mentoring programs. We should also seriously consider implementing certain teaching and learning innovations—such as looping, flipped classrooms, and project-based instruction—on a larger scale.

In doing so, schools might consider establishing, supporting, and maintaining labor management collaboration committees at the school and district levels as well as at IHEs. In the current time period, the committees can work to answer the questions in this document and co-create the return-to-school policies. After the school buildings and campuses have reopened and we are growing from this event, these committees can pivot to long-term planning on other shared goals.

Education technology is an important tool to enhance and enrich instruction for students, but it should not be used to replace or limit education employees who work with students. We

must ensure that schools do not move toward implementing technology that replaces or de-emphasizes the importance of educators. Instead, technology should be used by trained education professionals to make a better student learning experience and to teach skills about digital literacy. The essence of education is based on human interactions and relationships.

## Access to Protection

In addition to creating policies and practices to promote a culture that supports health, safety, and wellness, schools and IHEs must be prepared with proper equipment to implement those policies and practices. Specifically, schools and campuses need equitable access to protective equipment. PPE and disinfecting supplies should be consistently and fully funded for all educational institutions, so no student or educator is denied access due to cost or feels unsafe in the learning community.

## Leading with Equity

We must create a system that better serves all students and ensures every child is afforded the benefits of a great public school. We must target our education dollars to the schools and IHEs that need them most and provide extensive resources to classrooms and educators serving vulnerable and disadvantaged children. We must be relentless in our quest to eliminate opportunity and access gaps and ensure that students graduate ready to lead fulfilling lives.

For schools to be successful, policymakers must not only invest in education but also in social and economic services that affect the lives of families of students and educators. Some of these include mortgage and rent cancellation for families in economic crisis; school-based community food programs; increased local hiring to provide jobs for unemployed adults; broadband Internet and 1:1 device access for all homes; free access to higher education opportunities; and a more robust public health infrastructure, including programs like basic health screenings and widespread access to community-based mental health services. Embedding housing, food, health, dental, and job services in neighborhood schools is a common-sense and proven way to begin to address these issues and the racial inequities they create and exacerbate.

To promote racial and social justice, schools must collaboratively design plans that address the academic, social-emotional, physical, and community-based needs of Indigenous, Black, and students of color. These plans should include feedback from all school community stakeholders. Additionally, schools might consider implementing the community schools model. This model establishes teams of stakeholders—including teachers, ESPs, school and district administrators, parents, students, and community members—who work together to ensure the school is meeting the broad needs of the community and that the community is an integral part of the school. It incorporates the needs of the whole child, including strong and proven curriculum, high-quality teaching, inclusive leadership, positive behavior practices, family and community partnerships, and community support services.

**We must create policies and advance practices that promote racial and social justice.**

Regardless of how schools and communities decide to promote a more perfect nation for all our students, we must create policies and advance practices that promote racial and social justice. By joining forces as a broad coalition, we all need to attack the systems that further education inequity and make our schools a welcome and productive environment for all, including students and educators of color.

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# NEXT STEPS AND CALL TO ACTION

The National Education Association will continue to address inequities in education, promote racial and social justice, and provide educators with up-to-date resources and information. We accomplish this by analyzing federal law and guidelines; identifying opportunities for advocacy at the federal, state, and local levels; and creating tools to guide educators' professional practice and learning.

Investments in our schools and communities must go far beyond what Congress has provided to date. The sooner and more comprehensively investments can be made in public schools and institutions of higher education, the faster our nation will recover from the health and economic impacts of the COVID-19 crisis. By investing in our educators, public schools, and IHEs, we will emerge with stronger, more resilient, and more racially and socially just communities. Public schools and public institutions are a driving force in our nation's recovery because a school is at the heart of every community.

Join the NEA in demanding that Congress and policymakers at the state and local levels take action to ensure that students and communities rise together by:

• Stabilizing education funding for students in our communities, public schools, and campuses;

• Building bridges for educational opportunity for students and stronger communities; and

• Supporting the safety, health, and well-being of students and educators.

For additional information, visit the NEA website:

• Educating Through Crisis

• Schools and Coronavirus: What You Should Know

# COVID-19: NEA'S 15-POINT CHECKLIST

The novel coronavirus and the disease linked to it, COVID-19, create serious, complicated, and immediate challenges for educators, students and their families, and communities. As always, the NEA and our members rise to the challenge of any crisis. Take a look at the checklist below and check off the items your school community still needs in order to improve. You can find additional resources at nea.org/covidaction.

**Accessibility to Well-Rounded Education**

☐ Internet access and devices such as laptops are provided equitably for every educator and student household.

☐ Materials, such as packets or books, are provided as alternatives to digital resources to ensure all students have access to high-quality instructional content.

☐ All families receive appropriate lessons for students to complete at home based on grade level and ability (inclusive of physical education, music, arts, and other enrichment areas) as well as information on how to facilitate student learning, including online tutorials and access to educators or experts who can assist them.

**Instructional Leadership and Communication**

☐ Schools engage all educators in crafting and communicating distance and digital learning plans.

☐ Schools communicate with all educators and the families of students with special needs related to implementing plans for the continuation of services.

☐ Schools communicate procedures with all students—particularly those whose educational progress, such as third grade promotion or high school or college graduation—that has the potential to be particularly disrupted by extended school closures.

**Student Safety and Family Services**

☐ All students have safe and reliable access to their school counselors and social workers and can safely report abuse and bullying in the pandemic crisis.

☐ All students and families have safe, reliable, and affordable access to community healthcare and equitable access to supplemental assistance programs for food, transportation, and housing.

☐ All students have a timely, secure, and confidential way to ask educators or other trusted persons for help if their health, safety, or well-being is under threat, including those who may not have access to the Internet.

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**Healthy Schools**

☐ All education support professionals, such as school custodians and maintenance workers, have resources and training needed to maintain clean schools and campus facilities.

☐ Schools and campuses are being cleaned and disinfected according to CDC guidelines.

☐ All educators, students, and volunteers have access to proper training and personal protective gear.

**Supporting Quality Educators**

☐ Schools and campuses provide clear communication with all educators regarding closures and work expectations on a regular basis and provide training on effective techniques to prepare and deliver successful distance and digital learning.

☐ All educators have a secure way to submit feedback and grade reports to all students and families without compromising student data privacy or information security, including those who may not have access to the Internet.

☐ All educators are consulted on how to assign grades, keeping in mind factors such as student access to digital and/or alternative educational content or other extenuating personal circumstances.

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**AASA COVID-19 RECOVERY TASK FORCE**
**GUIDELINES FOR REOPENING SCHOOLS:**
*An Opportunity to Transform Public Education*

**Introduction**

AASA, The School Superintendents Association, is committed to supporting superintendents and other school district leaders throughout the country during this challenging and unprecedented time. The following report presents a synthesis of the **Guidelines for Reopening Schools** recommended by superintendents throughout the United States as part of an ongoing AASA task force.

During meetings of the task force, participants shared their own leadership experiences and insights during the COVID-19 crisis and interacted with other superintendents to recommend responses to the following essential questions:

- What are current superintendents thinking about the impact of the COVID-19 crisis and its impact on their school districts and communities?
- What are their plans so far for reopening?
- How can we bring consistency and alignment to formulate a set of recommendations to address the multiple issues associated with reopening?

AASA Executive Director Dan Domenech has continually emphasized the need for a clear national plan considering the diverse approaches and conflicting messages evident in states and districts and the multiple contingencies that may arise in light of the COVID-19 crisis. At the same time, he and the other task force participants agree that this unprecedented era represents a startling new time in public education. It provides superintendents, staff, students and families the chance to revitalize education as a public institution and incorporate strategies and processes proven effective in making education for all learners equitable, experiential, engaging and authentic.

Perhaps the most striking outcome of the task force discussions is a universal commitment to transforming the crisis we are facing into the opportunity to change public education as we know it. As Dan Domenech suggested at the conclusion of the May 13, 2020, task force meeting: *This is the beginning of a powerful change in American education. We all agree that we cannot return to business as usual. This can be a watershed point in our history where we succeed in promoting equity and excellence for all learners.*

This detailed AASA task force report includes recommendations for addressing the complex range of logistical and financial issues related to reopening. However, it goes beyond the traditional logistics of reopening schools and presents a comprehensive overview of the implications of reopening for transforming public education as we know it, including curriculum, instruction, assessment and professional development implications for educational leaders to consider as we move into the 2020-21 academic year.

AASA will continue to update this report and related resources posted on the AASA website as changes and updates occur at federal, state and local levels. As part of that process, we invite superintendents and staff to share with us their success stories and updates on emerging issues confronting them in this process of reopening and transforming public education.

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## Summary of Task Force Highlights and Recommendations

Superintendents from throughout the United States participated in a series of Zoom meetings facilitated by Dan Domenech, executive director of AASA. The first meeting (May 4, 2020) encouraged participants to share their leadership experiences throughout the continuing COVID-19-related crisis; the second meeting (May 13, 2020) extended and refined the discussion to begin the work of formulating guidelines for reopening designed to ensure consistency of messaging and focus at a national level; and the final meeting (May 20, 2020) resulted in group consensus about these guidelines and their utility to guide both the reopening process and education throughout the coming academic year.

The ongoing discourse and recommendations generated by the 27 superintendents and state executives who participated in the task force center around 10 priority areas. These areas reinforce participants' agreement that reopening is just a starting point, and that the coming academic year must reflect the necessary changes revealed during the crisis, including an expanded focus on the safety, physical, social and emotional needs of students and staff.

As the group moved toward consensus, the following recurrent issues and concerns were evident:

- **Health and Safety as Essential Priorities:** Participants agreed that the health, safety and well-being of students, staff and families is a primary priority during reopening and throughout the coming academic year. Caution is essential and the need to restructure to conform to CDC guidelines is imperative, including acquiring resources and establishing protocols for testing, dealing with unanticipated COVID-19 related outbreaks, and ensuring ongoing sanitation of buildings and classrooms. ***No school or district should be forced to reopen unless they meet Centers for Disease Control and Prevention Guidelines.***

- **Addressing Inequities:** The closing of schools in response to the pandemic has focused a powerful spotlight on recurrent structural inequities evident in public education today, including student access to broadband/internet services; achievement gaps among racial, ethnic and economic groups; and disparities in resource access evident in many urban and rural districts compared to wealthier suburban districts. An essential priority will involve a national commitment to ensuring equitable access to affordable broadband for all jurisdictions to address obvious inequities in student and family access to the internet and virtual/distance learning.

- **The Importance of Social and Emotional Learning:** Participants consistently emphasized the need for educators to address emerging psychological, social and emotional needs of students, families and staff if we are to deal with learning loss and gaps extending from the crisis. Schools and districts must become both "trauma-informed" and "trauma-skilled." Superintendents on the task force emphasized the need for connection, collaboration, mutual support and assurance to students that they are valued members of the learning community. Social and emotional learning strategies must be a consistent part of instructional delivery throughout the academic year to enhance all learners' academic achievement.

- **Ensuring That Closure and Traditional Rituals and Ceremonies Are Addressed:** In light of the upheaval extending from the crisis, participants asserted the value of providing students and staff opportunities for closure, including end-of-year ceremonies and celebrations as well as opportunities for closure activities during future times of transition. The COVID-19 crisis has showcased the importance of shared/distributed leadership to engage stakeholders in collaborative problem solving, decision making, and building support structures.

- **The Power of Collaboration and Teamwork:** The COVID-19 crisis has initiated an astounding resurgence of collaboration and teamwork within school districts and as part of outreach partnerships with local and state agencies and organizations. These various forms of cross-functional teams and partnerships are essential for continuing the transformation of public education as we move into next phase of reopening and the implications of potential additional waves of infection.

- **The Importance of Leaders Understanding the Dynamics and Unanticipated Consequences of the Change Process:** All task force participants were clear that leadership in education must take a holistic, Whole Child approach and address the inevitable stresses and stages associated with any dramatic change. This process must consider the ambiguities and unanticipated issues that arise with rapid change and requires thoughtful, intentional and purposeful strategic planning to support the learning community as it confronts current and future crises.

## Guiding Principles for School Reopening

At this stage of the work of the task force, the following 10 priority areas emerged as controlling ideas for reopening guidelines:

1. **Plan for Multiple Reopening Scenarios and Contingencies to Ensure the Health, Safety and Well-Being of All Students and Staff:** It is essential that district leaders and staff anticipate multiple potential scenarios associated with the reopening process. These may include a return to in-person learning, the continuation of virtual learning, or a blended approach involving some students and staff returning to in-person learning while others continue to participate in remote learning. Policies and procedures must be in place and maintained consistently for attendance, health screening and quarantine procedures, school closures, social distancing, hygiene, and cleaning aligned with the unique challenges of each scenario (informed by the recommendations from the Centers for Disease Control and Prevention).

2. **Build a COVID-19-Response Reopening Infrastructure Aligned with Changing Scenarios and Needs:** Leaders and staff must prepare for a changing landscape when reopening occurs. They must give careful consideration to safety and sanitation, the implications of social distancing, and shifting roles and duties of staff as education returns to some form of normalcy. Accommodations must be made to address learning loss as well as ensuring support services for students, staff and families extending from the crisis.

3. **Ensure Students' and Families' Equitable Access to Technology Required for Virtual Learning:** The COVID-19 crisis has focused a stark spotlight on the many inequities evident in our diverse student populations. A critically important priority is the continuation of affordable access for all learners to broadband connectivity, the internet and related hardware. Task force members support AASA's recent letter to Congress urging them to support all students displaced from their classrooms, including $4 billion in direct funds to the Federal Communications Commission's Schools and Libraries Program, commonly called the E-Rate program, to help connect millions of students to the internet.

4. **Provide Continuing Support to Students and Adults to Address Their Immediate and Long-Term Physical, Psychological, Social and Emotional Needs:** Without question, social and emotional learning (SEL) has emerged as a critical priority. The psychological, interpersonal and emotional needs of students, staff and families must become a key focal point as some form of reopening occurs. In addition to requisite services and resources, SEL strategies and techniques must become a consistent part of classroom instruction, reinforcing safety, well-being and engagement within the learning community.

5. **Ensure All Schools Are Trauma-Informed and Trauma-Skilled:** Extensive professional development is necessary to ensure that staff understand the long-term effects of various forms of trauma (i.e., physical, psychological/mental, and relational). As staff become trauma-informed, district leaders and staff must ensure that policies, practices and staff capacities are in place to address the impact of trauma in its various forms and ensure that schools are safe spaces within which individuals and groups can express their concerns, anxieties and fears.

6. **Prepare for COVID-19-Related Changes in Human Resource Management and Practices:** Educational leaders must prepare for a variety of potential human resource and related contractual issues that may extend into the reopening process. These can range from salary concerns and elimination of negotiated cost-of-living raises to potential contingencies such as staff members' inability to return to full-time in-person employment because of health situations or family obligations.

7. **Offer Ongoing Personalized and Differentiated Professional Learning:** In the new educational environment we are entering, educational leaders must ensure that sustained professional development is available for administrators, teachers and support staff on a range of crisis-related issues. These include strategies for making virtual learning engaging and interactive, addressing SEL needs among students and staff, and enhancing staff understanding of what it means to be trauma-informed and trauma-skilled.

8. **Transform the Teaching-Learning-Assessment Process to Ensure Personalization, Engagement and Differentiation:** Educators throughout the United States have confirmed that the COVID-19 crisis has revealed the power and importance of transforming teaching and learning as we typically practice them. Classrooms must be safe, healthy and inviting learning communities. We also must ensure that all students feel respected, acknowledged and efficacious in their learning process.

   For example, curriculum must be culturally responsive and relevant, organized around such connecting schema as themes, universal and enduring understandings, and essential questions. Similarly, we must overcome our prior tendencies to "teach to the test," expanding our assessment repertoire to include a balance of formative assessment, criterion-based coaching and feedback, and summative assessment that is performance-centered and—whenever possible—project-based. Classrooms and schools must become increasingly personalized, engaging and differentiated environments that acknowledge and address students' varying readiness levels, interests and learner profiles.

9. **Anticipate COVID-19-Related Budget and Fiscal Management Issues:** Without question, these are unprecedented times in terms of public health and economic well-being. As schools reopen, educators must be alert to potential funding shortages, shortfalls, and budget reallocation to fund a range of health and sanitation supplies (e.g., thermometers, tele-scanning devices, sanitation supplies and materials) as well as budgetary implications of social-distancing requirements (e.g., funding for expanded transportation such as buses as well as enhancements of classroom spaces and furniture arrangements).

10. **Embrace a New Paradigm for Public Education:** Task force superintendents reinforced that educators would benefit from viewing the COVID-19 crisis as a breakthrough opportunity to transform schools and education as we know them. The crisis has reinforced long-standing inequities and imbalances within the United States extending from racial, ethnic, cultural and geographic divides. The lessons we have learned during the pandemic can lead us to a new way of ensuring the achievement of all learners while emphasizing their physical development and health issues, as well as their social-emotional learning progress.

Based on these 10 guiding principles, the AASA School Reopening Task Force has also generated specific recommendations for action steps that can help district leaders and staff operationalize these principles. These recommendations represent the consensus-driven opinions of participants combined with additional recommendations from national and international frameworks related to ensuring that the reopening of schools is as safe, efficient and personalized as possible.

Action Steps for Guiding Principle One

**Establish Consistent Guidelines to Address
Multiple Scenarios and Contingencies to
Ensure the Health, Safety and Well-Being of All Students and Staff**

District leaders and their staffs must plan for multiple potential reopening scenarios and anticipate the potential contingency issues that will emerge with each scenario. A majority of the districts represented by task force superintendents are planning for a combination of potential opening approaches, including:

- Traditional in-person education (which many superintendents agreed may not be feasible within traditional August-September opening schedules);
- Virtual education as a primary educational delivery system;
- Staggered schedules (e.g., A-Week/B-Week; half-day schedules with alternating groups of students in attendance) to limit number of students within the physical building to reinforce distancing guidelines; and
- Eclectic designs in which students requiring intense in-person support (e.g., Special Education, English Learners, specialized programs such as Career and Technology Education) will be at the physical site while others receive their education using online/virtual formats.

Additionally, the task force supports the Centers for Disease Control and Prevention (CDC) recommendations that universal guidelines and protocols be in place, regardless of the scenario adopted by the district or region. In partnership with local health officials, district leaders must assess the current level of mitigation needed based on levels of COVID-19 community transmission and the capacities of the local public health and healthcare systems.

For each of these contingencies and potential scenarios, the task force strongly recommends that schools and districts ensure resources for the protection of students and staff during the duration of the COVID-19 crisis; adequate supplies of personal protective equipment; and ongoing sanitation and decontamination of classrooms and school buildings. Participating superintendents were in consensus about the need for universal protocols and guiding principles for ensuring the safety and well-being of returning students, staff and families. According to international comparison studies published by the Learning Policy Institute, these protocols and principles should include the following:

- **Clearly Articulated Attendance Policies:** The multiple scenarios that school districts may face during reopening will require flexibility in attendance policies and practices. At-risk students and staff may need accommodations to remain in their homes, increasing the need for universal access to internet and related educational technologies for those engaged in distance learning.

- **Health Screening:** This issue will become a major challenge for reopening schools and districts, regardless of the scenario they are confronting. Procedures will include temperature checks and assurances that students or staff exhibiting COVID-19 symptoms do not enter buildings.

- **School Closure and Quarantine Procedures:** Task force participants confirmed that district leaders must develop contingency plans for closing classrooms or schools in the event that students or staff contract COVID-19. This process will necessitate efficient health screening procedures, quarantine protocols, and clearly articulated criteria to determine if school closings are needed. This process will involve a multi-faceted communication plan that ensures all staff, families and community members are informed of closures and quarantines.

- **Social-Distancing Protocols:** Both the CDC and the World Health Organization suggest keeping individuals at a six-foot distance from one another and reducing the number of people with whom an individual interacts directly. Protocols for social distancing may require reducing class size, keeping students in a stable homeroom class with teachers circulating, seating students farther apart, and reducing large-size events such as assemblies and sporting events. Key issues to focus on include: (1) arrival protocols; (2) mealtimes, recreation, and transportation; and (3) unique challenges in classes and programs requiring a high degree of student interaction and proximity as well as experiential learning (e.g., art activities, physical education, music, Career and Technical Education).

- **Hygiene and Cleaning Procedures:** In addition to reinforcing handwashing as a key priority, school and district staff must ensure that there is ongoing cleaning and sanitation of commonly touched surfaces to mitigate the virus. The range of potential sanitation, health and hygiene requirements emerging from highly interactive settings in which social distancing may be challenging compounds the need to address these issues. For example, what hygiene and cleaning procedures are necessary when students are sharing equipment, supplies, textbooks and related resources?

According to the CDC, schools and districts can reduce exposure risks by addressing three action planning processes:

1. **Develop a Cleaning and Disinfection Plan for All Buildings and Classrooms:**

   - Determine what needs to be cleaned. Areas unoccupied for seven or more days need only routine cleaning. Also, maintain existing cleaning practices for outdoor areas.
   - Determine how areas will be disinfected. Consider the type of surface and how often the surface is touched. Prioritize disinfecting frequently touched surfaces.
   - Consider the resources and equipment needed. Keep in mind the availability of cleaning products and personal protective equipment (PPE) appropriate for cleaners and disinfectants.

2. **Implement the Plan with Consistency and Quality Control Measures:**

   - Clean visibly dirty surfaces with soap and water prior to disinfection.
   - Use the appropriate cleaning or disinfectant product. Use an EPA-approved disinfectant against COVID-19 and read the label to ensure it meets your needs.
   - Always follow the directions on the label. The label will include safety information and application instructions. Keep disinfectants out of the reach of children.

3. **Maintain the Plan Throughout the Academic Year, Revising as Needed:**

   - Continue routine cleaning and disinfection. Continue or revise your plan based on appropriate disinfectant and PPE availability. Dirty surfaces should be cleaned with soap and water prior to disinfection. Routinely disinfect frequently touched surfaces at least daily.
   - Maintain safe practices such as frequent handwashing, using cloth face coverings and staying home if you are sick.
   - Continue practices that reduce the potential for exposure. Maintain social distancing, staying six feet away from others. Reduce sharing of common spaces and frequently touched objects.

## Action Steps for Guiding Principle Two

**Build a COVID-19-Response Reopening Infrastructure
Aligned with Identified Scenarios and Contingencies**

As superintendents and their staffs plan for a variety of scenarios and contingencies in anticipation of reopening schools, a new kind of support infrastructure will be necessary to address health and psychological issues emerging from the COVID-19 crisis. Elements of the infrastructure include:

- Ensuring that cross-functional leadership teams are in place and operational to develop, implement and monitor reopening plans and address emerging contingencies related to COVID-19 responses (e.g., policies and procedures involving new COVID-19 cases within the school or community);
- Acquiring equipment and technology necessary to address student and staff health issues, including thermometers and other electronic telemonitoring/scanning devices to monitor student and staff temperatures and related PPE resources;
- Developing a cross-district or regional approach to equipment and resource purchase to ensure quality of the technology and to minimize the potential for price gouging among businesses;
- Ensuring that transportation (e.g., buses), meals and health services are available to students within the context of multiple scenarios and contingencies;
- Developing and communicating clear policies and regulations related to all phases of reopening, including procedures for addressing identified COVID-19 cases within the building or district and related interventions, supports and communication;
- Ensuring that students who are not attending virtual classes or appear disengaged from the process are identified to receive necessary support services; and
- Continuing to ensure open lines of clear and accurate communication to ensure that all stakeholders are receiving common messages and updates.

Task force members recommend the following action steps related to building a COVID-19-related opening infrastructure in anticipation of inevitable changes and structural reforms that will extend into the coming academic year:

1. Ensure that cross-functional leadership teams are operational.
2. Reinforce safety, health and wellness priorities extending from the crisis.
3. Enhance lines of communication to ensure clear and timely messaging.
4. Actively involve leadership groups (e.g., board of education, government agencies, colleges and universities, nonprofits, business leaders) in providing support and feedback regarding the reopening process and future changes in public education.
5. Ensure that funding sources are accessed and maximized to purchase equipment and resources related to safety, health and wellness.
6. Explore options for maximizing staffing required to reopen successfully.
7. Make appropriate adjustments to existing curriculum, instruction, and assessment practices to address learning gaps and loss extending from school closings and structural issues related to disproportionality.
8. Implement crisis response teams to address trauma-related issues experienced by students, families and staff.
9. Reinforce cross-departmental collaboration, including partnerships involving curriculum and instruction as well as student services.
10. Emphasize that student and staff members' health social and emotional well-being are district and school priorities throughout the coming academic year.

**Specific Action Steps Related to a COVID-19 Reopening Infrastructure**

1. **Wellness, Health and Safety Measures:**

   - Determine the criteria the district will use to monitor and measure the health and well-being of students, staff and families.
   - Assess the extent to which district operational definitions and controlling principles include the domains of physical, health, psychological, social, emotional and academic needs and development of all learners.
   - Evaluate the current or potential health issues that the district will confront as schools reopen (regardless of the approach the district takes—i.e., in-person, bifurcated, virtual). How will staff address them effectively?
   - Reinforce or develop policies, regulations, and practices to address potential health issues related to the reopening. For example, What will a school do if a student or staff members tests positive for COVID-19?
   - Determine what short-term and long-term safety measures will be necessary as schools reopen and continue throughout this coming academic year (e.g., social distancing, classroom/building cleaning, sanitation practices, and related logistics).
   - Articulate the varying wellness, health and safety measures the district will put in place for different age levels and populations (e.g., primary, intermediate, middle, high; Special Education; English Learners; Title I).
   - Ensure that the wellness, health and safety of our students and staff are addressed throughout reopening and the entire academic year.

2. **Technology:**

   - Examine what the crisis has taught district educators about staff and students' reactions to and needs related to the use of technology-driven teaching and learning.
   - Determine if there are pockets of staff, students and families who still lack full access to affordable WIFI, internet, and Chromebooks/laptops and related technology.
   - In partnership with local, regional and state agencies, determine how the district can address these gap areas.
   - Ensure that all staff members (administrators, teachers, paraprofessionals, support staff) are trained to deal with the technological implications of reopening and offer continuing emphasis on distance learning.
   - Determine what professional development is necessary to ensure that virtual learning becomes engaging, personalized and differentiated.
   - Assess budget requirements needed to ensure that the district extends and refines its technology infrastructure.
   - Identify implications for student return of Chromebooks and other resources (e.g., What if technology is lost during the closing? What if equipment is broken? What if students have moved or cannot be located?)
   - Determine how the district will ensure that municipal and regional agencies and organizations continue to support free access to WIFI/internet services.

3. **Ensuring Academic Support and Addressing the Learning Gap:**

   - Identify the major learning gaps and issues of disproportionality that the COVID-19 crisis has surfaced or reinforced. Use the school reopening process to addresses these gaps and issues.

- Determine the immediate priorities the district is facing related to addressing students' learning gaps and areas in which they may benefit from acceleration.
- Address these gaps and issues in a multi-modal context (i.e., using a combination of virtual/distance learning and in-person teaching-learning).
- Use data to monitor student progress and assess the impact of the interventions and support services used to address these gaps and issues.
- Use the COVID-19 school closings to augment and enhance the district's approach to instructional delivery and learning. For example, how can the district ensure that all classrooms are personalized, engaging, authentic and differentiated to address students' varying readiness levels, interests, cultures and learner profiles?
- Use lessons learned from the COVID-19 crisis to enhance the cultural responsiveness of schools and classrooms, ensuring that the district promotes equity and excellence for all students.

4. **Special Populations:**

- Evaluate how school closings have affected such groups as students with Individualized Education Plans, English Learners, Title I-eligible students, and Talented and Gifted Learners. To what extent has the closing contributed to students' learning gaps, engagement and/or sense of support and belonging?
- Determine strategies and processes required to address the learning, health and well-being, and social-emotional needs of each of these special populations.
- Ensure that the physical, psychological, academic and social-emotional needs of our special populations are adequately addressed as schools reopen—and beyond into the coming academic year.
- Use a range of data sources to monitor the academic, psychological and social-emotional development and progress of special populations.
- Make certain that adequate funding is available to support the needs of special populations. For example, how can the district leverage federal and state funding to expand delivery of services and interventions?
- Implement needed modifications to the district's Multi-Tiered System of Support (MTSS) to ensure that all special population students' needs will be addressed.
- Engage key parent and stakeholder groups associated with each special population in providing feedback and suggestions concerning these issues.

5. **Progress Monitoring and Accountability Measures:**

- Articulate the major accountability issues the district must address extending from school closures and the COVID-19 crisis.
- Augment the monitoring of student progress to provide feedback and support to learners and determine interventions to address learning gaps extending from school closures.
- Modify programs and practices to address the diverse range of learning issues (e.g., anxiety, depression, stress, trauma, disengagement, etc.) that students may exhibit when they return.
- Make appropriate adjustments to traditional accountability measures and processes (e.g., pacing of curriculum implementation, intervention to reinforce standards missed during the closure, Tier II and Tier III interventions within the district's MTSS).
- Modify or adjust school improvement plans to address this new era of accountability.
- Use disaggregated data to monitor underachieving subgroups whose learning may have been most severely impacted by the school closings.
- Determine the role of standardized testing in accountability: Is this the time to use a more balanced and student-centered approach to progress monitoring and evaluation?

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- Analyze the implications of school closings and the reopening process on grades, progress reports and report cards.
- Determine the reporting resources the district will need to inform the board, parents and community members about progress in addressing students' needs extending from the crisis and related learning gaps.

6. **Child Nutrition Services:**

- Ensure that students receiving free or reduced-price meals have access to food regardless of the scheduling configurations elected to use in the fall (e.g., A-Week/B-Week models; bifurcated in-person and virtual learning; virtual learning, etc.).
- Provide cross-functional services to ensure that all students are healthy and secure in terms of access to appropriate food and dietary needs.
- Develop an action plan for families who are food-deprived, including addressing issues related to non-English-speaking families and individuals.
- Put in place collaborations necessary to ensure that the school division works closely with city and state governments, social service agencies, food banks and other community groups, including religious institutions.
- Determine the fiscal and budget implications of this new approach to providing child nutrition services (e.g., continuing providing meals during times of closure and virtual learning, addressing sanitation requirements and social-distancing measures in cafeterias and classrooms).
- Address the emerging issue that as some parents fail to qualify for Medicaid because they don't meet the work requirements, some students will lose automatic qualification for free lunch, meaning schools will either forgo that reimbursement or have to do more work to get those students qualified.

7. **Facilities:**

- Ensure that regardless of the reopening model(s) used (e.g., traditional in-person, bifurcated with some students in school and others learning virtually, all virtual), districts have the facilities needed to accommodate student and staff needs.
- Address recommendations from the Centers for Disease Control and Prevention regarding social distancing, sanitation, building cleaning and regularity of facilities upkeep and sanitation.
- Determine how schools will accommodate the six-feet social-distancing requirement in the face of classrooms that will not accommodate that requirement.
- Address the fiscal and resource requirements for buildings to be safe, healthy and aligned with CDC recommendations (e.g., thermometers, electronic scanning equipment, wipes and sanitation supplies, requirements for upkeep of sanitation procedures).
- Determine implications for student, staff, and visitor movement into and through buildings. For example, how will the school office deal with visitors and external staff entering and moving around the building?
- Address the staffing implications of this enhanced approach to sanitation and building health safety.
- Ensure that the district develops a range of scheduling options and related technological resources are available to accommodate a range of reopening approaches (e.g., total in-person; bifurcated models using a combination of in-person and distance learning; all virtual).

8. **Financial Services:**

- Identify the overall budget and fiscal management issues that the district must address immediately considering this crisis.
- Address budget shortfalls and cutbacks for the current and next fiscal year in light of expanding resource needs associated with the COVID-19 pandemic.
- Analyze the budget implications and sources for purchasing COVID-19-related health equipment and resources (e.g., thermometers, testing equipment, sanitation supplies, human resources needed to provide continuous cleaning of buildings and classrooms, etc.).
- Use federal crisis funding (e.g., CARES Act and follow-up funding allocations) to address these needs while ensuring that we do not engage in "quick fixes," such as using funding for operational needs such as staffing in light of the funding time limits.
- Determine the most appropriate chain of communication between schools and central office.
- Explore the role of the board of education in approving decisions about budget cutbacks and reallocation. How will the district ensure that it is providing meaningful and sustained data and information regarding budgeting and purchasing?
- Ensure the completeness of the vetting policies and regulations that will need to be considered to guarantee timely acquisition of health and sanitation resources and equipment. Specifically, what procurement protocols will need to be followed? How will districts ensure quality control?

9. **Human Resources:**

- Assess how budget cutbacks and reductions impact the district's ability to ensure full staffing.
- Determine how school and central office staff will receive support in the hiring process given the current limitations associated with the crisis.
- Address issues related to unavailability of certified teachers in key areas such as mathematics, science, world languages, CTE, etc.
- Develop action steps in the event students and staff have physical issues that prevent them from returning to a traditional brick-and-mortar building. Will the district need to expand staffing to allow for a combination of in-person and virtual learning, for example?
- Assess the extent to which policies and regulations related to teacher evaluation and retention need to be revisited and/or modified.
- Develop recommendations for how administrators will complete informal and formal evaluations.
- Differentiate practices for providing feedback to teachers who are facilitating learning in various instructional settings (e.g., virtual, small-group, traditional).
- Determine how the district will address academic areas that require in-person learning if the district continues learning in a virtual context (e.g., Career and Technical Education, Special Education, English Learners, Talented and Gifted, economically disadvantaged/Title I).

10. **Professional Development:**

- Identify the major professional learning needs of staff returning to school this fall.
- Ensure that teachers and support staff receive the professional development necessary for them to deliver effective instruction in a virtual format.
- Modify the professional development calendar to address emerging priorities associated with the crisis.
- Determine modifications required for opening days and related opening professional learning requirements necessary to address staff needs extending from the crisis.

- Ensure that the district's professional development programs include a focus on the psychological, social and emotional needs of staff and students.
- Reinforce consistency of quality and timing of opening professional development programs so that all staff receive common messages and engage in common focus areas (e.g., distance learning, trauma-informed schools, social-emotional learning strategies, etc.).

**11. Student Services:**

- Ensure that the district has accounted for all learners, including those who may appear to be "missing" as a result of not participating in previous distance learning or responding to teacher and counselor outreach during the time of school closing.
- Identify the psychological issues that students and staff will confront as they return to some form of schooling in the fall.
- Assess the social and emotional issues district staff will need to address related to both students and staff during the reopening process.
- Anticipate disciplinary issues and problems that may emerge as a result of student trauma, stress, physical issues and family problems.
- Determine how the district's student services department will work with schools, city and state agencies, and families and community groups to address emerging issues.
- Develop action plans for student services to be delivered to learners and their families in virtual contexts, such as tele-counseling and tele-health interventions.
- Support the needs of homeless and transient students, including students who may have entered or plan to enter the system during school closings.
- Determine staffing implications related to student services (health, safety, psychological, social, emotional) needed to provide a long-term safety net for students as schools reopen and throughout the academic year.
- Identify the kinds of professional development necessary to support student service employees as they address emerging needs associated with the crisis and ensure that a range of technologies are used to deliver services during reopening (i.e., to address emergent needs of students and staff with medical issues preventing them from returning to the physical school building).
- Determine how the Department of Student Services will collaborate with other departments within the school district to maximize services for students who need them.

**12. Transportation:**

- Identify the transportation issues that will surface if the district reopens using a modified in-person and virtual schedule. For example, how will the district ensure that students know which schedule they are on and when they will be picked up?
- Determine transportation-related budget implications of the reopening. For example, will the district need more buses if it uses a bifurcated approach to scheduling?
- Assess the financial implications of transportation issues extending from the crisis and reopening.
- Ensure that all schools have sufficient staffing to ensure ease of access to schools for all students.
- Collaborate with local and state agencies to ensure a smooth transportation process as schools reopen.
- Determine professional development implications for ensuring that transportation staff understand the range of psychological, social and emotional issues that students may bring to school with them during reopening after the crisis.

## Action Steps for Guiding Principle Three

**Advocate for an Equitable Technology Infrastructure**

Students, families and staff must have access to the range of technologies (especially broadband/internet capability) to ensure that all learners have equitable access to virtual learning. Task force participants consistently emphasized that the COVID-19 crisis and related school closings have revealed and powerfully reinforced the major inequities inherent to school districts within the United States. Technology-related priority areas include:

- Ensuring student access to internet and related virtual learning resources;
- Continuing beyond the duration of the COVID-19 crisis the provision of WIFI hotspots and access services free of charge to families throughout a district;
- Making certain that the recently passed federal legislation to expand availability of broadband internet access is implemented, including funding going to high-needs urban and rural areas in which citizens currently are underserved;
- Ensuring that technology-driven curriculum and instruction accommodate the needs for personalization and differentiation among all students, but especially English Learners and those identified as requiring Special Education services; and
- Rethinking and refining the district's approach to professional development to ensure that all staff members have expertise in instructional design within a virtual/online setting.

**<u>Section One</u>: The Challenges Confronting Educational Leaders Leading in a Virtual World**

This is an unprecedented time in our history as a country and as a profession. Our response to the COVID-19 crisis powerfully reinforces the necessity of education to bring consistency and support to the lives of our students. As educational leaders, we must make certain that our students and our staff members regain some semblance of normalcy in order to maintain engagement and connection, and to sustain meaningful education during this time of upheaval.

A major goal for reopening schools and transforming students' education in the coming academic year is to reinforce and sustain positive relationships and connections among members of the learning community. These goals are especially important for helping learners feel safe and engaged in this new virtual world. As we search for ways to use distance learning as an educational delivery system, we must continue to acknowledge the importance of students' relationships with their peers and their teachers. What is perhaps most important in leading virtual learning is helping our students and staff overcome isolation.

In spite of the distance we must maintain and the disruption to our normal patterns of interaction, we still can sustain relationships with our students, bring smiles to their faces, and reinforce the connections that may seem broken in the face of isolation. What makes this even more critical is that amid this national crisis, people around our students are becoming ill and experiencing unprecedented economic and personal challenges. Connections with teachers and peers can be a welcome relief and healing force in students' lives.

As educators, we can continue to provide support, stability and normalcy to our students. We must focus our leadership to let our students know that we miss them and that we are there to support them.

**Section Two:  Promoting Connectivity and Engagement in a Virtual Learning Environment**

How can educational leaders promote connectivity and engagement during this time of isolation and transition? There are several ways to reach out to and make personal contact with our students and staff on a consistent basis and ensure that distance learning is as engaging, interactive and experiential as possible. Here are few of the strategies—we invite you to share your own success stories with us about education in this new virtual world:

1. **Address the Equity Priority:** The first step toward equity is providing, as much as possible, the technology and connectivity to students and families.

   - Distribute Chromebooks and related technology resources to those who need it with simple directions and access to technology workshops for students and parents.
   - Ensure affordable broadband WIFI connectivity and internet access to staff, students and families who require support in accessing them.
   - Commit to achieving some level of equity, ensuring that every student has a support network and personal contact with teachers regardless of their access to technology.
   - Reinforce this sense of contact and connectivity by making weekly or more frequent contact with every learner via phone calls, emails, letters, and either individual, small-group or even whole-class video conferencing meetings.

2. **Set Reasonable Expectations:** Given the disruption in students' and staff members' lives, the expectations for learning and connection must be reasonable.

   - If virtual learning continues as part of the reopening process, don't expect teachers to replicate the classroom or expect students to complete all the work that would have been accomplished if they were in school.
   - Recognize and reinforce that remote teaching, particularly online learning, takes teachers much more time to prepare for and facilitate than teaching in the regular classroom.
   - Acknowledge the limits of what students might be able to accomplish in a more limited amount of time and set reasonable learning targets to reduce student anxiety and apprehension.
   - Give students time and support in this new blended learning environment to help them function in a meaningful and productive way so they can be proud of what they are able to do.

3. **Reinforce Routines and Collaborative Support:** It is essential that students experience a sense of routine aligned with their in-school experience.

   - Provide a schedule of when teachers will be available or when online learning will occur to bring a sense of order to students' and their families' day.

   - Provide a schedule for teachers to be available online for office hours to provide parents and students an opportunity for individual support.

   - In a blended or virtual learning environment, consider having elementary teachers whose students have access to technology and connectivity host daily virtual morning meetings for students.
   - At the secondary level, encourage teachers to use technology to host virtual advisories for middle and high school students either in small groups or in their regular advisory groups.

4. **Ensure Engagement and Interactivity as a Key Focus Area:** Ensure students' social interaction and emotional engagement are priorities during distance learning activities by enhancing remote learning activities that are project-based or require students to work together remotely.

   - Provide video lessons that students can access and assignments that include discussion and sharing of ideas or experiences in order to personalize and engage student learning.
   - During virtual learning weeks or situations, ensure that video conferencing occurs 1-3 times a week, moving students from whole-group meetings to small-group conferences.

5. **Vary Pedagogy:** The virtual world requires sensitivity to students' varying attention spans and the inevitable distractions of their home environment.

   - Strive to make distance learning as interactive as possible.
   - Reduce focus on didactic presentation and increase focus on discussion, feedback, coaching and counseling, as needed.

6. **Encourage Student-to-Student Interaction:** Students' relationships with peers are essential in a virtual world.

   - Strive to integrate a range of strategies to enhance this interaction, including a major focus on small-group project-based learning.
   - When feasible, form project teams so that students can interact (via collaborative research, discussion, presentation, etc.) using such platforms as Zoom and Google Classroom.
   - Form interest groups that can allow small teams of students to pursue reading selections and performance-based tasks aligned with standards as well as their desired areas of investigation.

7. **Build a Sense of Community in Spite of the Distance:** Key to effective virtual/distance learning is building a sense of community in the classroom and the school so that students know they are included, valued and known.

   - Encourage school administrators and teachers to create individual and collective messages in which each teacher expresses caring and support for students and lets them know they are missed.
   - Have faculty create fun videos such as a dance video with each teacher participating for a couple of seconds each to brighten students' day.
   - Host virtual talent shows with submissions of videos from students edited together and shared online or via cable TV.

8. **Promote Meaningful Progress Monitoring:** Districts can allow for a great deal of flexibility in this area but need to ensure that students and parents are receiving ongoing feedback on learner progress.

   - Make certain students are clear about learning targets for a lesson or unit.
   - Provide regular individual feedback on student work to support learners in achieving identified lesson and unit outcomes.
   - Encourage students' development of such habits of mind as self-awareness, self-regulation and self-assessment.

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9. **Provide Student Support Services and Programs:** Successful reopening includes a deep commitment to extending meaningful and productive relationships to the work of counselors, psychologists and social service workers.

- Ensure that these professionals reach out to students and families through phone, email and video conferencing.
- Establish or reinforce virtual technology to allow student support personnel to continue providing individual and small-group therapy using teletherapy tools.
- Reinforce collaboration by having these individuals reach out to teachers so that students who are not participating are identified and contacted.
- Stay connected with students and their families, ensuring they receive the services and resources they need, including health services, food, psychological services, and social-emotional programs and services.

## Action Steps for Priority Four

### Address the Psychological, Social and Emotional
### Needs of Students and Adults

Another major and recurrent theme in the task force discussions centered on the need to address the "whole learner." Specifically, participants emphasized their concerns about how the COVID-19 crisis has affected the psychological, social and emotional well-being of both students and staff. They also expressed deep concern about a range of issues related to these areas, including:

- The importance of district staff understanding the range of emotional reactions students, staff and families are experiencing during this crisis, and the significance of placing social and emotional learning needs ahead of a rush to return to formal academic instruction;
- The high level of need for closure rituals and ceremonies to ensure that students and staff are supported during this time of transition (e.g., virtual graduations, virtual proms, acknowledgment of athletes and scholars, provision of closing activities for staff, etc.);
- The need to integrate social and emotional learning (SEL) strategies and routines into students' daily classroom experience, whether they are learning in a virtual or in-person context;
- The importance of anticipating the range of physical, psychological and emotional needs that students are experiencing; and
- The value of understanding that staff members are also suffering during this time and may have widely varying reactions to the idea of returning to school (e.g., fears for safety and health; pre-existing conditions that may make them vulnerable to the virus; the necessity of caring for at-risk family members, etc.).

**Section One: Leading Social and Emotional Learning**

AASA is currently involved in an extensive range of collaborative partnerships with significant national organizations considered leaders in the field of social and emotional learning. Its SEL partner organizations include the Chan Zuckerberg Institute (CZI); the Wallace Foundation; the Collaborative for Academic, Social, and Emotional Learning (CASEL); and the Aspen Institute National Commission on Social, Emotional, & Academic Development. This next section of the task force report provides an overview of social-emotional learning for use by superintendents and other educational leaders working to introduce and sustain SEL implementation in their learning organizations within the context of school reopening and transformation.

**Section Two: Understanding the Importance of Social and Emotional Learning**

Although the term "social and emotional learning" covers a range of focus areas and concepts, all national leadership organizations associated with SEL emphasize that it is an educational philosophy emphasizing the powerful relationship between students' cognitive/academic achievement and their development of social skills, emotional self-regulation competencies, and the capacity to interact effectively in team settings.

In addition to student achievement, a focus on social and emotional learning in schools and districts offers a powerful catalyst for enhancing professional learning and organizational productivity. AASA, CZI, CASEL, and the Aspen Institute all agree that social and emotional learning involves schools and districts addressing the following action steps:

- Adopt SEL standards of practice and performance that are integrated into students' academic experiences, grades K-12.
- Deliver high-quality curriculum that integrates social and emotional skills and competencies into the teaching-learning process.
- Integrate a range of teaching and assessment tools to enhance classroom climate and management, including strategies to engage students' sense of responsibility, efficacy and community commitment.
- Use a range of feedback and assessment tools and processes to monitor students' progress along a social and emotional learning continuum.
- Provide all staff with professional development that reinforces educators' understanding of the importance of SEL in promoting student learning and strategies to reinforce students' SEL development during their K-12 education.
- Engage parents, community members and stakeholder groups in activities and partnerships designed to promote SEL awareness and reinforce its value for student learning.

**Section Three:  Understanding Key Components of Social and Emotional Learning**

Research supported by RAND, CASEL, and the Aspen Institute confirms that students' social and emotional well-being and development are essential for their academic achievement. According to the National Commission on Social, Emotional, & Academic Development, "The evidence base demonstrates that there are a variety of skills, attitudes, and character traits that are embedded in and support learning. These generally fall into three broad categories: (1) SEL-related cognitive skills and competencies; (2) social and interpersonal skills and competencies; and (3) emotional skills and competencies."

- **SEL-Related Cognitive Skills and Competencies:** Social and emotional learning experts agree that educators can support student achievement and academic growth by direct modeling and teaching of specific SEL-related behaviors, including supporting students' ability to focus, pay attention, and stay engaged in on-task behavior; set goals, plan, and organize; and demonstrate perseverance, problem solving, and decision making skills and processes. A key point is that frequently, these skills mistakenly are assumed to develop naturally or automatically in students; consequently, they usually are not taught explicitly in the classroom through modeling, shaping and internalizing strategies.

- **Social and Interpersonal Skills and Competencies:** Similarly, educators frequently assume that students will develop interpersonal skills as a natural part of their growth and maturation. However, the research on SEL and its impact on learning emphasizes that children and youth need coaching, support and ongoing feedback to acquire and integrate the ability to read social cues, navigate social situations (both within and outside the classroom), negotiate and resolve conflicts with others, and cooperate and work effectively in teams. The SEL-sensitive classroom, therefore, should be highly interactive, focused on student discourse, and grounded in various cooperative learning structures and processes.

- **Emotional Skills and Competencies:** Research on SEL also confirm the value of helping children and youth recognize and manage their emotions, including their internal reactions to self and conscious awareness of how their actions are affecting others around them. SEL researchers strongly advocate the integration of learning activities into subject matter curriculum. For example, teachers can include activities to help students recognize how emotions and emotional interactions affect literary characters, understand how individual and group emotional reactions affect historical events and groups, analyze how emotional trends and patterns affect economic issues, and similar investigations in other academic areas. Students benefit greatly from ongoing

support and coaching to help them understand the perspectives and experiences of others and demonstrate empathy both within and beyond the classroom.

**Section Four: Implementing Key Elements of Social and Emotional Learning in Schools and Districts**

According to *A Practice Agenda in Support of How Learning Happens*, a major research report published by the Aspen Institute/National Commission on Social, Emotional, & Academic Development, effective districts and schools emphasize the following action steps:

- Integrate social and emotional learning as a priority in vision, mission and guiding principles for the district and schools at all grade levels.
- Communicate clearly articulated social and emotional learning standards integrated into students' academic experience and used to monitor their progress along a learning continuum.
- Integrate clear and aligned SEL standards into daily classroom practice, including reinforcement of key SEL-related cognitive skills (e.g., focusing and paying attention, setting and achieving goals, planning and organizing, and perseverance and problem solving).
- Model and shape students' social and interpersonal skills and competencies, including learners' ability to read social cues, navigate social situations, negotiate and resolve conflicts, and cooperate and function effectively in team settings.
- Help students recognize and manage their emotions and empathize with the emotions and perspectives of others.
- Provide professional development to educators to reinforce their understanding of social-emotional learning's importance and key processes for reinforcing it in their classrooms.
- Ensure that all schools are safe and supportive learning environments conducive to the growth and development of diverse student populations.
- Develop and implement a Multi-Tiered System of Support, including short and long-term interventions for students experiencing learning challenges (including academic, psychological, and social services support).
- Actively engage parents, community members and stakeholder groups in understanding and supporting social-emotional learning as a systemic priority.

**Section Five: Performance Indicators of Social and Emotional Learning in Effective Classrooms**

Many AASA partners and collaborators, including the RAND Corporation, The Wallace Foundation, the Chan Zuckerberg Initiative, and CASEL, reinforce the power and impact of integrating social and emotional learning into students' daily classroom academic experiences. In effective classrooms, educators should be able to observe:

- Clearly articulated and understood SEL norms and processes for student-teacher and student-peer interaction that reinforce the value of the classroom as a true community of learning;
- Daily inclusion of social and emotional learning objectives into lesson plans and delivery;
- Modeling of effective social-emotional learning strategies and behaviors by the instructor, reinforcing and acknowledging students' demonstration of key cognitive skills, social and interpersonal skills, emotional recognition and self-regulation, as well as empathy;
- Evidence that students can "see themselves" in the curriculum they study, including making connections between content and students' life experiences and backgrounds.
- Student engagement and positive social interaction via experience-based and small-group-focused learning activities such as cooperative learning, seminars, project-based learning, problem solving and decision making and analysis of perspectives.

- Classroom management as an opportunity for shared decision making, problem solving, and conflict resolution involving the instructor and students.
- Integrated opportunities for students to reflect on their own social-emotional growth and development, including periodic "town meetings" in which students consider classroom norms, practices and behaviors, and how they might be improved.

**Section Six: Supporting Social and Emotional Learning in Districts and Schools**

AASA's Social and Emotional Learning Cohort as well as research studies sponsored by the RAND Corporation, CASEL, and the Aspen Institute provide numerous examples of districts and schools whose educational leaders have reinforced the following key systemic elements:

1. **Reinforce SEL as an Articulated Systemic Priority:** Effective leaders are relentless in ensuring that district and school visions, missions and guiding principles reinforce SEL and its value in promoting high levels of achievement for all learners.

2. **Ensure a Sustained Commitment to Promoting Safe and Supportive Learning Environments in Both School and Community Settings:** In addition to reinforcing clear and sustainable norms and practices for safety, effective leaders are committed to making educational settings inviting and engaging for every learner.

3. **Promote Accountability for Ensuring That Educators Teach Students Social, Emotional and Cognitive Skills Explicitly and Embed Them in All Academic Learning:** School and district leaders must ensure that their K-12 curriculum integrates SEL standards, teachers integrate SEL into their daily classroom practice, and assessments include processes to monitor students' growth in relationship to key SEL performance standards.

4. **Demonstrate a Deep and Sustained Commitment to Ensuring Adult Learners' SEL Competencies:** Professional learning is essential for helping educators move along a learning continuum related to SEL, including knowing its value, applying key SEL strategies and processes, and modeling SEL behaviors in educational settings.

5. **Ensure Continuing Engagement of Parent, Community and Stakeholder Groups in Supporting SEL Implementation:** Effective leaders ensure that these groups are actively involved in learning about SEL, understand its value for student growth and development, and reinforce SEL strategies to promote the learning process.

6. **Engage in Strategic Planning and Continuous Improvement Processes to Implement, Scale Up, and Sustain SEL Implementation:** In successful SEL districts and schools, SEL is a clear and sustained priority in systemic strategic planning and school improvement plans, including a commitment to continuing funding for professional learning.

**Section Seven: Accessing Funding Sources to Support Social and Emotional Learning Programs and Initiatives**

The RAND Corporation's recent brief "How the Every Student Succeeds Act (ESSA) Can Support Social and Emotional Learning" confirms that ESSA offers extensive opportunities to support school-based SEL interventions and programs. The report also cautions that educational leaders must be "sure that the SEL interventions they are interested in implementing are both evidence-based and can be supported by funding available through ESSA." The RAND brief identifies three funding streams that can support SEL implementation:

1. **Title I: Improving the Academic Achievement of the Disadvantaged:** Title I supports SEL-related services such as school-wide assistance programs, targeted assistance programs, and school support and improvement activities—all of which require sensitivity to the social-emotional development of learners.

2. **Title II: Preparing, Training, and Recruiting High-Quality Teachers, Principals, and Other School Leaders:** Title II can be used to build teachers' SEL capacity via professional development opportunities such as Supporting Effective Educator Development and School Leader Recruitment and Support grants.

3. **Title IV: 21st Century Schools:** Title IV authorizes funding to support a variety of programs aimed at improving the educational opportunities of students, such as Student Support and Enrichment Grants, 21st Century Learning Centers (Part B), and National Activities (Part F), including integration of SEL into academic and non-academic support programs offered outside the regular school day.

## Action Steps for Guiding Principle Five

**Become Trauma-Informed and Trauma-Skilled**

As an extension of task force participants' discussions of SEL-related priorities, many emphasized the need for staff members to become what William Daggett and others call "trauma-informed" and "trauma-skilled." Trauma can range in its impact from the obvious physical signs to lasting effects on student and staff psychological well-being, coping mechanisms, and their capacity to feel safe and secure within the physical school environment. Priority focus areas related to this theme include:

- The need for crisis intervention teams to work with students in disadvantaged or challenging home circumstances, especially in light of growing needs extending from the COVID-19 crisis and related school closings;
- The increasing importance of cross-functional teaming and partnerships to provide a holistic approach to student and staff health, psychological well-being, and social-emotional interactions (e.g., ensuring that community health providers, food banks, social services, etc., are working in partnership with the school district);
- The necessity of providing ongoing professional development to all staff on the significance of trauma, its long-lasting effects, and its impact on student achievement and staff performance; and
- The need to ensure that policies, regulations and practices connected to addressing trauma-related issues are updated and clearly understood by all staff members.

<u>Section One</u>: **Leading Trauma-Sensitive Instruction and Trauma-Skilled Schools**

AASA is deeply committed to supporting educational leaders in all aspects of their work with districts and schools. Recently, the importance of understanding the impact of trauma on students and staff has emerged as a national educational priority. In partnership with a variety of national leadership organizations—including The Wallace Foundation, the RAND Corporation, and the International Center for Leadership in Education—AASA has confirmed its profound dedication to expanding the knowledge base of educational leaders involving what has been called "trauma-sensitive instruction" and "trauma-skilled schools." This commitment is especially evident in the work of the AASA Social and Emotional Learning (SEL) Cohort. We encourage you to share the information below with educators in your respective schools and districts, inviting them to explore this critical issue as an increasingly significant issue.

<u>Section Two</u>: **Why Has the Issue of Trauma Emerged as a National Educational Priority?**

The COVID-19 crisis has accentuated the range of potential effects trauma can have on students, staff and families. These effects include the stress and psychological impact of economic devastation, unreported incidents of physical and psychological abuse, food deprivation, and the range of health issues confronting families, including the myriad losses associated with illnesses and deaths in families and communities. Task force participants consistently emphasized that many students are also being traumatized by their lack of access to the familiar and supportive structures of traditional schooling that gave them a sense of order, stability and connectivity.

According to Karen Onderko, director of research and education for Integrated Listening Systems, *"Trauma is the response to a deeply distressing event that overwhelms an individual's ability to cope, causes feelings of helplessness, diminishes their sense of self and their ability to feel the full range of emotions and experiences."* In this age of immediate social media information access and connectivity,

we see evidence of traumatic situations throughout the world on a daily basis, from weather and environmental disasters such as floods, hurricanes and fires to the epidemic of violence and mass shootings and the immigration-related displacements evident throughout the United States in recent months and years.

A World Mental Health survey conducted by the World Health Organization recently found that at least a third of the more than 125,000 people surveyed in 26 different countries had experienced some form of trauma. According to developers of this survey, the actual number is probably much higher. Generally, trauma is categorized as one or more of the following: (1) psychological abuse; (2) physical abuse; (3) domestic violence; and/or (4) complex post-traumatic stress disorder.

**Considering these issues, why has trauma become a national educational priority?** According to Sandy Addis, director of the National Dropout Prevention Center, and Bernadine Futrell, former director of the AASA Leadership Network:

- Trauma is a major problem in schools and districts today.
- It is a primary root cause of school behavior and learning problems.
- Our dropouts are primarily the trauma-impacted students who have not been helped to go beyond and past the influences of trauma in their lives.
- Mental health professionals in schools are valuable but will not solve the problem alone or in isolation from other staff, parents and community members.
- Trauma training for educators is essential but will not solve the problem, which requires a long-range systemic commitment to providing appropriate support services.

Addis and Futrell also state that: (1) 67% of students witness at least one act of violence or crime each year; (2) 50% witness more than one act of violence or crime each year; (3) 15% witness six or more acts of violence or crime each year; (4) 2.5 million children in America are homeless each year; and (5) 57% of homeless children are without food for one or more days per month. **According to the Successful Practices Network, more than half of our children are negatively impacted by childhood trauma and many, if not most, will never be identified.**

<u>Section Three</u>: **What Should Educators Understand About the Effects of Trauma on Students?**

Research suggests that trauma can cause students to demonstrate a variety of issues and problems related to their self-esteem, behavior and psychological responses, including:

- Inappropriate or unacceptable behavior involving in-class disruption, disrespect, and conflict with peers;
- Poor attendance;
- Academic failure;
- Grade retention;
- Higher incidence of dropout behavior and failure to graduate; and/or
- A lack of resilience, resulting in students' loss of connection, security, achievement, autonomy and fulfillment.

Educators can approach these trauma-related effects through the lenses of student behavior and school safety. For example, the National Dropout Prevention Center and the Successful Practices Network assert that educators should assess where they are along a continuum related to how well they understand trauma and student behavior:

1. **Trauma-Informed:** Knowing that trauma can alter student perceptions and reactions, leading to behavioral changes.

2. **Trauma-Sensitive:** Understanding why trauma-related behaviors occur and attempting to accommodate behaviorally challenged students.

3. **Trauma-Skilled:** Understanding how trauma impacts student behavior and adopting specific action steps to alter practices, climate and interactions to achieve improved behavior, psychological well-being and resilience.

**Section Four: What Should We See in Trauma-Skilled Schools?**

Trauma-skilled schools demonstrate a continual commitment to ensuring staff understanding of the impact of trauma on student behavior and overall school safety. They also ensure that specific action steps are in place to help trauma-affected students rebuild and develop resiliency, and reduce the likelihood of student aggression toward peers, educators and the school as a learning organization. What William Daggett and others call "trauma-skilled schools" demonstrate the following:

- **Modify School Climate and Culture to Build Student Resilience:** Trauma-skilled schools represent safe, orderly, inviting and engaging learning environments. They reflect a commitment to personalization and sensitivity to the needs and strengths of all learners. There is a sustained commitment to ensuring that students' social and emotional development is a school-wide priority in addition to commitment to equity and excellence related to academic achievement.

- **Provide Ongoing Professional Development to Support Staff Understanding of Trauma, Its Impact on Student Learning and Behavior, and the Importance of Building Resilience:** Sustained professional learning supports staff in the use of trauma-related strategies that work for all students, influence the overall school culture by changing it with consistent behavior by all, and impact the mindset of all faculty, staff and students as well as all relevant policies and practices.

- **Help Staff Acquire Skills Necessary for Handling Trauma-Based Situations:** According to Daggett, educators need four skill sets to deal with trauma in schools: (1) prevention strategies, (2) intervention techniques, (3) supports for recovery processes, and (4) understanding of referral services.

**Section Five: What Should We See in Trauma-Skilled Classrooms?**

Trauma-skilled classrooms reflect a combination of effective teaching and learning practices and classroom management strategies. When used consistently, these practices can produce true communities of learning in which students feel safe, respected and resilient. Such classrooms should exhibit:

1. **Relationship Building:** Instructors clarify their role in relationship to students, establish themselves as safe and caring individuals, reinforce an environment of mutual respect, give students the opportunities to make choices and decisions, and establish discourse about safety and the steps they will take to help students be safe.

2. **Clear Expectations and Norms:** Trauma-sensitive classrooms have clear expectations for student and teacher behavior, a clear and sustained structure for interactions and study, spaces for students to go to if they are feeling overwhelmed, and environmental conditions that promote engagement and resilience (e.g., visual, auditory and sensory resources that accommodate students' varying emotional and cognitive states).

3. **Opportunities for Personalization of Content and Approaches to Learning:** These classrooms reflect a commitment to differentiation, accommodating students' varying learner profiles, interests and readiness levels. When feasible, students can make choices about content, process and product as an extension of independent and small-group investigations and project-based learning.

4. **Integration of Trauma-Sensitive/Informed Interventions:** For students who may be experiencing emotional or psychological difficulties resulting from trauma, teachers can use a variety of strategies, including: (a) modeling and coaching strategies for students to identify feelings and cope with negative reactions; (b) providing support for students to find positive ways to cope with conflicts and upsets; (c) reinforcing strategies for students to connect with friends, peers and supportive adults; and (d) supporting students in accessing support services such as counseling to address trauma-related needs.

**Section Six: How Can Educational Leaders Support Students and Staff in Dealing with Trauma?**

The National Dropout Prevention Center and Bill Daggett's International Center for Leadership in Education assert that trauma-skilled educational leadership requires a deep systemic commitment to building a continuum of support and intervention for trauma-affected learners. These organizations emphasize five stages that comprise a trauma-skilled educational continuum:

1. **Fostering Staff Knowledge:** Ensure that districts and schools have systemic guiding principles, staff understanding, shared operational language, ongoing analysis of the population served, and evidence of trauma-related behavioral patterns.

2. **Building Staff and Student Resilience:** Reinforce and sustain students' sense of connection, security, achievement, autonomy and fulfillment.

3. **Promoting Trauma-Related Skills Acquisition:** Train staff in techniques and strategies related to prevention, intervention, recovery and referral.

4. **Assessment and Implementation:** Monitor and adjust policies, practices and human resources related to trauma intervention and student services.

5. **Maintenance and Validation:** Incorporate trauma-related strategic planning, program and intervention implementation, and verification through ongoing data analysis and progress monitoring.

**Section Seven: What Additional Services and Support Structures Should Trauma-Skilled Schools Offer?**

Schools that are effective in addressing the needs of trauma-affected learners offer a variety of support services and structures, including the following:

1. **Provide Information for Students and Parents About Trauma-Related Services:** These schools help students identify school-based and external individuals and places that are safe and provide appropriate support interventions, including physical, emotional, psychological and family support programs.

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2. **Integrate Direct Instruction About Coping Strategies into Both Classroom and School-Based Services:** Teachers, counselors, administrators and support staff can become a support network trained in using trauma-related strategies with students, including: (a) teaching stress management and relaxation skills; (b) modeling calming behaviors during crises (e.g., remaining calm, quiet and present); (c) practicing mindfulness and positive self-talk, serving as role models for students; and (d) focusing on relationships and connections.

3. **Promote Parent and Community Outreach:** Trauma-skilled schools consistently ensure that parents and community members are informed about school-based initiatives and services related to trauma support and intervention. Programs can range from information sessions conducted at both the school and community centers to more intensive forms of training  such as teaching adults coping skills to decrease emotional intensity; implementing strategies for building connections; sharing ways parents and community members can  support safe, orderly and inviting schools; and deepening shared understanding about community needs and resources.

4. **Build Consensus About Trauma-Related Pitfalls and Ineffective Practices:** All members of the learning organization should learn about and avoid frequently made mistakes when working with trauma-affected students, including making assumptions, judging the trauma, taking student behaviors personally, engaging in unfounded psychological analysis, and taking on the burden of "fixing" the trauma independently.

## Action Steps for Guiding Principle Six

### Prepare for Potential Changes in
### Human Resource Management and Contract Negotiations

Another important issue raised during the task force discussions centered on staffing issues and the implications of the COVID-19 crisis for the coming academic year. They recurrently cited issues related to policies and practices related to human resource management, including:

- The reality that many staff members—especially instructional staff—may be in an age group identified as vulnerable to the physical impact of COVID-19 (e.g., How will their needs be met? What if they cannot return to a physical building during the continuing crisis? How will districts address requests for lifting of contract requirements to allow for early retirements with related benefits?);
- The importance of working closely with teaching and support staff (including their associations and unions) to ensure that if contract modifications or benefits are affected by budget reductions, there is a consensus about the most viable approaches to handle these issues;
- The need to revisit certification requirements (e.g., early hiring of university students completing their certification but not yet employed) in order to fill potential vacancies resulting from the pandemic crisis;
- The necessity of reexamining the range of services and resources provided by the district to address unanticipated physical and psychological issues extending from the COVID-19 crisis; and
- The stark reality emerging in districts throughout the United States of how budget reallocation and shortfalls resulting from the crisis may impact staffing allocations in both the short-term and long-range contexts.

Task force participants identified the following implications for human resource management and contract negotiations that may arise as schools prepare to reopen:

1. **Explore the Implications of Staff Who May Have Medical or Childcare Issues Preventing Their In-Person Return to School:**

- Ensure that leadership teams responsible for human resources management during the reopening are in communication with staff who may not be able to return because of their own medical issues, childcare or family health concerns.
- Determine policies, procedures and protocols for these staff members to contact appropriate personnel to notify the school district of their needs and plans.
- Examine contract implications for emergency, medical and FMLA leave in light of expanded staff reductions resulting from these circumstances.
- Prepare for additional early retirements as staff members make decisions about returning or remaining at home.
- Investigate the feasibility of extending childcare services through local organizations and agencies to support emerging staff needs.

2. **Anticipate the Range of Potential Staff Needs as Reopening Occurs:**

- Form and sustain cross-functional teams involving human resources, student services, and health, social and psychological services, and safety organizations within the community.

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- Integrate issues related to social, emotional and physical well-being of staff into your human resources decision-making processes.
- Ensure that health and physical needs of staff and families are considered as part of the school reopening process, including clearly articulated policies about social distancing, temperature checks, classroom and school sanitation procedures, and related logistics for schools and offices.
- Work collaboratively with internal and external agencies to ensure that staff members' psychological and mental health needs are addressed, including information concerning services and agencies they can access if they or family members are experiencing health or psychological issues.

3. **Align Contracted Salaries and Benefits with Economic Issues Your District May Be Facing:**

- Be clear about the potential for budget cutbacks and reductions related to the need to build a reopening infrastructure and make up for diminished operating budget income.
- Work closely with teacher and administrator organizations (including unions and teachers associations) to investigate the need to address potential staff reductions or elimination of cost-of-living increases resulting from contractual and funding issues generated by the unanticipated emergency.
- Investigate formal as well as informal observations and evaluations when staff are working at home and teaching via distance learning.
- Issue regular updates as changes or modifications are made related to contracted salaries, services, insurance and related human resource issues.

4. **Ensure That Teachers, Administrators and Support Staff Have Clear and Sustainable Communication Channels to Receive Updates and Express Their Perspectives and Concerns:**

- Expand staff access to information updates.
- Consider the implementation of staff forums and discussion venues to receive feedback and recommendations related to proposed or potential human resource issues, including dealing with possible budget reductions.
- Make certain that a variety of media and platforms are used to communicate significant information related to human resource issues extending from the reopening process.
- Have a comprehensive list of individuals and service agencies that staff can access to get updates, address emerging problems, and understand changes in the school and district landscape.

5. **Examine Certification Requirements and Emerging Needs for Ensuring All Classrooms Have the Teaching Staff Needed:**

- Work with local and state agencies and organizations (including colleges and universities) to extend options for teachers and administrators completing certification requirements.
- Engage in cross-functional partnerships to determine the most effective ways to deal with teacher shortages extending from the crisis. For example, how will the district ensure that schools are fully staffed by the time of reopening? What will the district do to address significant areas of teacher shortage (e.g., Special Education, English Learner services, CTE, math and science, world languages, etc.)?
- Determine if expansion and refinement of staff services are necessary to address emerging staff needs related to health, safety, trauma, family crisis, economic issues and related concerns related to the COVID-19 crisis.

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6. **Analyze Staffing Implications If Expanded Health, Social Services and Psychological Services Are Necessary to Address Emerging Mental Health and Psychological Stress-Related Issues:**

- Plan for multiple potential contingencies as reopening and potential "second-wave" issues emerge.
- Determine how staffing will be handled if a bifurcated approach is used (i.e., Who will teach in person? Who will teach at home using distance/virtual learning? How will determination of staffing assignments be handled to ensure alignment with negotiated contract protocols?).
- Engage in problem-solving scenarios involving potential issues schools and the district may face related to mental health, psychological stress and physical health as the school year continues.

7. **Make Certain That Financing Is Available to Meet Professional Development Needs as Part of School Reopening:**

- Work closely with offices of curriculum and instruction and professional learning to determine priorities for professional development available to staff during the reopening process.
- Ensure that professional development options are available to professional and paraprofessional staff as well as support staff (especially in areas such as distance learning and social-emotional learning).
- Expand opening professional development options to include issues related to staff members' dealing with the crisis and its multiple implications for their health and social-emotional well-being as well as those of their families.
- Collaborate with district, local and state agencies to ensure that (to the extent possible) funding is available to address emerging professional development needs.

8. **Investigate the Implications of Federal Funding Cycles and Recovery Monies Related to School Reopening and Infrastructure Experiences Extending from the Crisis:**

- Work closely with internal and external agencies and funding sources to keep on top of changing budget cycles and future iterations of recovery act funding.
- Determine with relevant internal and external groups how allocated federal funding can or cannot be used to supplant operational funding or address shortfalls.
- Make certain that human resource employees are kept informed about the range of federal funding requirements and policies, including issues related to Title I funding allocations, including current discussions of using funds for private and parochial schools.

## Action Steps for Guiding Principle Seven

### Offer Personalized and Differentiated Professional Learning

Task force superintendents expressed support for professional learning as a significant priority during this period of crisis and transition. Specifically, they identified the following needs and target areas related to professional learning:

- The need for professional learning for all staff related to addressing the social and emotional needs of students, their families and educators;
- The necessity of using multiple modalities and approaches for professional development, including expanded virtual options, study groups, action research teams, and instructional rounds in which educators address emerging problems of practice;
- The importance of training all staff in key concepts and strategies related to being trauma-informed and trauma-skilled;
- The need to focus on ensuring that all staff members are technically proficient and comfortable with instructional design within a virtual context, including making online learning engaging, student-centered and interactive; and
- The value of expanding the range of professional learning opportunities available to staff, including highlighting best practices and strategies used by exemplary teachers and administrators to address emerging issues extending from the crisis.

### Section One: Key Principles for Professional Development Related to Reopening

An emerging and recurrent theme in all dialogues and discussions involving task force superintendents was an emphasis on not conducting "business as usual." The COVID-19 crisis has shone a powerful spotlight on practices and traditions that are now outmoded or in need of transformation as schools reopen. The superintendents were especially emphatic that the crisis has established a moral imperative for public education: antiquated practices sustained through traditions in the old industrial model of education must give way to a new paradigm reflective of the interconnectivity, global focus, diversity and technology-based world of the 21$^{st}$ century.

Effective and sustained professional learning is even more critical as schools reopen and students, staff and families adjust to this "new normal." Following are design principles for professional development cited by many task force members:

- Professional development must be highly interactive and personalized, regardless of the medium used (i.e., virtual, blended, in-person).
- Reopening professional learning should emphasize strategies and processes that educators, including support staff and paraprofessionals, can employ to reinforce students' sense of connectivity, safety, efficacy and comfort in returning to school.
- The use of technology—including the effective design and delivery of distance-learning lessons—should become a part of all educators' repertoire, reinforced by modeling of best practices during professional learning workshops.
- The range of professional development offerings given to returning educators should model best practices for classroom instruction, including protocols, routines and rituals for reinforcing a sense of community and mutual support.

- School districts must prepare for a range of contingencies and scenarios, depending on the conditions present during school reopening, including the possibility of continuing virtual/distance learning, modified schedules involving some students being taught in-person while others learn virtually, and/or traditional in-person learning in school buildings).
- Priorities for professional learning must include strategies and best practices to ensure that all staff work effectively in responding to trauma-based situations and trauma-based disciplinary actions on the part of some learners.
- The focus of professional learning during reopening must involve a Whole Child emphasis, including modeling and reinforcing teachers' understanding of ways to enhance students' health, well-being, physical growth and development, and social-emotional needs and development.

**Section Two: Recommended Actions Related to Professional Development and Reopening**

1. **Include Ceremonies and Rituals Essential to Reinforce Staff Members' Sense of Routine and Community Affiliation:**

   - Integrate a range of welcome-back activities and acknowledgments to celebrate the achievements of staff during school closings.
   - Highlight partnerships and group collaboration activities that reflect the power of connectivity and mutual support evident during the school-closing crisis.
   - Encourage staff to reflect on "lessons learned" during school closings: What lessons did we learn? What do we need to do differently as the school year opens? How can we sustain the camaraderie, outreach, and attention to students' social and emotional needs evident during school closings?
   - Ask staff to reflect on their experiences with virtual/distance learning and generate suggestions for professional development from which they might benefit to enhance future lesson design and delivery.

2. **Emphasize Strategies and Research-Based Actions Involving Social and Emotional Learning (SEL):**

   - Provide sessions on strategies teachers and aides can use to welcome back students and help them to feel safe, invited and welcomed back to school.
   - Integrate suggestions for SEL-related routines and protocols, modeling such techniques as morning meetings, reflection opportunities, metacognition strategies, and reinforcement of the classroom as a learning community.
   - Reinforce staff understanding and use of both simple and complex cooperative learning structures, extending from Listen-Think-Pair-Share reflections to complex techniques like JIGSAW investigations and in-class competitions.
   - Demonstrate ways that teachers and aides can model and reinforce students' ability to demonstrate effective interpersonal communication skills.
   - Use periodic reflection checkpoints during workshops to help staff see the value of self-regulation and self-assessment.
   - Make certain that workshops are varied and engaging, using a range of experience-based interactive activities aligned with effective lesson design (e.g., articulation of objectives, engaging warm-ups, modeling and shaping of key skills and knowledge, opportunities for independent application, ongoing feedback and coaching, and meaningful closure activities).

3. **Provide Workshops for All Staff About the Impact of School Closings and the COVID-19 Crisis, Including Trauma-Related Effects:**

- Provide sessions involving the meaning of trauma, its multi-faceted impact on individuals and groups, and specific insights concerning the potential traumatic effects of COVID-19 and school closings.
- Develop consensus-driven ideas and strategies for identifying evidence of trauma in individual students and staff as well as evidence of subgroup trauma extending from unique challenges students and staff may have confronted during school closings.
- Encourage staff to understand the continuum of trauma-informed schooling, including what it means to be trauma-skilled in responding to students who are demonstrating signs of sustained effects extending from trauma.
- Offer sessions that help classroom educators understand the range of personnel, student services, and support programs that students and families can access—or that they can access if there is evidence of trauma-based actions/reactions in their classrooms.
- Expand professional development opportunities to all support personnel (including bus drivers, custodians, cafeteria workers and office workers) to ensure that they are both celebrated for their contributions and that they understand the potential ways in which the school closing experience may have generated trauma-based reactions among students and staff.

4. **Emphasize School-Specific Professional Learning Personalized to the Needs of the Staff:**

- Be sensitive to the range of needs and challenges that individuals are facing as they return to school in order to personalize professional development.
- Consider options for personalizing and differentiating professional development to customize it for the unique needs and priorities identified for a specific school site or program office.
- If funding and logistics allow, consider how educators might be given options customized to their specific needs and objectives.
- Take into account how employees new to a school site may need extra support and professional learning as they acclimate to the culture and changing dynamics of their new site and the after-effects of the COVID-19 crisis.
- Consider ways to expand staff access to a range of customized program options, including recording workshops and sessions they may have missed if they are in other sessions.
- At the conclusion of all individual sessions and at the end of each professional development day, encourage staff members to debrief on how they are feeling, how they are reacting to the sessions, and how they plan to use workshop knowledge and skills in their classrooms or other settings.

5. **Integrate Effective Uses of Technology and Social Media to Reinforce Strategies for Learning in a Virtual World:**

- Ensure that staff experience models and exemplary practices related to virtual and distance learning as part of their professional development experience.
- Use a variety of social media and virtual learning to build a sense of collective support, interaction and debriefing.
- Model strategies for making learning in the virtual world interactive, including opportunities for online breakout rooms and discussion sessions integrated into workshops and professional learning programs.
- Encourage staff to post their experiences and insights concerning the use of workshop-based virtual learning strategies and insights.

- Showcase throughout the year examples of elementary, middle and high school teachers using technology and social media effectively in their classrooms and schools.
- Integrate synchronous and asynchronous virtual learning experiences, ensuring that individuals unable to attend a session in person have access to a virtual learning archive of prior workshops, discussion sessions and webinars.
- Highlight for staff available webinars and other resources aligned with school and district priorities and problems of practice related to reopening and strategic planning focus areas.

6. **Anticipate Unique Challenges Related to Reopening and Engage Participants in Using Design Thinking to Address Potential Problems of Practice:**

- Present to staff the concept of "design thinking," encouraging them to follow its key steps as they identify and generate solutions to problems of practice arising from reopening and COVID-19-related issues and concerns.
- Encourage professional development participants to develop a deep understanding of the members of the learning community they serve, especially their students and families, reinforcing SEL dispositions such as empathy.
- Engage participants in identifying emerging problems and "unpack" them by questioning the problem, questioning related assumptions, and questioning implications.
- Pose to participants COVID-19 problems with solutions that are ill-defined or unknown, reframing the problem in practical and humane ways.
- Ask participants to adopt a hands-on approach to prototyping and testing proposed solutions.
- Encourage participants to use their design thinking solutions in their classroom and school settings, providing tools and platforms for them to share updates and insights.

7. **Integrate into Professional Development Strategies and Actions Designed to Support Staff in Addressing Learning Gaps and Disproportionality Issues Extending from the Crisis:**

- Reinforce research and current reporting that confirm the potential for major learning gaps for all students as they return to school.
- Ask participants to brainstorm and identify priorities related to these gaps, including ways they can support students in transitioning to higher grades or course levels while addressing areas in which their knowledge and skills may be underdeveloped as a result of closings.
- Encourage educators to determine "power standards" (i.e., standards with a high level of significance, transferability and foundational strength) that students should have mastered in the previous grade level and generate suggestions for integrating those standards into initial lessons and units.
- Engage participants in discussions of strategies to assess student achievement data to identify individuals and groups who may be most at-risk because of school closings.
- Explore strategies for staff to address the needs of special populations, including students with Individualized Education Plans, English Learners, Gifted, and Title 1 learners.
- Develop strategies to address issues of disproportionality extending from students' inequitable access to technology, internet and virtual learning resources.
- Ensure that participants understand the assessments and data analysis measures they can use or access to identify and address emerging or continuing learning gaps.
- Integrate school improvement plans into these discussions, reinforcing staff understanding of school and district priorities related to identified learning gaps and disproportionality issues.

8. **Model Cultural Responsiveness as Part of Your Professional Learning Activities:**

- Ensure that staff members explore and understand the significance of students' cultures and backgrounds as key parts of their life experience and education.
- Explore with staff what it means to be "culturally responsive," including integrating whenever possible multiple perspectives, references to students' various cultural traditions, and strategies to understand how culture can shape and inform students' perceptions and construction of meaning involving key themes, issues and events.
- Encourage staff to reflect on how students' various cultures and communities may have been impacted by the COVID-19 crisis, including differing perspectives about health, safety, security and well-being.
- Ask staff to analyze the implications of available student achievement data and academic progress using the lens of disaggregation (i.e., how have different student subgroups and communities been affected by the crisis?).
- Brainstorm ways to have teachers and other staff use a range of culturally responsive strategies for welcoming students back to school and addressing emerging needs and concerns.

9. **Expand the Range of Designs Used to Deliver Professional Learning Related to Reopening:**

- When using keynote speakers, employ available technology so staff members can  hear the speaker(s) without having to leave their school or home (if virtual learning continues in the district).
- Extend and refine staff members' use and competency related to Zoom, social media and online lesson design and delivery.
- Integrate a range of designs to model interactivity and participant-sensitive pacing during professional learning sessions, including opportunities for electronic voting, expression of opinions, breakout chat groups, and other platforms.
- Offer opportunities for staff to identify areas of concern or need related to the use of technology in their classrooms and schools, including varying degrees of students' home access to internet and hardware.
- Identify and present models and exemplars of effective virtual learning to showcase techniques and resources available to teachers to help them replicate these best practices.
- Encourage follow-up collaborative planning and action research as participants move beyond opening-of-school professional development into the academic year.

10. **Use Opening-of-Schools Professional Learning as a Springboard for Sustained Professional Development Throughout the 2020-21 Academic Year:**

- Reinforce that the coming academic year is a journey that staff and students will move through together.
- Use feedback generated during opening professional development sessions to chart a course for follow-up professional learning throughout the coming academic year.
- Encourage staff to form study groups and discussion teams to extend and refine their initial professional development experiences, including opportunities for sharing lessons and resources for teachers across schools teaching the same courses or grade levels.
- Plan professional learning for the coming academic year as an extension of the needs analysis conducted at the time of school reopening, including strategic planning for the possibility of a second wave of school closings that may occur if another wave of COVID-19 cases impacts the district or region.

## Action Steps for Priority Eight

### Transform Curriculum, Instruction and Assessment

Task force superintendents were unanimous in their assertion that the COVID-19-related crisis has allowed us to examine how we design our curriculum, teach our students, and monitor their progress. Their recommendations reinforced the adage that in crisis there is opportunity. Their recommendations included the following:

- Written curriculum must continue to address required standards, but it should reflect what we have learned during the crisis: the need for personalization, differentiation and social-emotional learning to become key components of our curriculum design process.
- The teaching-learning process must be personalized and differentiated to accommodate the range of readiness levels, interests and learner profiles evident in the students we are serving.
- Assessment cannot return to traditional practices. It must become more balanced and emphasize coaching-based formative assessment vs. teaching to the test.
- Amid the COVID-19 crisis, we have all seen the inadequacy of a test-driven organizational culture. We must take a more holistic approach to assessment.
- We need to emphasize performance assessment and project-based learning while providing immediate and sustained feedback and coaching, monitoring and assessing student progress, including learners' acquisition and deepening of such SEL-related skills as self-regulation, interpersonal communication and citizenship.

**Section One: Redefining Curriculum as a System for Promoting and Monitoring Learning**

As schools plan to reopen in the coming months, the next academic year can be a vehicle for transforming education as we know it. Curriculum leaders Fenwick English and Allan Glatthorn consistently emphasized that curriculum is not just written guides and lessons. Instead, it is a system for promoting and monitoring student learning. The COVID-19 crisis has accented the interdependence of the various levels of a curriculum system articulated by English and Glatthorn:

1. **The Ideal/Organic Curriculum:** The documents and media used to express a district's values and guiding principles, including vision and mission statements. *Does the district's ideal curriculum reflect a commitment to the health, well-being, social-emotional growth and academic achievement of all learners accented so powerfully during this national crisis?*

2. **The Written Curriculum:** The written guides and supporting lessons used to inform the teaching and learning process within a district. *Are curriculum guides written to articulate a clear sequence of standards implementation while advocating for teaching-learning activities aligned with the needs of the Whole Child (i.e., health and physical development, social-emotional development and academic achievement)? Is the written curriculum clear, coherent, aligned and culturally responsive?*

3. **The Taught Curriculum:** What actually occurs in classrooms as teachers implement the written curriculum with learners. *Are classrooms inviting and engaging communities of learning? Do students see the purpose and meaning of the content and skills they are studying? Are classrooms personalized and differentiated to address students' varying readiness levels, interests and learner profiles?*

4. **The Assessed Curriculum:** Those components of the curriculum identified for purposes of progress monitoring, assessment and evaluation. *Does assessment focus on key power standards for which all students are expected to achieve proficiency? Is assessment balanced in its approach, emphasizing a combination of diagnostic, formative and assessment feedback? Does assessment support the learning process rather than detracting from it (i.e., emphasizing student feedback and coaching rather than mechanical teaching-to-the-test)?*

5. **The Supported Curriculum:** The range of resources, professional learning and support systems necessary to ensure that all instructors are effective with their students. *Do all students have equitable access to needed resources, including internet access and hardware needed for distance learning? Does professional learning contribute value to teachers' expertise and competency to reinforce students' access to a rigorous and engaging curriculum and address the individual needs of all learners?*

6. **The Learned Curriculum:** The knowledge, skills and habits of mind acquired by students within the context of their formal school experience. *Do all students develop proficiency of identified curriculum power standards? Do the various levels of the curriculum support student growth and development in becoming a life-long learner? Can every student see himself or herself in the curriculum they are studying?*

7. **The Hidden Curriculum:** The unconscious or unexpressed issues that arise when there is a lack of alignment between or among various levels of the district's curriculum. *Do staff or students experience a sense of mixed signals or contradiction between what is articulated and what is practiced? Are there areas in your curriculum system that show issues related to misalignment?*

**Section Two: Suggested Action Steps for Transforming Curriculum, Instruction and Assessment During Reopening and the Coming Academic Year:**

What are the implications of reopening and the upcoming academic year for curriculum, instruction and assessment? The following action steps surfaced throughout the task force discussions:

1. **Revisit Your Ideal/Organic Curriculum to Address Emerging Priorities:** How do your vision, mission and guiding principles reflect the priorities and lessons learning during the crisis?

   - Ensure that your vision statement identifies a true "North Star" to which your school district is heading in offering a Whole Child approach to education.
   - Make certain that your mission statement reinforces the importance of social-emotional learning and health/physical growth and development as essential components of students' academic achievement.
   - Incorporate into district guiding principles performance indicators for monitoring students' health, physical development and social-emotional growth in addition to their academic progress.

2. **Ensure That Your Written Curriculum Integrates Social and Emotional Learning:** How can you use the COVID-19 crisis as an entry point for discussing and addressing gaps or structural issues related to your written curriculum, including its pacing and sequencing?

   - Use school closings to revisit the extent to which your written curriculum has clearly articulated content and performance standards sequenced in a logical and spiraling way.

- Use feedback from teachers, students and parents about the issue of power standards: To what extent were the most significant and spiraling (i.e., reused and revisited with increasing levels of depth and proficiency) academic standards clearly articulated to allow for ease of lesson design and delivery during school closings?
- Determine areas of your written curriculum in which social-emotional learning standards might be integrated so that they become a part of ongoing progress monitoring.
- Ensure that your written curriculum reinforces routines, classroom management strategies, and community building needed to ensure a safe, orderly, healthy and engaging learning environment in each classroom and content area.
- Make certain that your written curriculum is culturally responsive, developing all learners' cognitive skills, processes and habits of mind essential for becoming an independent learner.

3. **Develop Recommendations and Performance Indicators for Instruction That Addresses the Whole Child and COVID-19-Related Issues:** What are the unique challenges and needs that both students and staff will have as they reenter school and adjust to this new normal?

- Ensure that all staff, including teachers, paraprofessionals and support staff, have the knowledge and skills to support effective virtual learning.
- Develop recommendations and performance criteria for what effective lessons and units should look and feel like when presented virtually via distance learning.
- Anticipate the need for students and staff to express their experiences, emotions and feelings resulting from the COVID-19 crisis and the challenges—and opportunities—of reopening.
- Ensure that lessons always include strategies and processes that reinforce norms, protocols and routines that support students' sense of safety, support and efficacy (e.g., morning meetings, class community debriefings about what works and doesn't work, opportunities for celebration and acknowledgment, team building).
- Make certain that lesson design reinforces group interdependence, collaboration and mutual support, including ongoing use of cooperative learning structures (e.g., Think-Pair-Share, small-group discussions and debriefings, JIGSAWs, games and tournaments, etc.).
- Encourage small- and large-group debriefings and discussions, including opportunities to discuss and debate alternative perspectives and points of view about key topics and issues.
- Emphasize the importance of teacher modeling and coaching related to students' ability to self-regulate, engage in metacognitive reflection, apply interpersonal communication and conflict resolution skills, and display ethical citizenship.
- Help teachers to understand the range of trauma-based behaviors that may affect students' learning experiences and potential disciplinary issues.

4. **Determine How Your Assessed Curriculum Will Need to Change in Response to Student Needs:** To what extent does your assessment system need to be revised and expanded to ensure a balanced approach to student progress monitoring?

- Use school closings as a discussion point for revisiting current models of assessment and evaluation of student progress. To what extent do you use a balanced approach that includes diagnosis, ongoing feedback via formative assessment, and evaluation based on determining all students' successful mastery of key power standards?
- Provide professional learning to support teachers' use of coaching strategies that deliver criterion-based feedback and support students' progress toward independent application of key knowledge and skills.

- Incorporate into your approach to progress monitoring, strategies and processes for monitoring students' development of social-emotional learning skills and competencies, including self-regulation, interpersonal communication and citizenship.
- Emphasize the value of authentic, performance-based assessment, including culminating independent and small-group projects that are authentic and engaging for learners.
- Assess the extent to which your current assessment system addresses students' varying readiness levels, interests and learner profiles.

5. **Assess Your Supported Curriculum to Ensure It Reinforces Your Reopening Infrastructure:** To what extent did the COVID-19 crisis reveal inequities and disproportionality concerns related to textbooks, supporting materials, technology and distance-learning resources, and emerging professional development priorities?

- Continue your efforts to provide equitable access of all students to resources needed for virtual learning, including technology as well as reliable broadband/internet access.
- Consider how you will support bifurcated models of schooling, including the possibility of some students and teachers engaged in in-person learning while others are working remotely.
- Encourage staff to see the power of collaboration to ensure that classroom teachers can address the range of needs and emotional issues students may face during reopening (e.g., knowledge of counseling, health, social and psychological services, and related internal and community organizations available to students and their families).
- Investigate the implications for textbooks and support materials if your school district uses a multi-modal approach, including some students learning in-person while others learn virtually.
- Analyze the major impact of COVID-19 and school closings on special populations, including the services and supports students will require in such areas as Special Education, English Learners, Title I, and Talented and Gifted).

6. **Expand Your Focus on Student Learning to Include Support and Monitoring Related to Issues Extending from COVID-19 and School Reopening:** To what extent is reopening an opportunity to examine and adjust your approach and focus related to monitoring student progress and achievement?

- Form crisis intervention teams to address current and emerging issues related to trauma, health, safety and potentially unreported incidents of abuse experienced by students.
- Use feedback from staff and community to identify areas of strength and areas in need of enhancement related to available student services, counselors, health resources, safety protocols, communication and social and psychological services.
- Examine the quality of your data dashboard and its capacity to provide meaningful and timely data about the range of needs and issues that students may be facing as they return to school.
- Provide both professional learning and community outreach sessions to ensure that staff, families and community members are updated about the reopening process and services and resources available to them.

7. **Evaluate Potential Gaps and Contradictions That May Result in a Hidden Curriculum During Reopening:** How do patterns and behaviors observed among students, staff, parents and community members during school closings suggest areas in which omissions or contradictions are evident in your district's curriculum system?

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- Engage staff in ongoing discussions and feedback sessions related to curriculum alignment. To what extent do your written, taught, assessed, supported and learned curricula align? Are there areas in which misalignment is present?
- Begin study groups and action research teams to address identified problems of practice extending from these initial discussions.
- Incorporate suggestions and recommendations into the next budget-planning cycle to address resources needed to eliminate causes of a "hidden curriculum."

## Action Steps for Guiding Principle Nine

### Anticipate Potential Budget Shortfalls and
### COVID-19-Related Expenses

Task force superintendents consistently voiced their concern about anticipated immediate and long-range budget shortfalls and expenses extending from this crisis. All of them are facing some form of budget reduction or reallocation during the present fiscal year. Many are also hearing about potential major reductions (ranging from 16% to 18% of projected budget allocations) during the coming fiscal year. School district budgets are subject to the compounded impact of federal, state and local budget cuts, the confluence of which can be dire. Concerns expressed included the following:

- Dealing with existing and proposed budget reductions and their potential impact on service delivery, staff cost-of-living raises, and related contractual obligations;
- Addressing the need for local, state and federal agencies to allow for a greater range of budget adjustments and reallocations to deal with COVID-19-related contingencies;
- The very real impending priority of building a reopening response infrastructure that will include vetting and purchasing of masks, PPEs, thermometers and related testing equipment, expanded bus availability (to accommodate alternative scheduling models), and costs related to sanitation and building maintenance; and
- Recurrent concerns about public perceptions: e.g., *The minute we open schools, people will think everything is open. How do we message people in the community about reopening and the necessary restrictions and protocols we must follow to ensure the health and safety of students and staff?*

**Section One: Anticipating Budget and Fiscal Issues Associated with Reopening**

1. Gather information concerning local, state and federal funding sources related to building a COVID-19 response infrastructure that will meet the needs of returning students and staffs.

2. Analyze budgetary implications of health, safety and sanitation equipment purchases necessary for successful reopening (e.g., thermometers, thermal imaging technology, sanitation equipment and supplies).

3. Anticipate funding implications related to space configurations required for social distancing, including the possibility of using and/or leasing adjacent or accessible buildings outside of the immediate school structure.

4. Analyze transportation implications of reopening, including potential need for leasing of buses to address the transporting of students if an alternating schedule configuration (e.g., A-Week/B-Week) is used or if schools use a half-day model, alternating students in attendance.

5. Investigate staffing implications and related funding issues if additional teachers and paraprofessionals are needed to provide intervention, coaching and support for students demonstrating learning gaps that require intensive intervention.

6. Continue to build your technology infrastructure, including processes for dealing with lost equipment and resources if students have moved or cannot be located during school closings.

7. Address the stark reality of contract issues involving negotiated salaries.

8. Analyze the implications of some staff and students requiring at-home accommodations because of compromised health (i.e., how will their needs be supported in addition to the regular schooling process?).

9. If possible, expand professional development funding to accommodate emerging needs for training in areas such as virtual learning, technology integration, social and emotional learning, and trauma-skilled education.

10. Work collaboratively with local, state and federal agencies to ensure that the most accurate and recent information concerning funding sources—and potential cutbacks—are accessed and addressed expeditiously.

<u>**Section Two:**</u> **Navigating Federal and State COVID-19 Funding Cycles**

Superintendents consistently cited the continually changing landscape associated with federal funding and state pass-through funding initiatives. It is imperative that district leaders stay informed about recurring budget cycles and get clear interpretations of how funding can be used. A major recurrent issue in the task force discourse centered on the ways in which Secretary of Education Betsy DeVos is emphasizing reallocation of Title I funding for use with private and parochial schools. Following is a synthesis of current federal and state COVID-19-related funding cycles and priorities:

<u>**Phase 1**</u>**: Coronavirus Preparedness and Response Supplemental Appropriations Act  (3/6/20)**

1. $8.3 billion emergency package; 3x request from White House.

2. Includes $2.2 billion to help federal, state and local health agencies prepare for and respond to COVID-19.

<u>**Phase 2**</u>**: Families First Coronavirus Response Act (3/18/20)**

1. **Nutrition Provisions:**

   • $500 million for the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) to provide nutrition assistance for children and their mothers who have lost their jobs as a result of the outbreak.

   • $400 million for The Emergency Food Assistance Program to help local food banks meet increased need for low-income Americans.

   • $100 million for nutrition assistance for Puerto Rico and other U.S. territories.

   • A provision that allows the Department of Agriculture to approve state plans to provide emergency Electronic Benefit Transfer (EBT) food assistance to households with children who would otherwise receive free or reduced-price school meals in the event that their school is closed (The MEAL Act).

   • Gives the Secretary of Agriculture the authority to approve state waivers addressing nutrition assistance with school closures even if it increases cost to the federal government.

- Provides provisions to allow child and adult care centers to serve food to go, allow the Secretary of Agriculture to waive meal pattern requirements in child nutrition programs if there is a disruption in food supply, and allow the Secretary of Agriculture to issue nationwide school meal waivers during the emergency.

- Allows participants to be certified for WIC without being physically present at a WIC clinic.

- Suspends work requirements for the Supplemental Nutrition Assistance Program (SNAP) during the emergency.

- Allows states to request waivers for emergency CR-SNAP benefits to existing SNAP households up to the maximum monthly allotment.

**2. Health Provisions:**

- Provides free COVID-19 testing to all Americans, regardless of insurance.

- Medicaid and CHIP, which cover over 45 million children between the two programs, will cover diagnostic testing, including the cost of a provider visit to receive testing, with no cost to the patient.

- Increases states' federal medical assistance percentage (FMAP) for public health programs like Medicaid and CHIP for the duration of the emergency.

- Increases Medicaid allotments for U.S. territories.

- Ensures that American Indians and Alaskan Natives do not experience cost sharing for COVID-19 testing.

**3. Paid Sick Leave, Unemployment Insurance and Family and Medical Leave Provisions:**

- Provides employees of employers with fewer than 500 employees the right to two weeks of fully paid leave when they are sick, or two weeks of paid leave at 2/3 of their normal rate to care for a family member.

- Provides employees of employers with fewer than 500 employees the right to take up to 12 weeks of job-protected leave.

- Provides $1 billion in 2020 emergency grants to states to meet the increased need for Unemployment Insurance (UI) benefits.

- Provides several tax breaks for employers who give their employees mandatory paid leave during the emergency.

**Phase 3: CARES Act (Passed 3/27)**

1. $15.5 billion for the Supplemental Nutritional Assistance Program.

2. $8.8 billion for Child Nutrition Programs to ensure students receive meals when school is not in session.

3. $3.5 billion for Child Care and Development Block Grants, which provide childcare subsidies to low-income families and can be used to augment state and local systems.

4. $750 million for Head Start early-education programs.

5. $100 million in Project SERV grants to help clean and disinfect schools and provide support for mental health services and distance learning.

6. $69 million for schools funded by the Bureau of Indian Education.

7. $5 million for health departments to provide guidance on cleaning and disinfecting schools and day-care facilities.

8. The $13.5 billion in stabilization fund money could be used to provide K-12 students internet connectivity and internet-connected devices; a separate item in the bill for rural development provides $25 million to support "distance learning."

**Using CARES Act Funding:**

1. Under the CARES Act, states and districts are set to receive $13.2 billion for K-12. The money must be spent by September 2021, although it's not clear whether the funding can be directed at costs already incurred related to the pandemic ( that is our hope).

2. There is an urgent push by governors to expedite the process for moving these funds to districts, which AASA supports, but it still could be at least two months before they show up in districts' coffers.

3. Once the funds are released,  districts can use them in several ways:

   - For any activity authorized in ESSA, IDEA and Perkins CTE;

   - To coordinate with public health departments to prevent, prepare and respond to COVID-19;

   - To address the unique needs of low-income students, students with disabilities, English learners, racial and ethnic minorities, homeless and foster care youth;

   - For PD for staff on sanitation and minimizing spread of pandemic and purchasing supplies to clean and sanitize buildings; and

   - Planning for and coordinating long-term closures including how to provide meals.

**Phase 4: COVID Package (4/23/20):**

   - The proposal includes $310 billion for the Paycheck Protection Program, including setting tens of billions aside for smaller lenders, $25 billion for testing, and $75 billion for hospitals.

## Action Steps for Guiding Principle Ten

**Embrace a New Paradigm for Post-COVID-19 Education**

Finally, task force superintendents were unanimous in their belief that we have entered a new age of education in the United States and around the world. The new emerging paradigm includes the following key focus areas and processes:

- An expanded and renewed commitment to educational equity, ensuring that all learners have access to broadband communication and the internet and have the resources to learn in a virtual environment;
- The absolute necessity to take a Whole Child approach to students' education, including sensitivity and responsiveness to their physical development and well-being, their sense of personal efficacy and self-regulation, their capacity for effective interpersonal communication and interaction, and their understanding of their responsibilities and roles as a citizen;
- The reality that distance learning and all its attendant opportunities and downsides is now a fundamental delivery system in our world, and districts must ensure that all staff receive professional learning to address this technology-based approach;
- The need for cross-functional teaming and collaborative structures/approaches to addressing crises such as the one we are experiencing, including expanded collaboration with agencies and organizations within the region (e.g., universities and community colleges, social service agencies, food banks, nonprofits, and businesses/corporations);
- The critical importance of ensuring consistent messaging and communication with all stakeholders within the learning community; and
- The reality that students, families and staff are engaged in a social experiment that is unprecedented in modern history.

The AASA superintendent task force on school reopening involved continuing discourse concerning the ways in which the COVID-19 crisis has reinforced and, in some cases brought to the surface of public education, major inequities, inequalities and disproportionalities inherent in our national system. Participants were united in their assertion that the reopening process can launch a transformation of public education as we know it. Specifically, we now have the opportunity to ensure students' equitable access to quality education that is personalized, differentiated and consistent with the rigors and demands of the technology-driven and change-dominated world of 21$^{st}$ century education.

Task force participants revisited the following themes related to this transformation process. They agreed about the importance of these themes becoming guiding principals for all educational districts and organizations, regardless of the design and approaches taken during the reopening process.

1. **The Importance of Educating the Whole Child:**

- Traditional education in the industrial age emphasized conformity, consistency and predictability related to core academic outcomes and basic student proficiencies.
- In contrast, 21$^{st}$ century education must emphasize a holistic approach to teaching, learning and assessment, including monitoring and supporting student health, well-being, interpersonal and social interaction and collaboration, efficacy, and academic progress.

- Task force participants strongly emphasized the value of ensuring that students experience schools as inviting, engaging and authentic places of learning in which they feel valued, known, respected and encouraged to succeed and thrive.
- Students' education must emphasize John Dewey's priorities for the purpose of education, including ensuring that all students become life-long learners, ethical citizens, and capable of success in chosen career pathways.
- A Whole Child approach is also culturally responsive and sensitive to students' backgrounds, cultural traditions and perspectives.

2. **The Imperative of Addressing Inequities That Impede Student Achievement:**

- Task force participants were united in their assertion that the COVID-19 crisis and school reopening offers us an opportunity to address the significant inequities at the heart of public education. A recurrent discussion, for example, centered around the need for all students to have access to hardware and internet access more readily available in many suburban districts.
- The high incidence of COVID-19 cases and related mortality rates associated with highly diverse communities and regions finds parallels in patterns of underperformance and underachievement by many minority students.
- School and district leaders must work closely and consistently with community partners, including post-secondary education, governmental agencies, nonprofit service providers, early childhood, and health services to ensure that all students receive the care, support and resources needed to ensure their well-being and physical growth and development.
- The economic disproportionality evident in a range of districts and regions (including urban centers, rural locations and tribal settings) necessitates that educators unite in bringing resources and services necessary to bridge the inequity divide (including universal broadband/internet services, health services, and psychological/counseling services).

3. **Health and Safety as Key Focus Points in Public Education:**

- As suggested previously, the COVID-19 crisis has revealed a multitude of educational and resource inequities. These inequities have consistently highlighted the radically differing access students and their families have to medical services and health support systems.
- Participating superintendents were adamant that geography should not determine the quality of education a student receives or the adequacy of health and safety services they can access.
- Superintendents were also clear that the range of traumas experienced by students and their families reinforces the necessity of a more coherent and consistent integration of health and safety education into students' curriculum.
- It also affirms the growing importance of community schools in which students and families can access on-site health and safety services and supports as part of school operations.

4. **The Power of Clearly Articulated Communication Involving Policies, Practices and Funding:**

- An effective educational system benefits from leaders within the district and those in local, state, and federal agencies sending clear and consensus-driven messages and information concerning policies, protocols and funding streams.
- Superintendents in the task force emphasized that a major problem in facilitating responses to the COVID-19 crisis and the reopening of schools involves the confusing and sometimes contradictory information and requirements given them by different organizations.

- Transforming public education in a post-COVID-19 world requires effective communication that articulates a consensus-driven body of information that is timely, appropriately updated as data and requirements change, and coherently designed to ensure understanding by a range of education and community groups.
- It is especially critical that when a national pandemic or other crisis occurs, all levels of government are in agreement about messages communicated and protocols to be followed.

**5. The Need for Social and Emotional Learning as an Integral Part of K-12 Education:**

- The task force superintendents unanimously agreed that social and emotional learning is an essential part of both school reopening and the future of public education as we know it.
- They recommended that staff receive meaningful professional development involving strategies and techniques for building a welcoming and engaging learning environment for all students.
- Schools and classrooms as true learning communities must incorporate SEL-related proficiency standards and related progress monitoring into the assessment of student progress.
- Key SEL focus areas should include supporting students to become self-aware and self-regulating; display effective in interpersonal and collaborative interaction and communication; monitor their emotional reactions, ensuring appropriate responses to conflict resolution and problem solving; and demonstrate the behaviors and habits of mind consistent with ethical citizenship.
- Direct instruction and coaching of students as they develop and apply SEL skills and competencies should be integrated into all levels of the curriculum.
- Similarly, professional development should include a focus on preparing educators to understand the importance of SEL and ways they can reinforce students' ability to apply SEL skills as life-long learners.

**6. The Necessity of Schools and Districts Becoming Trauma-Informed and Trauma-Skilled:**

- The COVID-19 crisis and related school closures has resulted in a range of trauma-related responses and reactions among students, staff and families.
- Research confirms the long-term effects of trauma (from physical and psychological abuse to health and food scarcity issues) on student achievement.
- Schools become trauma-informed when all staff members understand the nature of trauma and its impact on the individual, including long-lasting effects on learning, well-being and efficacy.
- They become trauma-skilled when educators are prepared to provide services and interventions necessary to address students' behaviors and issues extending from trauma they may have experienced.
- Professional development should also include ongoing emphasis on the importance of educators becoming both trauma-informed and trauma-skilled.

**7. Virtual/Distance Learning as an Organic Component of Teaching and Learning:**

- Provide ongoing professional development to reinforce staff members' understanding, skills and confidence in the design and implementation of distance learning.
- Explore with staff strategies to ensure that virtual/distance learning is engaging, interactive and varied in its teaching-learning approaches (e.g., establishing purpose and clarity of lesson objectives, involving students in warm-up activities to activate and review prior learning, minimizing didactic/lecture-focused instruction in favor of cooperative learning structures, and using a range of student sub-grouping practices to reinforce connectivity and interaction).

- Integrate into virtual learning a range of social and emotional learning strategies, including virtual morning meetings, advisories, small-group coaching, and opportunities for group as well as individual reflection and self-assessment.
- Highlight examples of elementary, middle and high school virtual lessons that capture the criteria used by the district for exciting and engaging online learning activities.
- Incorporate range of feedback and progress monitoring tools and practices to help students monitor their progress toward standards proficiency, including reflection checkpoints, use of scoring rubrics, opportunities for peer feedback and coaching, and one-on-one and small-group feedback sessions.

## 8. The Power of Collaboration:

- Encourage school-based and district-level staff to engage in ongoing opportunities for discussion, problem solving, and decision making.
- Reinforce the value of differing voices and perspectives as a vehicle for moving through reopening, including dignifying feedback and offering a variety of channels and platforms for staff to provide it.
- Continue to reinforce the value of cross-functional partnerships involving representatives from community organizations, parents, government agencies, businesses and college/university partners. They are vitally important in ensuring a holistic and consistent approach to school reopening in the face of ongoing community and regional health and safety concerns.
- Explore opportunities for using cross-functional team collaboration to apply for funding sources (e.g., federal grants and recovery funding programs), highlighting the ongoing effectiveness of community partnerships and public education.

## 9. The Need to Ensure That Every Student's Education Is Personalized, Differentiated, and Engaging:

- Expand your district's efforts to incorporate social and emotional learning as a priority during school reopening and the coming academic year.
- Emphasize the value and necessity of addressing students' needs in a holistic way, including their health, physical growth and development, nutrition, emotional and interpersonal needs, as well as their academic achievement.
- Personalize students' educational experience by encourage options for choice concerning content and approach to demonstrating proficiency, alternative forms of assessment aligned with individual student learning modalities and varied and engaging learning strategy options.
- Encourage students to express their voice and perspectives as members of the learning community, including holding regular class meetings to discuss individual and group progress relative to community building and academic success.
- Whenever possible, differentiate instruction to address students' varying readiness levels, interests and learner profiles.
- Make learning engaging by emphasizing varied learning strategies, interactivity, construction of meaning, cultural responsiveness, and focus on experiential learning.
- Adopt the "10-2" rule: no more than 10 minutes of direct instruction or lecture without at least two minutes of student debriefing, interaction and experiential application.

**10. The Importance of Anticipating and Preparing for Predictable and Unanticipated Change as a Part of Continuous Improvement and Strategic Planning:**

- Reinforce with staff and students the value of the change process as well as the inherent stresses that accompany it.
- Model techniques and strategies aligned with facilitating the change process effectively, including design thinking, action research, instructional rounds, and peer coaching and feedback.
- Acknowledge that the change process (especially change associated with traumatic or unanticipated issues such as COVID-19) inevitably involves varying Stages of Concern and Levels of Usage. There is no single or unitary response: Change represents a continuum.
- Incorporate rituals, ceremonies and opportunities for celebration as students and staff move through the change continuum, including encouragement and reinforcement of positive, pro-active responses and attitudes related to the changing school environment.

AASA will publish future iterations of this report as schools reopen and the transformation we all hope for begins to take place. We acknowledge and deeply thank all the superintendents and other participants who contributed to the ideas and recommendations in this publication. As a tribute to them, we close with four compelling statements about the power of education and the future of the institution in the 21st century:

- *Education is the most powerful weapon, which you can use to change the world—Nelson Mandela, Former President of South Africa*

- *The illiterate of the 21st century will be not those who cannot read and write, but those who cannot learn, unlearn, and relearn—Alvin Toffler, Author of* Future Shock

- *Great leaders harness personal courage, capture the hearts and minds of others and empower new leaders to make the world a better place—Maxine Driscoll, Author of* Leadership Really Matters

- *As we look ahead into the 21st century, leaders will be those who empower others—Bill Gates, Co-Founder of Microsoft*

The purpose of this guidance is to support education, public health, local leadership, and pediatricians collaborating with schools in creating policies for school re-entry that foster the overall health of children, adolescents, staff, and communities and are based on available evidence. Schools are fundamental to child and adolescent development and well-being and provide our children and adolescents with academic instruction, social and emotional skills, safety, reliable nutrition, physical/speech and mental health therapy, and opportunities for physical activity, among other benefits. Beyond supporting the educational development of children and adolescents, schools play a critical role in addressing racial and social inequity. As such, it is critical to reflect on the differential impact SARS-CoV-2 and the associated school closures have had on different races, ethnic and vulnerable populations. These recommendations are provided acknowledging that our understanding of the SARS-CoV-2 pandemic is changing rapidly.

Any school re-entry policies should consider the following key principles:

- School policies must be flexible and nimble in responding to new information, and administrators must be willing to refine approaches when specific policies are not working.

- It is critically important to develop strategies that can be revised and adapted depending on the level of viral transmission in the school and throughout the community and done with close communication with state and/or local public health authorities and recognizing the differences between school districts, including urban, suburban, and rural districts.

- Policies should be practical, feasible, and appropriate for child and adolescent's developmental stage.

- Special considerations and accommodations to account for the diversity of youth should be made, especially for our vulnerable populations, including those who are medically fragile, live in poverty, have developmental challenges, or have special health care needs or disabilities, with the goal of safe return to school.

- No child or adolescents should be excluded from school unless required in order to adhere to local public health mandates or because of unique medical needs.

Pediatricians, families, and schools should partner together to collaboratively identify and develop accommodations, when needed.

- School policies should be guided by supporting the overall health and well-being of all children, adolescents, their families, and their communities. These policies should be consistently communicated in languages other than English, if needed, based on the languages spoken in the community, to avoid marginalization of parents/guardians who are of limited English proficiency or do not speak English at all.

With the above principles in mind, **the AAP strongly advocates that all policy considerations for the coming school year should start with a goal of having students physically present in school**. The importance of in-person learning is well-documented, and there is already evidence of the negative impacts on children because of school closures in the spring of 2020. Lengthy time away from school and associated interruption of supportive services often results in social isolation, making it difficult for schools to identify and address important learning deficits as well as child and adolescent physical or sexual abuse, substance use, depression, and suicidal ideation. This, in turn, places children and adolescents at considerable risk of morbidity and, in some cases, mortality. Beyond the educational impact and social impact of school closures, there has been substantial impact on food security and physical activity for children and families.

Policy makers must also consider the mounting evidence regarding COVID-19 in children and adolescents, including the role they may play in transmission of the infection. SARS-CoV-2 appears to behave differently in children and adolescents than other common respiratory viruses, such as influenza, on which much of the current guidance regarding school closures is based. Although children and adolescents play a major role in amplifying influenza outbreaks, to date, this does not appear to be the case with SARS-CoV-2. Although many questions remain, the preponderance of evidence indicates that children and adolescents are less likely to be symptomatic and less likely to have severe disease resulting from SARS-CoV-2 infection. In addition, children may be less likely to become infected and to spread infection. Policies to mitigate the spread of COVID-19 within schools must be balanced with the known harms to children, adolescents, families, and the community by keeping children at home.

Finally, policy makers should acknowledge that COVID-19 policies are intended to mitigate, not eliminate, risk. No single action or set of actions will completely eliminate the risk of SARS-CoV-2 transmission, but implementation of several coordinated interventions can greatly reduce that risk. For example, where physical distance cannot be maintained, students (over the age of 2 years) and staff can wear face coverings (when feasible). In the following sections, we review

some general principles that policy makers should consider as they plan for the coming school year. For all of these, education for the entire school community regarding these measures should begin early, ideally at least several weeks before the start of the school year.

## Physical Distancing Measures

Physical distancing, sometimes referred to as social distancing, is simply the act of keeping people separated with the goal of limiting spread of contagion between individuals. It is fundamental to lowering the risk of spread of SARS-CoV-2, as the primary mode of transmission is through respiratory droplets by persons in close proximity. There is a conflict between optimal academic and social/emotional learning in schools and strict adherence to current physical distancing guidelines. For example, the Centers for Disease Control and Prevention (CDC) recommends that schools "space seating/desks at least 6 feet apart when feasible." In many school settings, 6 feet between students is not feasible without limiting the number of students. Evidence suggests that spacing as close as 3 feet may approach the benefits of 6 feet of space, particularly if students are wearing face coverings and are asymptomatic. Schools should weigh the benefits of strict adherence to a 6-feet spacing rule between students with the potential downside if remote learning is the only alternative. Strict adherence to a specific size of student groups (eg, 10 per classroom, 15 per classroom, etc) should be discouraged in favor of other risk mitigation strategies. Given what is known about transmission dynamics, adults and adult staff within schools should attempt to maintain a distance of 6 feet from other persons as much as possible, particularly around other adult staff. For all of the below settings, physical distancing by and among adults is strongly recommended, and meetings and curriculum planning should take place virtually if possible. In addition, other strategies to increase adult-adult physical distance in time and space should be implemented, such as staggered drop-offs and pickups, and drop-offs and pickups outside when weather allows. Parents should, in general, be discouraged from entering the school building. Physical barriers, such as plexiglass, should be considered in reception areas and employee workspaces where the environment does not accommodate physical distancing, and congregating in shared spaces, such as staff lounge areas, should be discouraged.

The recommendations in each of the age groups below are not instructional strategies but are strategies to optimize the return of students to schools in the context of physical distancing guidelines and the developmentally appropriate implementation of the strategies. Educational experts may have preference for one or another of the guidelines based on the instructional needs of the classes or schools in which they work.

## Pre-Kindergarten (Pre-K)

In Pre-K, the relative impact of physical distancing among children is likely small based on current evidence and certainly difficult to implement. Therefore, Pre-K should focus on more effective risk mitigation strategies for this population. These include hand hygiene, infection prevention education for staff and families, adult physical distancing from one another, adults wearing face coverings, cohorting, and spending time outdoors.

*Higher-priority strategies:*

- Cohort classes to minimize crossover among children and adults within the school; the exact size of the cohort may vary, often dependent on local or state health department guidance.
- Utilize outdoor spaces when possible.
- Limit unnecessary visitors into the building.

*Lower-priority strategies:*

- Face coverings(cloth) for children in the Pre-K setting may be difficult to implement.
- Reducing classmate interactions/play in Pre-K aged children may not provide substantial COVID-19 risk reduction.

## Elementary Schools

*Higher-priority strategies:*

- Children should wear face coverings when harms (eg, increasing hand-mouth/nose contact) do not outweigh benefits (potential COVID-19 risk reduction).
- Desks should be placed 3 to 6 feet apart when feasible (if this reduces the amount of time children are present in school, harm may outweigh potential benefits).
- Cohort classes to minimize crossover among children and adults within the school.
- Utilize outdoor spaces when possible.

*Lower-priority strategies:*

- The risk reduction of reducing class sizes in elementary school-aged children may be outweighed by the challenge of doing so.

- Similarly, reducing classmate interactions/play in elementary school-aged children may not provide enough COVID-19 risk reduction to justify potential harms.

## Secondary Schools

There is likely a greater impact of physical distancing on risk reduction of COVID in secondary schools than early childhood or elementary education. There are also different barriers to successful implementation of many of these measures in older age groups, as the structure of school is usually based on students changing classrooms. Suggestions for physical distancing risk mitigation strategies when feasible:

- Universal face coverings in middle and high schools when not able to maintain a 6-foot distance (students and adults).

- Particular avoidance of close physical proximity in cases of increased exhalation (singing, exercise); these activities are likely safest outdoors and spread out.

- Desks should be placed 3 to 6 feet apart when feasible.

- Cohort classes if possible, limit cross-over of students and teachers to the extent possible.
  - Ideas that may assist with cohorting:
    - Block schedule (much like colleges, intensive 1-month blocks).
    - Eliminate use of lockers or assign them by cohort to reduce need for hallway use across multiple areas of the building. (This strategy would need to be done in conjunction with planning to ensure students are not carrying home an unreasonable number of books on a daily basis and may vary depending on other cohorting and instructional decisions schools are making.)
    - Have teachers rotate instead of students when feasible.
    - Utilize outdoor spaces when possible.
    - Teachers should maintain 6 feet from students when possible and if not disruptive to educational process.
    - Restructure elective offerings to allow small groups within one classroom. This may not be possible in a small classroom.

## Special Education

Every child and adolescent with a disability is entitled to a free and appropriate education and is entitled to special education services based on their individualized education program (IEP). Students receiving special education services may be more negatively affected by distance-learning and may be disproportionately impacted by interruptions in regular education. It may not be feasible, depending on the needs of the individual child and adolescent, to adhere both to distancing guidelines and the criteria outlined in a specific IEP. Attempts to meet physical distancing guidelines should meet the needs of the individual child and may require creative solutions, often on a case-by-case basis.

# Physical Distancing in Specific Enclosed Spaces

## Bussing

- Encourage alternative modes of transportation for students who have other options.
- Ideally, for students riding the bus, symptom screening would be performed prior to being dropped off at the bus. Having bus drivers or monitors perform these screenings is problematic, as they may face a situation in which a student screens positive yet the parent has left, and the driver would be faced with leaving the student alone or allowing the student on the bus.
- Assigned seating; if possible, assign seats by cohort (same students sit together each day).
- Tape marks showing students where to sit.
- When a 6-foot distance cannot be maintained between students, face coverings should be worn.
- Drivers should be a minimum of 6 feet from students; driver must wear face covering; consider physical barrier for driver (eg, plexiglass).
- Minimize number of people on the bus at one time within reason.
- Adults who do not need to be on the bus should not be on the bus.
- Have windows open if weather allows.

## Hallways

- Consider creating one-way hallways to reduce close contact.
- Place physical guides, such as tape, on floors or sidewalks to create one-way routes.

- Where feasible, keep students in the classroom and rotate teachers instead.
- Stagger class periods by cohorts for movement between classrooms if students must move between classrooms to limit the number of students in the hallway when changing classrooms.
- Assign lockers by cohort or eliminate lockers altogether.

## Playgrounds

Enforcing physical distancing in an outside playground is difficult and may not be the most effective method of risk mitigation. Emphasis should be placed on cohorting students and limiting the size of groups participating in playground time. Outdoor transmission of virus is known to be much lower than indoor transmission.

## Meals/Cafeteria

School meals play an important part in addressing food security for children and adolescents. Decisions about how to serve meals must take into account the fact that in many communities there may be more students eligible for free and reduced meals than prior to the pandemic.

- Consider having students cohorted, potentially in their classrooms, especially if students remain in their classroom throughout the day.
- Create separate lunch periods to minimize the number of students in the cafeteria at one time.
- Utilize additional spaces for lunch/break times.
- Utilize outdoor spaces when possible.
- Create an environment that is as safe as possible from exposure to food allergens.
- Wash hands or use hand sanitizer before and after eating.

# Cleaning and Disinfection

The main mode of COVID-19 spread is from person to person, primarily via droplet transmission. For this reason, strategies for infection prevention should center around this form of spread, including physical distancing, face coverings, and hand hygiene. Given the challenges that may exist in children and adolescents in effectively adhering to recommendations, it is critical staff are setting a good example for students by modeling behaviors around physical distancing, face

coverings and hand hygiene. Infection via aerosols and fomites is less likely. However, because the virus may survive in certain surfaces for some time, it is possible to get infected after touching a virus contaminated surface and then touching the mouth, eyes, or nose. Frequent handwashing as a modality of containment is vital.

Cleaning should be performed per established protocols followed by disinfection when appropriate. Normal cleaning with soap and water decreases the viral load and optimizes the efficacy of disinfectants. When using disinfectants, the manufacturers' instructions must be followed, including duration of dwell time, use of personal protective equipment (PPE), if indicated, and proper ventilation. The use of EPA approved disinfectants against COVID-19 is recommended (EPA List N). When possible, only products labeled as safe for humans and the environment (eg, Safer or Designed for the Environment), containing active ingredients such as hydrogen peroxide, ethanol, citric acid, should be selected from this list, because they are less toxic, are not strong respiratory irritants or asthma triggers, and have no known carcinogenic, reproductive, or developmental effects.

When EPA-approved disinfectants are not available, alternative disinfectants such as diluted bleach or 70% alcohol solutions can be used. Children should not be present when disinfectants are in use and should not participate in disinfecting activities. Most of these products are not safe for use by children, whose "hand-to-mouth" behaviors and frequent touching of their face and eyes put them at higher risk for toxic exposures. If disinfection is needed while children are in the classroom, adequate ventilation should be in place and nonirritating products should be used. Disinfectants such as bleach and those containing quaternary ammonium compounds or "Quats" should not be used when children and adolescents are present, because these are known respiratory irritants.

In general, elimination of high-touch surfaces is preferable to frequent cleaning. For example, classroom doors can be left open rather than having students open the door when entering and leaving the classroom or the door can be closed once all students have entered followed by hand sanitizing. As part of increasing social distance between students and surfaces requiring regular cleaning, schools could also consider eliminating the use of lockers, particularly if they are located in shared spaces or hallways, making physical distancing more challenging. If schools decide to use this strategy, it should be done within the context of ensuring that students are not forced to transport unreasonable numbers of books back and forth from school on a regular basis.

When elimination is not possible, surfaces that are used frequently, such a drinking fountains, door handles, sinks and faucet handles, etc, should be cleaned and disinfected at least daily and

as often as possible. Bathrooms, in particular, should receive frequent cleaning and disinfection. Shared equipment including computer equipment, keyboards, art supplies, and play or gym equipments should also be disinfected frequently. Hand washing should be promoted before and after touching shared equipment. Computer keyboard covers can be used to facilitate cleaning between users. Routine cleaning practices should be used for indoor areas that have not been used for 7 or more days or outdoor equipment. Surfaces that are not high touch, such as bookcases, cabinets, wall boards, or drapes should be cleaned following standard protocol. The same applies to floors or carpeted areas.

Outdoor playgrounds/natural play areas only need routine maintenance, and hand hygiene should be emphasized before and after use of these spaces. Outdoor play equipment with high-touch surfaces, such as railings, handles, etc, should be cleaned and disinfected regularly if used continuously.

UV light kills viruses and bacteria and is used in some controlled settings as a germicide. UV light-emitting devices should not be used in the school setting, because they are not safe for children and adults and can cause skin and eye damage.

## Testing and Screening

Virologic testing is an important part of the overall public health strategy to limit the spread of COVID-19. Virologic testing detects the viral RNA from a respiratory (usually nasal) swab specimen. Testing all students for acute SARS-CoV-2 infection prior to the start of school is not feasible in most settings at this time. Even in places where this is possible, it is not clear that such testing would reduce the likelihood of spread within schools. It is important to recognize that virologic testing only shows whether a person is infected at that specific moment in time. It is also possible that the nasal swab virologic test result can be negative during the early incubation period of the infection. So, although a negative virologic test result is reassuring, it does not mean that the student or school staff member is not going to subsequently develop COVID-19. Stated another way, a student who is negative for COVID 19 on the first day of school may not remain negative throughout the school year.

If a student or school staff member has a known exposure to COVID-19 (eg, a household member with laboratory-confirmed SARS-CoV-2 infection or illness consistent with COVID-19) or has COVID-19 symptoms, having a negative virologic test result, according to CDC guidelines, may be warranted for local health authorities to make recommendations regarding contact tracing and/or school exclusion or school closure.

The other type of testing is serologic blood testing for antibodies to SARS-CoV-2. At the current time, serologic testing should not be used for individual decision-making and has no place in considerations for entrance to or exclusion from school. CDC guidance regarding antibody testing for COVID-19 is that serologic test results should not be used to make decisions about grouping people residing in or being admitted to congregate settings, such as schools, dormitories, or correctional facilities. Additionally, serologic test results should not be used to make decisions about returning people to the workplace. The CDC states that serologic testing should not be used to determine immune status in individuals until the presence, durability, and duration of immunity is established. The AAP recommends this guidance be applied to school settings as well.

Schools should have a policy regarding symptom screening and what to do if a student or school staff member becomes sick with COVID-19 symptoms. Temperature checks and symptom screening are a frequent part of many reopening processes to identify symptomatic persons to exclude them from entering buildings and business establishments. The list of symptoms of COVID-19 infection has grown since the start of the pandemic and the manifestations of COVID-19 infection in children, although similar, is often not the same as that for adults. **School policies regarding temperature screening and temperature checks must balance the practicality of performing these screening procedures for large numbers of students and staff with the information known about how children manifest COVID-19 infection, the risk of transmission in schools, and the possible lost instructional time to conduct the screenings.** Schools should develop plans for rapid response to a student or staff member with fever who is in the school regardless of the implementation of temperature checks or symptom screening prior to entering the school building. In many cases, it will not be practical for temperature checks to be performed prior to students arriving at school. **Parents should be instructed to keep their child at home if they are ill.** Any student or staff member with a fever of 100.4 degrees or greater or symptoms of possible COVID-19 virus infection should not be present in school.

In lieu of temperature checks and symptom screening being performed after arrival to school, **methods to allow parent report of temperature checks done at home may be considered.** Resources and time may necessitate this strategy at most schools. The epidemiology of disease in children along with evidence of the utility of temperature screenings in health systems may further justify this approach. Procedures using texting apps, phone systems, or online reporting rely on parent report and may be most practical but possibly unreliable, depending on individual family's ability to use these communication processes, especially if not made available in their primary language. Although imperfect, these processes may be most practical and likely to identify the most ill children who should not be in school. School nurses or nurse aides should be

equipped to measure temperatures for any student or staff member who may become ill during the school day and should have an identified area to separate or isolate students who may have COVID-19 symptoms.

COVID-19 infection manifests similarly to other respiratory illness in children. Although children manifest many of the same symptoms of COVID-19 infection as adults, some differences are noteworthy. According to the CDC, children may be less likely to have fever, may be less likely to present with fever as an initial symptom, and may have only gastrointestinal tract symptoms. A student or staff member excluded because of symptoms of COVID-19 should be encouraged to contact their health care provider to discuss testing and medical care. In the absence of testing, students or staff should follow local health department guidance for exclusion.

## Face Coverings and PPE

Cloth face coverings protect others if the wearer is infected with SARS CoV-2 and is not aware. Cloth masks may offer some level of protection for the wearer. Evidence continues to mount on the importance of universal face coverings in interrupting the spread of SARS-CoV-2. Although ideal, universal face covering use is not always possible in the school setting for many reasons. Some students, or staff, may be unable to safely wear a cloth face covering because of certain medical conditions (eg, developmental, respiratory, tactile aversion, or other conditions) or may be uncomfortable, making the consistent use of cloth face coverings throughout the day challenging. For individuals who have difficulty with wearing a cloth face covering and it is not medically contraindicated to wear a face covering, behavior techniques and social skills stories(see resource section)can be used to assist in adapting to wearing a face covering. When developing policy regarding the use of cloth face coverings by students or school staff, school districts and health advisors should consider whether the use of cloth face coverings is developmentally appropriate and feasible and whether the policy can be instituted safely. If not developmentally feasible, which may be the case for younger students, and cannot be done safely (eg, the face covering makes wearers touch their face more than they otherwise would), schools may choose to not require their use when physical distancing measures can be effectively implemented. School staff and older students (middle or high school) may be able to wear cloth face coverings safely and consistently and should be encouraged to do so. Children under 2 years and anyone who has trouble breathing or is unconscious, incapacitated, or otherwise unable to remove a face covering without assistance should not wear cloth face coverings.

For certain populations, the use of cloth face coverings by teachers may impede the education process. These include students who are deaf or hard of hearing, students receiving

speech/language services, young students in early education programs, and English-language learners. Although there are products (eg, face coverings with clear panels in the front) to facilitate their use among these populations, these may not be available in all settings.

Students and families should be taught how to properly wear (cover nose and mouth) a cloth face covering, to maintain hand hygiene when removing for meals and physical activity, and for replacing and maintaining (washing regularly) a cloth face covering.

School health staff should be provided with appropriate medical PPE to use in health suites. This PPE should include N95 masks, surgical masks, gloves, disposable gowns, and face shields or other eye protection. School health staff should be aware of the CDC guidance on infection control measures. Asthma treatments using inhalers with spacers are preferred over nebulizer treatments whenever possible. The CDC recommends that nebulizer treatments at school should be reserved for children who cannot use or do not have access to an inhaler (with spacer or spacer with mask). Schools should work with families and health care providers to assist with obtaining an inhaler for students with limited access. In addition, schools should work to develop and implement asthma action plans, which may include directly observed controller medication administration in schools to promote optimal asthma control. If required while waiting for a student to be picked up to go home or for emergency personnel to arrive, when using nebulizer or a peak flow meter, school health staff should wear gloves, an N95 facemask, and eye protection. Staff should be trained on proper donning and doffing procedures and follow the CDC guidance regarding precautions when performing aerosol-generating procedures. Nebulizer treatments should be performed in a space that limits exposure to others and with minimal staff present. Rooms should be well ventilated or treatments should be performed outside. After the use of the nebulizer, the room should undergo routine cleaning and disinfection.

School staff working with students who are unable to wear a cloth face covering and who must be in close proximity to them should ideally wear N95 masks. When access to N95 masks is limited, a surgical mask in combination with a face shield should be used. Face shields or other forms of eye protection should also be used when working with students unable to manage secretions.

## On-site School Based Health Services

On-site school health services should be supported if available, to complement the pediatric medical home and to provide pediatric acute and chronic care. Collaboration with school nurses will be essential, and school districts should involve School Health Services staff early in the planning phase for reopening and consider collaborative strategies that address and prioritize

immunizations and other needed health services for students, including behavioral health and reproductive health services.

## Education

The impacts of lost instructional time and social emotional development on children and adolescents should be anticipated, and schools will need to be prepared to adjust curricula and instructional practices accordingly without the expectation that all lost academic progress can be caught up. Plans to make up for lost academic progress because of school closures and distress associated with the pandemic should be balanced by a recognition of the likely continued distress of educators and students that will persist when schools reopen. If the academic expectations are unrealistic, school will likely become a source of further distress for students (and educators) at a time when they need additional support. It is also critical to maintain a balanced curriculum with continued physical education and other learning experiences rather than an exclusive emphasis on core subject areas.

## Students With Disabilities

The impact of loss of instructional time and related services, including mental health services as well as occupational, physical, and speech/language therapy during the period of school closures is significant for students with disabilities. Students with disabilities may also have more difficulty with the social and emotional aspects of transitioning out of and back into the school setting. As schools prepare for reopening, school personnel should develop a plan to ensure a review of each child and adolescent with an IEP to determine the needs for compensatory education to adjust for lost instructional time as well as other related services. In addition, schools can expect a backlog in evaluations; therefore, plans to prioritize those for new referrals as opposed to re-evaluations will be important. = Many school districts require adequate instructional effort before determining eligibility for special education services. However, virtual instruction or lack of instruction should not be reasons to avoid starting servicessuch as response-to-intervention (RTI) services, even if a final eligibility determination is postponed.

## Behavioral Health/Emotional Support for Children and Adolescents

Schools should anticipate and be prepared to address a wide range of mental health needs of children and staff when schools reopen. Preparation for infection control is vital and admittedly complex during an evolving pandemic. But the emotional impact of the pandemic, financial/employment concerns, social isolation, and growing concerns about systemic racial

inequity — coupled with prolonged limited access to critical school-based mental health services and the support and assistance of school professionals — demands careful attention and planning as well. Schools should be prepared to adopt an approach for mental health support.

Schools should consider providing training to classroom teachers and other educators on how to talk to and support children during and after the COVID-19 pandemic. Students requiring mental health support should be referred to school mental health professionals.

Suicide is the second leading cause of death among adolescents or youth 10 to 24 years of age in the United States. In the event distance learning is needed, schools should develop mechanisms to evaluate youth remotely if concerns are voiced by educators or family members and should be establishing policies, including referral mechanisms for students believed to be in need of in-person evaluation, even before schools reopen.

School mental health professionals should be involved in shaping messages to students and families about the response to the pandemic. Fear-based messages widely used to encourage strict physical distancing may cause problems when schools reopen, because the risk of exposure to COVID-19 may be mitigated but not eliminated.

When schools do reopen, plans should already be in place for outreach to students who do not return, given the high likelihood of separation anxiety and agoraphobia in students. Students may have difficulty with the social and emotional aspects of transitioning back into the school setting, especially given the unfamiliarity with the changed school environment and experience. Special considerations are warranted for students with pre-existing anxiety, depression, and other mental health conditions; children with a prior history of trauma or loss; and students in early education who may be particularly sensitive to disruptions in routine and caregivers. Students facing other challenges, such as poverty, food insecurity, and homelessness, and those subjected to ongoing racial inequities may benefit from additional support and assistance.

Schools need to incorporate academic accommodations and supports for all students who may still be having difficulty concentrating or learning new information because of stress associated with the pandemic. It is important that schools do not anticipate or attempt to catch up for lost academic time through accelerating curriculum delivery at a time when students and educators may find it difficult to even return to baseline rates. These expectations should be communicated to educators, students, and family members so that school does not become a source of further distress.

## Mental Health of Staff

The personal impact on educators and other school staff should be recognized. In the same way that students are going to need support to effectively return to school and to be prepared to be ready to process the information they are being taught, teachers cannot be expected to be successful at teaching children without having their mental health needs supported. The strain on teachers this year as they have been asked to teach differently while they support their own needs and those of their families has been significant, and they will be bringing that stress back to school as schools reopen. Resources such as Employee Assistance Programs and other means to provide support and mental health services should be established prior to reopening. The individual needs and concerns of school professionals should be addressed with accommodations made as needed (eg, for a classroom educator who is pregnant, has a medical condition that confers a higher risk of serious illness with COVID-19, resides with a family member who is at higher risk, or has a mental health condition that compromises the ability to cope with the additional stress). Although schools should be prepared to be agile to meet evolving needs and respond to increasing knowledge related to the pandemic and may need to institute partial or complete closures when the public health need requires, they should recognize that staff, students, and families will benefit from sufficient time to understand and adjust to changes in routine and practices. During a crisis, people benefit from clear and regular communication from a trusted source of information and the opportunity to dialogue about concerns and needs and feel they are able to contribute in some way to the decision-making process. Change is more difficult in the context of crisis and when predictability is already severely compromised.

## Food Insecurity

In 2018, 11.8 million children and adolescents (1 in 7) in the United States lived in a food-insecure household. The coronavirus pandemic has led to increased unemployment and poverty for America's families, which in turn will likely increase even further the number of families who experience food insecurity. School re-entry planning must consider the many children and adolescentswho experience food insecurity already (especially at-risk and low-income populations) and who will have limited access to routine meals through the school district if schools remain closed. The short- and long-term effects of food insecurity in children and adolescents are profound. **Plans should be made prior to the start of the school year for how students participating in free- and reduced- meal programs will receive food in the event of a school closure or if they are excluded from school because of illness or SARS-CoV-2 infection.**

## Immunizations

Existing school immunization requirements should be maintained and not deferred because of the current pandemic. In addition, although influenza vaccination is generally not required for school attendance, in the coming academic year, it should be highly encouraged for all students. School districts should consider requiring influenza vaccination for all staff members. Pediatricians should work with schools and local public health authorities to promote childhood vaccination messaging well before the start of the school year. It is vital that all children receive recommend vaccinations on time and get caught up if they are behind as a result of the pandemic. The capacity of the health care system to support increased demand for vaccinations should be addressed through a multifaceted collaborative and coordinated approach among all child-serving agencies including schools.

## Organized Activities

It is likely that sporting events, practices, and conditioning sessions will be limited in many locations. Preparticipation evaluations should be conducted in alignment with the AAP Preparticipation Physical Evaluation Monograph, 5th ed, and state and local guidance.

## Resources

- Coalition to Support Grieving Students
- Using Social Stories to Support People with I/DD During the COVID-19 Emergency
- Social Stories for Young and Old on COVID-19

# Additional Information

If you need a print version of this guidance, use the Print icon at the top of the page or download a pdf here.

- Information for Parents on HealthyChildren.org: Returning to School During COVID-19
- Guidance Related to Childcare During COVID-19
- Guidance on Providing Pediatric Well-Care During COVID-19
- List of latest AAP News articles on COVID-19
- *Pediatrics* COVID-19 Collection
- COVID-19 Advocacy Resources(Login required)
- Centers for Disease Control and Prevention: Considerations for Schools

- [Centers for Disease Control and Prevention: School Decision Tree](#)
- [Centers for Disease Control and Prevention: Activities and Initiatives Supporting the COVID Response](#)

**Interim Guidance Disclaimer:** The COVID-19 clinical interim guidance provided here has been updated based on current evidence and information available at the time of publishing. Guidance will be regularly reviewed with regards to the evolving nature of the pandemic and emerging evidence. All interim guidance will be presumed to expire in December 2020 unless otherwise specified.

**Last Updated**   06/25/2020

**Source**   American Academy of Pediatrics

[Additional submissions for the record by Mrs. Foxx follow:]

**CDC** Centers for Disease Control and Prevention

## Coronavirus Disease 2019 (COVID-19)

MENU >

WEAR A MASK. PROTECT OTHERS.

## Considerations for Schools
## Operating Schools

Operating Schools During COVID-19

Updated May 19, 2020                    Print

As some communities in the United States open K-12 schools, CDC offers the following considerations for ways in which schools can help protect students, teachers, administrators, and staff and slow the spread of COVID-19. Schools can determine, in collaboration with state and local health officials to the extent possible, whether and how to implement these considerations while adjusting to meet the unique needs and circumstances of the local community. Implementation should be guided by what is feasible, practical, acceptable, and tailored to the needs of each community. School-based health facilities may refer to CDC's Guidance for U.S. Healthcare Facilities and may find it helpful to reference the Ten Ways Healthcare Systems Can Operate Effectively During the COVID-19 Pandemic. These considerations are meant to supplement —**not replace**—any state, local, territorial, or tribal health and safety laws, rules, and regulations with which schools must comply.

> Preparing for a Safe Return to School: The latest science on transmission risk, and the costs and benefits of opening schools

## Guiding Principles to Keep in Mind

The more people a student or staff member interacts with, and the longer that interaction, the higher the risk of COVID-19 spread. The risk of COVID-19 spread increases in school settings as follows:

- **Lowest Risk:** Students and teachers engage in virtual-only classes, activities, and events.
- **More Risk:** Small, in-person classes, activities, and events. Groups of students stay together and with the same teacher throughout/across school days and groups do not mix. Students remain at least 6 feet apart and do not share objects (e.g., hybrid virtual and in-person class structures, or staggered/rotated scheduling to accommodate smaller class sizes).
- **Highest Risk:** Full sized, in-person classes, activities, and events. Students are not spaced apart, share classroom materials or supplies, and mix between classes and activities.

COVID-19 is mostly spread by respiratory droplets released when people talk, cough, or sneeze. It is thought that the virus may spread to hands from a contaminated surface and then to the nose or mouth, causing infection. Therefore, personal prevention practices (such as handwashing, staying home when sick) and environmental cleaning and disinfection are important principles that are covered in this document. Fortunately, there are a number of actions school administrators can take to help lower the risk of COVID-19 exposure and spread during school sessions and activities.

> After reviewing the considerations listed on this page, school administrators can use CDC's K-12 Schools Readiness and Planning Tool ⬇ [9 pages] to protect students, staff and communities.

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## Promoting Behaviors that Reduce Spread

Schools may consider implementing several strategies to encourage behaviors that reduce the spread of COVID-19.

- **Staying Home when Appropriate**

- Educate staff and families about when they/their child(ren) should stay home and when they can return to school.
  - Actively encourage employees and students who are sick or who have recently had close contact with a person with COVID-19 to stay home. Develop policies that encourage sick employees and students to stay at home without fear of reprisal, and ensure employees, students, and students' families are aware of these policies. Consider not having perfect attendance awards, not assessing schools based on absenteeism, and offering virtual learning and telework options, if feasible.
  - Staff and students should stay home if they have tested positive for or are showing COVID-19 symptoms.
  - Staff and students who have recently had close contact with a person with COVID-19 should also stay home and monitor their health.
- CDC's criteria can help inform when employees should return to work:
  - If they have been sick with COVID-19
  - If they have recently had close contact with a person with COVID-19

- **Hand Hygiene and Respiratory Etiquette**
  - Teach and reinforce handwashing with soap and water for at least 20 seconds and increase monitoring to ensure adherence among students and staff.
    - If soap and water are not readily available, hand sanitizer that contains at least 60% alcohol can be used (for staff and older children who can safely use hand sanitizer).
  - Encourage staff and students to cover coughs and sneezes with a tissue. Used tissues should be thrown in the trash and hands washed immediately with soap and water for at least 20 seconds.
    - If soap and water are not readily available, hand sanitizer that contains at least 60% alcohol can be used (for staff and older children who can safely use hand sanitizer).

- **Cloth Face Coverings**
  - Teach and reinforce use of cloth face coverings. Face coverings may be challenging for students (especially younger students) to wear in all-day settings such as school. Face coverings should be worn by staff and students (particularly older students) as feasible, and are **most** essential in times when physical distancing is difficult. Individuals should be frequently reminded not to touch the face covering and to wash their hands frequently. Information should be provided to staff, students, and students' families on proper use, removal, and washing of cloth face coverings.
    - Note: Cloth face coverings should **not** be placed on:
      - Children younger than 2 years old
      - Anyone who has trouble breathing or is unconscious
      - Anyone who is incapacitated or otherwise unable to remove the cloth face covering without assistance
  - Cloth face coverings are meant to protect other people in case the wearer is unknowingly infected but does not have symptoms. Cloth face coverings are not surgical masks, respirators, or other medical personal protective equipment.

- **Adequate Supplies**
  - Support healthy hygiene behaviors by providing adequate supplies, including soap, hand sanitizer with at least 60 percent alcohol (for staff and older children who can safely use hand sanitizer), paper towels, tissues, disinfectant wipes, cloth face coverings (as feasible) and no-touch/foot-pedal trash cans.

- **Signs and Messages**
  - Post signs in highly visible locations (e.g., school entrances, restrooms) that promote everyday protective measures and describe how to stop the spread of germs (such as by properly washing hands and properly wearing a cloth face covering ).
  - Broadcast regular announcements on reducing the spread of COVID-19 on PA systems.
  - Include messages (for example, videos) about behaviors that prevent the spread of COVID-19 when communicating with staff and families (such as on school websites, in emails, and on school social media accounts).

- Find free CDC print and digital resources on CDC's communications resources main page.

# Maintaining Healthy Environments

Schools may consider implementing several strategies to maintain healthy environments.

- **Cleaning and Disinfection**
  - Clean and disinfect frequently touched surfaces (e.g., playground equipment, door handles, sink handles, drinking fountains) within the school and on school buses at least daily or between use as much as possible. Use of shared objects (e.g., gym or physical education equipment, art supplies, toys, games) should be limited when possible, or cleaned between use.
  - If transport vehicles (e.g., buses) are used by the school, drivers should practice all safety actions and protocols as indicated for other staff (e.g., hand hygiene, cloth face coverings). To clean and disinfect school buses or other transport vehicles, see guidance for bus transit operators.
  - Develop a schedule for increased, routine cleaning and disinfection.
  - Ensure safe and correct use and storage of cleaning and disinfection products ⬀ , including storing products securely away from children. Use products that meet EPA disinfection criteria ⬀ .
  - Cleaning products should not be used near children, and staff should ensure that there is adequate ventilation when using these products to prevent children or themselves from inhaling toxic fumes.

- **Shared Objects**
  - Discourage sharing of items that are difficult to clean or disinfect.
  - Keep each child's belongings separated from others' and in individually labeled containers, cubbies, or areas.
  - Ensure adequate supplies to minimize sharing of high touch materials to the extent possible (e.g., assigning each student their own art supplies, equipment) or limit use of supplies and equipment by one group of children at a time and clean and disinfect between use.
  - Avoid sharing electronic devices, toys, books, and other games or learning aids.

- **Ventilation**
  - Ensure ventilation systems operate properly and increase circulation of outdoor air as much as possible, for example by opening windows and doors. Do not open windows and doors if doing so poses a safety or health risk (e.g., risk of falling, triggering asthma symptoms) to children using the facility.

- **Water Systems**
  - To minimize the risk of Legionnaire's disease and other diseases associated with water, take steps to ensure that all water systems and features (e.g., sink faucets, drinking fountains, decorative fountains) are safe to use after a prolonged facility shutdown. Drinking fountains should be cleaned and sanitized, but encourage staff and students to bring their own water to minimize use and touching of water fountains.

- **Modified Layouts**
  - Space seating/desks at least 6 feet apart when feasible.
  - Turn desks to face in the same direction (rather than facing each other), or have students sit on only one side of tables, spaced apart.
  - Create distance between children on school buses (g., seat children one child per row, skip rows) when possible.

- **Physical Barriers and Guides**
  - Install physical barriers, such as sneeze guards and partitions, particularly in areas where it is difficult for individuals to remain at least 6 feet apart (e.g., reception desks).
  - Provide physical guides, such as tape on floors or sidewalks and signs on walls, to ensure that staff and children remain at least 6 feet apart in lines and at other times (e.g. guides for creating "one way routes" in hallways).

- **Communal Spaces**
  - Close communal use shared spaces such as dining halls and playgrounds with shared playground equipment if possible; otherwise, stagger use and clean and disinfect between use.
  - Add physical barriers, such as plastic flexible screens, between bathroom sinks especially when they cannot be at least 6 feet apart

least 6 feet apart.

- **Food Service**
  - Have children bring their own meals as feasible, or serve individually plated meals in classrooms instead of in a communal dining hall or cafeteria, while ensuring the safety of children with food allergies. 🔴
  - Use disposable food service items (e.g., utensils, dishes). If disposable items are not feasible or desirable, ensure that all non-disposable food service items are handled with gloves and washed with dish soap and hot water or in a dishwasher. Individuals should wash their hands after removing their gloves or after directly handling used food service items.
  - If food is offered at any event, have pre-packaged boxes or bags for each attendee instead of a buffet or family-style meal. Avoid sharing food and utensils and ensure the safety of children with food allergies. 🔴

## Maintaining Healthy Operations

Schools may consider implementing several strategies to maintain healthy operations.

- **Protections for Staff and Children at Higher Risk for Severe Illness from COVID-19**
  - Offer options for staff at higher risk for severe illness that limit their exposure risk (e.g., telework, modified job responsibilities).
  - Offer options for students at higher risk of severe illness that limit their exposure risk (e.g., virtual learning opportunities).
  - Consistent with applicable law, put in place policies to protect the privacy of people at higher risk for severe illness regarding underlying medical conditions.

- **Regulatory Awareness**
  - Be aware of local or state regulatory agency policies related to group gatherings to determine if events can be held.

- **Gatherings, Visitors, and Field Trips**
  - Pursue virtual group events, gatherings, or meetings, if possible, and promote social distancing of at least 6 feet between people if events are held. Limit group size to the extent possible.
  - Limit any nonessential visitors, volunteers, and activities involving external groups or organizations as possible – especially with individuals who are not from the local geographic area (e.g., community, town, city, county).
  - Pursue virtual activities and events in lieu of field trips, student assemblies, special performances, school-wide parent meetings, and spirit nights, as possible.
  - Pursue options to convene sporting events and participation in sports activities in ways that minimizes the risk of transmission of COVID-19 to players, families, coaches, and communities.

- **Identifying Small Groups and Keeping Them Together (Cohorting)**
  - Ensure that student and staff groupings are as static as possible by having the same group of children stay with the same staff (all day for young children, and as much as possible for older children).
  - Limit mixing between groups if possible.

- **Staggered Scheduling**
  - Stagger arrival and drop-off times or locations by cohort or put in place other protocols to limit contact between cohorts and direct contact with parents as much as possible.
  - When possible, use flexible worksites (e.g., telework) and flexible work hours (e.g., staggered shifts) to help establish policies and practices for social distancing (maintaining distance of approximately 6 feet) between employees and others, especially if social distancing is recommended by state and local health authorities.

- **Designated COVID-19 Point of Contact**
  - Designate a staff person to be responsible for responding to COVID-19 concerns (e.g., school nurse). All school staff and families should know who this person is and how to contact them.

- **Participation in Community Response Efforts**
  - Consider participating with local authorities in broader COVID-19 community response efforts (e.g., sitting on community response committees).

- **Communication Systems**

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- Put systems in place for:
  - Consistent with applicable law and privacy policies, having staff and families self-report to the school if they or their student have symptoms of COVID-19, a positive test for COVID-19, or were exposed to someone with COVID-19 within the last 14 days in accordance with health information sharing regulations for COVID-19 ⧉ (e.g. see "Notify Health Officials and Close Contacts" in the **Preparing for When Someone Gets Sick section below**) and other applicable federal and state laws and regulations relating to privacy and confidentiality, such as the Family Educational Rights and Privacy Act (FERPA).
  - Notifying staff, families, and the public of school closures and any restrictions in place to limit COVID-19 exposure (e.g., limited hours of operation).

- **Leave (Time Off) Policies and Excused Absence Policies**
  - Implement flexible sick leave policies and practices that enable staff to stay home when they are sick, have been exposed, or caring for someone who is sick.
    - Examine and revise policies for leave, telework, and employee compensation.
    - Leave policies should be flexible and not punish people for taking time off, and should allow sick employees to stay home and away from co-workers. Leave policies should also account for employees who need to stay home with their children if there are school or childcare closures, or to care for sick family members.
  - Develop policies for return-to-school after COVID-19 illness. CDC's criteria to discontinue home isolation and quarantine can inform these policies.

- **Back-Up Staffing Plan**
  - Monitor absenteeism of students and employees, cross-train staff, and create a roster of trained back-up staff.

- **Staff Training**
  - Train staff on all safety protocols.
  - Conduct training virtually or ensure that social distancing is maintained during training.

- **Recognize Signs and Symptoms**
  - If feasible, conduct daily health checks (e.g., temperature screening and/or or symptom checking) of staff and students.
  - Health checks should be conducted safely and respectfully, and in accordance with any applicable privacy laws and regulations. School administrators may use examples of screening methods in CDC's supplemental Guidance for Child Care Programs that Remain Open as a guide for screening children and CDC's General Business FAQs for screening staff.

- **Sharing Facilities**
  - Encourage any organizations that share or use the school facilities to also follow these considerations.

- **Support Coping and Resilience**
  - Encourage employees and students to take breaks from watching, reading, or listening to news stories about COVID-19, including social media if they are feeling overwhelmed or distressed.
  - Promote employees and students eating healthy, exercising, getting sleep, and finding time to unwind.
  - Encourage employees and students to talk with people they trust about their concerns and how they are feeling.
  - Consider posting signages for the national distress hotline: 1-800-985-5990, or text TalkWithUsto 66746

## Preparing for When Someone Gets Sick

Schools may consider implementing several strategies to prepare for when someone gets sick.

- **Advise Staff and Families of Sick Students of Home Isolation Criteria**
  - Sick staff members or students should not return until they have met CDC's criteria to discontinue home isolation.

- **Isolate and Transport Those Who are Sick**
  - Make sure that staff and families know that they (staff) or their children (families) should not come to school, and that they should notify school officials (e.g., the designated COVID-19 point of contact) if they (staff) or their child (families) become sick with COVID-19 symptoms, test positive for COVID-19, or have been exposed to someone with
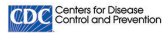
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COVID-19 symptoms or a confirmed or suspected case.

- Immediately separate staff and children with COVID-19 symptoms (such as fever, cough, or shortness of breath) at school. Individuals who are sick should go home or to a healthcare facility depending on how severe their symptoms are, and follow CDC guidance for caring for oneself and others who are sick.

- Work with school administrators, nurses, and other healthcare providers to identify an isolation room or area to separate anyone who has COVID-19 symptoms or tests positive but does not have symptoms. School nurses and other healthcare providers should use Standard and Transmission-Based Precautions when caring for sick people. See: What Healthcare Personnel Should Know About Caring for Patients with Confirmed or Possible COVID-19 Infection.

- Establish procedures for safely transporting anyone who is sick to their home or to a healthcare facility. If you are calling an ambulance or bringing someone to the hospital, try to call first to alert them that the person may have COVID-19.

- **Clean and Disinfect**
  - Close off areas used by a sick person and do not use these areas until after cleaning and disinfecting
  - Wait at least 24 hours before cleaning and disinfecting. If 24 hours is not feasible, wait as long as possible. Ensure safe and correct use and storage of cleaning and disinfection products ⤢ , including storing products securely away from children.

- **Notify Health Officials and Close Contacts**
  - In accordance with state and local laws and regulations, school administrators should notify local health officials, staff, and families immediately of any case of COVID-19 while maintaining confidentiality in accordance with the Americans with Disabilities Act (ADA) ⤢ .
  - Inform those who have had close contact with a person diagnosed with COVID-19 to stay home and self-monitor for symptoms, and follow CDC guidance if symptoms develop.

After reviewing the considerations listed on this page, school administrators can use CDC's K-12 Schools Readiness and Planning Tool ⬛ [9 pages] to protect students, staff and communities.

## Other Resources

| | |
|---|---|
| Latest COVID-19 Information | COVID-19 Frequently Asked Questions |
| Cleaning and Disinfection | People at Higher Risk |
| Guidance for Businesses and Employers | Managing Stress and Coping |
| Guidance for Schools and Childcare Centers | HIPAA and COVID-19 ⤢ |
| COVID-19 Prevention | CDC Communication Resources |
| Handwashing Information | Community Mitigation |
| Face Coverings | OSHA Guidance on Preparing Workplaces for COVID-19 ⬛ ⤢ |
| Social Distancing | |

Last Updated May 19, 2020

**CDC** Centers for Disease
Control and Prevention

## Coronavirus Disease 2019 (COVID-19)

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## Preparing K-12 School Administrators for a Safe Return to School in Fall 2020
## Preparing for a Safe Return to School

Updated July 23, 2020                    Print

Schools are an important part of the infrastructure of communities and play a critical role in supporting the whole child, not just their academic achievement.

This guidance is intended to aid school administrators as they consider how to protect the health, safety, and wellbeing of students, teachers, other school staff, their families, and communities and prepare for educating students this fall.

This guidance is for K-12 school administrators who are preparing for students, teachers, and staff to return to school in fall 2020. School administrators are individuals who oversee the daily operations of K-12 schools, and may include school district superintendents, school principals, and assistant principals.

It is critical that all administrators:

- Engage and encourage everyone in the school and the community to practice preventive behaviors. These are the most important actions that will support schools' safe reopening and will help them stay open.
- Implement multiple SARS-CoV-2 mitigation strategies (e.g., social distancing, cloth face coverings, hand hygiene, and use of cohorting).
- **Communicate**, **educate**, and **reinforce** appropriate hygiene and social distancing practices in ways that are developmentally appropriate for students, teachers, and staff.
- Integrate SARS-CoV-2 mitigation strategies into co-curricular and extracurricular activities (e.g., limiting or cancelling participation in activities where social distancing is not feasible).
- Maintain healthy environments (e.g., cleaning and disinfecting frequently touched surfaces).
- Make decisions that take into account the level of community transmission.
- Repurpose unused or underutilized school (or community) spaces to increase classroom space and facilitate social distancing, including outside spaces, where feasible;
- Develop a proactive plan for when a student or staff member tests positive for COVID-19.
- Develop a plan with state and local health department to conduct case tracing in the event of a positive case.
- Educate parents and caregivers on the importance of monitoring for and responding to the symptoms of COVID-19 at home.
- Develop ongoing channels of communication with state and local health departments to stay updated on COVID-19 transmission and response in your local area.

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The guidance described in this document is based on the best available evidence at this time. This guidance is meant to supplement—not replace—any state, local, territorial, or tribal health and safety laws, rules, and regulations with which schools must comply.

## Key considerations for school administrators:

- COVID-19 transmission rates in the immediate community and in the communities in which students, teachers, and staff live
- Approaches to cohorting that fit the needs of your school/district and community (e.g., keeping students in class pods, staggering when students return to school facility, having the same teacher stay with the same group of students)
  - Can unused or underutilized school spaces, including outdoor spaces, be repurposed to increase classroom space and facilitate social distancing?
- Concurrently implementing multiple strategies in school to prevent the spread of COVID-19 (e.g., social distancing, cloth face coverings, hand hygiene, and use of cohorting)
- Best practices for your school and community to communicate, educate, and reinforce personal protective behaviors to prevent the spread of COVID-19 in school and in the community
- Integrating strategies to reduce COVID-19 transmission into co-curricular and extracurricular activities (e.g., limiting participation in activities where social distancing is not feasible)
- Planning and preparing for when someone gets sick
- Working with state and local health authorities to develop a plan to conduct contact tracing in the event of a positive case
- Communicating appropriately to families about home-based symptom screening

# Critical Role of Schools

This guidance is intended, first and foremost, to protect the health, safety and wellbeing of students, teachers, other school staff, their families, and communities.

Schools are an important part of the infrastructure of communities, as they provide safe, supportive learning environments for students, employ teachers and other staff, and enable parents, guardians, and caregivers to work.  Schools also provide critical services that help to mitigate health disparities, such as school meal programs, and social, physical, behavioral, and mental health services. School closure disrupts the delivery of these critical services to children and families, and places additional economic and psychological stress on families, which can increase the risk for family conflict and violence. [1], [2]

The unique and critical role that schools play makes them a priority for opening and remaining open, enabling students to receive both academic instruction and support as well as critical services. In order to prioritize opening schools safely and helping them to remain open, communities should consider adopting actions to mitigate community transmission. CDC's Implementation of Mitigation Strategies for Communities with Local COVID-19 Transmission has strategies for community mitigation to reduce or prevent the spread of COVID-19, which in turn will help schools to open and stay open safely. Recognizing the importance of providing safe, in-person learning, communities may also wish to help schools by examining whether additional public or private space, including outdoor spaces, that is currently underutilized might be safely repurposed for school and instructional purposes.

Returning to school in fall 2020 poses new challenges for schools, including implementing mitigation measures (e.g., social distancing, cleaning and disinfection, hand hygiene, use of cloth face coverings), addressing social, emotional, and mental health needs of students, addressing potential learning loss, and preparing for the probability of COVID-19 cases within the broader school community. This guidance provides information about:

- what is currently known about COVID-19 among school-aged children;
- the importance of going back to school safely;
- what is currently known about SARS-CoV-2 (the virus that causes COVID-19) transmission in schools and its impact on community transmission; and
- the ways administrators for kindergarten through grade 12 (K-12) schools can plan and prepare for in-person instruction and minimize the impact of potential closures.

# What is known about the signs and symptoms, burden, and transmission of SARS-CoV-2 among children?

## Signs and Symptoms

Common COVID-19 symptoms among children include fever, headache, sore throat, cough, fatigue, nausea/vomiting, and diarrhea. [3] However, many children and adults infected with the virus that causes COVID-19 are asymptomatic (meaning they have no signs or symptoms of illness).

## Impact of COVID-19 on Children

Collecting and sharing data, including how it affects different places and populations, is important for understanding the context and burden of the COVID-19 pandemic. School officials should make decisions about school reopening based on available data including levels of community transmission and their capacity to implement appropriate mitigation measures in schools. Children appear to be at lower risk for contracting COVID-19 compared to adults. While some children have been sick with COVID-19, adults make up nearly 95% of reported COVID-19 cases. [4] Early reports suggest children are less likely to get COVID-19 than adults, and when they do get COVID-19, they generally have a less serious illness. [5] As of July 21, 2020, 6.6% of reported COVID-19 cases and less than 0.1% of COVID-19-related deaths are among children and adolescents less than 18 years of age in the United States. [6]

Early reports suggest the number of COVID-19 cases among children may vary by age and other factors. Adolescents aged 10-17 may be more likely to become infected with SARS-CoV-2 than children younger than age 10, [7], [8] but adolescents do not appear to be at higher risk of developing severe illness. [9]  There are currently a higher proportion of COVID-19 cases among Hispanic/Latino children as compared to non-Hispanic white children. Children and adults with certain underlying medical conditions are at increased risk of severe illness from COVID-19. [10] Severe illness means that they may require hospitalization, intensive care, or a ventilator to help them breathe, or may even die. Children with intellectual and developmental disabilities are more likely to have comorbid medical conditions (e.g., diseases of the respiratory system; endocrine, nutritional and metabolic diseases; and diseases of the circulatory system) that may put them at increased risk for severe illness from COVID-19. [11] Although rare, some children have developed multisystem inflammatory syndrome (MIS-C) after exposure to SARS-CoV-2.  As of May 20, 2020, the majority of children hospitalized with MIS-C had recovered. [12]

Data on SARS-CoV-2 transmission among children are limited. Evidence from other countries suggests that the majority of children with COVID-19 were infected by a family member. [13] For example, the first pediatric patients in South Korea and Vietnam were most likely from contact with an adult family member. [14], [15] Published reports from contact tracing of students with COVID-19 in schools from France, Australia, and Ireland suggest that students are not as likely to transmit the virus to other students compared to household contacts. [16], [17], [18] However, more research is needed on SARS-CoV-2 transmission between children and household members.

# What is known about how schools have reopened and the impact on SARS-CoV-2 transmission?

Internationally, schools have responded to COVID-19 using a variety of approaches. [19], [20] For example, China, Denmark, Norway, Singapore, and Taiwan all required temperature checks at school entry. [21] Most countries have changed the way they operate to reduce class sizes, increase physical distance between students, and keeping students in defined groups to reduce contacts (i.e., cohorting). [22] Furthermore, many countries have staggered attendance, start and stop times, and created alternating shifts to enable social distancing. In some places this means that only certain students have returned to schools, either by grade range or need. For example, Denmark was the first European country to reopen schools. Denmark staggered students' reentry in waves (e.g., one group started school first, followed by another group at a later date), with limited class sizes and using other social distancing measures. [23] Younger students (under age 12) returned first based on their lower health risk and need for more supervision than older students. Class sizes were reduced to allow physical distancing. In Taiwan, students returned to school with mandatory temperature checks and use of face masks. Rather than national school closures, Taiwan relied on local decision-making to determine if classroom or school closures were needed, based on infection rates. [24]

There is mixed evidence about whether returning to school results in increased transmission or outbreaks. For example, Denmark initially reported a slight increase in cases in the community after reopening schools and child care centers for students aged 2-12 years, followed by steady declines in cases among children between ages 1 and 19 years. [25] In contrast, Israel experienced a surge of new cases and outbreaks in schools after reopening and relaxing social distancing measures; it is unclear what caused the increase in cases and what other mitigation measures the schools had implemented. [26] In summer 2020, Texas reported more than 1,300 COVID-19 cases in childcare centers; however, twice as many staff members had been diagnosed as children, suggesting that children may be at lower risk of getting COVID-19 than adults. [27]

It is important to consider community transmission risk as schools reopen. Evidence from schools internationally suggests that school re-openings are safe in communities with low SARS-CoV-2 transmission rates. [28] Computer simulations from Europe have suggested that school re-openings may further increase transmission risk in communities where transmission is already high. [29] More research and evaluation is needed on the implementation of mitigation strategies (e.g., social distancing, cloth face coverings, hand hygiene, and use of cohorting) used in schools to determine which strategies are the most effective. Such research would improve understanding of the impact of mitigation strategies on the risk of SARS-CoV-2 transmission in schools, and ongoing monitoring and surveillance of transmission in schools could help with timely outbreak detection and prevent wider spread.

## Why is it Important to Open Schools for In-Person Instruction?

While opening schools – like opening any building or facility—does pose a risk for the spread of COVID-19, there are many reasons why opening schools in the fall of 2020 for in-person instruction is important.

**Schools play a critical role in the wellbeing of communities.** Schools are a fundamental part of the infrastructure of communities. Schools provide safe and supportive environments, structure, and routines for children, as well as other needed support services to children and families. Schools play a vital role in the economic health of communities by employing teachers and other staff and helping parents, guardians, and caregivers work.

**Schools provide critical instruction and academic support** that benefit students and communities in both the short- and long-term. The main role and priorities of K-12 educational institutions are to provide age-appropriate instruction and support students' academic development. Reopening schools will provide in-person instruction for students, facilitate increased communication between teachers and students, and provide students with critical academic services, including school-based tutoring, special education, and other specialized learning supports.

Studies show that students have experienced learning loss during the period of school closure and summer months. [30] In-person instruction for students has advantages over virtual learning, particularly when virtual learning was not the planned format for instruction, and schools may not have the resources or capability to transition fully to virtual learning. In-person classroom instruction has the added benefit for many students of interpersonal interaction between the student and the teacher and the student and peers. [31] Teachers are able to more actively participate in student learning, provide feedback as students encounter challenges, and promote active learning among students. [32]

In-person instruction may be particularly beneficial for students with additional learning needs. Children with disabilities may not have access through virtual means to the specialized instruction, related services or additional supports required by their Individualized Education Programs (IEPs) or 504 Plans. [33] Students may also not have access through virtual means to quality English Language Learning (ELL). [34]

When schools are closed to in-person instruction, disparities in educational outcomes could become wider, as some families may not have capacity to fully participate in distance learning (e.g., computer and internet access issues, lack of parent, guardian, or caregiver support because of work schedules) and may rely on school-based services that support their child's academic success. The persistent achievement gaps that already existed prior to COVID-19 closures, such as disparities across income levels and racial and ethnic groups, could worsen and cause long-term effects on children's educational outcomes, health, and the economic wellbeing of families and communities. [35], [35] While concern over higher rates of COVID-19 among certain racial/ethnic groups may amplify consideration of closing a school that educates primarily racial minority students, there should also be consideration that these may also be the schools most heavily relied upon for students to receive other services and support, like nutrition and support services.

## Schools play a critical role in supporting the whole child, not just the academic achievement of students.

- **Social and emotional health of students can be enhanced through schools.** Social interaction among children in grades K-12 is important not only for emotional wellbeing, but also for children's language, communication, social, and interpersonal skills. [37] Some students may have experienced social isolation and increased anxiety while not physically being in school due to COVID-19. Resuming in-person instruction can support students' social and emotional wellbeing. [38] Schools can provide a foundation for socialization among children. When children are out of school, they may be separated from their social network and peer-to-peer social support. Schools can facilitate the social and emotional health of children through curricular lessons that develop students' skills to recognize and manage emotions, set and achieve positive goals, appreciate others' perspectives, establish and maintain positive relationships, and make responsible decisions. [39]

- **Mental health of students can be fostered through school supports and services.** Schools are an important venue for students to receive emotional and psychological support from friends, teachers, and other staff members. Lengthy school building closures can leave some students feeling isolated from important friendships and support from other caring adults. [40] Schools also provide critical psychological, mental and behavioral health (e.g., psychological counselling, mental and behavioral assessment) services to children who may not have access to these services outside of school. School closures have limited the availability of these services. Furthermore, isolation and uncertainty about the COVID-19 pandemic can create feelings of hopelessness and anxiety while removing important sources of social support. Some students may have experienced trauma through the loss of a loved one from COVID-19. Increases in anxiety and depression may occur when students do not have the structure and routine that being in school brings to their daily lives. Finally, having opportunities to be physically active through recess and physical education can help improve students' feelings of anxiety and sadness. These physical activities should be provided regularly to students in a safe and supportive environment that includes physical distancing and strategies to reduce close contact between students.

- **Continuity of other special services is important for student success.** Students who rely on key services, such as school food programs, special education and related services (e.g., speech and social work services, occupational therapy), and after school programs are put at greater risk for poor health and educational outcomes when school buildings are closed and they are unable to access such school health programs and services. [41] During periods of school building closures, students had limited access to many of these critical services, potentially widening educational and health disparities and inequities.

## How can K-12 schools prepare for going back to in-person instruction?

**Expect cases of COVID-19 in communities.** International experiences have demonstrated that even when a school carefully coordinates, plans, and prepares, cases may still occur within the community and schools. Expecting and planning for the occurrence of cases of COVID-19 in communities can help everyone be prepared for when a case or multiple cases are identified.

- **Coordinate, plan, and prepare.** Administrators should coordinate with local public health officials to stay informed about the status of COVID-19 transmission in their community. Additionally, planning and preparing are essential steps administrators can take to safely reopen schools:
    - CDC's Considerations for Schools provides detailed recommendations for schools to plan and prepare to reduce the spread of COVID-19, establish healthy environments and maintain healthy operations. This guidance includes information about implementation of mitigation strategies, such as physical distancing within buses, classrooms and other areas of the school, healthy hygiene habits, cleaning and disinfection, use of cloth face coverings, staggering student schedules, and planning for staff and teacher absences (e.g., back-up staffing plans).
    - One important strategy that administrators can consider is cohorting (or "pods"), where a group of students (and sometimes teachers) stay together throughout the school day to minimize exposure for students, teachers, and staff across the school environment. At the elementary school level, it may be easier to keep the same class together for most of the school day. In middle and high school settings, cohorting of students and teachers may be more challenging. However, strategies such as creating block schedules or keeping students separated by grade can help to keep smaller groups of students together and limit mixing. Strategies that keep smaller groups of students together can also help limit the impact of COVID-19 cases when they do occur in a school. If a student, teacher, or staff member tests positive for SARS-CoV-2, those in the same cohort/group should also be tested and remain at home until receiving a negative test result or quarantine. This helps prevent a disruption to the rest of the school and community by limiting the exposure. Schools should have systems in place to support continuity or learning for students who need to stay home for either isolation or quarantine. This includes access to online learning, school meals, and other services. The same holds for students with additional needs, including children with a disability, that makes it difficult to adhere to mitigation strategies.

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**Operating Schools During COVID-19**: Guiding principles and mitigation strategies to use when school is open

- **Prepare for potential COVID-19 cases and increased school community transmission.** Schools should be prepared for COVID-19 cases and exposure to occur in their facilities. Collaborating with local health officials will continue to be important once students are back to school, as they can provide regular updates about the status of COVID-19 in the community and help support and maintain the health and wellbeing of students, teachers, and staff. Having a plan in place for maintaining academic instruction and ensuring students have access to special services is also critical.

- **Making decisions about school operations:** Administrators should make decisions in collaboration with local health officials based on a number of factors, including the level of community transmission, whether cases are identified among students, teachers, or staff, what other indicators local public health officials are using to assess the status of COVID-19, and whether student, teacher, and staff cohorts are being implemented within the school.
  - **What is the level of community transmission?** There are specific strategies schools can implement based on the level of community transmission reported by local health officials:
    - If there is *no to minimal* community transmission, reinforcing everyday preventive actions, ensuring proper ventilation within school facilities, including buses, and maintaining cleaning and disinfection practices remain important. These actions can help minimize potential exposure. Schools should also monitor absenteeism among teachers, staff, and students to identify trends and determine if absences are due to COVID-19, symptoms that led to quarantine, concerns about being in the school environment and personal health and safety, or positive test results. Anyone who tests positive for COVID-19 should stay home and self-isolate for the timeframe recommended by public health officials. Anyone who has had close contact with someone who has tested positive or is symptomatic for COVID-19 should be tested and stay home until receiving a negative result, or stay home and monitor for symptoms.
    - If there is *minimal to moderate* community transmission, schools should follow the actions listed above, and continue implementing mitigation strategies such as social distancing, use of cloth faced coverings, reinforcing everyday preventive actions, and maintaining cleaning and disinfection. This also can include ensuring that student and staff groupings/cohorts are as static as possible and that mixing groups of students and staff is limited.
    - If there is *substantial, controlled* transmission, significant mitigation strategies are necessary. These include following all the actions listed above and also ensuring that student and staff groupings/cohorts are as static as possible with limited mixing of student and staff groups, field trips and large gatherings and events are canceled, and communal spaces (e.g., cafeterias, media centers) are closed.
    - If there is *substantial, uncontrolled* transmission, schools should work closely with local health officials to make decisions on whether to maintain school operations. The health, safety, and wellbeing of students, teachers, staff and their families is the most important consideration in determining whether school closure is a necessary step.  Communities can support schools staying open by implementing strategies that decrease a community's level of transmission. However, if community transmission levels cannot be decreased, school closure is an important consideration. Plans for virtual learning should be in place in the event of a school closure.

  - **Did a student or staff member test positive for SARS-CoV-2?** If someone within the school community (e.g., student, teacher, staff) tested positive for SARS-CoV-2, assessing the level of risk is important to determine if, when, and for how long part or all of a school should be closed. K-12 administrators can also refer to CDC's Interim Considerations for K-12 for School Administrators for SARS-CoV-2 Testing, which provides additional information about viral diagnostic testing. A single case of COVID-19 in a school would not likely warrant closing the entire school, especially if levels of community transmission are not high. The levels of community transmission described above and the extent of close contacts of the individual who tested positive for SARS-CoV-2 should all be considered before closing. These variables should also be considered when determining how long a school, or part of the school, stays closed. If the transmission of the virus within a school is higher than that of the community, or if the school is the source of an outbreak, administrators should work collaboratively with local health officials to determine if temporary school closure is necessary. Students, teachers, and staff who test positive or had close contact of the individual who tested positive should be provided with guidance for when it is safe to discontinue self-isolation or end quarantine.
    - **What other indicators are local public health officials using to assess the status of COVID-19?** Local health officials can help inform decisions related to school operations by examining public health indicators 📄 that are used to determine level of community transmission and disease severity levels. For example, indicators such as healthcare capacity (e.g., staffing, ICU bed occupancy), changes in newly identified COVID-19 cases,

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and percentage of people testing positive for SARS-CoV-2 infections in the community might be useful to determine whether to maintain or modify school operations. These indicators are set by state, local, tribal, and territorial health and healthcare officials, and should be shared with schools for decision making.

- **Is a cohort approach used within the school?** The level of student and staff mixing within the school should also be considered. If students are kept in cohorts to minimize mixing of students, exposure to an individual with COVID-19 may be limited to one particular cohort and not pose a broad risk to the rest of the school. Cohorts that have been in close contact with someone with COVID-19 can switch to virtual learning and stay home in accordance with CDC's guidelines for quarantine and self-isolation, and the school may remain open.

- **Communicate with families, staff, and other partners.** When preparing to go back to school, regular communication should be used to update students, families, teachers, and staff about academic standards, meal program services, and access to other school-based essential services that students and families rely on. Regular communication with families, staff, and other partners should include:
  - Updates about the status of COVID-19 in the school and community
  - Notification when there are COVID-19 cases in the school (when communicating about the health status of students, schools should take care to avoid disclosing personally identifiable information and should follow all applicable privacy requirements, including those of the Family Educational Rights and Privacy Act)
  - Explanation of what parents, students, teachers, and staff can expect when returning to school; in particular, communicating about:
    - the importance of staying home when sick and staying home to monitor symptoms if close contact occurred with a person who tested positive for SARS-CoV-2
    - considerations for COVID-19 symptom screenings
    - types of social distancing measures being implemented
    - when students, teachers, staff and/or visitors will be expected to wear cloth face coverings and whether cloth face coverings will be available from the school.
    - everyday healthy hygiene practices that will be implemented upon reopening (e.g., students, teachers, staff staying home when sick, hand hygiene, cleaning frequently touched surfaces)
  - actions being taken to prevent SARS-Cov-2 transmission in buses, school buildings and facilities
  - actions that families and households can take to help prevent the spread of COVID-19
  - actions families can take to manage anxiety about COVID-19
  - decisions about operational status, potential use of virtual learning if COVID-19 cases are identified among students, teachers, or staff, and
  - guidance on caring for someone who is sick and for parents, guardians, and caregivers who are sick
  - guidance on how to reduce stigma. Fear and anxiety about a disease can lead to social stigma, which is negative attitudes and beliefs toward people, places, or things

Families and students who had to make alternative arrangements with community providers to receive services (e.g., physical or occupational therapy, speech therapy, mental health services) during periods of school closures may need additional support and communication to establish a transition plan upon returning to school. Additionally, some families may have experienced significant hardship that now increases the number of students who need or qualify for some services, such as school meal programs. Schools can take actions to identify, support, and communicate with families who need to initiate new services as schools prepare to open.  Administrators can work with community partners to plan for additional school-based services and programs during the transition back to normal schedules in anticipation of an increased need for mental health services.

Additional resources for K-12 administrators

- Considerations for Schools
- Latest COVID-19 Information
- Cleaning and Disinfection
- Guidance for Businesses and Employers
- Guidance for Schools and Childcare Centers
- COVID-19 Prevention

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- Handwashing Information
- Face Coverings
- Social Distancing
- COVID-19 Frequently Asked Questions
- People at Higher Risk
- Managing Stress and Coping
- HIPAA and COVID-19
- CDC Communication Resources
- Community Mitigation
- Approach for Monitoring and Evaluating Community Mitigation Strategies
- OSHA Guidance on Preparing Workplaces for COVID-19
- FERPA & Coronavirus Disease 2019

## What Is Cohorting?

Cohorting (sometimes called podding) is a new term for a strategy that schools may use to limit contact between students and staff as part of their efforts to limit transmission of SARS-CoV-2 (the virus that causes COVID-19). These strategies work by keeping groups of students – and sometimes staff – together over the course of a pre-determined period of time. Ideally, the students and staff within a cohort will only have physical proximity with others in the same cohort. This practice may help prevent the spread of COVID-19 by limiting cross-over of students and teachers to the extent possible, thus:

- decreasing opportunities for exposure or transmission of SARS-CoV-2,
- reducing contact with shared surfaces,
- facilitating more efficient contact tracing in the event of a positive case, and
- allowing for targeted testing, quarantine, and/or isolation of a single cohort instead of school-wide measures in the event of a positive case or cluster of cases.

Cohorting strategies are common practice in many elementary schools across the United States. Many elementary school students have the same teacher and classmates during the entire school year. Implementation of this strategy varies, depending on setting and resources. For example:

- Schools may keep cohorts together in one classroom, and have teachers rotate between rooms.
- Schools may alternate cohorts by days or weeks, with cohorts assigned to specific days or weeks.
- Schools may adopt a hybrid approach, with some cohorts assigned to in-person learning and others assigned to online learning.

Evidence of the impact of cohorting on spread of COVID-19 is limited. Some evidence from other viral disease outbreaks and school reopenings in international settings suggests that cohorting may be an important tool for mitigating COVID-19 spread. However, it is essential to note that those studies were conducted in very different contexts, in communities with lower transmission levels.

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Last Updated July 23, 2020

The purpose of this guidance is to support education, public health, local leadership, and pediatricians collaborating with schools in creating policies for school re-entry that foster the overall health of children, adolescents, staff, and communities and are based on available evidence. Schools are fundamental to child and adolescent development and well-being and provide our children and adolescents with academic instruction, social and emotional skills, safety, reliable nutrition, physical/speech and mental health therapy, and opportunities for physical activity, among other benefits. Beyond supporting the educational development of children and adolescents, schools play a critical role in addressing racial and social inequity. As such, it is critical to reflect on the differential impact SARS-CoV-2 and the associated school closures have had on different races, ethnic and vulnerable populations. These recommendations are provided acknowledging that our understanding of the SARS-CoV-2 pandemic is changing rapidly.

Any school re-entry policies should consider the following key principles:

- School policies must be flexible and nimble in responding to new information, and administrators must be willing to refine approaches when specific policies are not working.

- It is critically important to develop strategies that can be revised and adapted depending on the level of viral transmission in the school and throughout the community and done with close communication with state and/or local public health authorities and recognizing the differences between school districts, including urban, suburban, and rural districts.

- Policies should be practical, feasible, and appropriate for child and adolescent's developmental stage.

- Special considerations and accommodations to account for the diversity of youth should be made, especially for our vulnerable populations, including those who are medically fragile, live in poverty, have developmental challenges, or have special health care needs or disabilities, with the goal of safe return to school.

- No child or adolescents should be excluded from school unless required in order to adhere to local public health mandates or because of unique medical needs.

Pediatricians, families, and schools should partner together to collaboratively identify and develop accommodations, when needed.

- School policies should be guided by supporting the overall health and well-being of all children, adolescents, their families, and their communities. These policies should be consistently communicated in languages other than English, if needed, based on the languages spoken in the community, to avoid marginalization of parents/guardians who are of limited English proficiency or do not speak English at all.

With the above principles in mind, **the AAP strongly advocates that all policy considerations for the coming school year should start with a goal of having students physically present in school**. The importance of in-person learning is well-documented, and there is already evidence of the negative impacts on children because of school closures in the spring of 2020. Lengthy time away from school and associated interruption of supportive services often results in social isolation, making it difficult for schools to identify and address important learning deficits as well as child and adolescent physical or sexual abuse, substance use, depression, and suicidal ideation. This, in turn, places children and adolescents at considerable risk of morbidity and, in some cases, mortality. Beyond the educational impact and social impact of school closures, there has been substantial impact on food security and physical activity for children and families.

Policy makers must also consider the mounting evidence regarding COVID-19 in children and adolescents, including the role they may play in transmission of the infection. SARS-CoV-2 appears to behave differently in children and adolescents than other common respiratory viruses, such as influenza, on which much of the current guidance regarding school closures is based. Although children and adolescents play a major role in amplifying influenza outbreaks, to date, this does not appear to be the case with SARS-CoV-2. Although many questions remain, the preponderance of evidence indicates that children and adolescents are less likely to be symptomatic and less likely to have severe disease resulting from SARS-CoV-2 infection. In addition, children may be less likely to become infected and to spread infection. Policies to mitigate the spread of COVID-19 within schools must be balanced with the known harms to children, adolescents, families, and the community by keeping children at home.

Finally, policy makers should acknowledge that COVID-19 policies are intended to mitigate, not eliminate, risk. No single action or set of actions will completely eliminate the risk of SARS-CoV-2 transmission, but implementation of several coordinated interventions can greatly reduce that risk. For example, where physical distance cannot be maintained, students (over the age of 2 years) and staff can wear face coverings (when feasible). In the following sections, we review

some general principles that policy makers should consider as they plan for the coming school year. For all of these, education for the entire school community regarding these measures should begin early, ideally at least several weeks before the start of the school year.

## Physical Distancing Measures

Physical distancing, sometimes referred to as social distancing, is simply the act of keeping people separated with the goal of limiting spread of contagion between individuals. It is fundamental to lowering the risk of spread of SARS-CoV-2, as the primary mode of transmission is through respiratory droplets by persons in close proximity. There is a conflict between optimal academic and social/emotional learning in schools and strict adherence to current physical distancing guidelines. For example, the Centers for Disease Control and Prevention (CDC) recommends that schools "space seating/desks at least 6 feet apart when feasible." In many school settings, 6 feet between students is not feasible without limiting the number of students. Evidence suggests that spacing as close as 3 feet may approach the benefits of 6 feet of space, particularly if students are wearing face coverings and are asymptomatic. Schools should weigh the benefits of strict adherence to a 6-feet spacing rule between students with the potential downside if remote learning is the only alternative. Strict adherence to a specific size of student groups (eg, 10 per classroom, 15 per classroom, etc) should be discouraged in favor of other risk mitigation strategies. Given what is known about transmission dynamics, adults and adult staff within schools should attempt to maintain a distance of 6 feet from other persons as much as possible, particularly around other adult staff. For all of the below settings, physical distancing by and among adults is strongly recommended, and meetings and curriculum planning should take place virtually if possible. In addition, other strategies to increase adult-adult physical distance in time and space should be implemented, such as staggered drop-offs and pickups, and drop-offs and pickups outside when weather allows. Parents should, in general, be discouraged from entering the school building. Physical barriers, such as plexiglass, should be considered in reception areas and employee workspaces where the environment does not accommodate physical distancing, and congregating in shared spaces, such as staff lounge areas, should be discouraged.

The recommendations in each of the age groups below are not instructional strategies but are strategies to optimize the return of students to schools in the context of physical distancing guidelines and the developmentally appropriate implementation of the strategies. Educational experts may have preference for one or another of the guidelines based on the instructional needs of the classes or schools in which they work.

## Pre-Kindergarten (Pre-K)

In Pre-K, the relative impact of physical distancing among children is likely small based on current evidence and certainly difficult to implement. Therefore, Pre-K should focus on more effective risk mitigation strategies for this population. These include hand hygiene, infection prevention education for staff and families, adult physical distancing from one another, adults wearing face coverings, cohorting, and spending time outdoors.

*Higher-priority strategies:*

- Cohort classes to minimize crossover among children and adults within the school; the exact size of the cohort may vary, often dependent on local or state health department guidance.
- Utilize outdoor spaces when possible.
- Limit unnecessary visitors into the building.

*Lower-priority strategies:*

- Face coverings(cloth) for children in the Pre-K setting may be difficult to implement.
- Reducing classmate interactions/play in Pre-K aged children may not provide substantial COVID-19 risk reduction.

## Elementary Schools

*Higher-priority strategies:*

- Children should wear face coverings when harms (eg, increasing hand-mouth/nose contact) do not outweigh benefits (potential COVID-19 risk reduction).
- Desks should be placed 3 to 6 feet apart when feasible (if this reduces the amount of time children are present in school, harm may outweigh potential benefits).
- Cohort classes to minimize crossover among children and adults within the school.
- Utilize outdoor spaces when possible.

*Lower-priority strategies:*

- The risk reduction of reducing class sizes in elementary school-aged children may be outweighed by the challenge of doing so.

- Similarly, reducing classmate interactions/play in elementary school-aged children may not provide enough COVID-19 risk reduction to justify potential harms.

## Secondary Schools

There is likely a greater impact of physical distancing on risk reduction of COVID in secondary schools than early childhood or elementary education. There are also different barriers to successful implementation of many of these measures in older age groups, as the structure of school is usually based on students changing classrooms. Suggestions for physical distancing risk mitigation strategies when feasible:

- Universal face coverings in middle and high schools when not able to maintain a 6-foot distance (students and adults).
- Particular avoidance of close physical proximity in cases of increased exhalation (singing, exercise); these activities are likely safest outdoors and spread out.
- Desks should be placed 3 to 6 feet apart when feasible.
- Cohort classes if possible, limit cross-over of students and teachers to the extent possible.
  - Ideas that may assist with cohorting:
    - Block schedule (much like colleges, intensive 1-month blocks).
    - Eliminate use of lockers or assign them by cohort to reduce need for hallway use across multiple areas of the building. (This strategy would need to be done in conjunction with planning to ensure students are not carrying home an unreasonable number of books on a daily basis and may vary depending on other cohorting and instructional decisions schools are making.)
    - Have teachers rotate instead of students when feasible.
    - Utilize outdoor spaces when possible.
    - Teachers should maintain 6 feet from students when possible and if not disruptive to educational process.
    - Restructure elective offerings to allow small groups within one classroom. This may not be possible in a small classroom.

## Special Education

Every child and adolescent with a disability is entitled to a free and appropriate education and is entitled to special education services based on their individualized education program (IEP). Students receiving special education services may be more negatively affected by distance-learning and may be disproportionately impacted by interruptions in regular education. It may not be feasible, depending on the needs of the individual child and adolescent, to adhere both to distancing guidelines and the criteria outlined in a specific IEP. Attempts to meet physical distancing guidelines should meet the needs of the individual child and may require creative solutions, often on a case-by-case basis.

# Physical Distancing in Specific Enclosed Spaces

## Bussing

- Encourage alternative modes of transportation for students who have other options.
- Ideally, for students riding the bus, symptom screening would be performed prior to being dropped off at the bus. Having bus drivers or monitors perform these screenings is problematic, as they may face a situation in which a student screens positive yet the parent has left, and the driver would be faced with leaving the student alone or allowing the student on the bus.
- Assigned seating; if possible, assign seats by cohort (same students sit together each day).
- Tape marks showing students where to sit.
- When a 6-foot distance cannot be maintained between students, face coverings should be worn.
- Drivers should be a minimum of 6 feet from students; driver must wear face covering; consider physical barrier for driver (eg, plexiglass).
- Minimize number of people on the bus at one time within reason.
- Adults who do not need to be on the bus should not be on the bus.
- Have windows open if weather allows.

## Hallways

- Consider creating one-way hallways to reduce close contact.
- Place physical guides, such as tape, on floors or sidewalks to create one-way routes.

- Where feasible, keep students in the classroom and rotate teachers instead.
- Stagger class periods by cohorts for movement between classrooms if students must move between classrooms to limit the number of students in the hallway when changing classrooms.
- Assign lockers by cohort or eliminate lockers altogether.

## Playgrounds

Enforcing physical distancing in an outside playground is difficult and may not be the most effective method of risk mitigation. Emphasis should be placed on cohorting students and limiting the size of groups participating in playground time. Outdoor transmission of virus is known to be much lower than indoor transmission.

## Meals/Cafeteria

School meals play an important part in addressing food security for children and adolescents. Decisions about how to serve meals must take into account the fact that in many communities there may be more students eligible for free and reduced meals than prior to the pandemic.

- Consider having students cohorted, potentially in their classrooms, especially if students remain in their classroom throughout the day.
- Create separate lunch periods to minimize the number of students in the cafeteria at one time.
- Utilize additional spaces for lunch/break times.
- Utilize outdoor spaces when possible.
- Create an environment that is as safe as possible from exposure to food allergens.
- Wash hands or use hand sanitizer before and after eating.

# Cleaning and Disinfection

The main mode of COVID-19 spread is from person to person, primarily via droplet transmission. For this reason, strategies for infection prevention should center around this form of spread, including physical distancing, face coverings, and hand hygiene. Given the challenges that may exist in children and adolescents in effectively adhering to recommendations, it is critical staff are setting a good example for students by modeling behaviors around physical distancing, face

coverings and hand hygiene. Infection via aerosols and fomites is less likely. However, because the virus may survive in certain surfaces for some time, it is possible to get infected after touching a virus contaminated surface and then touching the mouth, eyes, or nose. Frequent handwashing as a modality of containment is vital.

Cleaning should be performed per established protocols followed by disinfection when appropriate. Normal cleaning with soap and water decreases the viral load and optimizes the efficacy of disinfectants. When using disinfectants, the manufacturers' instructions must be followed, including duration of dwell time, use of personal protective equipment (PPE), if indicated, and proper ventilation. The use of EPA approved disinfectants against COVID-19 is recommended (EPA List N). When possible, only products labeled as safe for humans and the environment (eg, Safer or Designed for the Environment), containing active ingredients such as hydrogen peroxide, ethanol, citric acid, should be selected from this list, because they are less toxic, are not strong respiratory irritants or asthma triggers, and have no known carcinogenic, reproductive, or developmental effects.

When EPA-approved disinfectants are not available, alternative disinfectants such as diluted bleach or 70% alcohol solutions can be used. Children should not be present when disinfectants are in use and should not participate in disinfecting activities. Most of these products are not safe for use by children, whose "hand-to-mouth" behaviors and frequent touching of their face and eyes put them at higher risk for toxic exposures. If disinfection is needed while children are in the classroom, adequate ventilation should be in place and nonirritating products should be used. Disinfectants such as bleach and those containing quaternary ammonium compounds or "Quats" should not be used when children and adolescents are present, because these are known respiratory irritants.

In general, elimination of high-touch surfaces is preferable to frequent cleaning. For example, classroom doors can be left open rather than having students open the door when entering and leaving the classroom or the door can be closed once all students have entered followed by hand sanitizing. As part of increasing social distance between students and surfaces requiring regular cleaning, schools could also consider eliminating the use of lockers, particularly if they are located in shared spaces or hallways, making physical distancing more challenging. If schools decide to use this strategy, it should be done within the context of ensuring that students are not forced to transport unreasonable numbers of books back and forth from school on a regular basis.

When elimination is not possible, surfaces that are used frequently, such a drinking fountains, door handles, sinks and faucet handles, etc, should be cleaned and disinfected at least daily and

as often as possible. Bathrooms, in particular, should receive frequent cleaning and disinfection. Shared equipment including computer equipment, keyboards, art supplies, and play or gym equipments should also be disinfected frequently. Hand washing should be promoted before and after touching shared equipment. Computer keyboard covers can be used to facilitate cleaning between users. Routine cleaning practices should be used for indoor areas that have not been used for 7 or more days or outdoor equipment. Surfaces that are not high touch, such as bookcases, cabinets, wall boards, or drapes should be cleaned following standard protocol. The same applies to floors or carpeted areas.

Outdoor playgrounds/natural play areas only need routine maintenance, and hand hygiene should be emphasized before and after use of these spaces. Outdoor play equipment with high-touch surfaces, such as railings, handles, etc, should be cleaned and disinfected regularly if used continuously.

UV light kills viruses and bacteria and is used in some controlled settings as a germicide. UV light-emitting devices should not be used in the school setting, because they are not safe for children and adults and can cause skin and eye damage.

## Testing and Screening

Virologic testing is an important part of the overall public health strategy to limit the spread of COVID-19. Virologic testing detects the viral RNA from a respiratory (usually nasal) swab specimen. Testing all students for acute SARS-CoV-2 infection prior to the start of school is not feasible in most settings at this time. Even in places where this is possible, it is not clear that such testing would reduce the likelihood of spread within schools. It is important to recognize that virologic testing only shows whether a person is infected at that specific moment in time. It is also possible that the nasal swab virologic test result can be negative during the early incubation period of the infection. So, although a negative virologic test result is reassuring, it does not mean that the student or school staff member is not going to subsequently develop COVID-19. Stated another way, a student who is negative for COVID 19 on the first day of school may not remain negative throughout the school year.

If a student or school staff member has a known exposure to COVID-19 (eg, a household member with laboratory-confirmed SARS-CoV-2 infection or illness consistent with COVID-19) or has COVID-19 symptoms, having a negative virologic test result, according to CDC guidelines, may be warranted for local health authorities to make recommendations regarding contact tracing and/or school exclusion or school closure.

The other type of testing is serologic blood testing for antibodies to SARS-CoV-2. At the current time, serologic testing should not be used for individual decision-making and has no place in considerations for entrance to or exclusion from school. CDC guidance regarding antibody testing for COVID-19 is that serologic test results should not be used to make decisions about grouping people residing in or being admitted to congregate settings, such as schools, dormitories, or correctional facilities. Additionally, serologic test results should not be used to make decisions about returning people to the workplace. The CDC states that serologic testing should not be used to determine immune status in individuals until the presence, durability, and duration of immunity is established. The AAP recommends this guidance be applied to school settings as well.

Schools should have a policy regarding symptom screening and what to do if a student or school staff member becomes sick with COVID-19 symptoms. Temperature checks and symptom screening are a frequent part of many reopening processes to identify symptomatic persons to exclude them from entering buildings and business establishments. The list of symptoms of COVID-19 infection has grown since the start of the pandemic and the manifestations of COVID-19 infection in children, although similar, is often not the same as that for adults. **School policies regarding temperature screening and temperature checks must balance the practicality of performing these screening procedures for large numbers of students and staff with the information known about how children manifest COVID-19 infection, the risk of transmission in schools, and the possible lost instructional time to conduct the screenings.** Schools should develop plans for rapid response to a student or staff member with fever who is in the school regardless of the implementation of temperature checks or symptom screening prior to entering the school building. In many cases, it will not be practical for temperature checks to be performed prior to students arriving at school. **Parents should be instructed to keep their child at home if they are ill.** Any student or staff member with a fever of 100.4 degrees or greater or symptoms of possible COVID-19 virus infection should not be present in school.

In lieu of temperature checks and symptom screening being performed after arrival to school, **methods to allow parent report of temperature checks done at home may be considered.** Resources and time may necessitate this strategy at most schools. The epidemiology of disease in children along with evidence of the utility of temperature screenings in health systems may further justify this approach. Procedures using texting apps, phone systems, or online reporting rely on parent report and may be most practical but possibly unreliable, depending on individual family's ability to use these communication processes, especially if not made available in their primary language. Although imperfect, these processes may be most practical and likely to identify the most ill children who should not be in school. School nurses or nurse aides should be

equipped to measure temperatures for any student or staff member who may become ill during the school day and should have an identified area to separate or isolate students who may have COVID-19 symptoms.

COVID-19 infection manifests similarly to other respiratory illness in children. Although children manifest many of the same symptoms of COVID-19 infection as adults, some differences are noteworthy. According to the CDC, children may be less likely to have fever, may be less likely to present with fever as an initial symptom, and may have only gastrointestinal tract symptoms. A student or staff member excluded because of symptoms of COVID-19 should be encouraged to contact their health care provider to discuss testing and medical care. In the absence of testing, students or staff should follow local health department guidance for exclusion.

## Face Coverings and PPE

Cloth face coverings protect others if the wearer is infected with SARS CoV-2 and is not aware. Cloth masks may offer some level of protection for the wearer. Evidence continues to mount on the importance of universal face coverings in interrupting the spread of SARS-CoV-2. Although ideal, universal face covering use is not always possible in the school setting for many reasons. Some students, or staff, may be unable to safely wear a cloth face covering because of certain medical conditions (eg, developmental, respiratory, tactile aversion, or other conditions) or may be uncomfortable, making the consistent use of cloth face coverings throughout the day challenging. For individuals who have difficulty with wearing a cloth face covering and it is not medically contraindicated to wear a face covering, behavior techniques and social skills stories(see resource section)can be used to assist in adapting to wearing a face covering. When developing policy regarding the use of cloth face coverings by students or school staff, school districts and health advisors should consider whether the use of cloth face coverings is developmentally appropriate and feasible and whether the policy can be instituted safely. If not developmentally feasible, which may be the case for younger students, and cannot be done safely (eg, the face covering makes wearers touch their face more than they otherwise would), schools may choose to not require their use when physical distancing measures can be effectively implemented. School staff and older students (middle or high school) may be able to wear cloth face coverings safely and consistently and should be encouraged to do so. Children under 2 years and anyone who has trouble breathing or is unconscious, incapacitated, or otherwise unable to remove a face covering without assistance should not wear cloth face coverings.

For certain populations, the use of cloth face coverings by teachers may impede the education process. These include students who are deaf or hard of hearing, students receiving

speech/language services, young students in early education programs, and English-language learners. Although there are products (eg, face coverings with clear panels in the front) to facilitate their use among these populations, these may not be available in all settings.

Students and families should be taught how to properly wear (cover nose and mouth) a cloth face covering, to maintain hand hygiene when removing for meals and physical activity, and for replacing and maintaining (washing regularly) a cloth face covering.

School health staff should be provided with appropriate medical PPE to use in health suites. This PPE should include N95 masks, surgical masks, gloves, disposable gowns, and face shields or other eye protection. School health staff should be aware of the CDC guidance on infection control measures. Asthma treatments using inhalers with spacers are preferred over nebulizer treatments whenever possible. The CDC recommends that nebulizer treatments at school should be reserved for children who cannot use or do not have access to an inhaler (with spacer or spacer with mask). Schools should work with families and health care providers to assist with obtaining an inhaler for students with limited access. In addition, schools should work to develop and implement asthma action plans, which may include directly observed controller medication administration in schools to promote optimal asthma control. If required while waiting for a student to be picked up to go home or for emergency personnel to arrive, when using nebulizer or a peak flow meter, school health staff should wear gloves, an N95 facemask, and eye protection. Staff should be trained on proper donning and doffing procedures and follow the CDC guidance regarding precautions when performing aerosol-generating procedures. Nebulizer treatments should be performed in a space that limits exposure to others and with minimal staff present. Rooms should be well ventilated or treatments should be performed outside. After the use of the nebulizer, the room should undergo routine cleaning and disinfection.

School staff working with students who are unable to wear a cloth face covering and who must be in close proximity to them should ideally wear N95 masks. When access to N95 masks is limited, a surgical mask in combination with a face shield should be used. Face shields or other forms of eye protection should also be used when working with students unable to manage secretions.

## On-site School Based Health Services

On-site school health services should be supported if available, to complement the pediatric medical home and to provide pediatric acute and chronic care. Collaboration with school nurses will be essential, and school districts should involve School Health Services staff early in the planning phase for reopening and consider collaborative strategies that address and prioritize

immunizations and other needed health services for students, including behavioral health and reproductive health services.

## Education

The impacts of lost instructional time and social emotional development on children and adolescents should be anticipated, and schools will need to be prepared to adjust curricula and instructional practices accordingly without the expectation that all lost academic progress can be caught up. Plans to make up for lost academic progress because of school closures and distress associated with the pandemic should be balanced by a recognition of the likely continued distress of educators and students that will persist when schools reopen. If the academic expectations are unrealistic, school will likely become a source of further distress for students (and educators) at a time when they need additional support. It is also critical to maintain a balanced curriculum with continued physical education and other learning experiences rather than an exclusive emphasis on core subject areas.

## Students With Disabilities

The impact of loss of instructional time and related services, including mental health services as well as occupational, physical, and speech/language therapy during the period of school closures is significant for students with disabilities. Students with disabilities may also have more difficulty with the social and emotional aspects of transitioning out of and back into the school setting. As schools prepare for reopening, school personnel should develop a plan to ensure a review of each child and adolescent with an IEP to determine the needs for compensatory education to adjust for lost instructional time as well as other related services. In addition, schools can expect a backlog in evaluations; therefore, plans to prioritize those for new referrals as opposed to re-evaluations will be important. = Many school districts require adequate instructional effort before determining eligibility for special education services. However, virtual instruction or lack of instruction should not be reasons to avoid starting services such as response-to-intervention (RTI) services, even if a final eligibility determination is postponed.

## Behavioral Health/Emotional Support for Children and Adolescents

Schools should anticipate and be prepared to address a wide range of mental health needs of children and staff when schools reopen. Preparation for infection control is vital and admittedly complex during an evolving pandemic. But the emotional impact of the pandemic, financial/employment concerns, social isolation, and growing concerns about systemic racial

inequity — coupled with prolonged limited access to critical school-based mental health services and the support and assistance of school professionals — demands careful attention and planning as well. Schools should be prepared to adopt an approach for mental health support.

Schools should consider providing training to classroom teachers and other educators on how to talk to and support children during and after the COVID-19 pandemic. Students requiring mental health support should be referred to school mental health professionals.

Suicide is the second leading cause of death among adolescents or youth 10 to 24 years of age in the United States. In the event distance learning is needed, schools should develop mechanisms to evaluate youth remotely if concerns are voiced by educators or family members and should be establishing policies, including referral mechanisms for students believed to be in need of in-person evaluation, even before schools reopen.

School mental health professionals should be involved in shaping messages to students and families about the response to the pandemic. Fear-based messages widely used to encourage strict physical distancing may cause problems when schools reopen, because the risk of exposure to COVID-19 may be mitigated but not eliminated.

When schools do reopen, plans should already be in place for outreach to students who do not return, given the high likelihood of separation anxiety and agoraphobia in students. Students may have difficulty with the social and emotional aspects of transitioning back into the school setting, especially given the unfamiliarity with the changed school environment and experience. Special considerations are warranted for students with pre-existing anxiety, depression, and other mental health conditions; children with a prior history of trauma or loss; and students in early education who may be particularly sensitive to disruptions in routine and caregivers. Students facing other challenges, such as poverty, food insecurity, and homelessness, and those subjected to ongoing racial inequities may benefit from additional support and assistance.

Schools need to incorporate academic accommodations and supports for all students who may still be having difficulty concentrating or learning new information because of stress associated with the pandemic. It is important that schools do not anticipate or attempt to catch up for lost academic time through accelerating curriculum delivery at a time when students and educators may find it difficult to even return to baseline rates. These expectations should be communicated to educators, students, and family members so that school does not become a source of further distress.

## Mental Health of Staff

The personal impact on educators and other school staff should be recognized. In the same way that students are going to need support to effectively return to school and to be prepared to be ready to process the information they are being taught, teachers cannot be expected to be successful at teaching children without having their mental health needs supported. The strain on teachers this year as they have been asked to teach differently while they support their own needs and those of their families has been significant, and they will be bringing that stress back to school as schools reopen. Resources such as Employee Assistance Programs and other means to provide support and mental health services should be established prior to reopening. The individual needs and concerns of school professionals should be addressed with accommodations made as needed (eg, for a classroom educator who is pregnant, has a medical condition that confers a higher risk of serious illness with COVID-19, resides with a family member who is at higher risk, or has a mental health condition that compromises the ability to cope with the additional stress). Although schools should be prepared to be agile to meet evolving needs and respond to increasing knowledge related to the pandemic and may need to institute partial or complete closures when the public health need requires, they should recognize that staff, students, and families will benefit from sufficient time to understand and adjust to changes in routine and practices. During a crisis, people benefit from clear and regular communication from a trusted source of information and the opportunity to dialogue about concerns and needs and feel they are able to contribute in some way to the decision-making process. Change is more difficult in the context of crisis and when predictability is already severely compromised.

## Food Insecurity

In 2018, 11.8 million children and adolescents (1 in 7) in the United States lived in a food-insecure household. The coronavirus pandemic has led to increased unemployment and poverty for America's families, which in turn will likely increase even further the number of families who experience food insecurity. School re-entry planning must consider the many children and adolescentswho experience food insecurity already (especially at-risk and low-income populations) and who will have limited access to routine meals through the school district if schools remain closed. The short- and long-term effects of food insecurity in children and adolescents are profound. **Plans should be made prior to the start of the school year for how students participating in free- and reduced- meal programs will receive food in the event of a school closure or if they are excluded from school because of illness or SARS-CoV-2 infection.**

## Immunizations

Existing school immunization requirements should be maintained and not deferred because of the current pandemic. In addition, although influenza vaccination is generally not required for school attendance, in the coming academic year, it should be highly encouraged for all students. School districts should consider requiring influenza vaccination for all staff members. Pediatricians should work with schools and local public health authorities to promote childhood vaccination messaging well before the start of the school year. It is vital that all children receive recommend vaccinations on time and get caught up if they are behind as a result of the pandemic. The capacity of the health care system to support increased demand for vaccinations should be addressed through a multifaceted collaborative and coordinated approach among all child-serving agencies including schools.

## Organized Activities

It is likely that sporting events, practices, and conditioning sessions will be limited in many locations. Preparticipation evaluations should be conducted in alignment with the AAP Preparticipation Physical Evaluation Monograph, 5th ed, and state and local guidance.

## Resources

- Coalition to Support Grieving Students
- Using Social Stories to Support People with I/DD During the COVID-19 Emergency
- Social Stories for Young and Old on COVID-19

# Additional Information

If you need a print version of this guidance, use the Print icon at the top of the page or download a pdf here.

- Information for Parents on HealthyChildren.org: Returning to School During COVID-19
- Guidance Related to Childcare During COVID-19
- Guidance on Providing Pediatric Well-Care During COVID-19
- List of latest AAP News articles on COVID-19
- *Pediatrics* COVID-19 Collection
- COVID-19 Advocacy Resources(Login required)
- Centers for Disease Control and Prevention: Considerations for Schools

- [Centers for Disease Control and Prevention: School Decision Tree](#)
- [Centers for Disease Control and Prevention: Activities and Initiatives Supporting the COVID Response](#)

**Interim Guidance Disclaimer:** The COVID-19 clinical interim guidance provided here has been updated based on current evidence and information available at the time of publishing. Guidance will be regularly reviewed with regards to the evolving nature of the pandemic and emerging evidence. All interim guidance will be presumed to expire in December 2020 unless otherwise specified.

**Last Updated**   06/25/2020

**Source**   American Academy of Pediatrics

[Questions submitted for the record and their responses follow:]

Ms. Penny Schwinn, Ph.D.
Commissioner of Education
Tennessee Department of Education
710 James Robertson Parkway
Nashville, TN 37243

Dear Dr. Schwinn,

I would like to thank you for testifying at the July 23, 2020 Subcommittee on Early Childhood, Elementary, and Secondary Education hearing entitled "*Underfunded & Unprepared: Examining How to Overcome Obstacles to Safely Reopen Public Schools.*"

Please find enclosed additional questions submitted by Committee members following the hearing. Please provide a written response no later than Friday, August 14, 2020, for inclusion in the official hearing record. Your responses should be sent to Loredana Valtierra of the Committee staff. She can be contacted at 202-225-3725 should you have any questions.

I appreciate your time and continued contribution to the work of the Committee.

Sincerely,

**ROBERT C. "BOBBY" SCOTT**
Chairman

Enclosure

Early Childhood, Elementary, and Secondary Education Subcommittee Hearing
*"Underfunded & Unprepared: Examining How to Overcome*
*Obstacles to Safely Reopen Public Schools"*
Thursday, July 23, 2020
10:15 a.m.

**<u>Representative Tim Walberg (R-MI)</u>**

As you know, an important part of getting children back in school this fall will be the availability of personal protective equipment and other resources to ensure that schools are able to help keep their students and staff safe. School administrators that I have spoken with have expressed concerns about accessing the quantities of PPE that they need as well as being able to afford the PPE on a tight budget. What is the Tennessee Department of Education doing to get schools the resources they need in the fall?

- The CARES Act provided over $30 billion for states, schools, and higher education to respond to the coronavirus. Are there flexibilities that the federal government could offer in funds already allocated through the CARES Act that could be useful?
- Do you have any suggestions on how school districts can spend funding more effectively and mitigate the increased costs associated with reopening?

[Ms. Schwinn responses to questions submitted for the record follow:]



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**PENNY SCHWINN**
COMMISSIONER

August 14, 2020

**Representative Tim Walberg (R-MI):**

As you know, an important part of getting children back in school this fall will be the availability of personal protective equipment and other resources to ensure that schools are able to help keep their students and staff safe. School administrators that I have spoken with have expressed concerns about accessing the quantities of PPE that they need as well as being able to afford the PPE on a tight budget.

**Q1. What is the Tennessee Department of Education doing to get schools the resources they need in the fall?**

**A1.** Governor Bill Lee and the Tennessee Department of Education announced the state's Safe Reopening Plan for Tennessee schools on July 28th, which included their plan to provide no-cost PPE for every school stakeholder and staff member for school opening, including face masks, face shields, and thermometers for every school. To date, these resources include 298,000 cloth reusable masks for teachers and 27 million masks for students distributed by the Tennessee Emergency Management Agency (TEMA). Every classroom teacher will have a full-year classroom disinfecting kit to use so no teacher pays for these materials out of their own pockets. The kits include hand sanitizer, disinfecting wipes, gloves, and masks. Schools and districts will have liaisons to reorder monthly shipments as needed. To date, Tennessee is the only state in the country to provide a full year's supply of PPE to every classroom teacher at no cost to local school districts or individual teachers.

All school nurses will be also provided with hospital-grade PPE kits, which will include surgical masks, gloves, protective gowns, and face shields.

These resources will be distributed to all Tennessee public schools automatically, and private schools can also receive the no-cost PPE and school nurse kits upon request.

These collective efforts supplement the resources invested by local school districts to ensure that schools have the supplies and protocols necessary to support a safe and healthy learning environment.

**Q2. The CARES Act provided over $30 billion for states, schools, and higher education to respond to the coronavirus. Are there flexibilities that the federal government could offer in funds already allocated through the CARES Act that could be useful?**

**A2.** Understanding the complex and ever-changing impact that the COVID-19 pandemic would have on our nation's education system, Congress gave significant flexibility to states and districts on how and when CARES Act funds are spent. This flexibility has allowed state and district leaders to identify and address key issues specific to their situation and communities. As is, the determinance and direction states are offered promotes localized, thoughtful response attuned to necessary decisions. The Tennessee Department of Education urges Congress to continue to support state and district innovation as each locality works to ensure high-quality outcomes for

**Q3. Do you have any suggestions on how school districts can spend funding more effectively and mitigate the increased costs associated with reopening?**

**A3.** We continue to encourage districts to utilize CARES Act funding and other grant funding to drive high-quality outcomes for all students, especially those who are vulnerable or who are otherwise at risk. Furthermore, Tennessee has focused our efforts on providing statewide, scalable solutions, allowing districts to focus on the specific needs of their students and families.

The state's supports have focused on ensuring school communities remain as safe and healthy as possible and that schools are equipped to provide a high-quality education, regardless of the setting.  These statewide supports and grant opportunities include:

- Best For All Central: This newly launched online tool serves as a hub for learning and teaching, and includes several free resources for school leaders, educators, and families. The tool specifically includes professional development for school leaders and educators, including professional development for digital instruction, an academic standards navigator, standards-aligned videos to provide weekly instructional content, and additional tools for families such as supports for virtual instruction.
- Technology Grants – Devices and Connectivity: The state has launched multiple grant opportunities for districts to strategically leverage funding, including two grants to support a heightened need for technology for students and families. The state is offering $50 million in grants to assist in purchasing student devices for instructional use, and $15 million to improve connectivity supports for households through their local school districts.
- Educator Pipelines: As districts navigate personnel needs, the state has create the Grow Your Own Competitive Partnerships Grant to increase access to the teaching profession.  The grant will fund partnerships between Educator Preparation Providers (EPPs) and Local Education Agencies (LEAs) to provide innovative, no-cost pathways to the teaching profession by increasing EPP enrollment and growing the supply of qualified teachers. Additionally, the state is providing $1 million in the Special Education Additional Endorsement Grant, enabling every public school district to increase the number of educators with special education endorsements to improve educational services.

These initiatives are all aimed at ensuring school districts may leverage the state's economies of scale and invest in educational infrastructure improvements and human capital. This approach aligns short-term relief and support efforts with long-term shifts and improvements.  Collectively, the strategies by the state also encourage local districts to use funds more flexibly to meet the unique contexts of their communities and implement tailored strategies to support safety and high-quality instruction.

Sincerely,

Dr. Penny Schwinn
Commissioner of Education

[Whereupon, at 1:02 p.m., the subcommittee was adjourned.]

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