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States Set Criteria for Resuming In-Person Learning

By Joseph Hedger

With the 2020–21 school year well under way, states and districts already made the call about whether and how their school buildings would reopen. But as communities continue to struggle with the ebb and flow of COVID-19, many states and districts will likely need to revisit their decisions, with some reverting to distance learning in order to keep students and faculty safe and others resuming in-person learning.

Just days after reopening, many schools nationwide temporarily forestalled in-person reopening or halted in-person learning due to students and staff testing positive for the coronavirus.[1] Without time for adequate preparation, such reverses will likely increase learning loss.

On September 15, the U.S. Centers for Disease Control and Prevention (CDC) released its own indicators and thresholds to help schools determine whether it is safe to return to in-person learning. Indicators include the number of new cases per 100,000, the percentage of coronavirus tests that are positive during the preceding 14 days, and a school's ability to implement key mitigation strategies, such as consistent and correct use of masks and social distancing.[2]

At the time the CDC released its guidance, 27 states had set indicators or benchmarks tied to recommendations on school reopening, according to data released by the Center for Reinventing Public Education.[3] State by state, the criteria vary by scale of detail or metrics used, but nearly all urge districts to align decisions to local health data (figure 1).

According to the Arizona Department of Health Services, there are two key components to the criteria for decisions to reopen school buildings for in-person instruction: quality of the school's mitigation plan and community spread. Arizona uses the CDC definition of community spread to determine its categories of minimal, moderate, and substantial cases.

Three benchmarks—new cases, positive test percentage, and incidence of hospitalizations for COVID-like illness—help determine community risk and whether schools can safely continue in-person learning. For example, if the community goes at least two weeks with fewer than 10 new cases per 100,000 people, a less than 5 percent positive-test rate, or a less than 5 percent rate of hospitalizations for COVID-like illness, it remains in the "minimal" risk category. Scaled criteria determine further levels of risk.

"Schools should begin preparing for virtual learning when one or more benchmark categories fall within the substantial spread category," according to Arizona's guidance.[4]

On August 17, the Illinois Department of Public Health released interim school guidance and metrics that defined an "adaptive pause" as a strategy for moving into any level of remote learning to prevent disease transmission. Schools that had reopened may need to return to distance learning or hybrid models if weekly county case rates reach higher than 50 per 100,000, overall or youth cases increase for two consecutive weeks by more than 10 percent each week, or positive tests reach rates of more than 5 percent. "Several Adaptive Pauses may be needed until COVID-19 transmission is controlled and an effective vaccine is available," according to the report.[5]

The Minnesota Department of Health regularly lists county case rates and publishes a table aligning five options with the case data. For example, a county case incidence of fewer than 10 per 100,000 permits in-person learning for all students. Ten to fewer than 20 per 100,000 allows in-person learning for elementary students and hybrid options for middle and high school students. The next level permits hybrid learning for all students, followed by an option for elementary-school hybrid learning and distance learning for middle and high schools. When a county has 50 or more cases per 100,000, distance learning is recommended.[6]

In addition to new cases and positive-test rates, Kansas adds that districts should monitor average daily attendance rates, trends in county incidence, and hospital capacity before deciding on whether to reopen

27 States Name Metrics to Guide School Reopening

	New Cases	Positive Tests	In Hospitals	Student Absence
Arizona	✔	✔	✔	
California	✔	✔		
Colorado	✔		✔	
Connecticut	✔	✔	✔	
Delaware	✔	✔	✔	
Illinois	✔	✔		
Indiana	✔	✔		
Iowa		✔		✔
Kansas	✔	✔		✔
Maine	✔	✔	✔	
Maryland		✔		
Massachusetts	✔			
Michigan	✔	✔		
Minnesota	✔			
Montana	✔			
Nebraska	✔	✔	✔	
New Hampshire	✔	✔	✔	
New Mexico	✔	✔		
New York		✔		
North Carolina	✔	✔	✔	
North Dakota	✔	✔	✔	
Oklahoma	✔			
Oregon	✔	✔		
Pennsylvania	✔	✔		
Rhode Island	✔			
Washington	✔	✔	✔	
West Virginia	✔	✔		

Benchmarks are measured as new cases per 100,000, percent positive tests, rate of hospitalizations for COVID-like symptoms, and rate of student absenteeism.

schools. The Kansas guidance organizes risk level and learning system by color and prioritizes in-person learning for younger students. A green category connotes a recommendation for on-site learning for preK-12; yellow, on-site/hybrid for preK-5 and hybrid for grades 6-12; orange, on-site/hybrid for preK-5 and remote only for grades 6-12; and remote only for preK-12 in red.[7]

In addition to providing remote, hybrid, and in-person metrics, Oregon includes exceptions that allow in-person instruction for specific populations statewide. Based on the metrics in each school's required transition plan, an individual school can hold limited in-person instruction to meet the needs of specific students, including those with disabilities or English learners, if there have been no confirmed cases within the school for 14 days and if the school follows reopening and distance guidelines. Other exceptions include in-class options for K-3 students, in-person education for small school districts that do not have community spread, and conditional in-person instructional allowances for rural schools.[8]

"Using science-based indicators, states can help keep students, teachers, staff, and families safe while still meeting children's educational needs," said the CDC in a statement to NASBE. "Mitigation strategies work best when they are feasible, layered, and tailored to community needs. School administrators should work with local health officials to monitor COVID-19 spread and implement mitigation plans and strategies (i.e., masks, social distancing, hand hygiene, cleaning and disinfection, contact tracing, and the use of cohorting at school)."

In April, Nebraska commissioner of education Matthew Blomstedt began hosting weekly, hour-long calls with school administers across the state. Expert panelists, including regional health directors, joined these calls to discuss school closures, continuity of learning, and Nebraska's risk levels for safely continuing in-person learning. Members of the Nebraska State Board of Education joined the calls to gain greater insight into community needs.

In parallel, the department of education developed Launch Nebraska, an online information hub that provides guidance and directives for administrators, educators, curriculum directors, and families on how to open schools safely. "We felt that the CDC on the federal level just seemed so far away," said Maureen Nickels, chair of the state board. "So we wanted to make our guidelines more Nebraska friendly." Launch Nebraska provides quick access to considerations for planning a safe return to school, which guide schools and districts to work with local health departments to determine COVID-19 risk levels in their communities and how schools should operate under any contingency.[9]

Joseph Hedger is NASBE's associate editor.

NOTES

1 Tawnell D. Hobbs, "Schools Are Reopening Then Quickly Closing Due to Coronavirus Outbreaks," *The Wall Street Journal* (August 17, 2020).

2 Centers for Disease Control and Prevention, "Indicators for Dynamic School Decision-Making," web page, updated September 15, 2020, https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/indicators.html.

3 Ashley Jochim, Sean Gill, and Robin Lake, "Urgent Action by States, Fed Needed to Clarify School Reopening Decisions" (Seattle: Center on Reinventing Public Education, September 2020), https://www.crpe.org/thelens/urgent-action-states-fed-needed-clarify-school-reopening-decisions.

4 Arizona Department of Health Services, "Safely Returning to In-Person Instruction" (Phoenix: author, August 2020), https://www.azdhs.gov/documents/preparedness/epidemiology-disease-control/infectious-disease-epidemiology/novel-coronavirus/covid-19-safely-return-to-in-person-instruction.pdf.

5 Illinois Department of Public Health, "Adaptive Pause and Metrics: Interim School Guidance for Local Health Departments" (Springfield, IL: author, August 2020), https://www.isbe.net/Documents/IDPH-Adaptive-Pause-Metrics.pdf.

6 Minnesota Department of Health, "Data for K-12 Schools: 14-Day COVID-19 Case Rate by County" (St. Paul, MN: author, August 2020), https://www.health.state.mn.us/diseases/coronavirus/stats/wschool.pdf.

7 Kansas State Department of Education, "Navigating Change 2020: Kansas' Guide to Learning and School Safety Operations," web page (Jackson, KS: author, 2020), https://www.ksde.org/Portals/0/Communications/Navigating%20Change/Gating%20Criteria%20Graphic.pdf?ver=2020-08-13-123107-083.

8 Oregon Department of Education and Oregon Health Authority, "Following the Metrics: Criteria for In-Person Instruction," web page (Salem, OR: author, N.d.), https://www.oregon.gov/ode/students-and-family/healthsafety/Documents/Following%20the%20Metrics%20Visual.pdf.

9 Nebraska Department of Education, "Planning a Safe Return to School in Nebraska," web page, updated July 20, 2020, https://www.launchne.com/wp-content/uploads/2020/07/PlanningASafeReturn.pdf.

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