Public Comments for Virtual School Board Meetings #174

I would like to provide: *	Written Public Comments
My public comments are related to:	Virtual+ Plus Learning
Topic *	Alexandria COVID Indicators
Full Name *	Kristina West
What is your relationship to ACPS? *	Parent/Guardian of an ACPS Student
Enter your comments here OR upload below:	I am a parent of a 3rd grade student at ACPS. I know that there is a proposal for phased re-opening of the schools. I would like to know what health indicators ACPS has taken into account when making this proposal and what is the threshold/benchmark of COVID infection that will be considered for re-opening or for closing the schools? This article from NYT Times (linked below) describes that the measure of # new cases over a 2-week period has been used by other school district to decide on whether to reopen or not. The article cites this guidance from Washington state on reopening schools (also attached below) which has detailed analysis of the use of the above measure not only in the US and other countries. The new cases over the last 14 days in Alexandria are 128 per 100,000 population according to the *Virginia Department of Health's page on Coronavirus by Locality* (see link below), which are way above the range that other countries used (which seems to vary from 9 to 49 cases per 100,000 over 14 days). According to the WA state document, the rate or COVID infections in those counties was slightly decreasing when then decision to reopen the schools was made, which is not the case in Alexandria where infections are increasing. What COVID infection numbers did ACPS use when deciding on reopening? What did they compare the city COVID numbers to? What is the benchmark?

See links and attached articles on next page:

LINKS AND ATTACHMENTS:

1. Virginia Department of Health: Coronavirus by Locality (link only)
2. October 18, 2020 NYTimes Article: *'Out of Control': When Schools Opened in a Virus Hotspot* by Kate Taylor (Attached Below)
3. Decision Tree for Provision of In Person Learning among K-12 Students at Public and Private Schools during the COVID-19 Pandemic (Attached Below)

October 18, 2020 New York Times Article by Kate Taylor

'Out of Control': When Schools Opened in a Virus Hot Spot

In a suburban Salt Lake City district, coronavirus cases spiked as students returned to their classrooms.

On a Friday in mid-September, Sunny Washington got a text from another mother at her daughter's high school in an affluent suburb of Salt Lake City. Three weeks into the school year, the number of coronavirus cases at the school was rising, and the district was considering shifting to online instruction. The text urged parents to beg the school board to keep classrooms open.

Ms. Washington ignored the text — she thought the school should be taking advice from public health experts, not parents. But other parents flooded the board with messages, and the school stayed open. Within a week, the number of cases had nearly quadrupled. A teacher was hospitalized and put on a ventilator. When the board finally closed the school temporarily, 77 students and staff members, including Ms. Washington's daughter, had tested positive.

"We're talking 30 days in, and it went completely out of control," Ms. Washington said.

Her daughter's school, Corner Canyon High School, experienced one of the biggest coronavirus outbreaks at a school in Utah, and possibly the country, with 90 cases within two weeks — most likely an undercount, since not all students and staff who were exposed or symptomatic got tested.

And Corner Canyon was not the only school in the district to have an outbreak. By Sept. 28, Canyons School District, with roughly 33,000 students, had temporarily closed three high schools and a middle school, telling about 8,000 students to learn from home.

The story of Canyons is an object lesson in what can happen when schools reopen in communities that are failing to contain the virus. In the two weeks before the district reopened, Salt Lake County had roughly 187 new cases per 100,000 people, a level at which some experts have advised against high schools opening in person; that level is two and a half times higher than the standard Washington State uses to recommend distance learning for all students.

Since then, with schools and colleges open, things have only worsened, as both the county and Utah have become hot spots. In the two weeks that ended Thursday, Salt Lake County had nearly 617 cases per 100,000 people. Over the last week, Utah had the sixth-highest rate of new cases per 100,000 people of any state and set a new state record for the number of people hospitalized with the virus.

On Tuesday, Gov. Gary Herbert ordered stricter restrictions on social gatherings and mask wearing in Salt Lake County and other hard-hit counties, calling Utah's outbreak "one of the worst" in the country and "unacceptable."

Yet despite the conditions at the start of the school year, Canyons School District took only modest steps to prevent the virus from spreading in its buildings.

The state had mandated that students and staff members wear masks in school, allowing unmasked sports practice and competition. But with nearly 80 percent of Canyons students opting for in-person school, the district seems to have made few adjustments to accommodate social distancing in classrooms. The district also did not make coronavirus testing part of its reopening plan, leaving those decisions to families.

Canyons is also an example of how the nation's 13,000 school districts are struggling to find workable policies in the absence of clear standards from the federal government and many state governments. The result has been a patchwork of policies varying from state to state and often district to district.

The Centers for Disease Control and Prevention, which have faced pressure from the White House to avoid discouraging school districts from reopening, have declined to provide specific guidance on what districts should do when infections rise in a school or the surrounding community.

The Utah Department of Health advised switching to remote learning for two weeks if a school reached 15 cases within two weeks or, for a very small school, if the number of cases represented a tenth of the student population. But the guidance was only a recommendation.

"We've forced every school district to figure out how to respond to a pandemic on its own, and it's insane," said Dr. Ashish Jha, dean of the Brown University School of Public Health.

"There should be clear guidance — whether it's Department of Education, or C.D.C., or ideally a combination — so that you don't have every school district in America with different thresholds, different approaches, different measures."

Over the summer, Canyons said it would adhere to the state health department's standard for closing schools. But when Corner Canyon reached 15 cases the school board decided to ignore the guidance, shifting the school to a hybrid schedule instead of going fully remote.

The board ultimately adopted its own standard, which stipulated that it would shift high schools to remote learning when positive cases represented 2 percent of the students attending in-person classes — mostly, one board member suggested, because at that point the number of students quarantined from possible exposure would become unmanageable.

When the board decided to close Corner Canyon, on Sept. 18, the school's 77 reported cases represented more than 3 percent of the roughly 2,250 students attending in person. (By contrast, New York City, which recently reopened schools on a hybrid model, has said that in certain situations it will close schools for only two positive cases in separate classrooms.)

In a Canyons board meeting on Sept. 15, when Corner Canyon was at 42 cases, one board member, Steve Wrigley, said he had looked in vain for national standards. "There really is not many guidelines out there right now — everybody is sort of flying by their seat," Mr. Wrigley said.

Another board member, Clareen Arnold, cited a C.D.C. statement about the importance of in-person school to children's mental health and development, inserted at the behest of the White House, as an argument for keeping Corner Canyon open.

In a community that parents and teachers described as deeply divided over whether the virus represents a real threat, the board's decision left parents on both sides angry. Some were upset that the board had ignored the health department's guidance, while others thought that schools should not close until 10 percent of the students had tested positive.

Before the board made its decision, parents and students gathered with signs saying things like "Keep Our Schools OPEN!!! Keep Utah FREE!!!" One mother argued that since no students were being forced to attend school in person, no students should be forced to stay home.

Many parents in the district do not support any virus restrictions. After Corner Canyon canceled most homecoming events, some parents organized their own homecoming party. The mayor of Draper, where the school is, said that he wished his constituents would follow public health guidance on matters like masking and social distancing, but that he could not force them to.

"I don't think people are going to respond until they see people go into the hospital," Mayor Troy K. Walker said.

Mr. Walker said he had heard from some Corner Canyon parents that there was an agreement among mothers at the school — he called it a "mom code" — not to get their children tested for the virus even if they became ill, to avoid adding to the school's case count and contributing to it being shut down. (He said he told these parents he did not agree with this approach.)

Many parents and teachers are still bitter that the board did not close schools sooner. "We feel like we were deceived," said Katie Nelson, a special education math teacher at a middle school in the district.

Jennifer Santos, whose older son is a freshman at Brighton High School, another of the schools that temporarily closed, said that when the school reached 19 cases and remained open, she complained on the district's Facebook page.
"The answer was, 'You're welcome to keep your child home,'" she said.

Other parents, however, said that they believed that the academic and mental health benefits of being in school outweighed what they saw as the minimal risk posed by the virus.

A board member, Amanda Oaks, said that while there was concern nationally about the risks of students or teachers becoming ill from coronavirus in school, "My honest fear and the fear of some of my fellow board members is that that could completely flip the other direction as soon as we get a teen suicide associated with quarantine isolation."

Some teachers in Canyons also feel strongly about the value of keeping schools open.

The teacher who was hospitalized, Charri Jensen, who teaches sewing and design, recovered enough to go home. In an interview, she said that she wanted people to take the virus more seriously. But she also said that when she was well enough she planned to go back to work.

She had become a high school teacher because she loved the social rituals of high school — “the dances and the football games and the assemblies and the extracurricular things” — and it made her sad, she said, that her students were missing out on some of those traditions.

There are these things I want these kids to be able to experience in life,” she said. “But then, is it worth it — for life, you know?”

The increase in cases, driven by 15-to-24-year-olds, began in early September, shortly after schools reopened and students returned to colleges. The state health department believes the surge started among college-age adults in Utah County, just south of Salt Lake County, home to the state’s two biggest universities, and then spread to high school students. Mr. Walker, the Draper mayor, thinks that some teenagers in his town were infected when older siblings came home from college for the weekend.

Since the semester started, a dozen schools in Salt Lake County have temporarily shifted to online learning because of high numbers of cases.

In September, as the Canyons board put off closing Corner Canyon High School, district officials and board members said that a vast majority of cases in the district’s schools were the result of exposures outside of school and that there was minimal spread within schools themselves.

But a spokesman for the Salt Lake County Health Department, Nicholas Rupp, said it was very difficult to definitively determine in most cases where someone was infected.

In any event, once Corner Canyon shut its doors, cases among students and staff fell sharply. After a month of being closed, the school is set to reopen on Monday. As of last Wednesday, according to the district’s dashboard, it had between one and five cases.

Contintued

Updated October 16, 2020
DOH 821-120

Decision Tree for Provision of In Person Learning among K-12 Students at Public and Private Schools during the COVID-19 Pandemic

Summary of October 16 changes:

- Under **COVID-19 Activity Level**, DOH clarified and made consistent across all three activity levels that health and education leaders should look at the trends in COVID-19 cases and hospitalizations and test positivity should ideally be lower than 5%.
- Under **Education Modality,** DOH clarified that in communities with Moderate COVID-19 Activity we recommend careful phasing in in-person learning, starting with elementary. Then, over time, if schools can demonstrate the ability to limit transmission in the school environment, schools should add in-person learning for middle and high school.
- Under **Extracurricular,** DOH created flexibility for schools and districts to cautiously phase in extra-curricular activities as they phase in in-person learning to create more parity between school-related and community related activities based on disease activity level. DOH continues to prioritize educational opportunities over extracurricular or other activities in the surrounding community.

Introduction

This framework can assist local health officers and school administrators in deciding whether to resume in-person instruction for public and private K-12 schools during the COVID-19 pandemic. This tool is added to the Department of Health's (DOHs) K-12 Fall Health and Safety Guidance. Both will be updated as the COVID-19 pandemic evolves and additional scientific information is available.

School administrators face challenging decisions about how to operate their schools during a pandemic, and should consult with their local health officer, local elected leaders, teachers, school staff, families, and other stakeholders to weigh the risks and benefits of various locations and modes of education based on local COVID-19 activity. In particular, health officers and school administrators should engage staff and families of students at risk for severe COVID-19. In addition, they should engage the families of students with disabilities, English language learners, students living in poverty, students of color and young students to determine how to best meet the health and education needs of these students and the community.

While DOH encourages local health officers and school administrators to work together to choose the best setting(s) for their students, school administrators are ultimately responsible to establish appropriate education services. The local health officer should advise the school administrator and the school community on the level of COVID-19 activity, the community's access to testing, and the health department's capacity to respond to cases or outbreaks in schools with time investigations and contact tracing.

Local health officers are responsible for controlling the spread of communicable disease like COVID-19 in the community. County-level COVID-19 activity is measured by the number of cases per 100,000 people over a 14-day period, along with other key health indicators such as the percentage of positive tests and trends in cases or hospitalizations. The local health officer should inform the school administrator of significant changes in indicators. You can also find county and statewide indicators on Washington's Risk Assessment Dashboard (cases per 100K over 14 days and percentage of positive tests) and Department

of Health's COVID-19 Dashboard (epidemiologic curves for cases and hospitalizations). The local health jurisdiction may further disaggregate these indicators, or use other data to guide recommendations for in-person learning.

If a local health officer determines that the opening of a school or the continuation of in-person learning poses an imminent public health threat to the community, they have the legal power and duty to direct or order an interruption of in-person learning (WAC 246-110-020). School administrators must cooperate with investigations, directives, and orders made by the local health officer (WAC 246-101-420).

Background

To help develop this guidance, DOH reviewed the experiences of countries that resumed some degree of in-person instruction this year. These countries generally had low and decreasing community rates of COVID-19 cases. Table 1 shows that the incidence rates in several countries that resumed in-person instruction were below 35 cases per 1,000,000 population, per day. As of July 23, 2020, Washington State had an incidence rate almost three times higher at 92 cases per 1,000,000 population, per day. In addition, the rate of COVID-19 in Washington slightly increased during the prior 20 days, whereas the trend in the rate of COVID-19 decreased in most other countries in the 20 days before reopening schools.

Table 1: School Re-Openings: Country Comparisons on Key Metrics Compared to Current U.S. Data

	Date of Reopening	**Daily Cases (7-day average)**	**Daily Cases Per Million Population**	**Test Positive Rate (%) (7-day average)**	**Estimated Cases Per 100,000 Population Per 14 days**
United States	**—**	**65,750.4**	**198.6**	**8.3**	**278.0**
Washington	**—**	**711**	**92.9**	**5.6**	**130.1**
Belgium	5/18/2020	291.3	25.1	2.1	35.1
Denmark	4/15/2020	205.7	35.5	6.2	49.7
France	5/11/2020	1,110.9	17.0	1.1	23.8
Germany	5/4/2020	1,140.3	13.6	2.4	19.0
Greece	6/1/2020	5.6	0.5	0.1	0.7
Israel	5/3/2020	126.7	14.6	1.4	20.4
Japan	4/24/2020	439	3.5	8.7	4.9
South Korea	6/8/2020	44.4	0.9	0.3	1.3
New Zealand	5/14/2020	1.1	0.2	0	0.3
Norway	4/20/2020	93.3	17.2	3.8	24.1
Switzerland	5/11/2020	57.1	6.6	1.3	9.2
Taiwan	2/25/2020	1.1	0.0	0.2	0
Vietnam	5/18/2020	4.6	0.0	0	0

This table was adapted from the Kaiser Family Foundation "What Do We Know About Children and Coronavirus Transmission?" website accessed on August 2, 2020 at: https://www.kff.org/coronavirus-covid-19/issue-brief/what-do-we-know-about-children-and-coronavirus-transmission/
NOTES: U.S. estimates calculated based on most recent data. France positivity rate from May 24. Vietnam positivity rate from April 29. Data represent 7-day average, as of re-opening date (unless other date noted).
SOURCES: COVID-19 data from: Department of Health COVID-19 Data Dashboard retrieved August for data

through July 23, 2020 and "Coronavirus Pandemic (COVID-19)". Published online at OurWorldInData.org. Retrieved on July 28, 2020. School reopening dates from: University of Washington, Summary of School Re-Opening Models and Implementation Approaches During the COVID 19 Pandemic, July 6, 2020.

In addition to having lower and decreasing community rates of disease, these countries took a very cautious approach to resuming in-person instruction. Most countries first resumed in-person instruction for a portion of their students, and many implemented health and safety measures like physical distancing, frequent hand washing, use of face coverings, and frequent environmental cleaning to reduce the spread of COVID-19 in the schools.[1]

There is limited data on the health impacts of resuming in-person learning when community incidence rates are as high as the current rates in the United States. With limited data, states are taking a wide range of approaches. The Oregon Health Authority recommends in-person instruction for K-3 students if rates are less than 60 cases per 100,000 over a 14-day period, and test positivity is <5%[2]. The Minnesota Department of Health uses a staggered approach for K-12 students beginning at 100 cases per 100,000 population over 14 days, using local epidemiological information and the health and safety provisions of the school, to move from in-person elementary and hybrid secondary, through hybrid elementary and distance-learning for secondary, to fully distance-learning at 500 cases per 100,000. Once school has opened, they tailor the learning model based on the presence of cases in the school community[3].

The decision to resume in-person learning is complex and requires weighing both the risks and benefits. When choosing thresholds to resume in-person learning, DOH considered both the health risks of COVID-19 to students, school staff, and the surrounding community; as well as the benefits of in-person school to children and their families.

Health risks of COVID-19 to students, school staff, and the community

The risk of COVID-19 entering schools depends on the level of COVID-19 spread in the community. At this time, any degree of in-person instruction presents some risk of infection to students and staff. It is hard to predict the number of infections that might occur under different in-person models and levels of transmission in the community.

The full spectrum of illness due to COVID-19 is not fully understood. While children generally have mild COVID-19 disease, serious infections have occurred[4]. Teachers and school staff are at risk for more serious disease, especially older adults and those with certain underlying health conditions. Students and staff that acquire COVID-19 at school can transmit to others in the school setting as well as to their households and the community. DOH recommends comprehensive and strict health and safety measures (PDF) to minimize the risk of transmission within schools.

---

[1] Summary of School Re-Opening Models and Implementation Approaches During the COVID 19 Pandemic. July 6, 2020. Available at: https://globalhealth.washington.edu/sites/default/files/COVID-19%20Schools%20Summary%20%28updated%29.pdf

[2] Ready schools, safe learners: Guidance for school year. Version 3.0.1 July 29, 2020. Available at: https://www.oregon.gov/ode/students-and-family/healthsafety/Documents/Ready%20Schools%20Safe%20Learners%202020-21%20Guidance.pdf?utm_medium=email&utm_source=govdelivery

[3] Safe Learning Plan for 2020-2021: A Localized Data-Driven Approach. Accessed August 1, 2020 at: https://mn.gov/covid19/assets/safe-learning-plan_tcm1148-442202.pdf

[4] Götzinger F, Santiago-García B, Noguera-Julián A, et al. COVID-19 in children and adolescents in Europe: a multinational, multicentre cohort study. *Lancet Child Adolesc Health* 2020. Available at: https://www.thelancet.com/action/showPdf?pii=S2352-4642%2820%2930177-2.

Benefits of school for children

In-person learning has a broad range of benefits for our children. In addition to educational instruction, schools support the development of social and emotional skills; create a safe environment for learning; address nutritional, behavioral health and other special needs; and facilitate physical activity[5]. The absence of in-person learning may be particularly harmful for children living in poverty, children of color, English language learners, children with diagnosed disabilities, and young children, and can further widen inequities in our society[6].

The decision tree on the following page can assist local health officials and school administrators in determining the degree of in-person learning that is advisable in their school. It can also help ensure the school is able to implement comprehensive health and safety measures, and respond swiftly if a person with confirmed COVID-19 is identified in the school environment. DOH favors a cautious, phased-in approach to resuming in-person instruction that starts with staff, small groups of our youngest learners, and students who are unable to learn or receive critical services asynchronously. Over time, schools can add additional students to in-person models. In-person learning should be prioritized for elementary school students because they may be less likely to spread COVID-19 than older children[7], have more difficulty learning asynchronously, and may otherwise need to be in a childcare setting if their parent(s) work. While important to a child's growth and development, DOH prioritizes educational opportunities over extra-curricular activities in schools or other activities in the surrounding community.

More COVID-19 Information and Resources

Stay up-to-date on the current COVID-19 situation in Washington, Governor Inslee's proclamations, symptoms, how it spreads, and how and when people should get tested. See our Frequently Asked Questions for more information.

A person's race/ethnicity or nationality does not, itself, put them at greater risk of COVID-19. However, data are revealing that communities of color are being disproportionately impacted by COVID-19- this is due to the effects of racism, and in particular, structural racism, that leaves some groups with fewer opportunities to protect themselves and their communities. Stigma will not help to fight the illness. Share accurate information with others to keep rumors and misinformation from spreading.

- WA State Department of Health 2019 Novel Coronavirus Outbreak (COVID-19)
- WA State Coronavirus Response (COVID-19)
- Find Your Local Health Department or District
- CDC Coronavirus (COVID-19)
- Stigma Reduction Resources

Have more questions about COVID-19? Call our hotline: **1-800-525-0127,** Monday – Friday, 6 a.m. to 10 p.m., Weekends: 8 a.m. to 6 p.m. For interpretative services, **press #** when they answer and **say your language.** For questions about your own health, COVID-19 testing, or testing results, please contact a health care provider.

To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email civil.rights@doh.wa.gov.

---

[5] CDC. The Importance of Reopening America's Schools this Fall. Accessed August 1, 2020 at https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/reopening-schools.html

[6] Levinson M, Phil D, Cevik M, Lipsitch M. Reopening Primary Schools during the Pandemic. *New Eng J Med* 2020.

[7] Park YJ, Choe YJ, Park O, Park SY, Kim YM, Kim J, et al. Contact tracing during coronavirus disease outbreak, South Korea, 2020. *Emerg Infect Dis* 2020. Available at: https://doi.org/10.3201/eid2610.201315

Decision Tree for Provision of in Person Learning among Public and Private K-12 Students during COVID-19

Should your community provide in person learning and for whom?

For School Administrators, Local Health Officers, and Community Stakeholders

The risk of COVID-19 being introduced into the school depends on the level of COVID-19 spread in the community and the health and safety measures taken by schools. Consider the following educational modalities based on community transmission and other health and education risks and benefits.

COVID-19 Activity Level	Education Modality*	Extracurricular**
HIGH **>75 cases/100K/14 days** Other considerations: • Trend in cases or hospitalizations • Test positivity, ideally <5% • Other health and education risks and benefits to children and their families	Strongly recommend distance learning with the option for limited in-person learning in small groups, or cohorts, of students for the highest need students, such as students with disabilities, students living homeless, those farthest from educational justice, and younger learners.	Strongly recommend canceling or postponing most in person extra-curricular activities, including sports, performances, clubs, events, etc. with the option to allow extracurricular activities in small groups of 6 or fewer students.
MODERATE **25–75 cases/100K/14 days** Other considerations: • Trend in cases or hospitalizations • Test positivity, ideally <5% • Other health and education risks and benefits to children and their families	Recommend careful phasing in of in-person learning, starting with elementary students. Over time, if schools can demonstrate the ability to limit transmission in the school environment, add in-person learning for middle and high school students.	Consider cautious phasing in of low then moderate risk in person extra-curricular activities. Activities that can be done online, should continue in that format.
LOW **<25 cases/100K/14 days** Other considerations: • Trend in cases or hospitalizations • Test positivity, ideally <5%	Encourage full-time in person learning for all elementary students and hybrid learning for middle and high school. Over time, if physical space allows, add full-time in-person learning for middle and high school.	Consider low, moderate, or high risk in-person extra-curricular activities.

When any in-person

Can the school(s) implement recommended COVID-19 health and safety measures?

School Administrators and Staff

The risk of COVID-19 spreading in schools depends on the ability of the school to implement DOH's K-12 health and safety measures. and LNI employer safety requirements

Does the school have the plans, staff, space, and supplies to do the following?

- ✓ Protect staff and students at higher risk for severe COVID-19 while ensuring access to learning
- ✓ Transport or facilitate drop-off and pick-up of students
- ✓ Group students (required in elementary, recommended for middle and high school)
- ✓ Practice physical distancing of ≥6 feet among students and staff.
- ✓ Promote frequent hand washing or sanitizing
- ✓ Promote and ensure face covering use among students and staff
- ✓ Increase cleaning and disinfection
- ✓ Improve ventilation

Are all staff trained on health and safety practices?

*Staff may work in school at any COVID-19 activity level if the school follows DOH and LNI health and safety guidance

**Where possible do extracurricular activities outdoors, wear face coverings, and maintain physical distance of 6 feet.

When all YES

Is the school and health system ready to monitor for and respond to suspected and confirmed cases of COVID-19?

Schools and Local Public Health

COVID-19 cases in the school should be expected. The risk of COVID-19 spreading in schools depends on the ability to quickly identify and respond to suspected and confirmed cases and the level of community transmission.

- ✓ Can the school ensure monitoring of symptoms and history of exposure among students and staff? (attestation acceptable)
- ✓ Is the school prepared to manage students and/or staff who get sick onsite?
- ✓ Does the school have letters drafted to inform families and staff about confirmed cases or outbreaks?
- ✓ Is there adequate access to testing in the community health system for ill students and staff?
- ✓ Is there capacity in your local health department to investigate confirmed COVID-19 cases, quarantine their close contacts and assess whether transmission is occurring in the school?
- ✓ Can local public health monitor the level of community spread to determine when a change in education modality is needed?

When all YES

Begin Learning Model and Monitor