

Pathways to Safe In-Person Operations of K-12 Schools
February 17, 2021

Tim Duffey: Good afternoon and thank you for joining us for today's webinar. On behalf of the US Department of Education, I'd like to welcome you to today's event. Over 2,000 people have registered for today's webinar, so additional people will likely be joining throughout our opening comments here, and we welcome you, each and every one of you, as you join us. Thanks to all of you already online for being here at the top of the hour to kick us off.

My name is Tim Duffey, and I'm a training specialist for the National Center on Safe Supportive Learning Environments or NCSSLE, and I'll be moderating today's webinar. NCSSLE is funded by the Office of Safe and Supportive Schools within the Office of Elementary and Secondary Education. On the next slide, you'll see an image of our center website's homepage. We welcome everyone to visit the site after today's session. All the materials that you'll see today will be archived here along with a recorded version of the webinar and be made available on this website for your access.

On the screen now, you see a summary of today's agenda. So, let's take a look at that before we'll be heading through today's session. We're wrapping up with the introduction and logistics segment now. Following this, we will hear from the CDC regarding the updated Operational Strategy for K-12 Schools through Phased Mitigation, which was just released last week. Following that, we'll hear from the Department of Education as they address strategies for safely reopening elementary and secondary schools. Following those key content presentations, we do have the opportunity for question-and-answer session. Some questions were submitted during your registration process. We thank you for those given to us in advance. You also have the opportunity to submit them via the chat box again. So, feel free throughout the session to do that as well. Please note that we will do our very best to answer as many questions as possible today as time allows near the end of the webinar, and then we will use every question raised to inform the Department of Education and CDC of the needs for information that you have as participants today and to inform upcoming webinar sessions related to these topics. Many thanks for the questions that you'll be adding throughout the session in advance. Then following the Q&A session, we'll close with a brief wrap-up. So, that's where we're headed for today.

Next, I'd like to introduce to you our speakers for today. Both of whom bring a wealth of experience to today's event. Dr. Greta Massetti is a Co-Lead of the Community Interventions and Critical Populations or CICIP taskforce on CDC's COVID-19 response. CICIP is responsible for developing guidance and practical tools for community mitigation activities and attending to special populations, particularly those disproportionately affected by COVID-19. Dr. Massetti has previously served on several of CDC's emergency responses including Ebola. Second presenter today is Miss Harris-Aikens who's a Senior Advisor for Policy and Planning in the Office of the Secretary at the US Department of Education. She served as Senior Director for Educational Policy and Practice at the National Education Association where she advocated for students, educators, and working families to support equity, excellence, and education, and to ensure working families have the right to organize and the opportunity to thrive in our global economy.

Before we move to hearing their presentations, we do have a couple of polling questions we'd like to ask you as you see on-screen now. So, Shoshana can cue those ones with radio buttons. Here we go, on-screen for you now. The first question asks about your role. Are you a teacher, a school staff member, school administrator, education agency staff, a public health professional or other? If you select "other," if you don't mind, could you drop your role in the chat for us, so we get an idea of who's joined us today. If you use the scrolling function on the right side if the whole second question isn't showing, you'll see all of it. We want to know the form of instruction that's currently in practice in your community. Are you fully in-person instruction, a hybrid approach, or fully virtual? Well, thank you.

Boy, we're seeing numbers that are coming in well here. Thanks, I appreciate that. Those are really helpful to our presenters to get an idea, both of who's joining today and also what the realities are for the communities that are with us about the instructional methodology that's being employed in your communities now. Hybrid is kind of winning the day so far in that department, followed by fully virtual, and 10% of you staying fully in-person.

Okay, I think that looks like the responses have started to slow down. Give it just another 30 seconds or so, for people to weigh in, and then we'll show you the results. Fifteen seconds or so. [Pause] Okay. So, Shoshana, I think it looks like things have sort of finished there. We can show those results? Okay.

What you're seeing in terms of roles is, the school administrators lead the way with 33%, followed by education agency staff. "Other" are tied, and then smaller percentages for the other functions we see here. Again, thanks if you're in the "other" category for putting that into the chat box. Then, yes, the hybrid approach won the day for the instructional methodology that we're most seeing. That will help Greta and Donna as they make their presentations today. Okay, great. We'll close out of that, and we can move to the next slide.

At this point in time, I will turn the event over to Dr. Massetti. Greta, welcome to you and thanks for being with us.

Dr. G. Massetti: Great. Thank you so much and thank you for having me. Thank you for that introduction. It's really helpful to see who I'm speaking with today. I know a lot of you are educators, and I'm going to just say one thing that I've said in many of the webinars I've had the pleasure of presenting on in the last three to six months and that is, you all have an exceptionally challenging job these days. It's always difficult to be an educator, but it's particularly difficult in the context of COVID. I really appreciate all the efforts you're putting into creating safe and healthy learning environments for students. So, the next slide, please.

Great. I'm just going to talk to you a little bit today about CDC's K-12 Operational Strategy, kind of how we got to this place, what the thinking is behind it, what the science is behind it, and I'll just touch on a few of the core components of the strategies. Next slide, please. I'm going to share a little bit about some data and statistics, and then I'll talk very briefly about our science brief which also got released on Friday and then the operational strategy.

This past Friday, CDC released two key resources; a science brief on "SARS-CoV-2 Transmission in Schools" and an "Operational Strategy for K-12 Schools through Phased Mitigation." The science brief is kind of what we're calling our scientific backbone, right? What we did is we looked at all of the science. We read every paper that had been published in the past year on COVID-19 among children and adolescents, and what we know about how children experience COVID disease. Then we also looked at what are all the papers that have been published, all the studies have been published on SARS-CoV-2 transmission in schools. Let's put it down all together and let's see what we've learned. That is the starting point, and then based

on that, we built out the strategy to reflect what the science says. I'll tell you a little bit about all of that today. Next slide, please. You just jumped. That's right.

Just a little bit about where we are today. As of February 16th, which was just yesterday, we've had more than 602,000 cases in the last seven days of COVID-19 in the United States, and that includes 21,000 deaths. The numbers are still at relatively high-levels in the United States, but we have seen some decline since late December, which is really good news. We're hoping that that trend continues. At this point, we are unfortunately at 485,000 deaths in the United States due to COVID, and with the increased availability of vaccines, we're really hoping that we can continue to see improvements in the rates and trends in COVID over time. Next slide, please.

We're mostly here to talk about children and what's known about children and then how that informs schools. I wanted to talk a little bit about what we've learned about the epidemiology. This is a slide from a study that CDC published in early January that basically emphasizes that although children can be infected with SARS-CoV-2, they can get sick from COVID-19 and can spread the virus to others, really, only about 10% of all COVID-19 cases in the United States have been among children and adolescents in the school-age years, the 5 to 17 years. We also know that compared with adults, children and adolescents with COVID-19 are more commonly asymptomatic or have mild or non-specific symptoms. Then even when they are asymptomatic, they can spread disease to others. We also show that, generally, reported incidents and positive test results among children ages 0 to 10 years are consistently lower than those in older age groups, those teenagers. We are starting to see some evidence over time that teenagers and children experience disease differently. Next slide, please, and you can go on to the next one, too.

Evidence suggests that children have lower relative susceptibility to infection and disease than adults. There's lots of potential reasons for this including biological mechanisms and potential differences and exposure, but based on the data available, we are finding that in-person learning in schools has not been associated with substantial community transmission. As schools have reopened, when we looked at those places where school's reopening, we're not seeing disease increase in a concurrent way in the community setting. We also are finding that students, generally, are not the primary sources of exposures to SARS-CoV-2 among adults in schools. Generally, when there is secondary transmission or spread within a school

setting, what we're seeing is it tends to spread staff to staff or adult to adult more commonly than it spreads from adult to child, child to adult, or child to child. That kind of tells us where we need to strengthen mitigation strategies and the risk of transmission. Also, when we looked at the data, we're finding that, generally, the types of activities within a school that could pose the greatest risk of school-related transmission are those activities where individuals cannot either maintain physical distance or wear face masks consistently and correctly, or both. Those are the types of things like social gatherings and extra-curricular activities. Next slide, please.

This is just kind of a few highlights of the studies we called on. The first is a whole grouping of US-based international studies as well as some investigations that have found that when proper mitigation strategies are in place, K-12 schools can open for in-person learning with minimal in-school transmission. We also are finding that to maximize in-person education, high contact athletic activities should be postponed during periods of high levels of SARS-CoV-2 community transmission. Those activities where people cannot mask and cannot maintain their physical distancing, when we can minimize those to protect in-person instruction, that's really critical. Next slide, please, and you can just move on, yes.

Essentially, the operational strategy is what we call our one-stop-shop. It is a package that brings together all of our guidance. We have many more guidance pages and documents throughout our website that provide a lot of details into various components and mitigation. The operational strategy pulls it off together and integrates it and provides a pathway for schools to reopen for in-person instruction and remain open. It's really intended to help school leaders and decision-makers make decisions about when and how to provide in-person instruction, and then it really emphasizes this idea of layered mitigation when we have more than one mitigation strategy. We can really limit school transmission. It is not a mandate for in-person instruction and instead to provide a list of resources. Next slide, please.

One of the key concepts that's integrated throughout the entire strategy is this idea of health equity and how health equity considerations need to inform planning for in-person instruction. The absence of in-person education may disadvantage children from low-resource communities, and really, the emphasis is that in-person instruction in K-12 schools must consider efforts to promote fair access to healthy educational environments. So, in every component of the strategy that I'm going to talk about today, the actual strategy document has recommendations, suggestions,

and concrete actions that leaders can take to promote health equity in providing in-person instruction. Next slide, please.

The main meat of the strategy is this idea of these essential elements. Evidence suggests that many K-12 schools that had strictly implemented mitigation strategies have been able to safely open for in-person instruction. Then through the use of three essential elements, we provide this pathway for reopening. The first is the consistent implementation of layered mitigation strategies, this idea of indicators of community transmission, and then phased mitigation which brings those two together. Then, we talk a little about additional layers of prevention which include testing and vaccination, which I'll get into a little bit. Next slide.

The strategy talks about these core concepts which are our guiding principles for reopening and those are that schools should be the last setting to close and the first to reopen. We really need to protect the roles of schools in communities. We really want to emphasize that at all levels of community transmissions, schools have options for in-person instruction in this strategy. In-person learning for elementary school students might have less risk than for middle school and high school students, given differences in disease epidemiology for younger children compared to older. We also emphasize greatly that students, teachers, and staff who are at high-risk of severe illness or those who live with people at high-risk should be provided virtual options. Schools are encouraged to use cohorting and potting to minimize risk of transmission. Then, as I mentioned earlier, in-person instruction should be prioritized over sports, extra-curricular activities, and school events. Next slide, please.

For many months, ever since we first released school guidance, we've always relied on our five key mitigation strategies, and they continue to be our five key mitigation strategies. Those are universal and correct use of masks, physical distancing, hand washing and respiratory etiquette, cleaning and maintaining in healthy facilities and contact tracing in combination with isolation and quarantine. The first time, in our guidance, we are really prioritizing or elevating two strategies, and that's because we've gotten lots of questions from educators about, "Well, if I have to pick, which ones are going to be the greatest investment of my time in terms of minimizing transmission?" Those are universal and correct use of masks should be required with few exceptions in schools, and then physical distancing should be maximized to the greatest extent possible. Next slide, please.

The next essential component talks about levels of community transmission. We provide a structure and two indicators of community transmission. One is total new cases per 100,000. That's our case incidence indicator and then the percentage of tests that are positive. Based on these indicators, it provides schools an idea of what are the things that you should be watching out for. These indicators give you an idea of how much disease is in the community. The amount of disease in the community as it increases, it increases the risk that you'll see a case in a school. This is just information that's really critical in understanding how vigilant does the school need to be, how likely is there to be risk of exposure, and so that's a really important set of information to make these decisions. Next slide, please.

We provide this concept of phased mitigation where at all levels of community transmission, we recommend requiring mask use, and also, at all levels of community transmission, we recommend that schools have a plan for providing diagnostic testing through referral or connections to community clinics. Basically, all schools should know if somebody has symptoms in my school building, what should I do? Who do I refer them to? Where do I send them to testing? That's a really important concept. Then at different levels of community transmission, we recommend different levels of implementation of strategies with low and moderate where we really encourage full in-person instruction where physical distancing is to the greatest extent possible. I know I'm going to get lots of questions about this physical distancing in blue and yellow, and orange and red, and our emphasis is in blue and yellow at the low and moderate. You want to maximize the number of - you want a balance both in as much in-person instruction, given that there's low risk of community transmission, with maximizing physical distancing whenever you can. Acknowledging that lots of schools do not have the space to do four feet, six feet. If, for example, in a classroom you have children sitting less than six feet, you might consider making sure that there are six feet between classrooms. That there's no mixing of classrooms or pods, and that the teachers are keeping distance from students. Then at orange or substantial and high levels of community transmission, we emphasize physical distancing more and recommend requiring it. In addition, across the levels of community transmission, there's recommendations around sports and extra-curricular activities where mitigation is emphasized more strictly for those activities so that, again, we can protect in-person instruction. Next slide, please.

Okay. This is a key point that I think has been missed in a lot of the discussion and the follow-up questions around the strategies. The phased mitigation table that I just

showed is intended to provide a general framework for schools to use, but we really encourage in the language of the strategy, for school decision-makers to make decisions about learning modes based on both the levels of community transmission, but also what is happening in your school building, in your community. If you are monitoring cases, keeping track of the number of people in quarantine, keeping track of how well mitigation is going, school leaders may choose to continue to provide in-person instruction at substantial, at high level, even with less than six feet if things are going well and if you have few cases. The idea is to really monitor those trends over time and make these decisions based on your understanding of your local contacts. There may also be situations where there are unplanned school closures such as when there is an active outbreak or if there are schools and communities with rapid rise or cases or persistent rises in case incidents. Next slide, please.

We also had some language around testing. As I've mentioned, we recommend diagnostic testing planning. Not all schools, in fact, most schools cannot provide diagnostic testing, but all schools should have a plan for referral to diagnostic testing. Some schools may also elect to implement screening testing as a strategy to identify cases. This is idea of doing early detection, right? How can you catch a case? What is your best chance of identifying a case before it spreads? There's a recommendation around for teachers and staff. We recommend screening testing weekly for those schools that are doing screening testing and then for students, weekly, starting at moderate levels of community transmission. Next slide, please.

Knowing that there's, in lots of areas, testing availability is low. So, we also provide some priorities for testing. If schools have to prioritize, we can't do everybody. We recommend starting with teachers and staff, then moving to high school students, then middle school students, and then covering elementary school students. That really is going to cover primarily that - that guidance is based on our understanding of the risk of disease and risk of severe outcomes. We also provide some health equity recommendations related to testing. That's really kind of a consideration about - thinking about testing in schools that serve populations experiencing a disproportion of burden of disease, and that maybe those that serve groups that experience disproportionately high rates of COVID-19 like racial and ethnic minority communities and also those schools that are in geographic areas with limited access to testing. We know that there's areas that are being called those "testing deserts" because people can't find a place to get a test. Those may be the areas where testing in a school may be warranted. Next slide, please.

When it comes to screening testing, there's lots of complicated considerations and logistical and feasibility challenges. We touched on them briefly in the operational strategy. There's lots more resources that we're happy to share on that, but we understand that it can be a limiting factor, the need to have a CLIA waiver, mechanism for report test results, the type of staffing, availability of PPE for school nurses, all of these. For that reason, screening testing is not a pre-requisite for reopening. We think that there's strong evidence that suggests that schools can reopen safely even without testing, but it is an added layer of mitigation. Next slide, please.

Another added layer of mitigation or prevention is vaccination for teachers and school staff. We strongly recommend prioritizing teachers under Phase 1B and really are working with states actively and state leaders to really think about their vaccination distribution plans and providing those protections for teachers, but again, like testing, based on the best available evidence, it does not appear that vaccination access should be a pre-condition for reopening schools. All of the evidence that we looked at that said that in-person instruction can be provided safely with mitigation, those studies were all done; the data were collected before vaccination was even available, before an emergency authorization was issued. So, we know that this can be done safely. Next slide, please.

I just touched on the very high-level, high points. The landing page for our school resources, the hyperlink is provided here. We have lots of tools, additional guidance, additional information that's available. I'm happy to share additional resources as needed and then, of course, I can answer any questions as well. Next slide, please.

Essentially, when I just go back to my high-level talking points, the success in preventing COVID-19 in schools begins with and is connected to preventing transmission in communities. We really want to emphasize this idea of implementing a layered approach that adheres to multiple mitigation strategies and that really, ultimately, our goal is to ensure that students, teachers, and staff are protected and safe in schools, and then have the greatest opportunity to have educational access. I think that's my last slide. Yes, I think, at this point, I turn it over to Miss Donna Harris-Aikens from the Department of Education.

D. Harris-Aikens: Thank you, Dr. Massetti. Appreciate that. Good afternoon, everyone. I'm honored to be with all of you today. I've seen a lot of comments in the chat box. I just want to start, first, by saying thank you to all of you. This has been an extraordinary time, and we've seen extraordinary efforts across states, districts, by schools, educators, and families to support students' learning through this really challenging time. We know that many schools have implemented mitigation strategies effectively already to reduce the spread of COVID. These efforts have been remarkable, and we are excited to see them continue.

Despite these efforts and rule at work by educators, this pandemic has led to increased absences, fewer learning opportunities, more students are going hungry, and we know that there are lasting social, emotional, and mental health effects.

So, we had been collaborating with the CDC for quite some time, very closely, to make sure that our guidance is aligned so that we can help get kids back in the classroom. To do that, we know that schools and educators need help. They need guidance, and they need resources. So, the Department of Ed is committed to working with the CDC. This was not an event. This is our effort as soon as we started on January 20th to make sure that we are working very closely with our colleagues across the government so that we have an aligned, clear set of guidance that people can rely on.

We are committed to working with the CDC but also with school leaders, parents, and communities because we know that as communities, we deal with different challenges and different context across the country. There will be opportunity for further conversation, and we want to make sure that we are in the solution mode and making sure that we are learning from you all as well.

So, the goal of our handbook that we released last Friday was literally to supplement the CDC's operational strategy that you just heard about with practical examples and roadmaps. We want to give educators and schools the tools that they need to implement these mitigation strategies to help schools and campuses safely reopen and stay open for in-person learning.

For example, you heard about the mitigation strategies already, but we actually focus on the two that were mentioned before, the universal and correct use of masks in schools, for example, by recommending the use of signs and school announcements

to remind students and staff how to use masks. Quite frankly, just to remind them of the policy to use them throughout the day. It also walks through suggested protocols and policies that schools should consider for students who are not wearing their masks appropriately. Regarding physical distancing, the Department of Education's handbook also details a variety of practical ways that educators and schools can practice physical distancing. I've seen a lot of questions in the chat already, and I know we'll get to that in the Q&A session.

Again, we know many schools are already implementing some of these strategies. We just want to make clear that we not only are seeing it and learning from it, but we want to hear from you all continually as well as more challenges or more ideas come to the floor.

We know that if we group students into pods so that they stay together all day with their core teacher and aides that it actually helps with physical distancing. We also acknowledge that the strategy is much easier in elementary school than it would be in middle and high schools where students typically do not stay with the same group of students all day. So, we also discussed ways to get creative about laying out your classrooms, and using auditoriums and cafeterias for instruction, and how to stagger the use of communal spaces and reconfiguring bell schedules to streamline foot traffic.

So, in addition to the mitigation strategies, the handbook also lays out a roadmap for how a successful school reopening strategy requires on-going and robust engagement with the entire school community. We discussed who should be at the table for these conversations, and we suggest ways that school leaders and educators can conduct individual outreach activities, surveys, or even virtual town halls to engage the community.

We, ourselves, will be undertaking a more robust stakeholder engagement process for not only this purpose, but looking forward to keep you all informed about our plans moving forward and future guidance that's coming down the road. So, we look forward to, and are committed to, partnering with those who are on the ground like yourselves who are steeped in the work of safe reopening. Convened state tribal and local leaders, educators, labor leaders, parents, community members, civil rights organizations to collaborate because we know that all schools and communities are going to face different challenges, and so there will not be "one size fits all" solution

that works for everyone. We want to keep the dialogue open, and make sure that we're having a two-way conversation about the kinds of things that can work.

So, this handbook is just one example of how the department will be hands-on and solutions-oriented both now and in the future. We absolutely look forward to working with all of you, to learn from you, quite frankly, about your experiences and provide the resources and information that you all need as educators work with health officials to make sure that schools can reopen safely, and for those that are already open, that they can stay open safely and support students wherever they are learning.

I also want to reiterate that this is the first volume in a series that we are planning. In the coming weeks, we actually plan to provide more specific strategies to address the extraordinary disruption that was created by COVID especially for historically underserved students and communities that have been hit hardest by the pandemic. Some of those topics will include things like meeting the social, emotional, mental health, and academic needs of students, supporting educator and school staff well-being, addressing lost instructional time for students, extended learning time, bridging the digital divide and so much more.

In addition to this guidance, as you all may know, President Biden is calling on Congress to provide additional funding in the American Rescue Plan to provide the critical resources that are needed to support this effort. That would include resources from masking, from ventilations, smaller class sizes and cleaning. It would also provide funds to address the impact of COVID on a social, emotional, mental health, and academic needs of students. Schools absolutely need these resources, and I know you all know this as they address challenges around reopening and staying open safely. We hope Congress will actually deliver on the president's request in this regard.

So, I will close by saying a huge thank you to Dr. Massetti and all of her colleagues at the CDC for their leadership and for laying out a clear operational strategy around when and how to safely reopen. We know that this has been a big challenge, and the Department of Education remains truly committed to working not just with the CDC, but with you all and other stakeholders to make sure that we're providing the resources and the guidance to help. So, thank you all very much for your time. Back to you, Tim.

Tim Duffey:

Thank you, Donna. We are very close to moving into the question-and-answer period. I've been paying attention to the chat as well. I know there are a lot of questions rolling in there. We're doing our best to consolidate and collapse for the time that we have available.

Before we get to those, we do have one final polling question for all of you as participants. So, Shanna has just posted that for you here. To help inform work going forward that the Department of Education and CDC are collaboratively working on, could you let us know the topics you feel that additional information is most needed on? You can pick more than one here. So, if you have a priority topic you might want to select that one or two, but where do you see the greatest need being from where you sit in the world right now in terms of these five options that are presented on screen? I just want to mention again how much we appreciate your responses to these polls. They're very helpful to all of us as we move this work forward, so thank you for taking the time. They're still flowing in at a good rate, so we're going to let it keep rolling for at least another 20 seconds or so, see how quickly you all can read and respond to this poll. [Pause] Thank you. Still, we're up at 830 total votes in some of these categories. That's very good. Thank you for letting us know. All right. We're in the closing 10 seconds of the poll, so now is the time to let us know your preferences. Okay, we're going to end that poll now. So, Shanna, I'll let you do that for us. There we go. So, Greta and Donna, interesting little slice here for you to see before we move on. So, the final topic, "Vaccination for Teachers and School Staff," and saw a number of questions rolling about that in the chat, but that seems to be our winner today here followed by the top one, "Consistent Implementation of Layered Mitigation Strategies." I mean, a reasonable amount of interest in all those topics actually. Okay, we will save that information and be considering that as we move forward, so we'll close that now. Okay, and move on to the question-and-answer period.

So, Donna, you mentioned you've been watching the chat, and Greta, I bet you were when Donna was presenting to get some idea what's in there. I'm going to start, Greta, with a question that probably is most relevant to you if you don't mind responding to that. Then, we'll go to Donna, and we'll rotate between the two of you with some of the questions here. Greta, this question is, how does the updated guidance compare with the previously issued guidance the CDC has provided?

Dr. G. Massetti: It's a great question. There's a few kind of novel pieces and a few things that are same as always. We've had guidance for schools. We've had guidance on mitigation. We had guidance for schools on testing. We've had the recommendations from the Advisory Committee on Immunization Practices on vaccination. This is the first time one of our documents braids those altogether and provides recommendations on how to put them together, and what to emphasize at what stages, and how to take this concept of the level of disease in the community into account. So, that's the main new part.

The other aspects are this idea of emphasizing masking for the very first time in any of CDC's guidance in the last year. This is the first document we've said we recommended requiring use of masks rather than encouraging people to wear masks. That is really emphasizing the building, the continuing evidence on the effectiveness of masks both to the wearer and to the person that is maybe a close contact.

Tim Duffey: Great. Thanks for that clarification, Greta. Donna, the first question I'll pull from here for you. A lot of schools that are open are concerned, then they look at the guidelines and say, "We don't need this. We need to close." How would you respond to those thoughts?

D. Harris-Aikens: Thank you, Tim. I would actually go back to something that Dr. Massetti said earlier. These are mitigation strategies. They are meant to be layered together. So, think of it like a puzzle. If one piece doesn't quite fit or can't quite put it in place appropriately, everything else needs to be solid. That's the way we are thinking about schools that are looking at these mitigation strategies and thinking that they're not quite hitting the mark. The goal is to get as close as possible which is why Dr. Massetti, I believe, and I won't speak for her, mentioned the masking and physical distancing. If you're going to choose, the most impactful ways to implement these mitigation strategies is to focus on those two.

Also, I should mention that the guidance is just that. It is guidance. It is not binding. It is not a new statute, and so we are not only providing guidance, we're actually seeking learnings from across the country around how to implement these strategies in ways that actually are effective and making sure that students and staff are actually safe in the building in a variety of context. Again, I would just say, for the Department of Education, this is the beginning of our conversation with stakeholders, and we look forward to learning from everyone, not just those that have already

reopened, but those who are grappling with these issues right now and trying to figure out how to implement these layered mitigation strategies. We want to hear from those folks as well.

Dr. G. Massetti: If I could just jump in and underscore one point.

Tim Duffey: Yes.

Dr. G. Massetti: I think that answer was perfect. I want to also emphasize that the strategy very clearly specifies that for schools that are already open and are providing in-person instruction, if things are going well, if you're monitoring cases, you're doing masking, you have an opportunity to strengthen mitigation strategies. Even at high levels of community transmission, we're not recommending closing. We're saying, "If things are going well, you may decide to reopen." For those schools that are not open yet and are thinking, "Well, are the conditions ready for us to open?" There are opportunities for those schools and to think about maybe hybrid instruction. It's this idea of walk first then run, right? Kind of, what can we do in safe conditions?

Tim Duffey: Wow. Greta, what an amazing job of pre-answering a question. [Laughter] Precisely, I was going to ask you something related to that as a follow-up. So, way to go. Kudos. Bonus points to you. Instead, I'll defer to this one. What if we've been open since the start of the school year, are any changes required for us in that situation?

Dr. G. Massetti: I would say it's an opportunity to take a temperature check and say, "How well are things going? What can we strengthen? What can we tighten up?" We have some monitoring and evaluation tools on the CDC website that have checklists and resources for schools to use, to inform, and to be able to identify, "What are those gaps? What can we really emphasize?" If there are schools that are currently in areas of high community transmission, if you're providing in-school instruction fully, and you're not able to implement physical distancing at six feet between all persons, rather than maybe thinking about closing, but think about, what are all the places where you can implement six feet of distance, right? Can you make sure that you're avoiding those close contacts between teachers when you can? If you have students that are sitting in opposite sides of the classroom, can you make sure they stay six feet apart from each other? So that the number of contacts that any individual student has is minimized to the greatest extent possible.

Tim Duffey: Thank you. Donna, actually, the next question I was going to direct to you is it ties directly to what Greta was just speaking about because there are some - if you've seen this in the chat, I think a lot of schools that are feeling like the six-foot requirement is, well, essentially an impossibility given the way their buildings are organized. Does the Department of Education think that schools that can't keep that distance of 6 feet in all cases should remain closed to in-person instruction? What would you want to add to that discussion?

D. Harris-Aikens: I think what I want to add to that discussion is a couple of things not just based on the question, but what I'm seeing in the chat. One, being open includes in a hybrid status, meaning if you're in hybrid status, we would consider that to be a version of open for lack of a better way to put it. It is a strategy for making sure that you are able to get as close to six feet as possible or to the six feet standard as possible.

I would reiterate that this, again, is guidance, so we are not asking a school to close. We're not asking them to open. It is literally a set of recommendations for people to think about as they are - try to make sure everybody stays safe. So, if you're already open, again, we would ask you to do an assessment of how well things are actually going. I would also say that this is not just a factor of how the school is doing. It's a factor of how well the community itself is doing. So, I do want to stress that this is - I know we're talking about schools reopening and/or staying open at this point, but it is all tied to what's happening in your community which is why there's not going to be a one size fits all recommendation that works for everybody because every place is a little different during the pandemic. Quite frankly, it was different before the pandemic, so certainly, things have been exacerbated since then. So, that's what I would say. I know it doesn't meet the needs of everyone who's looking for a very specific answer and/or those who are looking for a mandate, but this is guidance. It is not a statute.

Tim Duffey: Thank you for that important reminder for sure. Greta, the next question for you relates - it's a ventilation question. Should school stay open if their only form of ventilation is open windows, and it's the middle of winter, particularly with some of the weather that much of the country has been experiencing of late for example?

Greta Massetti: Yes. Lots of questions we've gotten over the last several days on ventilation. So, ventilation, in the context of our guidance, ventilation is one component of that cleaning and maintaining healthy facilities strategy. It is important, but again, it's

one of those areas where you do the best you can in maximizing the greatest extent possible. What I mentioned about vaccination earlier that there have been studies that have been done that found that in-person schooling could be safe even without vaccination. The same is applied to ventilation. Several of those studies were done in schools that were very old and had not updated their ventilation systems. So, it is possible to provide safe in-person instruction without major upgrades to ventilation.

The other thing that I mentioned is we do have a “maintaining buildings.” I think it's “maintaining buildings” page that is linked if you look at - on the strategy, there's a bullet that talks about ventilation. It has a hyperlink. We're going to try to elevate that because there's been so many questions, but it has lots more information on strategies for ventilation including opening windows, but also changing filters and basically what can be done to provide some suggestions.

Tim Duffey: Super. Thank you, Greta. Donna, there's a question related to the state of in-person instruction nationwide. We asked that polling question at the beginning and got the sense about that for the people that are online today, but the question relates to what you're seeing nationally from the Department of Education about the current status of in-person instruction. How many schools are open to that form of instruction currently, do you think?

D. Harris-Aikens: Interesting question, and I think it's fair to say we actually don't have a number that we can rely on at the federal level. There are several organizations that have been collecting data, but that is part of the reason why the Department of Education and more specifically, the Institute of Education Sciences on February 5th announced that it's going to start collecting data on students in the status of in-person learning. So, that collection, I believe, opens next week. It will look at things like how many of the schools are open in-person, which ones are in hybrid status, which ones are fully remote, enrollment by those instructional modalities and disaggregated attendance rates, also disaggregated, the frequency of in-person learning. Does a student have access one day a week, two days a week, four days a month? Average numbers of hours of synchronous instruction, what kinds of student groups are actually prioritized by schools and/or districts for in-person learning? Is it elementary schools that come first? Is it students with disabilities?

So, trying to get a very solid baseline of what is actually happening across the country that we can rely on, quite frankly, so that we can start making decisions about the

support that is needed moving forward and to help bolster the case that we need to be making decisions based on the data that we have. While we invite and actually, want to hear stories from all over the country from a variety of people about what's happening and the impact of COVID and/or COVID in schools, we actually do need federally collected data, and so we will start that this month. We'll have results at some point in March. We'll be doing that from now and through the end of spring at minimum which will set up a larger collection that will come later in the year. Thank you for that question, but it is definitely a gap in our decision-making is that we don't have a federally collected data point at this point, and so we are trying to fill that gap.

Tim Duffey: Thank you. Yes, a lot of good information in that response. I appreciate it. We have time, I think, for one more question for each of you. Greta, back to you in this ping pong game. It's a PPE question for you this time since we're going by category. What do you have to provide for information about the need for students to be wearing masks outside during recess or outdoor instruction?

Dr. G. Massetti: In terms of the science, what we know is that transmission outdoors is relatively rare. It can happen, but it is much less likely than transmission indoors. Then when you're outdoors, of course, it's a lot easier for students to stay six feet apart. So, in terms of guidance on students not wearing masks outdoors, I think it's one of those areas where there may be an opportunity for schools to have mask breaks. Of course, I would encourage schools to exercise caution there because then it's going to require very close monitoring to make sure kids aren't then sitting right next to each other or talking closely outdoors because as I mentioned, transmission can happen outdoors, right? It's less possible. So, it's just one of those aspects that teachers and schools are going to need to think about in terms of the potential benefits and risks of giving students a mask break or an opportunity to stay farther apart, but also what it will take to make sure that their kids are staying farther apart.

Tim Duffey: Super. Thank you, Greta. Donna, the last question I'll drop to you, there were a number of questions as you noted in the chat about teacher or staff vaccinations so kind of like a combo question here from the department's perspective. How should teachers be prioritized in terms of receiving vaccine, and part two of that is does the department think the school should reopen without teachers getting vaccinated?

D. Harris-Aikens: Yes. So, I know questions will continue to come in, not only questions but concerns, about this very topic. This is one place where states are handling it very differently, actually, states and districts. We are following the CDC's guidance in this phase, and they have - as Dr. Massetti has said, the CDC has said before it is but one part of the set of mitigation strategies that need to be handled together, and educators, in our view, should be prioritized. Again, it is one part of the mix of things that need to be happening and that need to be considered when you think about whether to either reopen and/or stay open in the midst of changing context, particularly health context in your community.

Tim Duffey: [Pause] Great. Thank you, ladies. I wanted to mention, too, that in addition to the questions I have noted that the great level of interchange of ideas, of people offering up their experience on the chat to others, other colleagues in the profession. They cannot go without being said about how resourceful educators are, and I think that's good evidence of that. So, I really want to thank you, Greta and Donna, for the excellent information that you've shared with us today. Thank you so much for that.

As we close, we're posting a link for the feedback form on screen that you see right now. I encourage everybody that attended today to take just a minute or so to provide us with some feedback on today's session. In addition, please visit our website, the National Center on Safe Supportive Learning Environments' website. If you Google, "Safe Supportive Learning," you'll find us, and that's where you'll find today's presentation that will be posted there usually within 24 hours or so, the recording. In addition, the links in connection, especially Greta, I know, provided a number of those in her session. Those will be provided there as well if you didn't catch them then as well as a PDF version of the slides for you. So, look for all of that on our website.

As a reminder, we'll be capturing all of the questions including those we didn't get to today from the chat, and we'll be making sure that those find their way to the CDC and the Department of Education for continued consideration as we progress with a series of webinars in the next few months.

If we can go to the next slide, again, my sincere gratitude, Greta and Donna, to the two of you. Thanks for all of the content you covered today, and many thanks to the 1,300 or so people who joined us this afternoon and asked such wonderful and insightful questions, and again, also did some great collegial sharing online.

[Laughter] That was greatly appreciated. You all provided us with great information to inform webinars that will be coming up in the next few months.

We will leave this Zoom link open for three more minutes from the time we sign off to allow you to click on the link to our website if you wish to go there, also to complete the feedback form we provided to you and/or to post any additional questions or comments in the chat. So, that will be available for you for just a few more minutes.

We greatly appreciate your time today and thank all of you for what you do to provide students with safe, supportive learning environments. We greatly appreciate you, who you are. It's an honor to be with you today. Have a great afternoon everybody.