

Lessons from the Field: Safely Reopening and Sustaining In-Person Instruction March 31, 2021

Sandy Williamson: So, before introducing today's speakers, we'd like to launch two polling questions to just get a better sense of who's joined us today and what form of instruction you're seeing in your community. So, if folks could respond, that polling question will be posted. I see people are responding. Thank you. We appreciate those from the other category who are entering their information and what role they represent in their community. Okay. We're going to close our poll and see the results, and you should be able to see it on your screen. So, it looks like that the majority of attendees today are education agency staff, followed by the other category with many examples in our chat box there. Thank you. Then within your community, it looks like 62% of you are part of communities that have a hybrid model, 16% remain virtual only, and 22% of you have reopened in person. So, thank you so much for answering our poll. We really appreciate it. Okay. This information is really helpful for our speakers today and their presentations, and it really gives us a better idea of who's receiving the information. With that, we will close the poll, and I would like to introduce you to Christian Rhodes. Christian is the Chief of Staff for the Office of Elementary and Secondary Education at the US Department of Education. As Christian introduces the other speakers, please note that the bios for all of our speakers are archived on our event web page, and you can check those out after today's event. Christian, you're all set.

Christian Rhodes: Thank you so much, Sandra, and thank NCSSE for their outstanding work in helping pull together this great resource for districts across the country. My name is Christian Rhodes, and I look forward to engaging in a pretty robust discussion. I'm really delighted to kick off this webinar series. It's been a labor of love looking at ways to really uplift practices of what's happening across the country as we hear from those who are directly in the field. A lot of conversations have been held across the country over the last couple of months from experts in which we'll hear from. We do know that the people who we should be hearing from the most are those who are in the fields. We're excited about the opportunity. I do want to acknowledge all of those who took the time to listen to this conversation, engage. Please provide your questions. Continue to tell us where you're from in the chat. This information is vital for us. We're just so thankful for those who have participated.

We're going to hear from some amazing experts who have been doing the hard work of figuring this thing out. I'm extremely excited. We do have a message from our secretary, Dr. Miguel Cardona, who will be talking about, and you'll hear it in his voice, the excitement around his work, and how we can really share the best practices that are happening and uplift that work across the districts and across our country.

We're also going to be hearing from a colleague of ours from the CDC Neha Cramer, who really is on the front lines working to try to improve the recommendations and practices that schools can adhere to and that's what they've been doing. She has an ear to the ground, and I'm excited to hear from her.

Then we're going to really hear from two practitioners, two districts, that are doing the hard work, the Secretary says the messy work, of the reopening schools safely for in-person instruction. You'll be excited to hear from them because it's clear that their focus is on their students and educators and how they can get them back into the classroom safely because we know that our students learn best with in-person instruction.

Our hope today is that our audience will have a more clear picture of some of the promising practices that are happening on the ground in real time, in real life, and feel better equipped to reopen schools safely and quickly in their own district. So, I just want to thank you again. I know there's a lot of things that are happening, a lot of things you could have been doing today. We appreciate it. We don't count it lightly at the department. With that, I'm going to pass it on to our secretary, Dr. Miguel Cardona, for a welcome to this webinar.

Miguel Cardona: Hello, I'm Miguel Cardona, and I have the honor to serve as your secretary of education. Today, we launch a new webinar series, *Lessons from the Field*. A series focused on creating authentic conversations about how leaders from across the country are tackling safely reopening schools and campuses, sustaining in-person instruction across all grade levels, and addressing students social, emotional, and mental health and academic needs. This series in our broader work of creating a best practices clearinghouse is meant to highlight the great work that is being done all across the country and to allow other leaders to hear from and listen to their colleagues, ask questions, and form long-lasting relationships as we work together. This work is hard, and it's messy, but we know it's vital to ensuring our students

receive the education they deserve. I, like you, know we learn best from each other, and I want to create spaces where that can happen regularly and authentically. So, thank you again for participating today, and I look forward to hearing from you in the weeks and months ahead on how we at the Department of Education can better serve you as we each serve our nation's future.

Christian Rhodes: Again, we just want to thank Dr. Cardona, and I'd be remiss if I didn't state to you that the title of the series, *Lessons from the Field*, actually came directly from him in some of the early conversations; as he was confirmed and torn in, he talks about regularly that he learns best from those who are on the ground, and he wants to figure out how to get those lessons uplifted and identify those best practices. So, thank you again, Mr. Secretary. So, with that, we're going to turn it over to our colleagues over at the CDC. I just want to publicly thank them for their partnership. We've been working together a lot, and we're just thankful that we have great partners over there who really care about the best interest of our students, our educators, and families. So, with that, Neha?

Neha Cramer: Awesome. Excellent. Thank you so much. Thank you, Christian and all, for having me on. So, as Christian mentioned, I'm Neha Cramer, and I lead the Schools Unit as part of our Community Interventions and Critical Populations Task Force as part of CDC's COVID-19 emergency response. All right, and this is just a disclaimer slide. Great.

So, on March 19th, CDC updated its operational strategy for K through 12 schools through phased prevention. The operational strategy reflects current evidence on COVID-19 among children and adolescence, and what's currently known about SARS-CoV-2 transmission in schools, as summarized in our science brief on the transmission of SARS-CoV-2 in K through 12 schools. This strategy presents a pathway to open schools for in-person instruction and help them remain open through consistent use of prevention strategies, especially universal and correct use of masks and physical distancing.

So, as communities plan safe delivery of in-person instruction in K through 12 schools, it's essential to decide when and under what conditions to help protect students, teachers, and staff, and slow the spread of SARS-CoV-2, the virus that causes COVID-19. Studies show that K through 12 schools that used prevention

strategies were able to safely open for in-person instruction and remain open with limited spread of SARS-Cov-2.

So, on March 19th, we came out with an updated version of the strategy, and the main recommendation that we revised was around physical distancing. So, we revised that in which now reads as using three feet between students in classrooms and using cohorting whenever possible. In areas of high community transmission, middle and high schools that cannot use cohorting should place students at least six feet apart in classrooms. Times when we should maintain six feet of distance are between adults and other adults and adults and students when masks cannot be worn during activities when increased exhalation occurs such as singing and in common areas.

Some other changes we made. We're removing the recommendation for physical barriers, we added guidance on interventions when clusters occur in schools, and we also added a consideration for schools to use screening testing for sports. This resource is complemented by the US Department of Education's handbook on strategies for safely reopening elementary and secondary schools.

So, evidence suggests that many K through 12 schools that have strictly implemented prevention strategies have been able to safely open for in-person instruction and remain open. So, our strategy includes three essential elements for safe in-person learning. The first is consistent implementation of layered prevention strategies, indicators of community transmission to reflect level of community risk, and third, phased prevention and learning modes based on levels of community transmission.

We also include two layers of COVID-19 prevention, which is testing and vaccination. So, I'm going to talk a little bit in detail about each of these essential elements and the two added layers of protection. Okay, so at any level of community transmission, all schools have options to provide in-person instruction either full or hybrid through strict adherence to prevention strategies. K through 12 schools should be the last settings to close after all other prevention measures in the community have been employed and the first to reopen when they can do so safely. Schools should also be prioritized for reopening and remaining open for in-person instruction over nonessential businesses and activities. In-person instruction should be prioritized over extracurricular activities, including sports and school

events, to minimize risk of transmission in schools and protect in-person learning. In lower incidence of COVID-19 among children, among younger children rather, compared to teenagers suggests that younger students, for instance in elementary school students, are likely to have less risk of in-person transmission due to in-person learning rather than older students, those students who might be in middle or high school. Schools are encouraged to use cohorting or podding of students, especially in moderate substantial and high levels of community transmission to facilitate testing in contact tracing, as well as to minimize transmission across pods or cohorts.

The absence of in-person education may disadvantage children from under-resourced communities, including those with large representation of racial and ethnic minority groups, English learners, and students with disabilities. In-person instruction in K through 12 schools must consider efforts to promote their access to healthy educational environments for students and staff. Health equity considerations were built into all aspects of our K through 12 operational strategy.

So, regardless of the level of community transmission, all schools should use and layer prevention strategies. So, here, you'll see five key prevention strategies that are essential to safe delivery of in-person instruction and help to mitigate COVID-19 transmission in schools. So, first, you can see it's the universal and correct use of masks, physical distancing to the extent possible, and this could include implementing things like cohorting, staggered scheduling and alternative schedules to achieve physical distancing, hand washing and respiratory etiquette, cleaning and maintaining healthy facilities, and lastly, contact tracing in combination with isolation and quarantine in collaboration with the health department. All prevention strategies provide some level of protection and layering these strategies and implementing them concurrently provide the greatest level of protection.

CDC also has a school mitigation toolkit that's posted on our website. This toolkit includes resources, tools, and checklists to help school administrators and school officials prepare schools for in-person instruction. These tools and resources include aspects for addressing health equity considerations, such as class sizes, internet connectivity, access to public transportation, and other topics.

In schools providing in-person instruction should prioritize two prevention strategies. The first being universal and correct use of masks, it should be required

at all levels of community transmission, and physical distancing should be maximized to the greatest extent possible.

The school administrators working with local public health officials should assess the level of risk in the community since the risk of introduction of a case in the school setting is dependent on the level of community transmission. So, here on this table, you'll see the use of two measures of community burden to determine the level of risk of transmission. These two measures should be used to assess the incidence and spread in the surrounding community. For example, the county. Transmission level for any given location will change over time and should be reassessed weekly for situational awareness and to continuously inform planning.

Okay, so this table presents an operational plan for schools that do not offer screening testing either on the premises or through a collaboration with a community service or Department of Public Health. The prevention plan emphasizes prevention at all levels of community transmission with, of course, particular emphasis on school policies that require the universal and correct use of masks. Okay, so here, when schools implement testing combined with key prevention strategies, they can detect new cases to prevent outbreaks, reduce the risk of further transmission, and protect students, teachers, and staff from COVID-19. So, at all levels of community transmission, schools should offer referrals for diagnostic testing to any student, teacher, or staff member who is, of course, exhibiting symptoms of COVID-19 at school.

Some schools may also elect to use screening testing as a strategy to identify cases and prevent secondary transmission. Screening testing is intended to identify infected individuals who do not have symptoms or prior to the development of symptoms who may be contagious so that measures can be taken to prevent further transmission. So, when determining which individuals should be selected for screening testing, schools and public health officials may consider prioritizing teachers and staff over students, given the higher risk of severe disease outcomes among adults. In selecting among students, schools and public health officials may prioritize high school students, then middle school students, and then elementary school students. Public health officials and school administrators may consider placing a higher priority for access to testing in schools that serve populations experiencing a disproportionate burden of COVID-19 cases or severe disease.

So, many of you are probably aware by now, but the president declared March as teacher and school staff vaccination month on March 2nd. So, all states had to immediately make teachers, school staff, and childcare workers eligible for COVID-19 vaccination across all vaccination providers. So, minimizing barriers to accessing vaccination for teachers and other frontline essential workers, such as vaccine clinics at or close by the place of work are optimal, and access to vaccination should not be considered a condition for reopening schools for in-person instruction. Even after teachers and staff are vaccinated, schools need to continue prevention measures for the foreseeable future, including requiring masks in schools and physical distancing.

So, CDC as you all I'm sure aware has numerous school tools available to assist with your work for our communities. You can always visit our CDC COVID Schools and Childcare website for the latest information from CDC. Here, you'll find some additional resources for parents, guardians, and caregivers. Also, above that, you'll see the landing page for our Schools and Childcare page where you can navigate to all these resources from there. Right, back to you, Christian. Thank you so much.

Christian Rhodes: Thank you so much for the outstanding information and thank you for the way that it's simple and understandable. I know that we have provided the link for this information and some of the resources that are available.

I got a chance to look through the chat. I just want to acknowledge some of our colleagues and partners from across the country and the world. I found assistant principal from Saint Croix, United States Virgin Islands. Thank you for joining today. Colleagues from Hawaii. Aloha. Also saw some colleagues from Guam. So, thank you so much for engaging, continuing to look through, and just thank you all for kind of it showed the importance of this conversation.

I'm now excited to really turn it over to I think some of the heroes and sheroes of public education right now. Those are the men and women who are leading districts across the country. It's tough and difficult as the Secretary said. The messy work of safely reopen schools for in-person instruction, and we should acknowledge that, across our country, our educators have done an amazing job of reimagining and reinventing education as we know it. Our leaders have done an outstanding job of shepherding the resources, the talent, and sometimes just the goodwill of the community to support this effort. So, we're excited to have some

of those best practices and individuals who we can learn from and glean information from, and we're just thankful that they accepted our opportunity to speak today.

So, I'd like to introduce you to Dr. Victor Simon from Gower School District 62 in Illinois and Dr. Diana Greene from Duval County Public Schools in Florida. So, welcome to both of you. Before we really get into the question-and-answer period and invite our friends from the CDC to join us, I'd like to ask each of you just to provide a little bit of context about your district and what reopening looked like for each of you. Dr. Simon, let's start with Gower District 62.

Victor Simon: Sure. Thank you, Christian, and thank you for having me, and thank you, Neha, for the information validating, to say the least, to hear some of that information, as we're getting ready to present some of the promising practices we have here from the field. Also, appreciate the fact that we know and recognize that it is a messy work and not perfect.

We're a relatively smaller suburban school district right outside of Chicago, about 20 miles right outside of Chicago, and happy to go through some of our slides. I know that Dr. Greene and I haven't had a chance to meet personally or in-person yet, but we did get a chance to meet virtually.

So, let me just tell you a little bit about lessons from the field from our perspective. When we start to think about a school district like ours, which is preschool through eighth grade, I know that could tune out some people right away in terms of a high school setting, but as Christian mentioned, there's gleaning to be had about some of the lessons that we've learned. You can see some of the demographic information that we have there for our individualized student programs, as well as a diverse community in terms of racial and ethnic diversity as well. A lot of this information, of course, available online, rather spend more of my time talking about what we're doing to stay, how to get open, and how we've stayed open so far this year.

There is some context to be added. Like all school districts that are joining here and that are in the country, we're a unique school community, and we're built to serve the community we're in. If that sounds obvious, that's a good thing in the sense that we're built to serve 100% of the students that are enrolled and provide

services for our families in our community at-large. That being said, I think there are some things to be gleaned again from what we have here in our school district in Illinois.

Our plan works for our community. It's shared as one, as Christian has mentioned already. I think that the mentality or the mindset that's required is one that's growth-based, a growth mindset, not fixed. What we're looking at here is an, okay, how does this work maybe in my school district? Okay. I heard that, I acknowledge that. How might that apply in our school district? I think that's an important mindset to approach this work with. Instead of what we hear often, which is more of a "yeah, but" approach. Yeah, but we're much bigger. Yeah, but we're smaller. Yeah, but we're urban. Yeah, but we're a high school. You get the point. The idea about a growth mindset, I think, is really, really important here because as Dr. Cardona suggested early on, it's messy work.

So, that being said, we've been open full in-person for a full day, full in-person. For all those that want to choose to be here, we have a choice option. We're at about 90% of our families that have selected to be in-person, and we're open since August 21. That was our first day of school. We're in DuPage County, Illinois. So, Neha suggested already some of the transmission rates and what that looks like. To give some context for us in our school district, we crossed a substantial threshold prior to school starting and have been above that level ever since. In fact, in October, early October, we crossed the high transmission threshold of 100 students, or 100 cases, I should say, out of 100,000 individuals in the county and have not gone underneath that number. That threshold upped since. In fact, there's some high watermarks of 500 and 600 in fact in November and December. All that time, being able to have these layered mitigation approaches that were mentioned earlier have really proven to pay dividends.

This is messy, and it is difficult. We've had 100 cases at least, plus, in the school year. In a school district our size, it's something to acknowledge, and hundreds of close contact cases. So, it's not about it being that there were no cases; that wasn't the goal upfront. We would hope for something like that, but we knew that could potentially happen in our school district. One hundred thirty-five days of instruction, but the important point here is that there is zero evidence of in-school transmission in our school district, and that's something that takes a lot of collaboration with our community, our local health department as well. Tracking

that information and making sure that what we have in place is effective and is working. We did make the work public on our school website, and there's a return to school tab for those that want to go and take a closer look at the work or a deeper dive into some of the things that we've done. So, the overview and context is there.

On the next slide, I'll talk briefly about a handful of the details. I do think it's important to leave some time for Q&A, as I know it's part of the agenda of Christian as well. So, I'll work to make sure we have some of that time built in if possible.

Our initial plan was built through a series of committee drafts and online feedback sessions. This was really important. This was when everybody was starting to learn more and more about Zoom and buying the subscriptions to Zoom or Google Meet, or whatever the platform was, but these feedback sessions were phenomenal for us. It gave us an opportunity to really have an early coordination of effort with all the groups, all the stakeholder groups in our community. Our teachers, our support staff, administrators, of course, and importantly, our Board of Education members, knowing what exactly was happening step by step as we put a plan like ours together.

The early and ongoing communication, and this is engagement as well with our families and community. There are a couple links here, and I know it's been said in the chat a number of times, all of this material be shared. So, I encourage you to take a deeper dive into some of this material, but the idea of sustaining communication throughout the summer and crossing over into when we started the school year into mid-September, certainly communication is ongoing to this day, but that 10-part weekly series from the summer to getting to the point of starting school in a situation that was unknown to everybody was critical for us. So, that communication was paramount.

There were non-negotiables in commitments early on. This was talked about some of the health equity work that was mentioned from the CDC in slides prior. All means all. We try to close any gap between saying and doing. We say we want to do one thing, and whether or not those actions actually come to fruition, that's the kind of space that we want to identify and close down where we can.

When we think about individual student needs, I couldn't be happier to hear earlier about SEL and thinking about what we have to put in front for students, as opposed to trying to worry about all these other details and X, Y, and Z's as far as the academic side. This is a social emotional learning response early on into our school district. There's no doubt about that. In other examples that we partnered up within the area, we see the same. When we say essentially Maslow, before your Maslow, before anything in terms of some of that work for students, it's what needs do they have. That has to be identified first.

The layered mitigation, of course, it's in place. The universal masking and things like the increased cleaning and sanitation, attention on hand washing and hygiene, avoiding large groups; none of it is easy. I won't go that far to say it was easy, but these are the things that you know you have in place. So, as far as the superintendent is concerned or school leaders, these are things that can be put into place pretty quickly. You know you have them when you see it. Whether or not it's effective, that's left to be seen, and you have to get into the work to know if that's true. Those parts were not the challenge upfront. The physical spacing was. A lot of confusion about the as much as possible phrase that's added on with six feet are now in some of these revised three to six feet. Trying to have as much as possible, maximize to the greatest extent, these were phrases that were important to us because our focus was on the instructional model first and wrapping those layered mitigations around preserving that instructional model of in-person for those that wanted it.

MERV 13. I didn't hear about this and I'm not an HVAC expert by any means, but MERV 13 air filters in some of the settings in our HVAC system, learned a lot more about that this year than I thought ever would. These are the kinds of extra steps that we took in our school district along with individual classroom air purifiers. I know that's an expense for some that might be out of reach, but something to consider in terms of adding even additional layer mitigation steps. Our self-certification, our contact tracing, all these in place because I think of that early communication before we started the school year.

One thing that is an absolute game changer for us, and it's probably even the wrong phrase, it's bigger than that, the point of care diagnostic testing and the screening that we have done here in our school district. One of a select few in our county at the time and really built this program with our school nurses. I have to

say, when we talk about the hero status of some of our support groups and so on in our school district, our nurses are at that level, there's no doubt about it, and taking on the ability to do point of care testing, built up from using at that point, at that time, no guidelines, but following the CLIA and the waiver that was something that we applied for and moved on very quickly at the time of reopening and have had in place ever since. Absolute game changer for us. In fact, we've done a separate series on that, and I know that the good folks that are at NCSSE in here and CDC are attaching that in some of the resources.

The informed parent choice. I mentioned early on, parents have a choice of whether or not they want in-person or remote. We're hovering right around that 90% that wanted the in-person. We started the school year just around 75, between 75 and 80%. When we think about that, it's really important to us that when we identify student needs; those families had to be informed to understand what it was they're walking into, a lot of it unknown upfront. They changed their mind over time. That 75 grew to 90 pretty quickly, and that's where we stand today.

The instructional flexibility. Another one that I think is unique for our school district, at least in the area in which we serve, is that it's a simultaneous instructional model. So, what this means is that the teachers, of course, have in-person and remote learners in the same setting. Some of the students are virtual. Of course, the rest of that are in-person, the bulk of students that are in-person, are there as one classroom community. I know that might sound in some cases to be out of reach for some. What I like to say in an encouraging way is to think about, can it work? I talked earlier about that idea of a growth mindset. For us, it has been effective, and where it's been effective most importantly is the ability to have flexibility with families that want to shift back to in-person, or for some other reason they need to shift back to remote, whether they were a close contact outside of school or something like that. So, really important to us.

The last part on this slide is this continuous improvement model. This is folks that are around I know are practitioners, and I'm really, really glad that that's the audience that was targeted here to join. They understand this work about plan, do, check, and act. Oftentimes, that check and act is forgotten about. I'll tell you the emphasis here. On checking, if it's been working, and taking action when we see areas that we're concerned about, that's been critical for us. So, survey data from our students, survey data from our staff, has been instrumental to change some of

the things that we do from its arrival and dismissal to how students pass between classes in the hallways to the way that we do lunch in our school, all based on some of the surveyed observational data that we took action on. On the final slide...

Christian Rhodes: Doctor...

Victor Simon: Go ahead, Christian,

Christian Rhodes: Sorry, Dr. Simon, I want to make sure we preserve a little bit of time for questions at the end. I know you have another slide. Do you mind if we were able just to transition to Dr. Greene? Is that...?

Victor Simon: Yes, let's do it. Yes, I'll save all the rest for question and answer. I want to honor that time. Thank you, Dr. Greene. Thank you, Christian, for holding us accountable on that timing. I appreciate it.

Christian Rhodes: Yes. No problem at all. Dr. Greene, I'd love to just pass it on to you and, obviously, want to hear about the district, and I think congratulations in order. I googled that you had won Superintendent of the Year in Florida, and I know that's, obviously, a large district. Would love to hear a little bit more about the work that you're doing in Duval County.

Diana Greene: Well, thank you, Christian. Thank you for your kind words. Victor and I, obviously, think along the same lines. A lot of my information is going to be very similar with the exception of the size of Duval County Public Schools. We're the 20th largest school district in the nation and the sixth largest in the state of Florida. We have over 200 schools in our district. That includes what we call traditional comprehensive schools, charter schools, center schools, and we have a virtual school. We're the second largest employer in Duval County, the city you will know as Jacksonville with close to 13,000 employees. Even with issues of finding students and engaging students, we are still over 130,000 students that we serve. We are a very large, diverse urban school district. Our free and reduced lunch is pretty high. We're almost at 80% of our students on free and reduced lunch.

So, for us, the school district really had to be really on its game prepared to help our students through as last year when we went to complete remote to transitioning back to in-person learning. The state of Florida, the governor had an

executive order that all school districts would open up to five days a week in-person learning. We've been in-person since August 20th, just the day before Victor; we started in-person learning. We started with this mindset that we're creating a brand-new learning model in an era that is uncommon. There was no playbook to tell us what to do, how to do it, and when to do it. So, we developed our own playbook.

So, starting with the guiding principles, we started with making sure that everyone sort of knew what were the first set of rules or guides in our guidebook. That the district was going to implement the CDC and FDOE wherever possible. So, the CDC said students need to be six feet apart. We knew that wasn't going to happen. So, we made it clear upfront with the - I think Victor talked about as much as possible. That became a word that was very prevalent. We'll do it as much as possible, but impossible was not an option. Everything was possible.

For everything to be possible, we wanted to make sure we included everyone in giving input on how decisions were going to be made. We reached out to our medical community. As you can see, we talked to a number of medical experts on helping us develop our reopening plan. I will tell you we came from a place where my instructional personnel were hesitant about returning to school. They had been through what we deemed a successful complete remote teaching over 130,000 students remotely and felt like we should open up remotely. When that executive order came out that we had to open our facilities five days a week, we had to get a lot of input from them so that we can help them come along beside us as we had to open up our facilities.

So, we got input from labor organizations, students, parents, contract providers, and other stakeholders. We have privatized transportation, privatized food service, privatized custodians. So, we wanted to make those individuals feel a part of the school district, so we asked for their input. We also wanted to make sure there were expectations that were going to be held such as class size. We were not going to be able to reduce our class sizes. We were going to implement this school year as closely to a normal school year with the knowledge that we were going to have the layered mitigation strategies put in place. Teachers, school-based staff, and students will be provided with PPE. We provided facial coverings for all of our students, all of our staff. Even our contracted providers, we made sure they had PPE. It went from everything to facial covering, to gloves, to the hospital gowns,

especially in our high medical schools where students have medical needs. We wanted to make sure that those employees and students had access to the same level of PPE that was being offered at Wilson Children's Hospital for their employees.

So, through that process, it required us to really understand logistics. I became a logistics guru. We would meet every Monday to talk about where we were with inventory, and if we were low on inventory, how are we going to ensure that our schools would not be impacted? We wanted to remove this particular layer from schools. So, all ordering, all PPE, any of the things that we put in our schools, it was done centralized, and we just sent it out to the schools. So, every month schools knew you would get a new batch of inventory. Whether it was facial coverings, hand sanitizer, or anything related to COVID-19, we took care of it at the district level. If a school ran out prior to the end of the month, all they had to do was send an email to a certain email address, and within five hours, they would get a response, and the time that they would get a refill on the resources that they needed.

Duval County has some of the oldest schools in the state of Florida. I have schools that are over 120 years old. So, for us to try to address the HVAC systems was just not going to be an option for us. So, we decided to just put layer upon layer of support for our schools. So, in the state of Florida, we probably were the first district to use the desk guards. So, we installed desk guards on every campus and every classroom. Our teachers had portable desk guards where they could stand in front of their students and have this plexiglass that was between them and the students. We just felt like we needed to do everything to give our employees a sense of comfort that we were doing everything to support them.

Other parts of this planning principle talks about - I'm not going to get a lot into our testing program, but we had a testing program for our teachers. With a partnership with our city, we had a testing program for our students. So, students and employees could be tested any seven - well, I'm sorry, employees five days a week, but students could be tested seven days a week for any symptoms that they felt was related to COVID-19.

Those learning principles then led to a logistics timeline. I'm not going to spend a lot of time on this timeline because it started back in April. We put this timeline.

It's sort of a plan, do, check, act kind of a timeline, where we envision what we wanted to do, we started conceptualizing it, and then we made commitments, such as purchasing materials, solidifying all the feedback we received. We started validating, scaling, and then monitoring. I will tell you in the monitoring phase, you have to be prepared to pivot, and I mean pivot quickly.

I'll give you a perfect example. Transportation. We thought we were going to be as close to the CDC guidelines as possible by putting six feet apart for students. Well, on a 77-passenger bus, that meant we can only transport nine students. So, that immediately went out the window. We decided that the best thing to do, and I'm slide off, but the best thing to do is to put two students per seat. It was the only way that we were going to be able to transport our students and not have to extend our school day and provide sort of a double-session type of rotation. So, after the first week of school, we found that we could adequately have two students per seat. Then we gave space the seat directly behind the driver. That gave six feet between the driver and any other students. We put a process in place where students knew they had to use the hand sanitizer when they entered the bus, take their seat; they must always have on their facial covering. When they left the bus, they had to hand sanitizer again. Then once they disembarked the bus, their temperature was checked.

Now you have to remember we started back in August. There wasn't a whole lot of information known. So, anything that they said was something that school districts or businesses should do, we put it in place. Today, because my families are so committed to our mitigation strategies, we still do temperature checks every single day, though we know that the CDC says that they don't recommend that we have to do that. If it gave comfort to my families, we were committed to doing that.

The bottom line is, we're still an education institution. We've talked a lot about what we did for COVID. The bottom line was we still needed to make sure that we were going to provide high-quality education for all of our students. The number one goal was to ensure how we were going to support our students learning and wellbeing. So, at the very beginning, we assessed learning loss. We had a very quick assessment that we could give all of our students in grades K through 10 to determine the level of learning loss, which I don't know about other districts, but what we found was that we had minimal learning loss in reading, and the most learning loss in mathematics. We are seeing that, with math, practice does mean

something, and it plays a role in students of grappling that concept. So, math is something that we are continuing to work on.

Attend to the social emotional needs. You will need to attend to those needs not only for your students but for your staff. We have a very robust employee assistance program, and we are seeing numbers go through the roof for our staff and supporting them.

Addressing the learning gap. We did a lot of spiraling back to missed content. So, once a month, during a week, they would go back in what we call spiral back to support students. In the state of Florida, we are transitioning to new state standards. So, we had to train all of our kindergarten through second grade teachers on infusing those new state standards for this upcoming school year.

Then accelerate learning. The summer school that we have planned for our students this year is not the summer school in the past. The summer school in the past would have been remediation. Well, this summer school is all about acceleration. We're putting enrichment. We're putting in content areas that normally wouldn't be taught during this summer school such as science and social studies, putting in STEM activities tied to language arts and mathematics to support students. The goal is to accelerate the learning, not to go back and continue to remediate because what we are seeing is that students are catching on quickly. Even our students who are learning remotely through our program called Duval Homeroom. Our families are making their way to transitioning back to brick and mortar, which will probably be the mode of education for our schools next year. We are helping them make that transition from remote learning back to brick and mortar. We're going to do a boot camp for all students who were part of remote learning so that they will have an opportunity to come back into the school building with just remote learning students and helping them acclimate back to brick and mortar. So, when next year starts, it won't be oh, we're just throwing them all back in.

We did the same thing as Victor. Every quarter, we would ask parents to come back into brick and mortar. So, we started about 70% of our students in brick and mortar, and today we're up to 82%. When you're a district this large, I still have over 19,000 students who are learning remotely through Duval Homeroom. So, with

that, Christian, I know we want time for question and answers, so I'm going to just stop talking and turn it back over to you.

Christian Rhodes: No, thank you for the information, and I hope that our audience just recognizes that - Dr. Greene, you had one more? I saw you had...

Diana Greene: I do want to just let them know that I'll put this link in the chat. The one thing that I think is important if you haven't reopened is training videos. We have training videos on how you wear your mask, on how you wash your hands, on how you transition in the school. So, those training videos were done for our faculty and staff, students, and parents, and today, they still go to our website for those training videos. So, that's just something I think is a strategy...

Christian Rhodes: No, absolutely. If you put it in the chat, I can commit to you they will find a way to promote it. You see the heading, safer schools and campuses, best practice clearinghouse is really the umbrella in which this webinar series is going to be in gauging our districts across the country, along with higher ed institutions and our early childhood providers. So, thank you. Listen, I try to be very respectful of people's time, but I just think that the information has been so rich, and I love hearing the work of our superintendents, our district leaders, who are really doing the tough work of reopening safely in-person instruction.

We don't have a lot of time left. I do want to be respectful of time. I do want to kind of double click on a particular item. Dr. Greene, you brought up around ventilation, and I'm going to ask my colleague at the CDC just to talk a little bit about this ventilation thing. I think it's been an area which a lot of interest, particularly those that have older buildings and older facilities. So, really, the question is, what should a school or school system do with older ventilation systems? What were some of your thoughts around that? Neha?

Neha Cramer: Yes, Christian. Thanks for bringing it up. I'm glad you brought up the older building question because I think a lot of times people associate the building age with poor ventilation, which is a common misconception. One of my own until I learned myself. Many older buildings with operable windows and leaky construction, infrastructure could easily actually have better dilution ventilation capacity than the newer energy efficient buildings. So, really, the appropriate selection of ventilation strategies should really be school specific and not necessarily

dependent upon the age of any building or its ventilation system. We do have a website for ventilation in buildings with a list of considerations to improve building ventilation as part of a layered strategy to reduce exposures of course to SARS CoV-2. I also wanted to add that there's also a common misperception that open windows and window fan considerations are not applicable for cold weather, which is not entirely correct. From my understanding, the use of a window fan in the exhaust mode can still be augmented by opening multiple windows just an inch or so, along with the room entry door. So, this setup apparently will still allow substantial inflow of the dilution of air but will do so in multiple small drafts. The remaining room air temperature can be increased by a couple of degrees to offset the cold air drafts. So, those are some simple solutions. I am definitely by no means a ventilation expert, but I do encourage everyone to visit our website and look at our one-pager on ventilation for schools and childcare buildings in our overall ventilation page on buildings as well.

Christian Rhodes: Thank you. I would ask Dr. Greene about how she handles the extreme cold weather, but that might be a question for Victor Simon given Florida and Illinois.

Neha Cramer: That's right.

Christian Rhodes: Listen, I do want to, again, be respectful of time. I want to ask the district leaders just one final question before we turn it back to NCSSE again. This really is centered around the equity and the decisions that you all had to make. I heard you as you gave your presentations talk about the communities in which you serve, the students that are forefront of the work that you do, and I'm just interested to know what were some of your considerations around health equity and safely reopening schools. Dr. Greene, I'm going to ask you first. Dr. Simon, I'm going to ask you second. Then after that, we'll have to pass it on back to NCSSE. So, Dr. Greene?

Diana Greene: One of the considerations we struggled with was school nurses. In our communities of poverty, we did not have enough school nurses. So, we made a decision to contract out for school nurses. We have school nurses through our Department of Health, and then we did private contracting with several providers to ensure that we had school nurses available for every school to be the initial contact for students that may be symptomatic. The nurses were not there for isolation rooms. We hired someone else to do the isolation rooms, but the nurses were there to

support with contact tracing, students that not just symptoms of COVID-19 but any communicable disease that they could have, such as the flu or the common cold. They were there to support those students and could make home contact with families that needed support. So, that was one of the areas that we felt that pre-COVID, yes, all of our schools are covered, but not every school had their own school nurse.

Christian Rhodes: Thank you. I think that's an area. Dr. Simon.

Victor Simon: Yes, similar. We do have school nurses in our schools, and we're able to utilize those. Had we not, I would have also, as Dr. Greene did, privatized or go out through a third party to contract for those services without question. What we wanted to make sure of, and I mentioned the communication with our families. The parent information was critical for us. It is a diverse school community, a smaller school community. We wanted to make sure everybody knew what we had in place for them in terms of options. First of all, the choice to be in school or remote does not change at the quarter or the semester. This is a choice that the families do own. So, if their circumstances change and they can change rapidly in a crisis like the one we've been serving through, we want to make sure that they preserve that choice. That came from us in the sense of information. The second part is that our health clerks and our school nurses particularly, we wanted to make sure that they were able to provide testing not just for our staff, or symptomatic individuals, students as well, but also some screening techniques that we use strategically. Whether that's a 10% sampling or anyone that actually wanted to go ahead and get screened for reasons of their own, if they had kind of a close contact instead of a technical close contact, we didn't want to change those options for folks. We went out further and put that into our full community. So, we have evening testing windows that are open and keep them open. It's spring break for us right now, and we have some spring break dates that are open, weekends included, for folks to come in and be tested. We did this in November right around that Thanksgiving. We did it again in December around winter break. So, just giving folks options really mattered.

What I like to say to folks in closing here, Christian, in this question is really just to remind them that I don't know a post-COVID, and I don't know that the target is a pre-COVID. I think this is about building up those kinds of supports for what's the next normal or what that new equilibrium is going to be. So, our school nurses will

continue to be testing whether it's COVID particularly, but also, because we have that CLIA certification, can do flu, mono, strep, and other rapid CLIA-certified tests to be a partner with the health community that we're a part of. So, that is something that will be a lasting and emerging strength that when we come through this will preserve.

Christian Rhodes: Thanks. I think it's important to end on this conversation around health equity because I think it's not lost on, at least me, and I know, as you as district leaders that the community that have been disproportionately affected by the disease, by the virus itself, I'm also in those same communities, those who need to in-person instruction support the most. The data is pretty clear. Whether it's reengagement, that here's some of the work that you're doing now in this summer. I'm just thankful that you all spent an hour with us. I know you're extremely busy, and I know there's a lot of work going on.

So, just thank you. Thank you both for your leadership. Thank you for your steadfastness. I also know I would be remiss to state that I know that you all had a lot of community meeting, a lot of conversations with your board, a lot of conversations with your labor partners, and I'm just thankful that you all have really shown us great examples of how this work can be done for the country. So, with that, I'm going to pass it back over to NCSSE, and just thank all of our participants. Sandra, back to you.

Sandy Williamson: Thanks so much. I really want to thank all of our panelists. This is just excellent information. Diana, Victor, as you can see, the chat box has been very busy. Just so folks on the line know, we capture everything that's in the chat. We share all that information back with the panelists and with the Department of Ed and with CDC and follow up with additional resources to answer many of your questions. So, thank you.

We would encourage anyone who's still on to please provide us with some feedback. You see the link on the screen. It is also in the chat box. The feedback that you provide us including any additional information you'd like to have is critical for us formulating the next set of webinar events.

So, once again, sincere thank you to everyone who joined including the over 500 people that were on the line for the last hour. We appreciate your questions, and

we look forward to having you on the next webinar within the series. Look for more information coming out for something in the middle of April.

So, thank you, everyone. We're going to leave the line open for about five minutes so folks can do the feedback form. Thank you, Christian. Thank you, Neha, Diana, and Victor, and good afternoon, everyone.