



# Safe Learning Plan: Reprioritizing In-Person Learning – Beginning with Elementary School

House Education Finance Committee  
January 20, 2021

Heather Mueller | MDE Deputy Commissioner  
Dan Huff | MDH Assistant Commissioner

# Education as Public Health

- Education is a key social determinant of health; health has a significant influence on educational performance, and attainment and educational success powerfully predicts health status

Schools are also a key part of the public health system, providing health education and critical connections to screening and intervention for health problems

- While some students have thrived and learned during the pandemic, others are falling behind
- Children spending less time in live contact with their teacher (disproportionate impacts by race and ethnicity); families report spending less time on learning activities (U.S. Census Bureau Household Pulse Survey, Week 19)
- Research has found that chronic absenteeism—usually defined as missing at least 10% of school days—affects reading levels, grade retention, graduation rates and dropout rates

**"The many benefits of in-person schooling should be weighed against the risks posed by COVID-19 spread. Of key significance, in-person learning is in the best interest of students, when compared to virtual learning. Application and adherence to mitigation measures provided in this document and similar to those implemented at essential workplaces can help schools reopen and stay open safely for in-person learning."**  
CDC

## CDC indicators and thresholds for risk of introduction and transmission of COVID-19 in schools

[Printer friendly version of the table](#)

Indicators	Lowest risk of transmission in schools	Lower risk of transmission in schools	Moderate risk of transmission in schools	Higher risk of transmission in schools	Highest risk of transmission in schools
Core Indicators					
Number of new cases per 100,000 persons within the last 14 days*	<5	5 to <20	20 to <50	50 to ≤ 200	>200
Percentage of RT-PCR tests that are positive during the last 14 days**	<3%	3% to <5%	5% to <8%	8% to ≤ 10%	>10%
Ability of the school to implement 5 key mitigation strategies: <ul style="list-style-type: none"> <li>Consistent and correct use of masks</li> <li>Social distancing to the largest extent possible</li> <li>Hand hygiene and respiratory etiquette</li> <li>Cleaning and disinfection</li> <li><a href="#">Contact tracing</a> in collaboration with local health department</li> </ul> Schools should adopt the additional mitigation measures outlined below to the extent possible, practical and feasible.	Implemented all 5 strategies correctly and consistently	Implemented all 5 strategies correctly but inconsistently	Implemented 3-4 strategies correctly and consistently	Implemented 1-2 strategies correctly and consistently	Implemented no strategies

## CDC Recommendations & Continuum of Risk

- CDC recommends 5 core mitigation strategies which work together to decrease transmission potential and increase potential to disrupt the chain of infection when used concurrently.
- Elementary and secondary schools differ in their natural ability to implement each of the core and additional recommended strategies. **There are risk trade-offs in each setting.**

# Child Well-Being

## What we know during COVID

# Child Well-being - Highlights

## Highlights

- Pandemic impacting families
  - Health care access, early childhood screening, food security, mental health
- Specific challenges for: single parents, special education families, low-income families, BIPOC communities
- Data for 2020 is limited: reliance on national data in most cases, sources like the U.S. Census Bureau Pulse Survey are experimental data, sample sizes may be small with large standard errors, precaution should be taken when using estimates based on subpopulations of the data

## Health Care Access

- Nationally, 70 - 80% decline in healthcare appointments for children (University of Oregon's RAPID-EC nationally representative survey), including pediatric well-child visits
- MN has experienced significant declines in vaccinations for children, entering the pandemic as a state with a low number of children fully vaccinated

Figure 1. percentage of children ages 19-35 months in each state who received recommended doses of DTaP; MMR; polio; Hib; hepatitis B; varicella; and pneumococcal conjugate vaccines in 2019

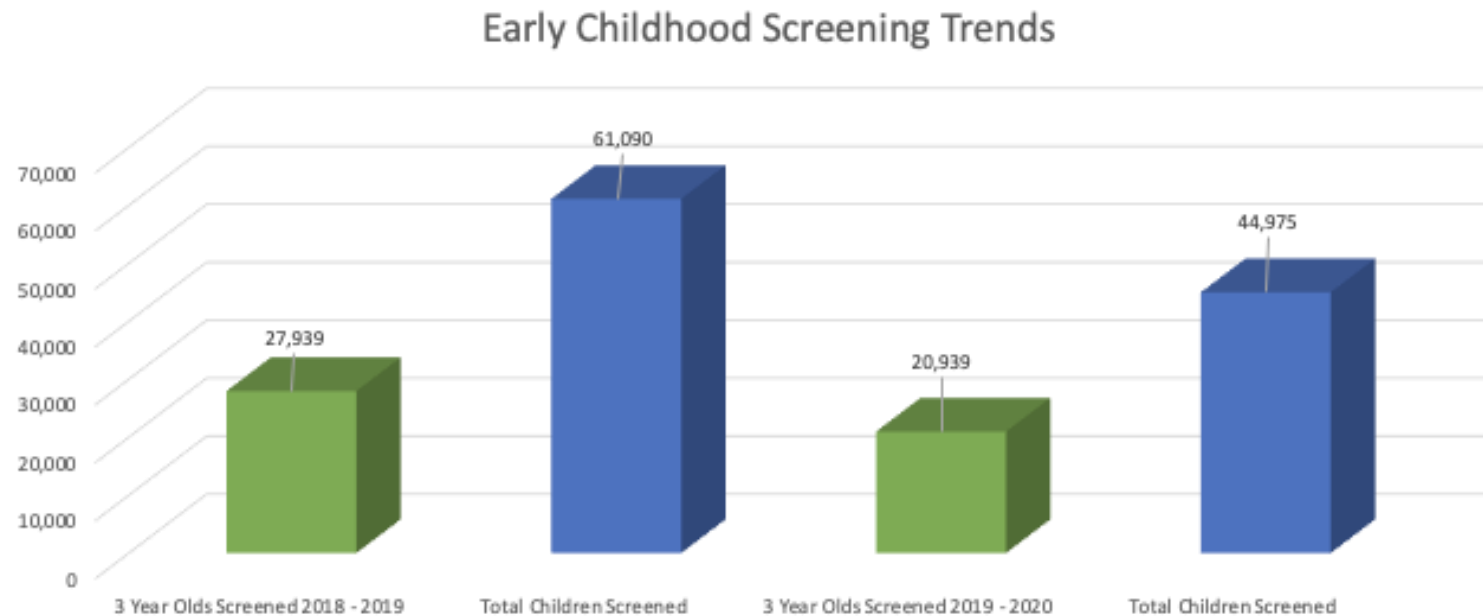


This chart shows the number of measles, mumps and rubella (MMR) vaccines administered by Minnesota health care providers by week in 2019 and 2020. Hover or tap on a line for details.



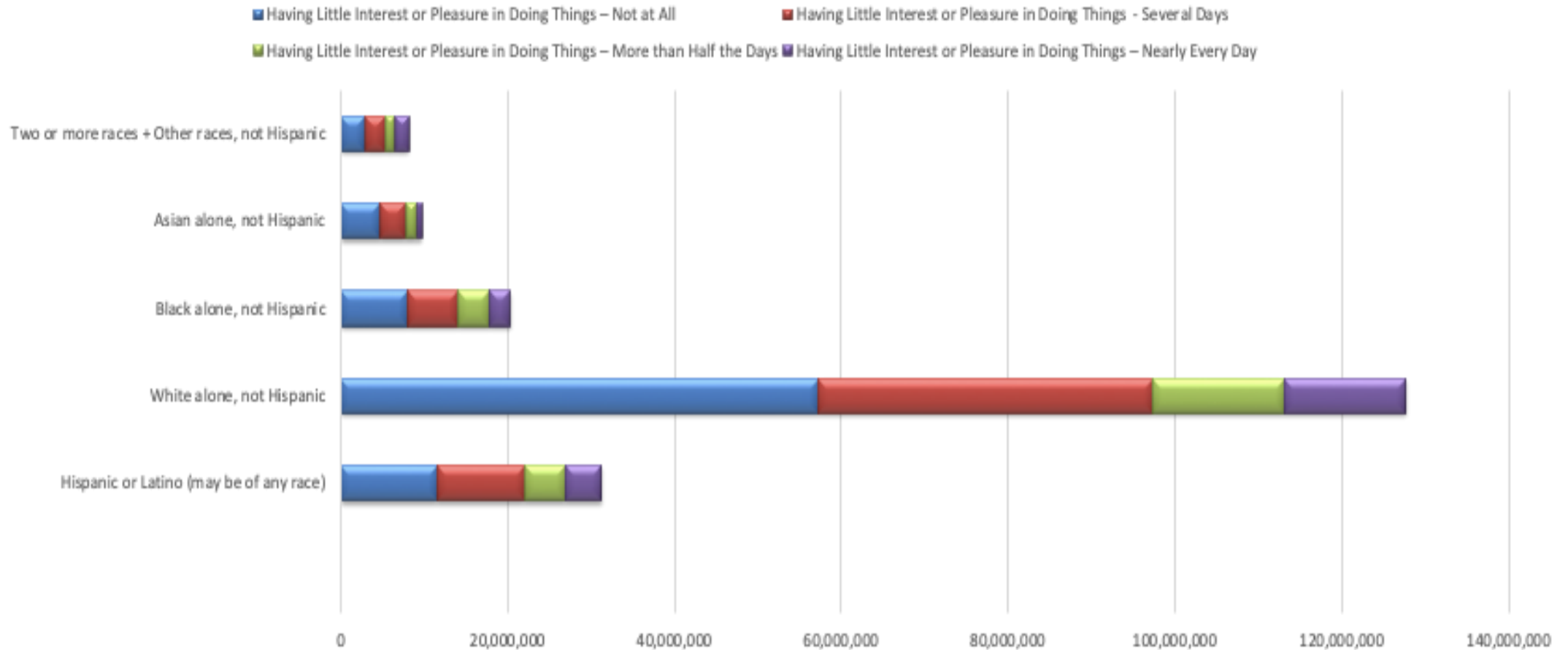
# Early Childhood Screening

- Early Childhood Screening decreased 2019-2020 over 2018



# Symptoms of Depression in Adults

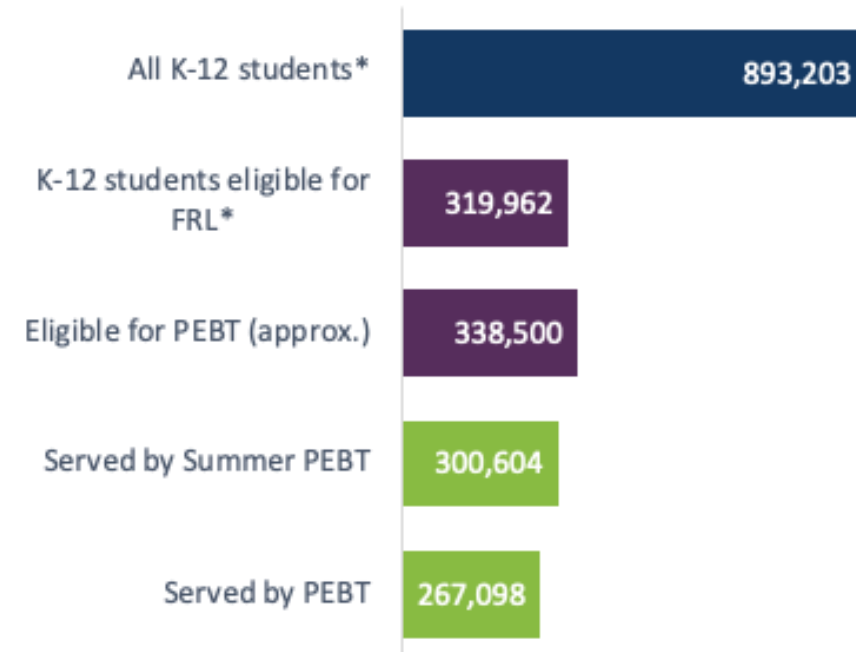
Symptoms of Depression in the Last 7 Days - Adults in MN





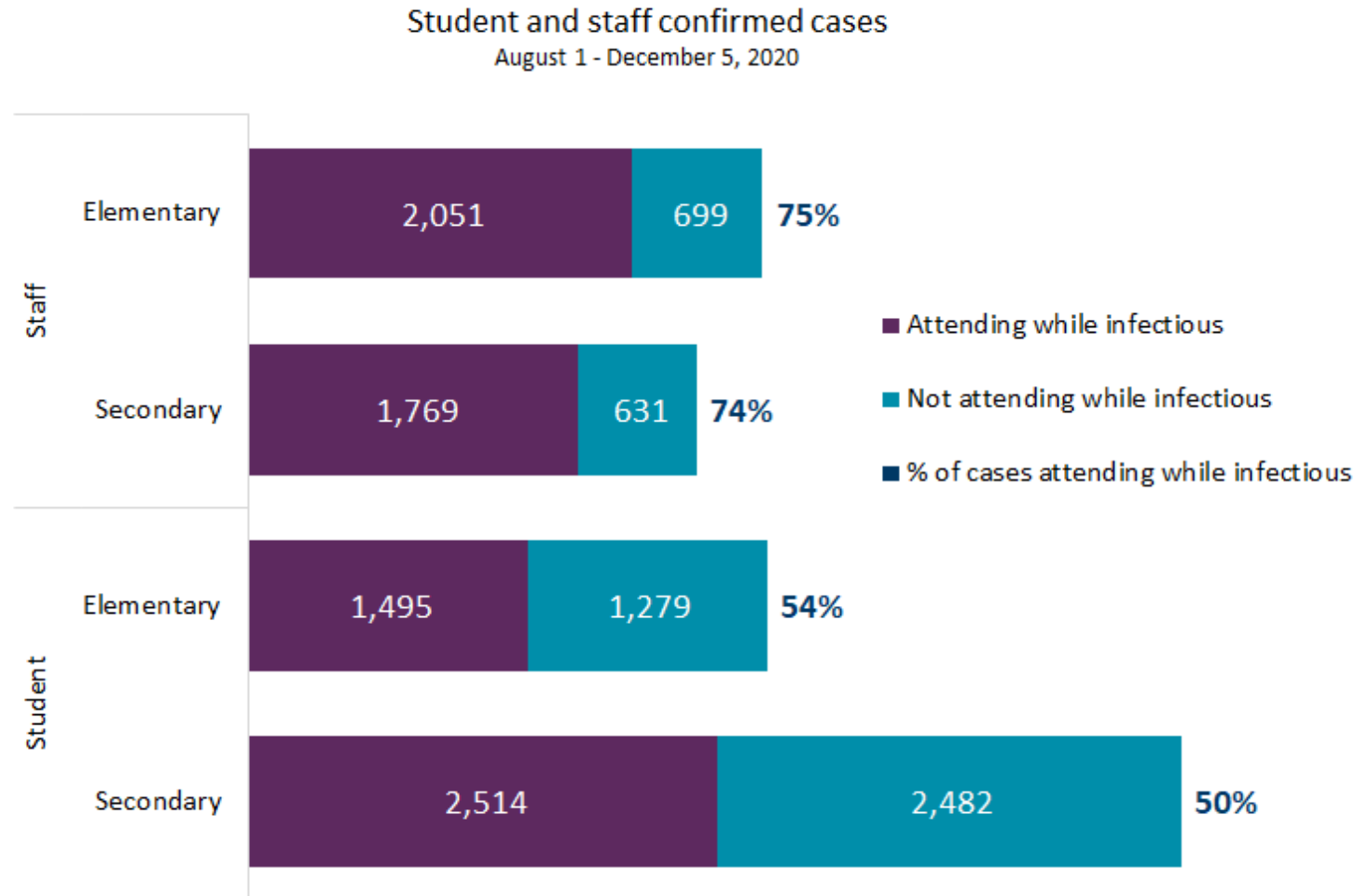
- MN Statewide Food Shelf Children visits increase 2020 over 2019
- According to U of M study, pandemic exasperated structural barriers to accessing healthy foods for young adults
- State reached about 80% of children eligible for PEBT
  - PEBT allowed for serving 'newly eligible' FRL.

Number of students receiving PEBT



- Shifts in child welfare systems, maltreatment reporting, and family visitation
- **Maltreatment Reports:** In spring (Stay At Home), maltreatment reports dropped significantly (40%) compared to the previous year.; reduced to 15% lower this fall.
- Decrease in reports is primarily allegations of physical abuse, approximate 40% increase in allegations of educational neglect this fall.
- No indicators of the reports being more serious, or the outcomes of the cases being more serious.
- **Case Management:** Monthly face-to-face contact in-home child protection case management dec
- **Parental Visitation: Staffing, space constraints;** Varied practices from counties, county attorneys, par  
(men -person services  
unsupervised visits/reunification (limits resources for supervised visitation)

# Transmission potential in students and staff

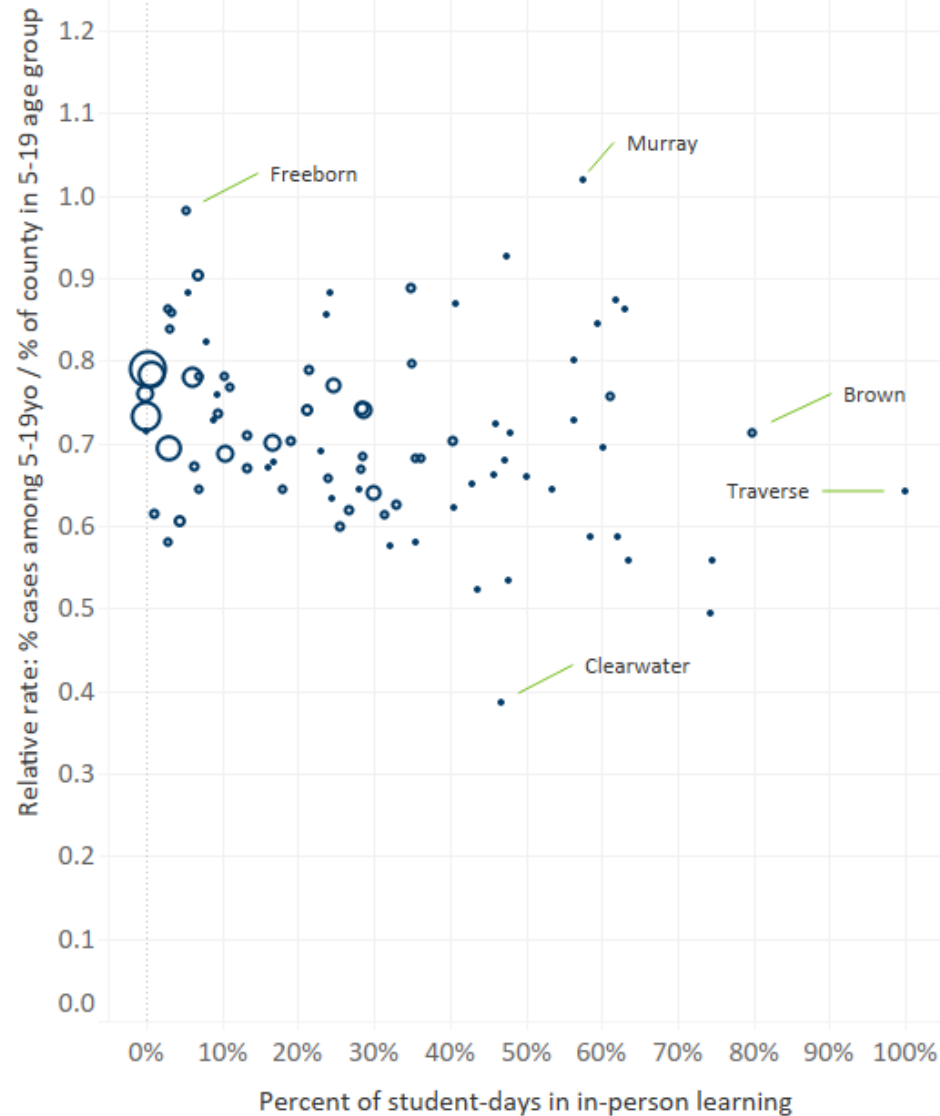


There are more elementary staff with confirmed cases than secondary staff, but more secondary students than elementary students.

About half of student cases in both elementary and secondary schools were "attending while infectious". For staff, it is about 75 percent of confirmed cases.

**These data suggest that transmission potential exists at nearly equal proportions in both the elementary and secondary grade levels for both staff and students.**

# Relative rate of cases in the 5-19 age group vs. percent of student time spent in learning mode

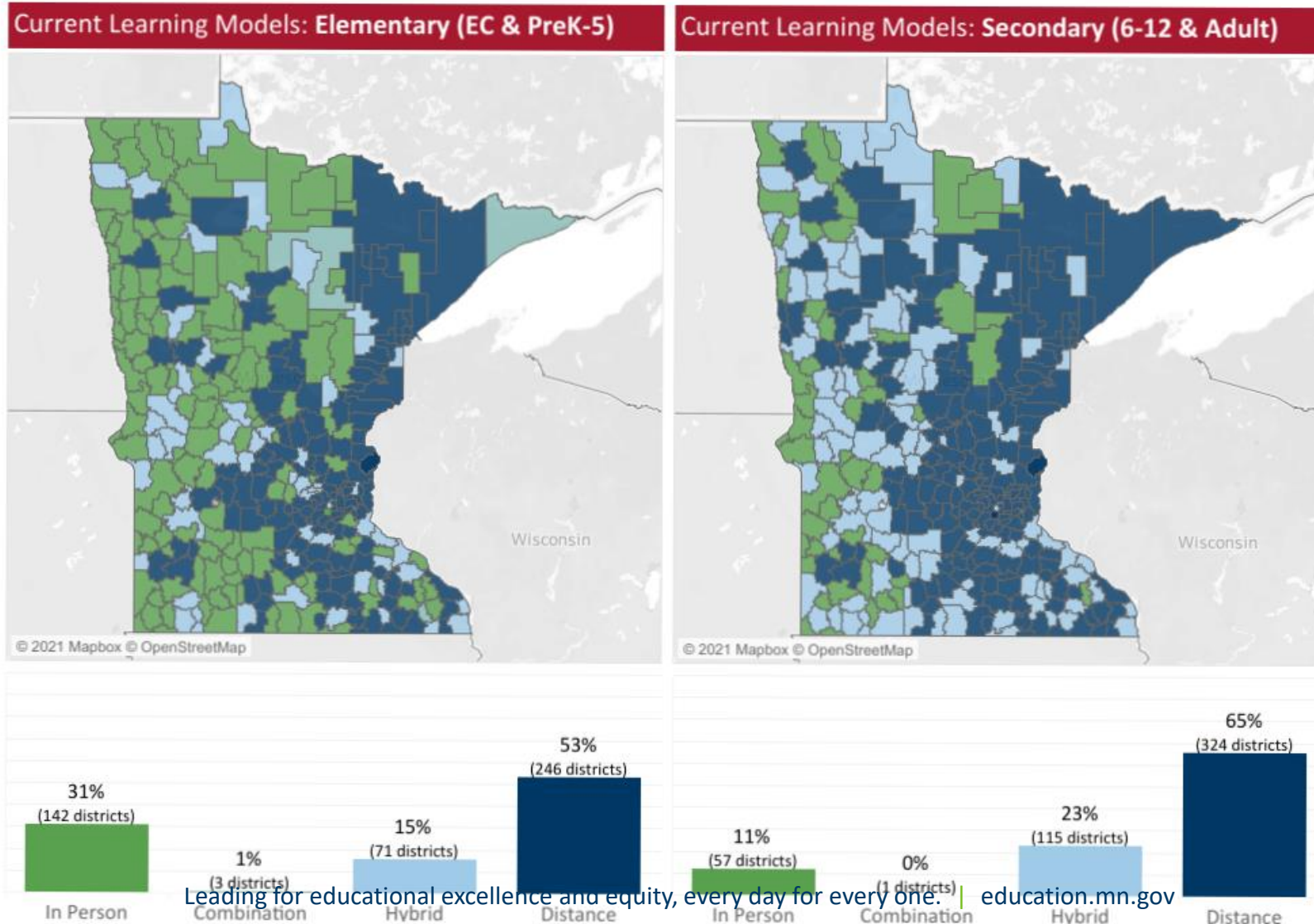


- We analyzed MN county-level data to determine whether there was any association between the proportion of students learning in-person and the proportion of young people (ages 5-19) with COVID+ cases between mid-October and now.
- To account for differences in the demographic make-up of each county and differences in community spread, we used a **relative rate** to measure COVID-prevalence among 5-19 year olds.
  - The rate is defined as the percent of all cases that are 5-19yo divided by the percent of the county population that are 5-19yo.
  - Most rates are below 1, suggesting that youth ages 5-19 are underrepresented in cases in each county.
- **For this time period, we find that there is no clear association between in-person learning and the county-wide proportion of COVID cases among children ages 5-19.** If there is an association, it is slight, and it would suggest that more in-person learning has been associated with less COVID spread among school age children.
- Numerous confounding factor and caveats to the data exist, including testing rates among young people and districts reacting to increasing rates by moving to distance learning. Other caveats relate to undercounts, complications with large districts, non-public schools, and the presence of mitigation factors.

Notes: County data from census estimates July 2019; student enrollment data from MDE SY2019-20; Cases among 5-19yo between 10/19 and 12/6; Learning model data between 10/13 and 12/6

# District Elementary (K-5) and Secondary (6-12) Learning Models

As of Friday January 8



# Starting the 2020-21 School Year with a Safe Learning Plan: Goals for a Safe Return to School

1. Prioritize the safety of students and staff
2. Prioritize in-person learning, especially for younger learners and those with most need
3. Recognize differences in potential spread among different ages
4. Support planning, while permitting flexibility for districts
5. Take into account disease prevalence at a local level



## How do schools determine their safe learning model?

### STEP 1

Minnesota Department of Health (MDH) will use data from counties to determine a base learning model for public schools.

### STEP 2

Minnesota Department of Education (MDE) will share county data and the consultative process for public schools to engage with education and public health experts to review their county health data and safe learning plans.

### STEP 3

Public schools, with their incident command team, will evaluate their ability to implement required and recommended health best practices.

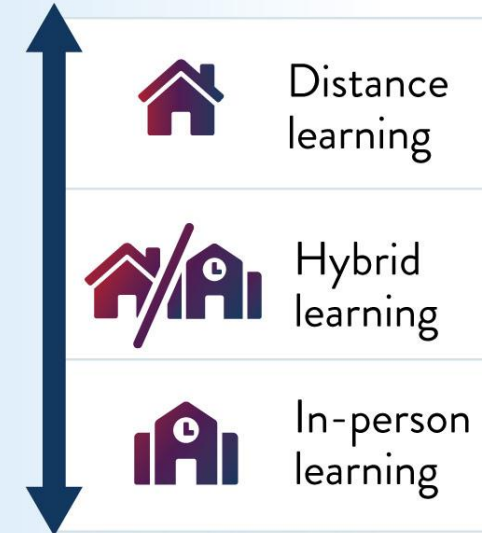
### STEP 4

Public schools, in consultation with public health, will determine a learning model to begin the school year and communicate that decision with their school community.\*

### STEP 5

Public schools and MDH will monitor the community and school-level impact of COVID-19 on a regular basis. Adjustments will be made to the learning model if needed.

## Safe learning models:



\* Regardless of learning model, all public schools must offer an equitable distance learning option to all families.

# Regional Support Teams

- Created in partnership with MDE, MDH, Minnesota's regional service cooperatives and local public health.
  - The regional support teams are made up of rapid response staff, health consultants and testing event planners.
- Regional support teams support districts and charters with:
  - Learning models
  - Health best practices and requirements
  - Action steps for when there are COVID cases or exposures
  - COVID testing for school communities



# Starting the 2020-21 School Year: Assessing Cases in a School after Opening

- How many cases are there? Are they close together in time or spread out over several weeks?
- Are new cases traceable to the school community or are they likely the result of a different exposure?
- Where are cases occurring, and do they have any common themes?
- How many close contacts does each case have?
- Are students, parents, and staff forthcoming about close contacts?
- Is there other significant transmission in the surrounding community that will likely impact families and staff?
- Are you able to maintain your current learning model based on staffing?

# Next Phase: Why Continue to Prioritize In-person Learning

- Minnesota is at almost a full year of disrupted education.
- Short and long-term implications of not having all our students in-person learning are staggering
- Time in distance learning will change the trajectory for some of our students' lives
- Impacting the workforce

**Based on evolving knowledge and understanding of the virus, modify the Safe Learning Plan to rely less on the county data at the K-5 level, increase mitigation strategies, and give districts more tools that help get kids back in classrooms while keeping students, families, teachers, and staff safe.**

***NOTE: We are not "reopening" schools. They were never closed for the 2020-21 school year. We are increasing mitigation strategies and resources to support the in-person model articulated in the Safe Learning Plan***

# Next Phase: Why Continue to Prioritize In-person Learning

## The National Academies of Sciences, Engineering and Medicine

### [Reopening K-12 Schools During the COVID-19 Pandemic: Prioritizing Health, Equity, and Communities](#)

- Young children in particular will be impacted by not having in-person learning and may suffer long-term academic consequences and it will exacerbate educational inequities if they fall behind as a result.
- In grades K-3, children are still developing the skills to regulate their own behavior, emotions, and attention, and therefore struggle with distance learning. Schools should prioritize reopening for grades K-5 and for students with special needs who would be best served by in-person instruction.
- Opening schools will benefit families beyond providing education, including by supplying childcare, school services, meals, and other family supports.

# Next Phase: Why Continue to Prioritize In-person Learning Academics

## Long-term study by the Annie E. Casey Foundation

- Third graders who are not reading at grade level are among the most vulnerable to drop out of school later.
- Students who were not proficient in reading by the end of third grade were four times more likely to drop out of high school than proficient readers. In fact, 88 percent of students who failed to earn a high school diploma were struggling readers in third grade.
- The ability to read by third grade is critical to a child's success in school, life-long earning potential and their ability to contribute to the nation's economy and its security.

## **Double Jeopardy: How Third-Grade Reading Skills and Poverty Influence High School Graduation**

- One in six children who are not reading proficiently in third grade do not graduate from high school on time, a rate four times greater than that for proficient readers.
- The rates are highest for the low, below-basic readers: 23 percent of these children drop out or fail to finish high school on time, compared to 9 percent of children with basic reading skills and 4 percent of proficient readers.

# Next Phase: Why Continue to Prioritize In-person Learning

- Based on Minnesota's evolving knowledge and understanding of the virus, the Safe Learning Plan has been updated so that early learning and elementary schools rely less on the county data as a singular point of data and mitigation strategies are increased at these levels to help get students back in classrooms while keeping students, families, educators and staff safe.
- Elementary schools who are not currently in an in-person learning model, or have not already announced their plans to implement their in-person learning model prior to January 18, cannot move to in-person before January 18.

# Mitigation Strategies

- Implement a rolling start process for students to be brought back to the building.
- Execute COVID-19 testing program (training and saliva test kits provided by the State; optional for school staff) every other week for all school staff, beginning January 4, 2021.
- Face masks continue to be required for all staff and students.
  - Face masks and face shields are strongly recommended to be worn together by school staff at all times.
  - Face coverings must be worn when engaging in indoor physical activity (e.g., during indoor recess, indoor physical education class, or when exercising in a gym).
- When staff are providing direct services that require close, physical, and prolonged contact, schools should follow MDH's [Guidance for Delivering Direct Student Support Services: Staff Protective Equipment](#).
- When educators cannot be six feet from students (small group and individual instruction) add a clear barrier between the adult and student, when possible.

# Mitigation Strategies

- Physical education classes that cannot operate in the classroom may continue to be held indoors outside of individual classrooms so long as students and staff are wearing face coverings.
- Arts classes that cannot operate in the classroom may continue to be held indoors outside of individual classrooms if they are able to follow the Music Activities Guidance and the health and safety measures laid out for art classes in the 2020-21 Planning Guide for Schools. If the guidance cannot be followed, arts classes must be held in the classroom or outside (weather permitting).
- Student support programs such as special education, EL, gifted and talented and counseling may continue to pull students from their primary classrooms in order to provide these essential support services. Additional groups should be kept as small as possible and as consistent as possible from day to day, and as much physical distance as possible should be maintained between group members.

# Mitigation Strategies

- Student meal times should be held in the classroom if six feet of physical distancing between students cannot be accommodated in the cafeteria and cohorts cannot be clearly separated within the cafeteria.
  - If meal times need to be held in the classroom, schools may have meals delivered to the classroom or have students bring food from the cafeteria back to their classrooms to eat.
- For in-person only: three feet of physical distancing or more is strongly recommended during the school day when students are wearing masks.



# Implementation: Rolling Start

To safely transition to an in-person or hybrid learning model schools must implement a rolling start process in which students will gradually be brought back in the building.

- No more than three additional grade bands can be introduced per school building in a two-week time period
- This includes schools transitioning from hybrid learning or distance learning to in-person learning, and schools transitioning from distance learning to hybrid learning.
- Early learning and prekindergarten programs must be included in the grade band maximum when implementing a rolling start if the students interact with elementary grade students during the school day.
  - They do not count toward the grade band maximum if they are self-contained in one area of an elementary building, or in their own building.

*A rolling start does not need to be implemented if a school had already communicated a change in learning plan to their families prior to December 16, 2020, regardless of the plan's effective date.*

# Implementation: Rolling Start

If a school can ensure all in-person and hybrid health and safety protocols are being implemented, a school operating a hybrid model can continue with hybrid learning while implementing a rolling start to in-person learning.

## **Example 1:**

- January 18-29 (K-2 in-person learning; Grades 3-5 distance learning)
- February 1-15 (K-5 in-person learning)

## **Example 2:**

- January 18 – 29 (K-1 in-person; Grades 2-6 hybrid learning)
- February 1 – 15 (K-3 in person; Grades 4-6 hybrid learning)
- February 22 – March 4 (K-6 in person)

# COVID-19 Testing for School Staff

- Regular testing is one of many critical strategies for controlling the spread of COVID-19 in our communities and supporting our schools.
- The State of Minnesota will supply schools with the training and test kits they need to conduct testing on site every other week beginning January 4, 2021, for those schools that are operating in-person or in a hybrid learning model.
- It is required for schools to offer this testing, but participating is optional for school staff.
  - Only the person tested will be notified of their test results.
  - The COVID-19 tests will be self-administered saliva tests.
  - Schools will need to designate one or more persons to lead the on-site testing.

# COVID-19 Testing for School Staff

- All staff who interact with students in-person are eligible to be tested.
  - This includes teachers, paraprofessionals, administrators, support staff, nutrition staff, bus drivers and more, beginning in early learning through grade 12.
  - Schools should also include early childhood, child care or school-age care programs that are operating in their building.
- Staff members who do not have a known COVID-19 exposure or are not experiencing symptoms do not have to quarantine while they await their results.
  - This on-site testing program is a form of screening and designed to detect asymptomatic cases and prevent potential exposures.
- To manage the capacity in the labs, schools will be assigned a day within the two-week period when they must hold their on-site testing.

# Comparison of Mitigation Strategies and Case Rates for Countries and States that have Kept Schools Open

Country/State	Date of Mitigation	Case Rate at Beginning of Mitigation (Daily, per 100,000, 7 day rolling average)	Current Case Rate (Daily, per 100,000, 7 day rolling average)	Notes (e.g. elementary open, etc.)
Germany	November 2, 2020-to date	19.1 (equivalent to 27 14-day per 10,000)	17.4 (equivalent to 24 14-day per 10,000)	Restaurants, bars, hotels, gyms, and entertainment venues closed. Contacts reduced to maximum of 2 households, no more than 10 people. Schools and nurseries stayed open.
France	October 29 - December 1, 2020	60.4 (equivalent to 85 14-day per 10,000)	15.9 (equivalent to 22 14-day per 10,000)	Schools stayed open. All non-essential services, restaurants and bars closed. Work from home and masks outside required.
UK	November 5- December 2, 2020	33.2 (equivalent to 46 14-day per 10,000)	21.5 (equivalent to 30 14-day per 10,000)	Pubs, bars, restaurants, hair salons, and non-essential retail closed. People must not leave their home except for essential duties. Schools, colleges and universities stayed open.
Minnesota	November 20 – December 18	118.0 (equivalent to 166 14-day per 10,000)	90.5 (equivalent to 127 14-day per 10,000)	Restaurants closed to in-person dining, gyms close, large venues closed, social gatherings restricted to one household. A majority of schools have moved to distance learning, with all counties experiencing case rates above recommended thresholds.
Michigan	November 15, 2020	67.1 (equivalent to 94 14-day per 10,000)	76.4 (equivalent to 106 14-day per 10,000)	Indoor dining at restaurants, organized sports, bowling and similar recreation, theaters, group fitness classes, High schools and colleges closed. K-8 schools open.
Delaware	November 17, 2020	51.8 (equivalent to 73 14-day per 10,000)	58.3 (equivalent to 82 14-day per 10,000)	On 11/17, limited restaurant capacity to 30%, social gatherings to 10 people, no youth sports tournaments. Stay at home order issued beginning 12/14 with schools recommended to go to in-person learning through 1/8

# Community COVID-19 Vaccine Pilot

- Announced Monday, Jan. 18 for persons aged 65 and over and school staff and child care workers
- 9 pilot vaccine clinics will provide doses (7 greater Minnesota, 2 metro)
- Number of vaccines per site limited to box size of vaccine (975)
- Allocation is 50% for educators and child care workers and 50% for Minnesotans 65 and older

# Vaccine Pilot for School Staff

- Each district and charter school received an allocation of vaccines
- School leaders immediately prioritized which employees receive initial appointments (guidance provided on sub-prioritization)
- School staff had to input information into an online system by the end of Monday, Jan. 18.
- Staff on the list should have received a contact from the state-sponsored vendor to schedule their appointment for both the first and second dose
- Appointments begin on Thursday, Jan. 21

# Vaccine Pilot for School Staff

- Once Minnesota receives more vaccine from the federal government, the doses for educators, school staff, and child care workers will increase.
- The National Guard which currently oversees several state-run testing sites will help run the pilot vaccination sites.



# Thank you!