



DECLUTTERING, DEEP CLEANING, & DISINFECTING

Part I: Introduction

A comprehensive and implementable “Decluttering, Deep Cleaning, and Surface Disinfection/Sanitizing Program” with specific and detailed written protocols and procedures jointly developed by PFT working in close collaboration with the School District of Philadelphia, state and local officials, and all stakeholders including community partners, educators, and parents is an essential component of any effort to reopen our public schools.

The Decluttering, Deep Cleaning, and Surface Disinfection/Sanitizing Program is only one part of a comprehensive District “Infection Control Plan” (ICP) that must include clear, implementable protocols, practices and procedures for the steps to take in protecting the health, safety, and welfare of all school students and staff from the risks and hazards associated with exposure to, and illness from, the Covid-19 virus.

A comprehensive and detailed cleaning program includes at least the following major elements:

- Detailed identification, listing, and square foot measurements of all instructional and other school building spaces requiring cleaning and disinfecting/sanitizing for all buildings.
- Determination and assignment of adequate personnel resources, numbers and schedules of cleaners/custodial workers and proper and sufficient cleaning supplies, equipment, and materials as necessary to ensure the level of required cleaning is conducted before school is “re-occupied” for the 2020/21 SY.
- Ensure sufficient numbers of, and accessibility to, personal hygiene, hand-washing and sanitizing stations, equipment and supplies are readily available and properly maintained so that frequent hand washing/sanitizing can be effectively done.
- Assessment and necessary upgrades to heating, ventilation, and air conditioning [HVAC] systems and repair and maintenance of windows to ensure maximum

operability and the provision of adequate amounts of fresh air is provided to building spaces.

- Specific COVID-19 related training and education for cleaning and custodial personnel.
- A communication plan by the District, jointly developed in collaboration with the PFT and other stakeholders, that includes providing ongoing information and notification to all stakeholders.
- Joint and collaborative development and implementation with PFT and other public stakeholders, of comprehensive best cleaning and disinfection practices and procedures to be used to ensure that the health, safety, and welfare of all school staff, students, and other occupants are fully protected.
- Provisions for adequate and specified PPE to include, but not be limited to, cloth face coverings/masks and/or face shields, gloves, “gowns” or work uniforms.

The terms “Cleaning,” “Sanitizing,” and “Disinfecting” are sometimes used interchangeably, although there are differences that have been identified and described by the CDC to help better understand each of the terms:

- **Cleaning removes germs**, dirt, and impurities from surfaces or objects. Cleaning works by using soap (and/or detergents) and water to physically remove germs from surfaces. This is why using clean cloths and other supplies/equipment is needed to avoid spreading contamination around from surface to surface. This process does not necessarily kill germs, but by removing them, it lowers their numbers and reduces the risk of spreading infection.
- **Disinfecting kills germs on surfaces or objects**. Disinfecting uses chemicals to kill germs. This process does not necessarily clean dirty surfaces or remove germs, but by killing germs on a surface after cleaning, it can further lower the risk of spreading infection.
- **Sanitizing lowers the number of germs** on surfaces or objects to a safe level as judged by public health standards or requirements to lower the risk of spreading infection. Sanitizing is accomplished by cleaning and/or disinfecting.

***** Please note that cleaning of all porous and non-porous surfaces is always a necessary first step before disinfection activities are performed.***

Part II: General Considerations/Working Assumptions & Background Information

1. Decluttering of many spaces will be required prior to cleaning and sanitizing/disinfecting activities, particularly since schools were closed in a manner that did not permit the organized packing of supplies and materials. This process will need to involve PFT and school staff in the planning and implementation of decluttering.
2. Rigorous cleaning and related actions will need to be conducted prior to the return to school as well as throughout the school year.
3. Dedicated custodial/cleaning staff will be needed and specifically assigned for: [a] day time cleaning (throughout the day while schools are occupied for response to spills, cleaning of high touch and other surfaces) as well as [b] for daily deep cleaning and disinfection after all students and staff are out of the building.
4. Visibly dirty hard/non-porous as well as porous surfaces should be cleaned prior to disinfecting.
5. Cleaning adequacy approaches and guidelines should be jointly developed by PFT and District and cleaning verification should also be jointly conducted.
6. Authoritative and recognized cleaning standards that define cleaning benchmarks, levels, and degree of cleanliness need to be relied upon for standard development and cleaning implementation.
 - a. ISSA/APPA Level 2 Cleaning should be the minimum standard for all schools [especially for Covid-19 related cleaning] = 20,000 SF per cleaner [maximum].
 - b. The level above is for 8 hours of cleaning conducted **only after** rooms/schools are unoccupied [not for cleaning during the day which is also required].
7. Additional cleaning and custodial personnel and other related resources will be needed in order to accomplish effective and necessary day-time cleaning as well as after the end of school day deep cleaning and disinfecting [specified in the District's draft cleaning plan].
8. Cleaning/custodial personnel will need to wear PPE [as specified in the District's draft cleaning plan].
9. Specific and detailed cleaning standards and guidelines will need to be jointly

developed and approved with stakeholder input and participation.

Part III: Decluttering, Deep Cleaning, & Disinfecting/Sanitizing Recommendations

A. Start dates and scheduling issues for decluttering, deep cleaning, and disinfection

1. District-wide and school specific start dates and schedules for decluttering, cleaning, and disinfection.
 - a. Start date and schedules should be immediately provided.
 - b. Decluttering, deep cleaning, and disinfection activities must start as soon as possible in order to ensure safe and timely school re-occupancy.
2. District plans, including time frames and approaches necessary to perform effective cleaning with special reference to those schools in which construction, renovation, modernization, and/or environmental remediation work is occurring.
3. SDP must work directly with educational and administrative staff to properly identify, label, box, and store all educational materials, supplies, and equipment for decluttering prior to any cleaning or disinfection work being performed.
 - a. This should be accomplished by having school educational staff return to buildings to identify and mark supplies, materials and equipment to guide efforts prior to cleaning being conducted.
 - b. School staff could be brought into schools over the course of 5-10 days in “grade-level shifts.”
 - c. School staff would spend approximately 1-2 hours in their rooms and would be asked to wear face covering/shields and maintain physical distance while in the school.
4. Provide the exact numbers of total cleaning personnel employed District-wide and the numbers currently available and assigned to each school prior to, and during occupancy in order to assess cleaning resource adequacy.
 - a. According to District-provided data there is about 26 million square feet [MSF] of gross total space and at least about 22 MSF of instructional “cleanable”

space.

- b. As per cleaning standards/guidelines and benchmarks [from APPA, ISSA and other authorities] the District would need at least 1100 cleaners per day in school, after all students and staff have left the building, to effectively clean existing spaces at the 20,000 SF per cleaner/custodian standard.
 - c. Required cleaning levels are based on 20,000 SF/day per cleaner [this is equivalent to 2,500 SF per hour per cleaner] during periods of non-occupancy.
5. Provide a detailed description of schedule/hours for on-site cleaning to be conducted prior to occupancy – this is necessary for evaluation and assessment purposes.
 6. Provide a detailed description of schedule/hours for on-site cleaning to be conducted during occupancy – this is necessary for evaluation and assessment purposes. During school occupancy cleaning requires 2 “shifts”:
 - a. Cleaning schedule/hours **throughout** the school day.
 - b. Cleaning/schedule/hours **after** the school day.
 7. Provide details about how cleaning staffing levels will be maintained on a daily basis in schools to ensure adequate cleaning takes place.
 8. Cleaning evaluation and “check-off” practices and procedures should be jointly developed to ensure effectiveness of daily and routine cleaning.

B. Identify all spaces in all schools to include details describing use, category, and type of space as well as square footage and “high touch” surfaces.

1. Use and provide floor plans, architectural drawings and other similar space representations and measurements to identify all locations to be decluttered, cleaned, and disinfected. Specific space/area square footage measurements must be provided.
2. A detailed school/room level assessment is needed and must be performed to identify the specific decluttering needs, cleaning, and disinfection requirements for all instructional spaces. Decluttering needs to occur prior to cleaning and disinfecting.

3. Develop a process for effectively storing and labeling educational materials and supplies. This should be done jointly with school educational staff [School-Based Task Force Working Groups].
4. The District should develop and define a comprehensive and specific set of cleaning and disinfection protocols, procedures, and expectations (to cover “after school/before opening” and “during school” activities) to include, but not be limited to:
 - a. At minimum, cleaners should be provided with and should wear masks/face shields, gloves and protective clothing whenever there is a possibility of coronavirus being present on surfaces.
 - b. Clean and disinfect surfaces from “cleanest” to “dirtiest” to help further limit spread of contamination.
 - c. Sanitize/disinfect surfaces only after cleaning has been conducted [emptying trash, vacuuming/sweeping, wiping surfaces, etc.].
 - d. Surface cleaning should be done using microfiber products because of their increased absorbency [consider using “smart towel” products].
 - e. It is preferable **not** to use mops and buckets for cleaning.
 - f. Educational spaces should be cleaned and disinfected throughout the day on a regularly established schedule to include, but not be limited to:
 - i. Whenever classrooms “change” [i.e. students leave],
 - ii. High touch surfaces [defined below in more detail].
5. Follow existing guidelines, standards and recommendations from the CDC [“Guidance for Cleaning, & Disinfecting”] and other authoritative sources to at least include:
 - a. Determining and listing the types of surfaces to be cleaned [porous and non-porous] and perform cleaning, HEPA-vacuuming, etc., prior to disinfection.
 - b. Identifying the types of products necessary for cleaning and disinfecting the various types of surfaces.

- c. Identifying “high-touch” surfaces to ensure frequent cleaning is conducted.
Frequency of cleaning should occur at least 2x-3x during the occupied school day.
High touch surfaces include, but are not limited to, the following:
 - i. Tables, desks, and chairs,
 - ii. Door knobs and handles, handrails, light switches, phones, and keyboards,
 - iii. Countertops, computer touch screens, and shared objects,
 - iv. Faucets, drinking fountains, sinks, and toilets,
 - v. Playground equipment.
 - d. Use and follow EPA guidelines and recommendations for disinfecting materials and products to be used on porous and non-porous surfaces.
6. Prior to disinfecting clean non-porous surfaces with detergent/water or other solution to remove dirt.
 7. Prior to disinfecting porous surfaces use damp-wiping and HEPA-vacuuming to remove dirt.
 8. Wherever practical remove “soft” porous materials from spaces [e.g. carpets, stuffed animals, etc.].
 9. Use microfiber “smart towel” cleaning approaches to the extent possible.
 10. Using mops to clean floors is not recommended. However, if mop and bucket cleaning is to be used:
 - a. “Flat” head mops instead of “spaghetti” string mops are preferred.
 - b. Dirty water and clean water must be fully separated.
 - c. Mop heads must be kept as clean as possible.
 - d. Consider using a “one room/one mop” policy.
 11. Explore the feasibility, and availability, of using more automated “spray and vac” (no-touch) cleaning systems already being used in many school districts, colleges, and universities. Electrostatic disinfection sprayer/mister systems are advisable [price range \$1500-\$4500 per unit]. These systems apply cleaning solutions to surfaces and then pressure rinse the same areas followed by vacuuming up moisture and dirt and will improve cleaning efficiency and effectiveness while protecting workers.

12. Fogging of all school areas/surfaces should be performed following all cleaning activities and prior to the start of the 2020/2021 SY (as per District draft cleaning plan).
13. All custodial, cleaning, and building engineering personnel should be equipped with proper and adequate amounts and types of PPE (face coverings, gloves, and protective clothing)
14. Cleaning staff will be needed throughout the school day for periodic, high touch, and specialized/responsive cleaning. In addition, cleaning staff will need to be assigned to perform after-school cleaning and sanitizing activities on a daily basis.
15. After school hours cleaning is a critical component of ensuring healthful, safe, and sanitary conditions especially, but not exclusively, related to Covid-19 concerns.
16. Additional hand sanitizing stations should be installed and maintained throughout occupied buildings and the District should implement practices to ensure the adequacy of hand sanitizer supplies and equipment. After the end of the school day, cleaning needs are highlighted by the fact that:
 - a. Food will be served/eaten in classrooms; throughout the school day.
 - b. The cleaning of floors, desks, chairs, and other school surfaces can only be effectively conducted after all students and staff have left the building.
 - c. Fogging/spraying of “all classrooms, bathrooms, office spaces hallways, elevators [if applicable], foyers and vestibules prior to leaving” (as per District plan draft). requires cleaning of these surfaces before sanitizing activities are performed.
17. Replace lavatory fixtures with sensor technologies, where possible, to reduce cleaning load and potential surface contamination.
18. Based on current SDP data and information we have estimated that the SDP would need to employ/hire 200-500 additional cleaning personnel to be “fully staffed” [at the accepted benchmark cleaning levels of 20,000 SF per cleaner in an 8 hour period after students and staff have left the building spaces] in order to perform effective cleaning sufficient to ensure the protection of occupant health, safety, and welfare.
 - a. Staff estimates are based on data provided by the District about current cleaning staff numbers and accounting for school size information.
 - b. Additional cleaning capacity [*above the 200-500 cleaners recommended*] will likely be required in order to address emergency and predictable needs including, but not limited to:

- i. Substitution for people who are injured or ill or for any other reasons where staff may not be able to be on site at the scheduled hours,
- ii. Where specific school conditions may warrant more aggressive cleaning on an emergency and/or semi-routine basis.

19. Specific measures defining what will be done in the event cleaning/custodial personnel are absent from work must be provided. Options include employing Rapid Response Team (RRT)/substitute cleaners; utilizing overtime hours; and/or restricting spaces from use.

20. Specific measures defining what will be done in the event school areas/rooms are unable to be adequately cleaned before the start of the next day must be defined and provided.

21. Additional factors which should be implemented as part of a long-range plan to further reduce airborne coronavirus load include but are not limited to:

- a. Describing and detailing the numbers and operational status of all potentially openable windows throughout the district by school and room. Adjusting/repairing windows to ensure they are fully operable, to the extent possible, in order to increase fresh air delivery and to allow for increased natural ventilation for dilution as per CDC and other authoritative guidelines and recommendations
- b. Describing and detailing the current operational status and presence of mechanical heating, ventilation, and air conditioning systems in District buildings. Provide a list of schools and specific areas within schools that have an operational HVAC system.
- c. Evaluate/explore potential upgrades to existing heating, ventilation, and air conditioning [HVAC] systems and components to lower microbial contamination by:
 - i. Increasing outside air intake and the provision of fresh air into occupied spaces to facilitate lower viral loads by dilution. This approach only works if additional room air changes and upgraded exhaust ventilation is provided.

- ii. Consider increasing humidity [add humidification] to about 50%.
- iii. Increasing filter changes and type[s] of filtration used.
- iv. Explore/evaluate new technologies such as “Bipolar Ionization” that might be able to be integrated into some existing HVAC systems and should be included into newly installed and/or upgraded HVAC systems.
- v. Specifically ensure that all bathroom exhaust ventilation systems are fully operational and working as required to ensure proper dilution ventilation and air changes in all bathroom spaces.

Part IV: Specific Requirements & Recommendations for Decluttering

1. Detailed school/room level assessments of space use and dimensions for all instructional spaces are required to identify decluttering needs, cleaning, and disinfection requirements. (B1-B3, p. 5)
2. District-wide and school specific start dates and schedules for decluttering, cleaning, and disinfection must be immediately provided. Dedicated schedules and timing details must be provided for schools in which significant environmental remediation and ongoing construction, renovation, and modernization activities are occurring. (A1-A2, p. 4)
3. The District must immediately undertake planning efforts sufficient to properly identify, label, box, and store all equipment, materials, and supplies for decluttering prior to any cleaning or disinfection work being performed. (A3, p. 4)
4. The District must provide a count of the exact total number of school district cleaners and the total amount of cleanable square footage in all schools. (A4, pp. 4-5)
5. The District must provide a detailed description of schedule/hours and the exact numbers of cleaning personnel required for each school: [a] for cleaning to be conducted prior to students and staff reoccupying schools; [b] for cleaning to be conducted during the school day; and [c] for the eight (8) hours of necessary cleaning to be conducted after school hours. (A4, pp. 4-5)
6. The District must provide a detailed approach describing a daily process for cleaning evaluation, and verification. (A8, p. 5)
7. The District should develop and define a comprehensive and specific set of cleaning

and disinfection protocols, procedures, and expectations. (B4-B15, pp. 5-8)

8. In addition to the 20,000 SF maximum cleaning area per District cleaner, in order to cover for emergency and substitute staffing needs based on School District data, the PFT estimates that an additional 200 cleaners are required. (B18-B20, pp. 8-9)
9. The District must identify current levels of hand washing and hand sanitizing capacity in order to develop and communicate to the entire school community a hand washing and hand sanitizing protocol. (B16-B17, p. 8)
10. The District must conduct a detailed assessment and list current operational status at the room and school level for heating and air conditioning ventilation [as recommended by CDC and included in the District's Maintenance planning document]. (B21 p. 9)
11. The District must conduct a detailed assessment and list current operational status at the room and school level for windows for all occupied buildings and spaces. Inoperable windows should be repaired to ensure as much fresh air circulation as possible is provided to occupied schools [as recommended by CDC and included in the District's Maintenance planning document]. (B21 p. 9)



PHILADELPHIA
FEDERATION of TEACHERS

Jerry T. Jordan, President

PFT Member Feedback Regarding Reopening Schools
May 26, 2020

Survey Completed by 6,325 PFT members between May 12-18, 2020
For executive summary: tinyurl.com/PFTexecsummaryMay2020

Each question was optional, and members were advised to skip questions that they were unable to answer. Total number of answers for each question is indicated on each individual chart. Additional feedback sections were also provided, and a snapshot of that feedback is provided at the end of this report.

What follows is the full report of results, broken down into the following categories:

- Sections 1-4: Sliding scale responses
- Feedback Parts 1-10: Sampling of open feedback on a variety of topics

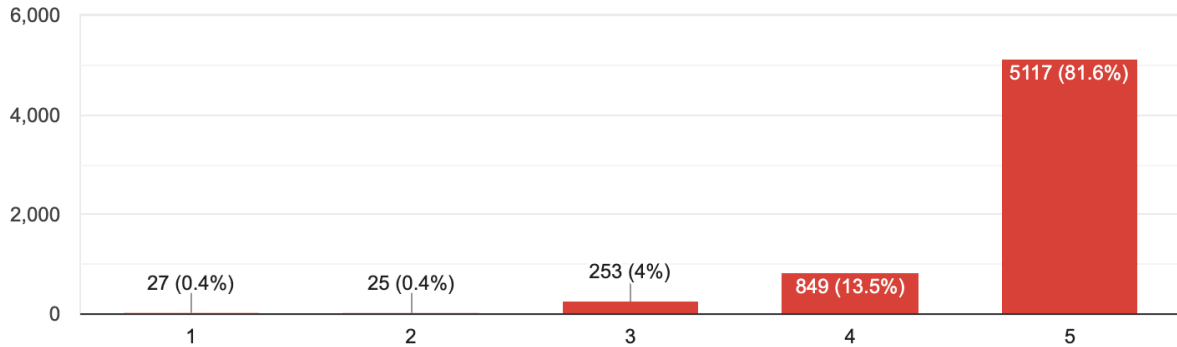
Section 1: Consider the following components of a potential reopening plan and share your thoughts on their significance

1=Not at all significant

5=Of top significance

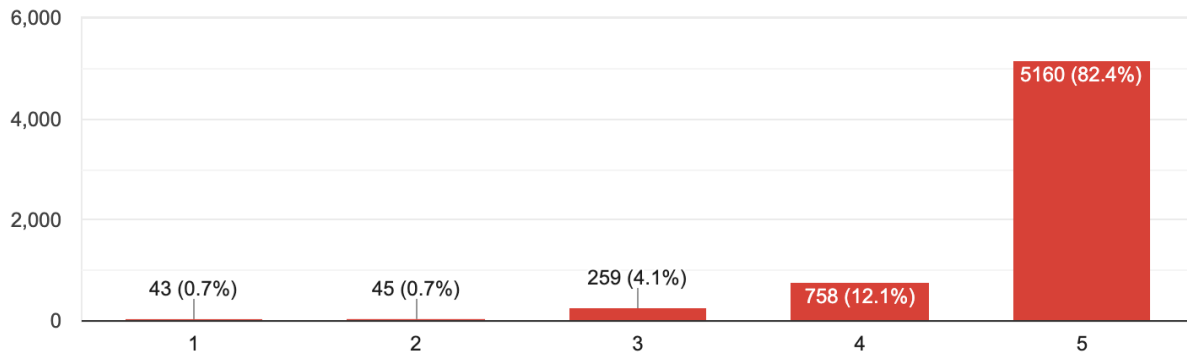
PFT involvement in the creation of & monitoring implementation of the reopening plan

6,271 responses



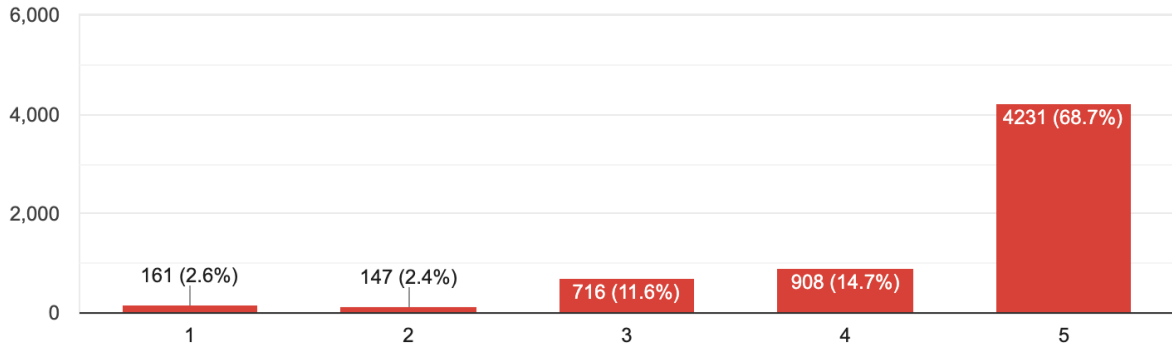
Philadelphia & Pennsylvania Health Departments' involvement in the creation of & monitoring implementation of the reopening plan

6,265 responses



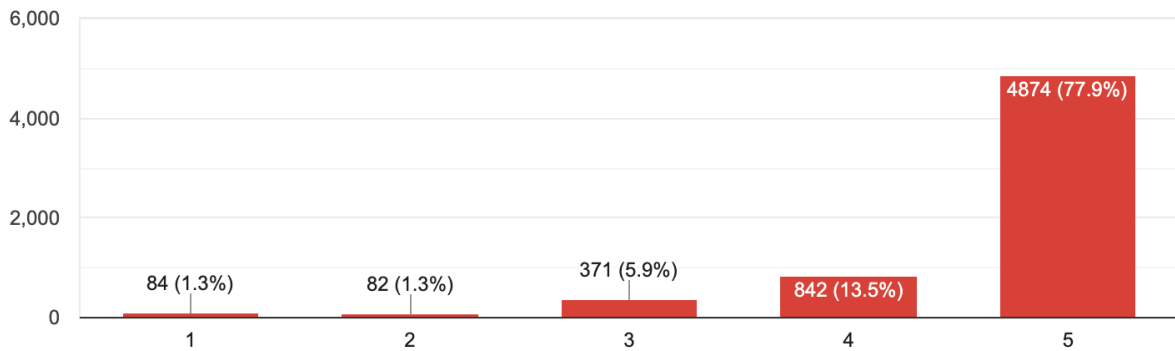
Schools should only reopen after we see a rate of 50 cases per 100,000 residents over a 14 day period (Governor's guidance)

6,163 responses



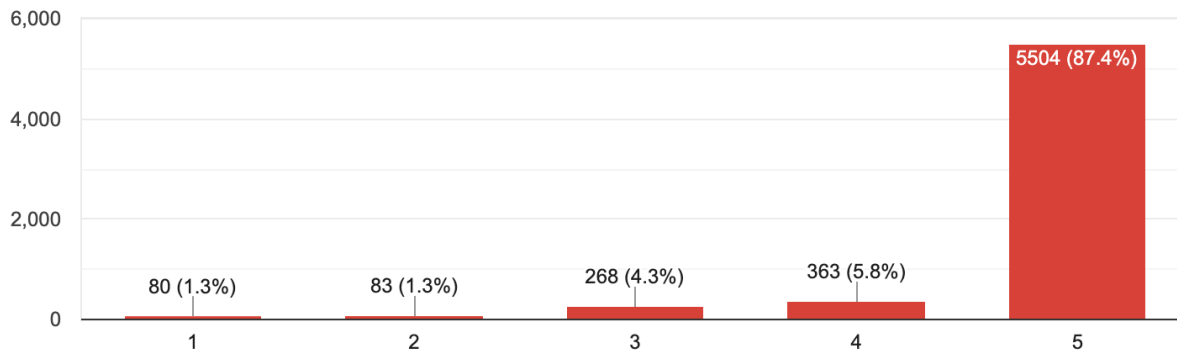
Putting in place the infrastructure and resources to test, trace and isolate new cases.

6,253 responses



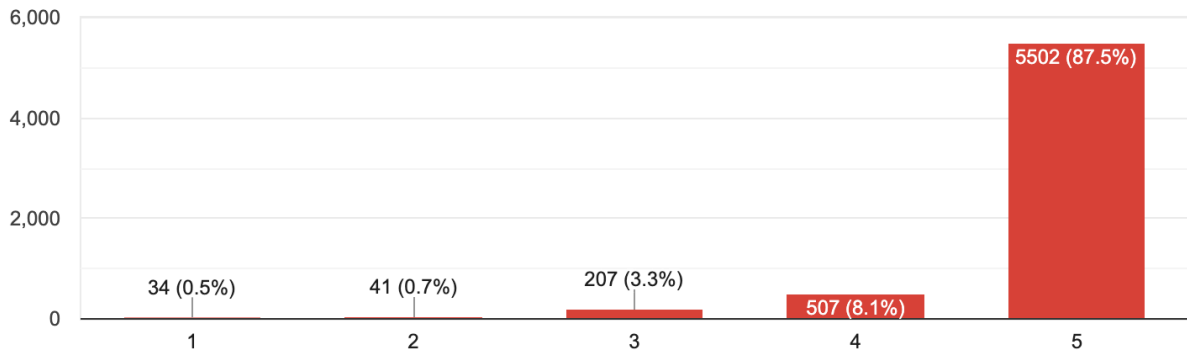
CDC approved cleaning of all buildings before reentry

6,298 responses



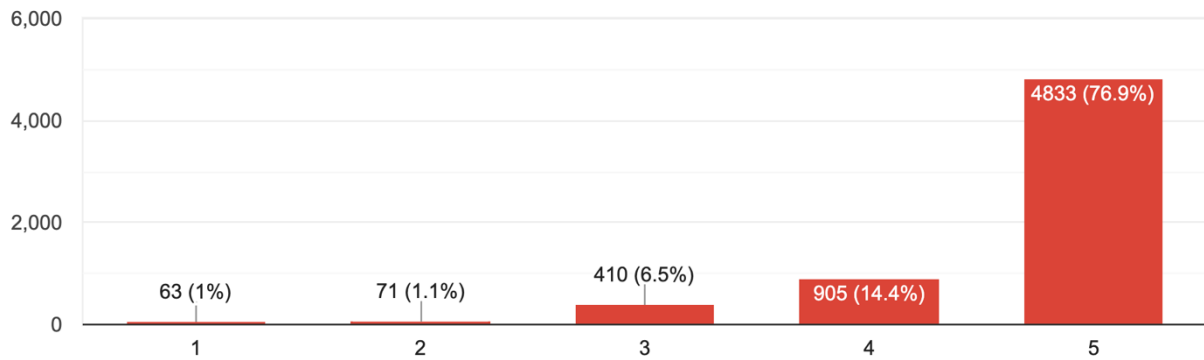
Daily CDC approved cleaning methods after reentry

6,291 responses



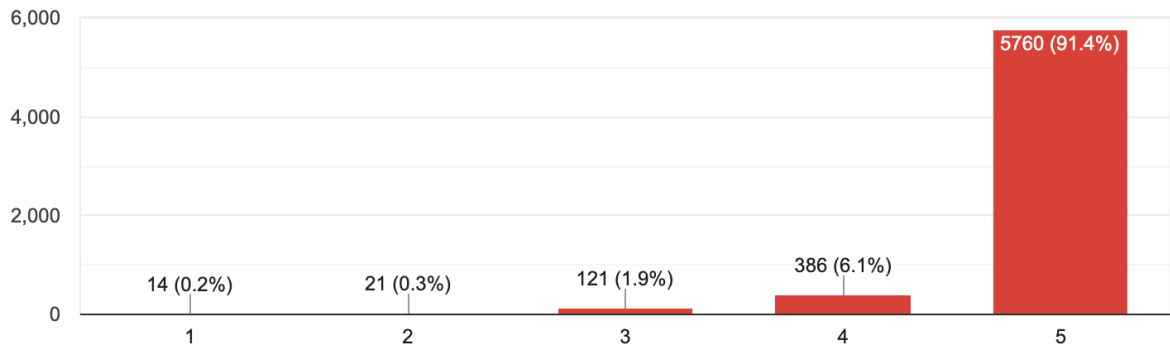
Daily monitoring of student/staff health on school grounds

6,282 responses



Increased access to sanitizing and handwashing stations for students and staff

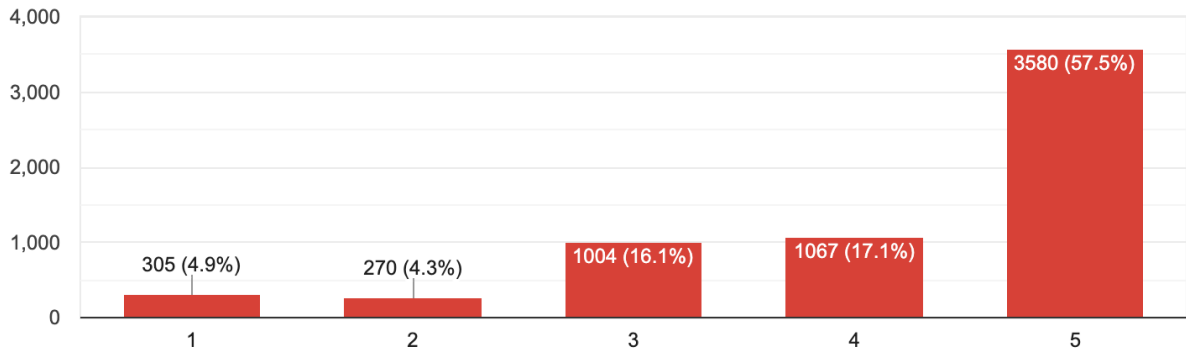
6,302 responses



Requirement for all staff & students to wear a masks &/or other protective gear (PPE)

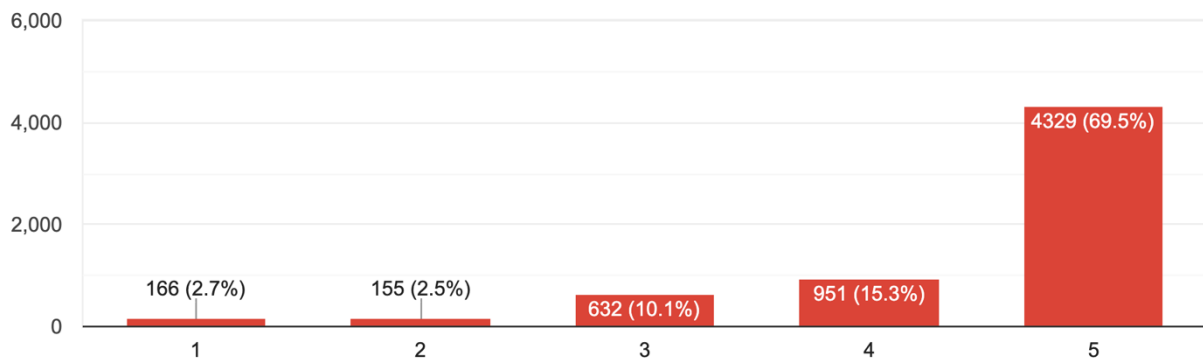


6,226 responses



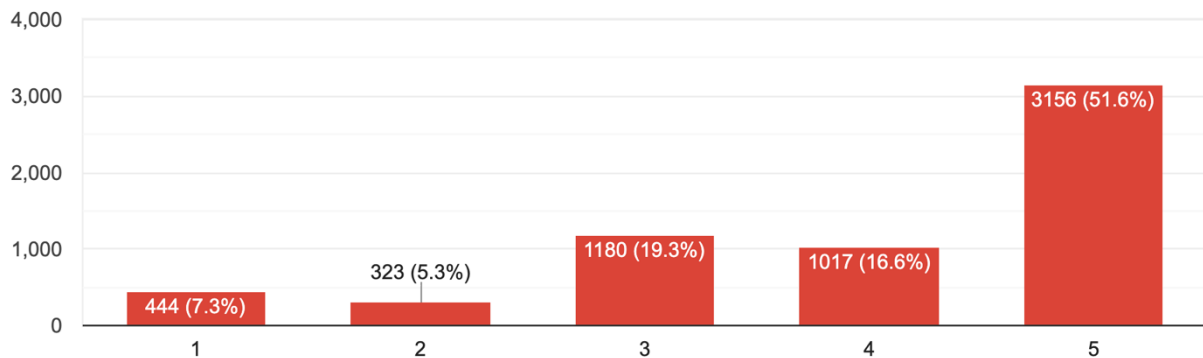
Provision of any required protective equipment BY the School District (ie, District issued masks)

6,233 responses



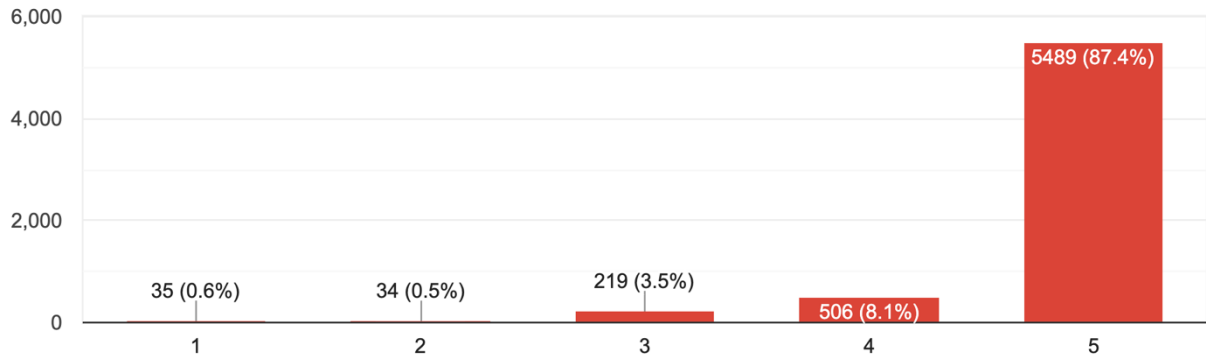
Establishment of an isolation room within the school

6,120 responses



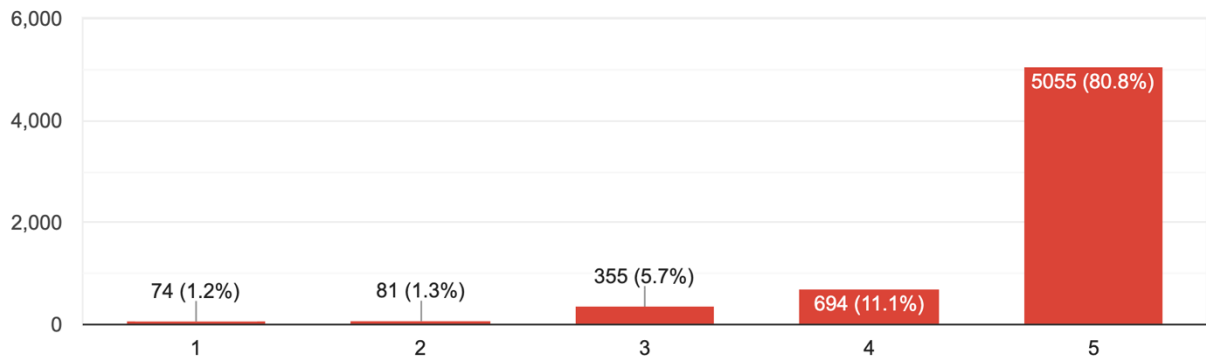
Notification protocol if any student or staff member tests positive for COVID-19

6,283 responses



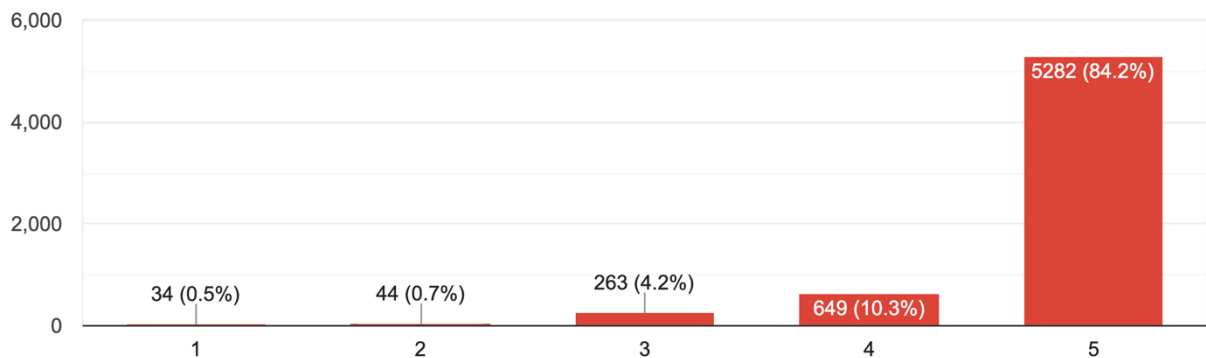
Closure protocol if any student or staff member tests positive for COVID-19

6,259 responses



Notification protocol for policies and procedures (for staff and families-- in all applicable languages)

6,272 responses



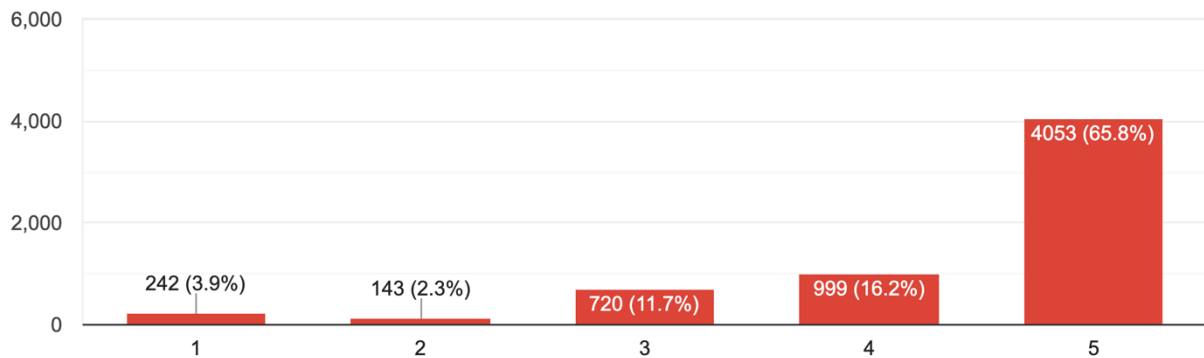
Section 2: If some degree of social distancing remains required when schools reopen, which of the following methods would you support?

1=I do not support this at all.

5=This is an excellent idea, and it has my full support

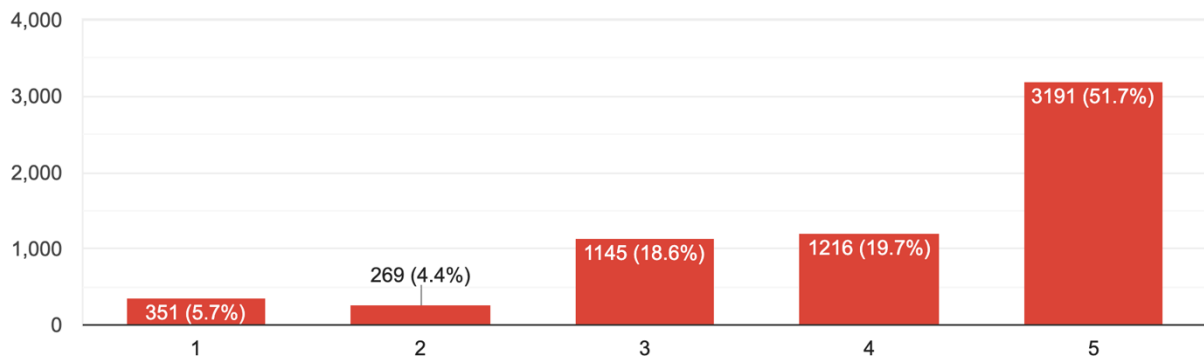
Enrollment requirements based on physical space in classrooms.

6,157 responses



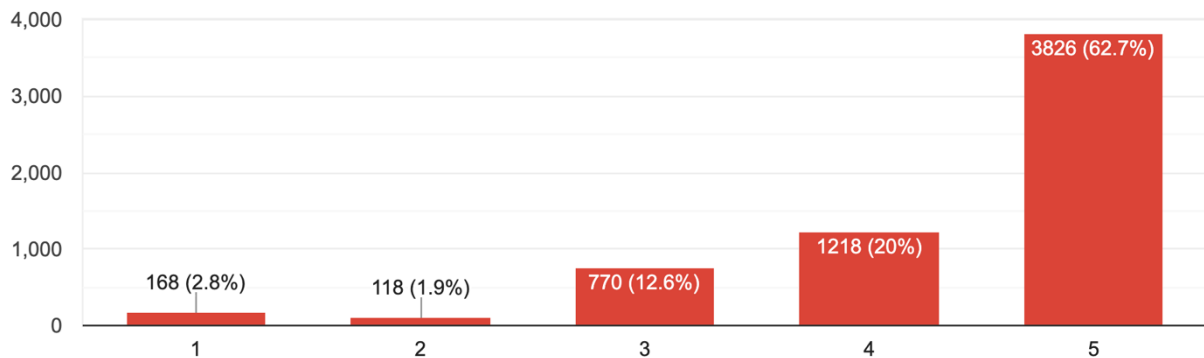
Hybrid model of school, with some remote learning still taking place (with instruction from PFT members).

6,172 responses



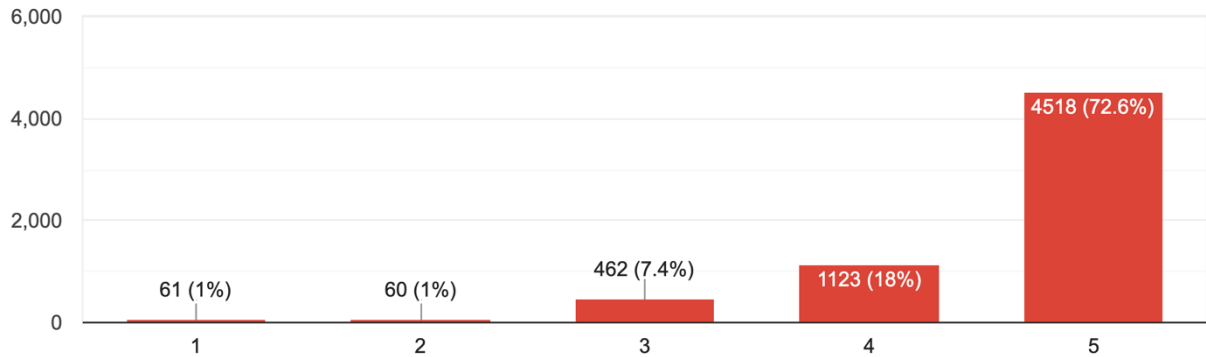
School nurse oversight in triage and case management at the school level

6,100 responses



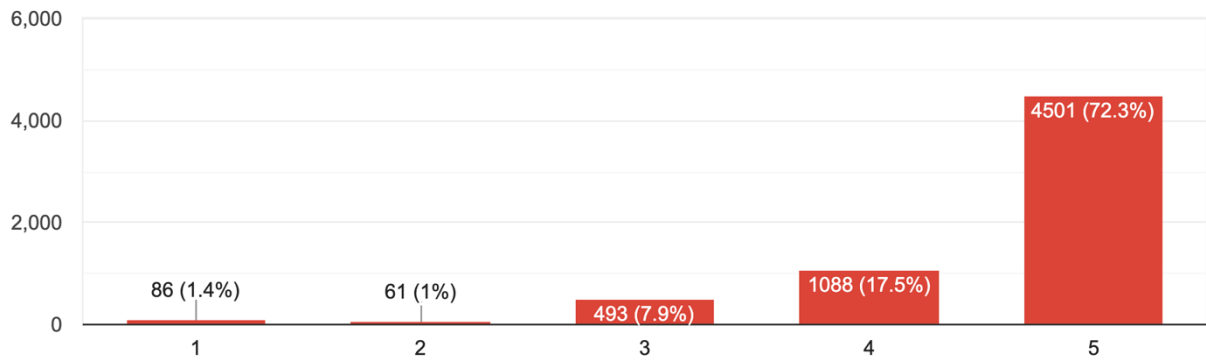
Policies for at risk/vulnerable students to continue learning (remotely or other possible methods).

6,224 responses



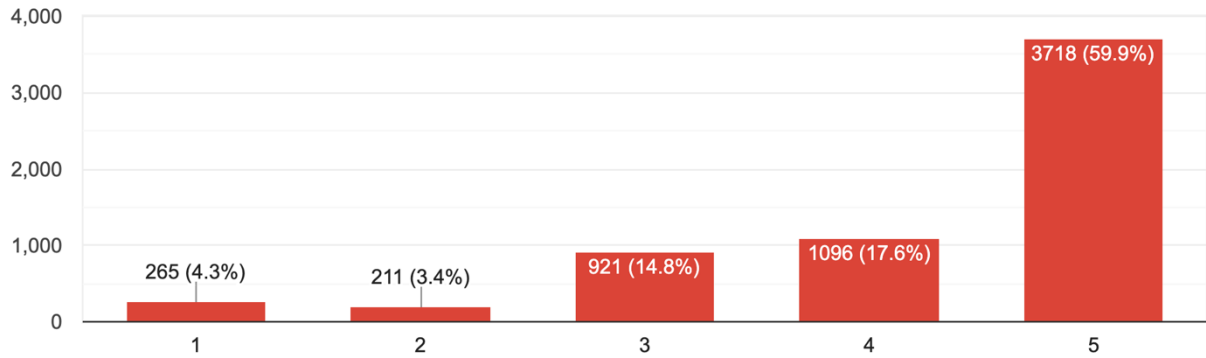
Policies for at risk/vulnerable staff to work (remotely or other possible methods).

6,229 responses



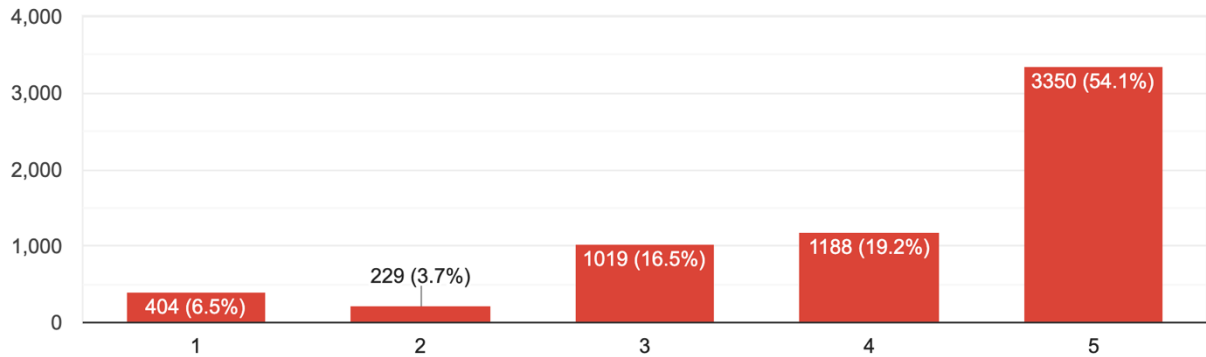
"Traffic" policies throughout building (i.e., stairwell A is used by Room 202 at 11am; or, hallway 1 is only used for traffic on one direction)

6,211 responses



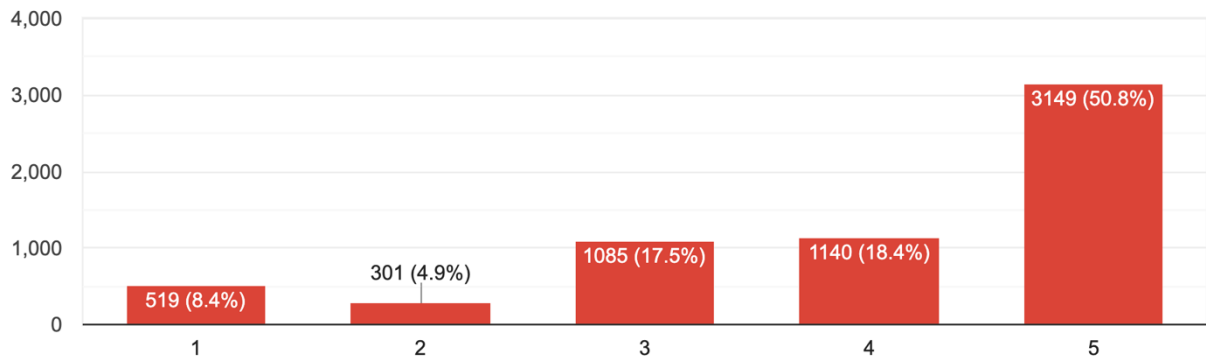
Staggered schedules for students (M/W/F or other daily staggered schedule)

6,190 responses



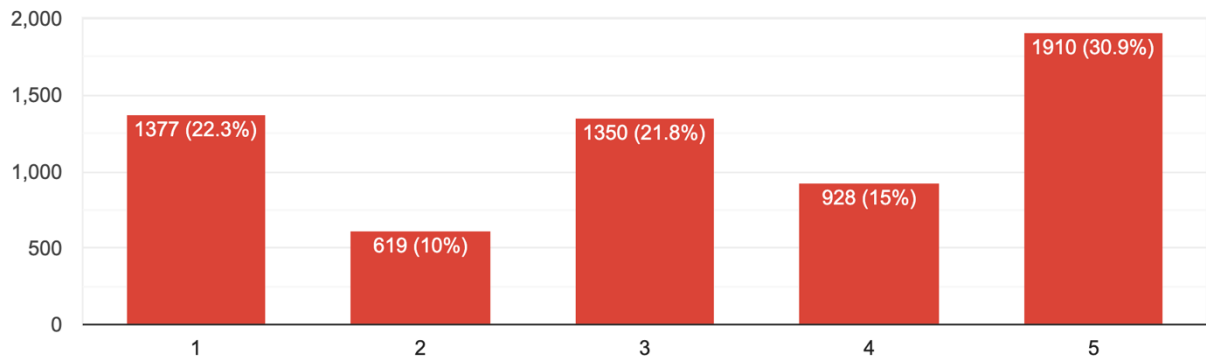
Staggered schedules for students (morning/afternoon)

6,194 responses



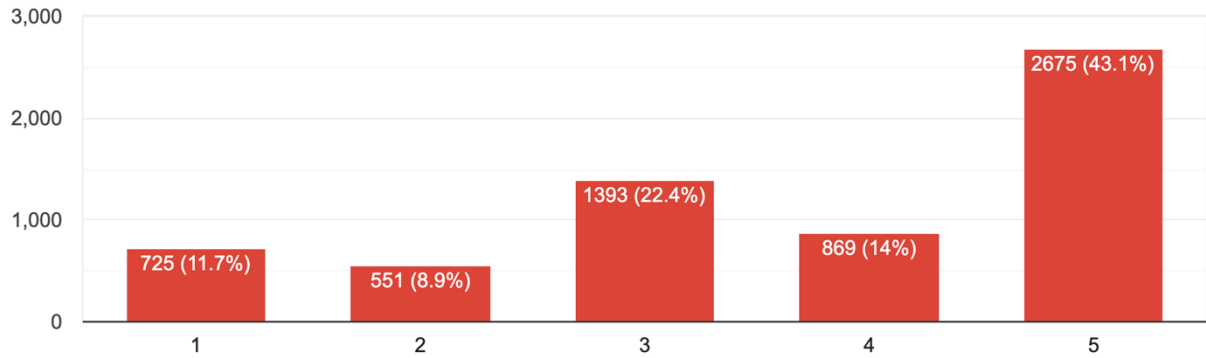
Students remaining in one classroom for the whole day as opposed to traveling

6,184 responses



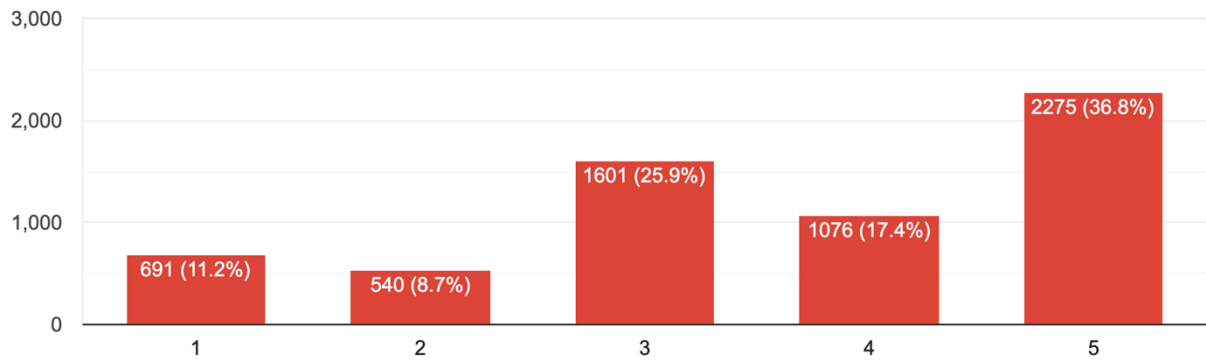
Elimination of school assemblies, field trips, and other large gatherings

6,213 responses



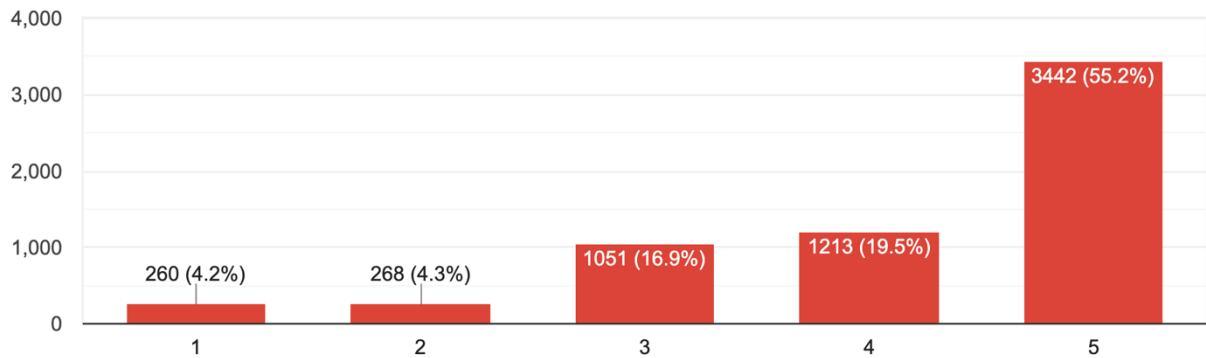
Restricted access to spaces like the cafeteria and school yards

6,183 responses



Limiting or eliminating visitors in the buildings

6,234 responses



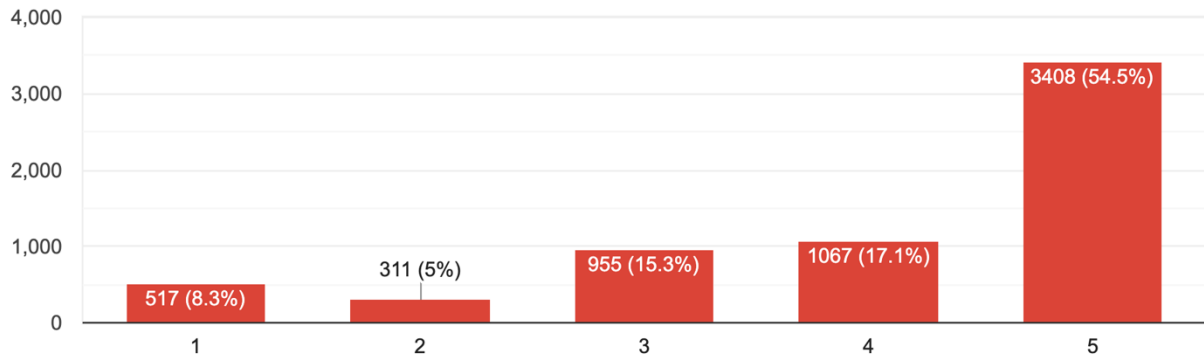
Section 3: What is your level of concern with the following statements?

1=I'm not at all concerned by this.

5=This is a top concern for me.

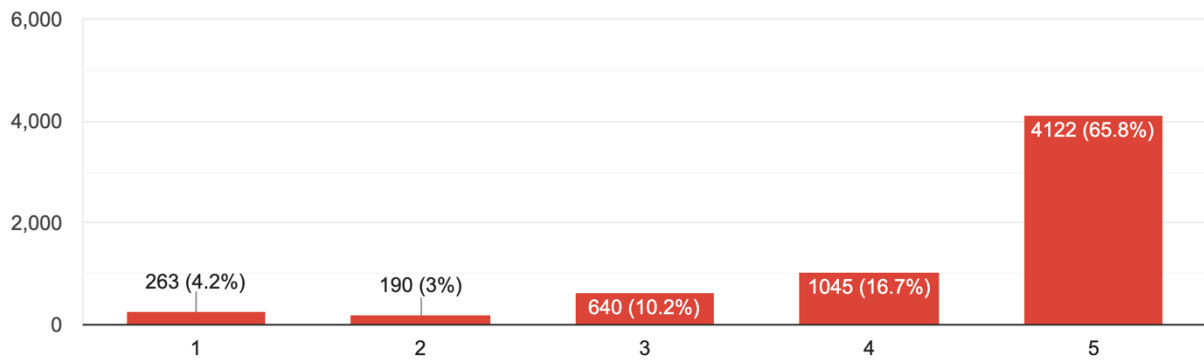
I am concerned that we will likely be reopening before there is a vaccine for COVID-19.

6,258 responses



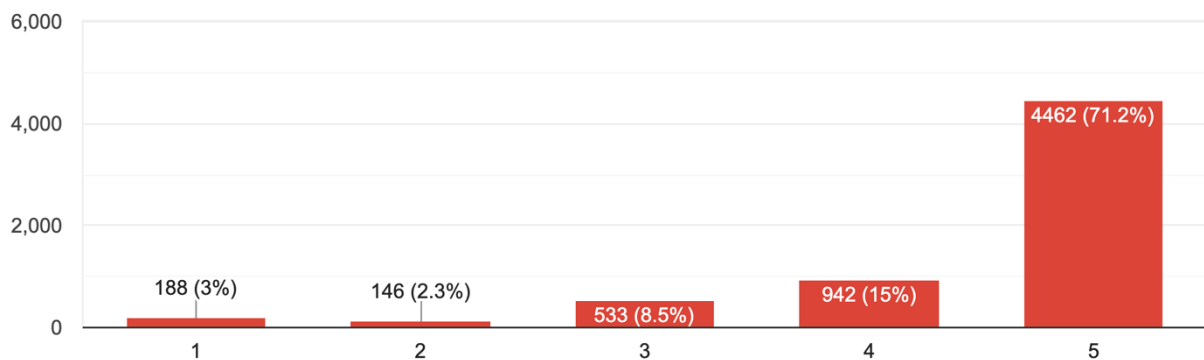
I am concerned about testing access for students and staff.

6,260 responses



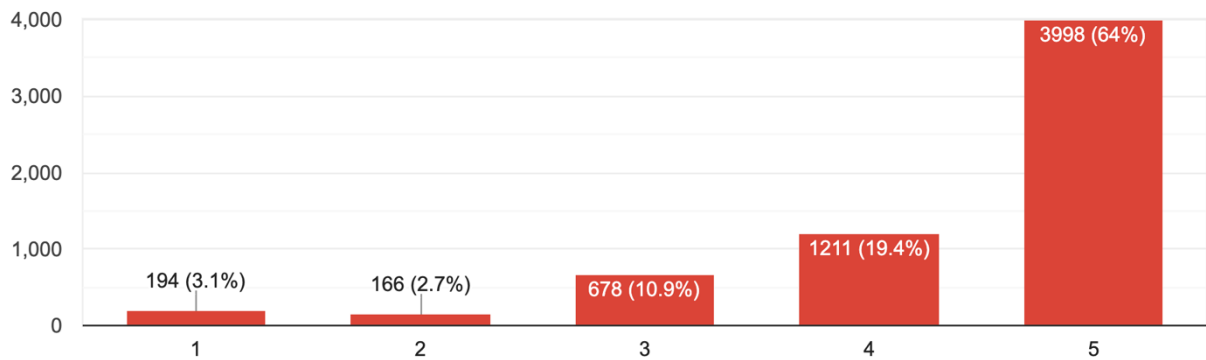
I am concerned about PPE access for students and staff (masks, gloves, etc.)

6,271 responses



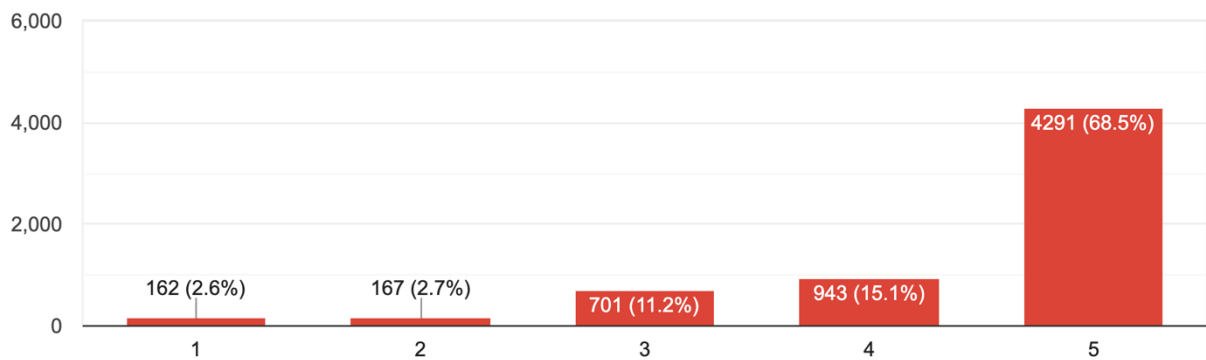
I am concerned about logistics and supply access regarding temperature checks.

6,247 responses



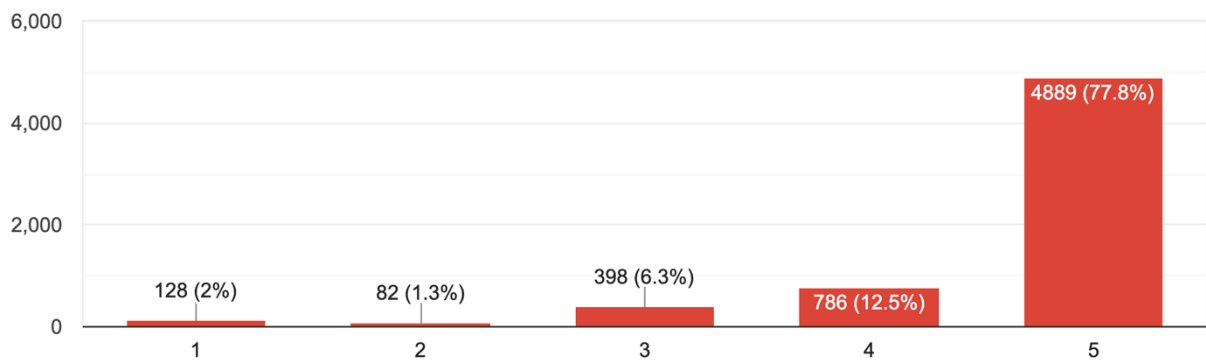
I am concerned about the human error factor (ex: incorrectly used masks, noncompliance with school-based policies).

6,264 responses



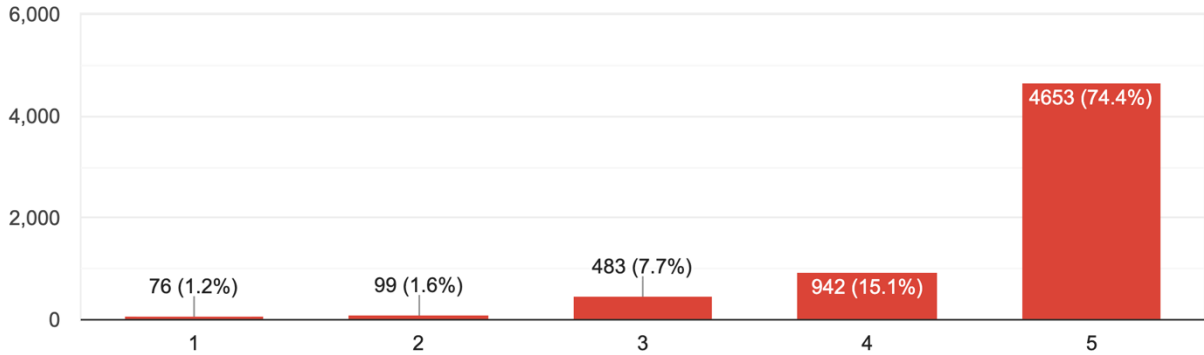
I am concerned about the challenges surrounding maintaining physical distancing within school buildings (as well as at 440 and other locations).

6,283 responses



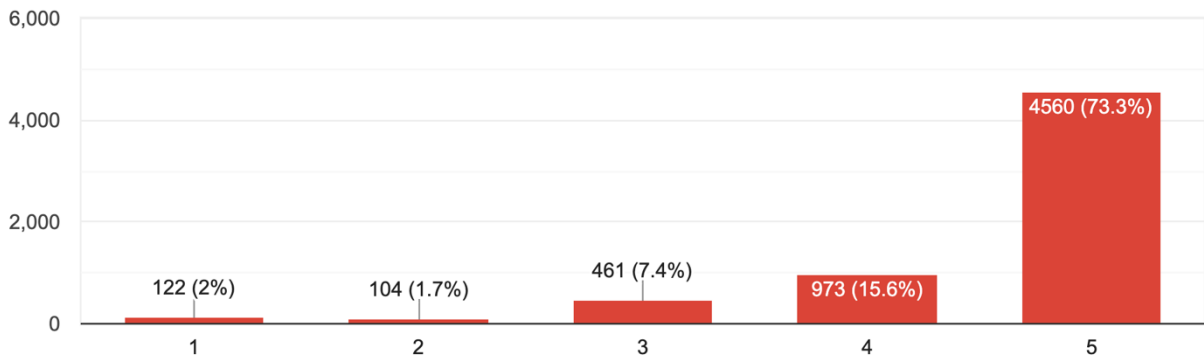
I am concerned about the challenges that students with special needs will face in various areas of any reopening protocol.

6,253 responses



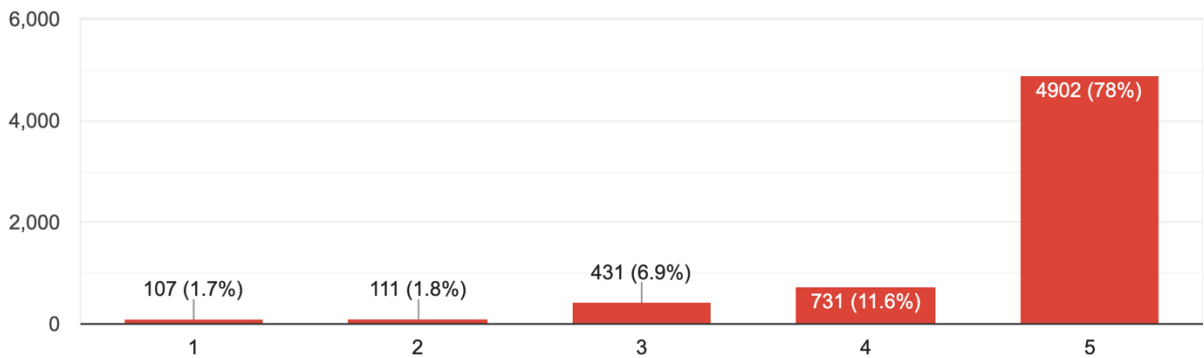
I am concerned about the equity of implementing this plan.

6,220 responses



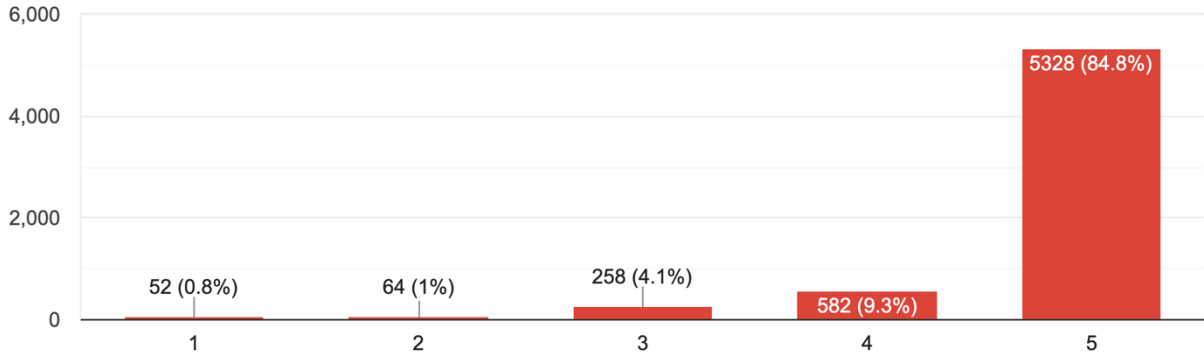
I am concerned about the District's ability to prepare buildings for reopening.

6,282 responses



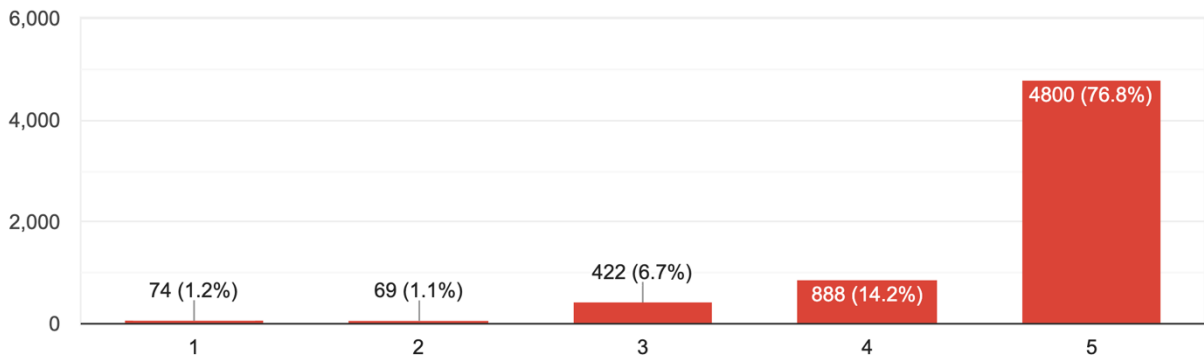
I am concerned about the District's ability to maintain sanitary conditions within schools and central office/other facilities

6,284 responses



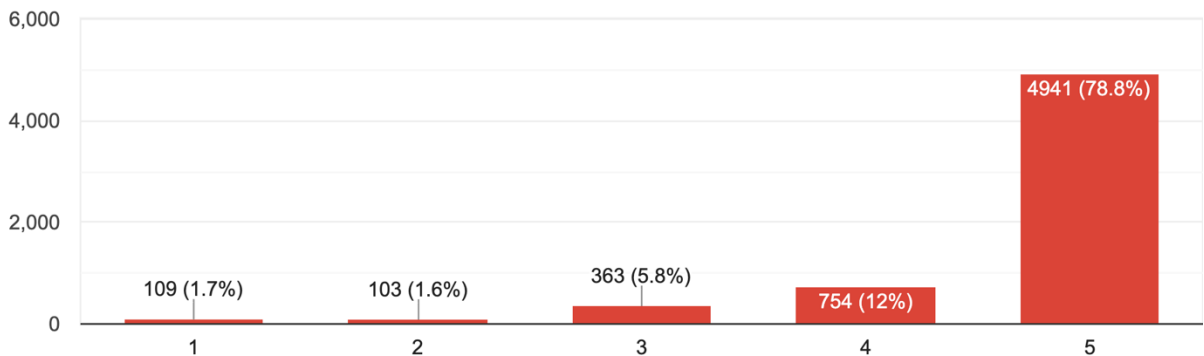
I am concerned about inability to enforce various policies and procedures.

6,253 responses



I am concerned about access to sanitizer, soap, and other cleaning supplies.

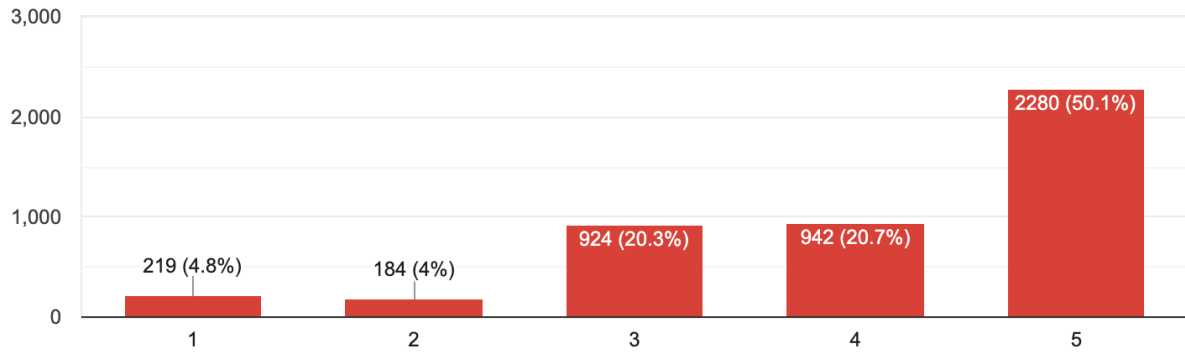
6,270 responses



Section 4: Specific Concerns Surrounding Member Groups (please only complete if applicable to you)

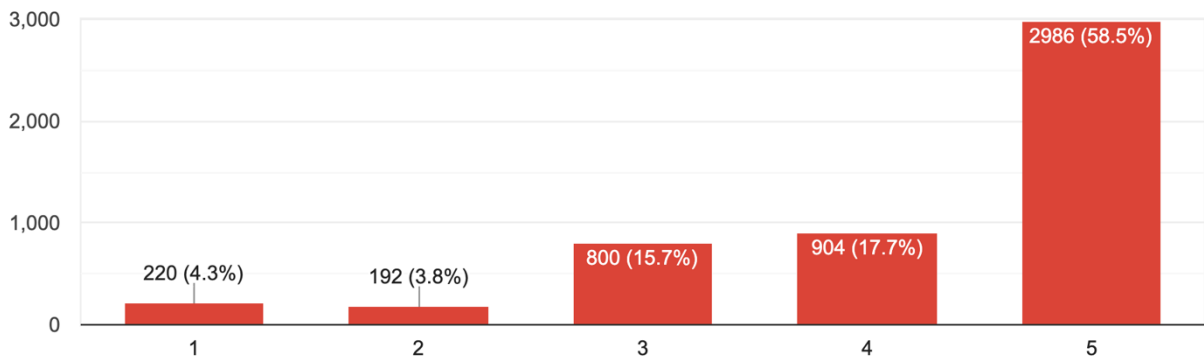
I am concerned about the challenges surrounding itinerant teacher &/or related service provider ability to serve their students.

4,549 responses



I am concerned about specific issues related to specialists, push-in/pull out teachers, and paraprofessionals who encounter multiple different groups of students throughout the day.

5,102 responses



Open Feedback

Feedback provided is an overall representative sampling of comments, and feedback is broken down by topic area.

Feedback Part 1: Overall concerns with reopening

- Should not be done until guaranteed treatment or vaccine.
- Should be fully online until a vaccine is developed.
- Concerned about reopening too early when there isn't a vaccine.
- Teachers WILL die if schools reopen too early. Students WILL get exposed and potentially long-term consequences of the virus we don't yet know enough about. Students WILL be carriers of the virus to their homes, risking the lives of all those who take care of them. I know we can't stay home forever, but our schools are woefully unprepared -- in many respects, through no fault of their own -- to deal with the challenges ahead and sacrificing actual human lives because people are getting antsy at home is something I won't personally be a part of.
- Should wait until the CDC feels that we are all safe.
- If people who are symptomatic come to school, they can spread the virus and it could mean that hundreds of people could become infected within a matter of weeks.
- I do not feel comfortable going out in public and being around almost 700 people per day when there is no cure, no vaccine, people not following social distancing and PPE protocol.
- Don't go into buildings until the threat is minimal because of a vaccine. Continue with online learning.
- I believe we should develop a system for students to continue remote learning and teachers to teach remotely should they choose instead of returning to the classroom until a vaccine is developed that works.
- I do not believe it is safe to physically return to in person teaching until proper medicine is available to prevent those who contract COVID from dying.
- We're not ready to open up. No vaccine has been approved nor proven to work for the virus. Please do not put our children and staff at risk. Suggestions include deep, thorough cleaning of the school buildings. Full-time nurse at school, temperature testing at the point of entry for all staff and students.
- After hearing Dr. Fauci speaking today in front of Congress, I am concerned about the rush to reopen in general. I understand the challenges of having students participate in online learning. We have to not only be concerned about the health of our students but, in light of the fact that many in the African American community are having more ill effects, I am concerned about asymptomatic students transmitting germs and taking them home to their families. I am also concerned about our teachers and staff getting infected.
- Reopening schools too soon will lead to many deaths.
- I think it's absurd that we are considering reopening for SY2021.
- We should continue remote instruction until some type of vaccine is developed. Students cannot be let back into school until they have been vaccinated with proof.

- As an educator, I definitely want to continue the learning process of my students and want to see the academic progress moving forward for all students. However, I don't want educators and students' health and well-being compromised for such a widespread death-related pandemic.
- If the school district cannot be 100% ready for students to enter the building we should just do remote learning.
- Should not be allowed to open without approved vaccinations that's approved by CDC. Buildings are currently in poor deplorable condition. Our building struggles to be cleaned on a regular basis.
- Please do not open the schools. We can make online learning work. The initial foundation is already done. When the students know this is serious and they must show up, they will come. Save our lives. Wait for the proven vaccine.
- Overall, I think a best decision would be to continue remote teaching- but following actual grading and attendance policies to hold kids accountable- could be the safest option for all moving forward. However, with that being said, my concern lies then in students who are not safe in their homes- I am thinking about LGBTQ youth and students who are trying out other parts of their identities. The level of boredom with staying home could lead some middle school students down a wrong path.
- I feel that students need to get back into brick and mortar locations. I think with proper guidelines and implementation this can be done.
- Only within CDC and PA government guidelines should schools reopen. Reduce class sizes to the social gathering CDC recommendation (10 people or less or whatever the current status would be upon returning) We cannot return with 30 to 40 elementary students tightly in a classroom if CDC says no social gatherings with more than 10 or so people. It would not be safe for anyone.
- Having one year of virtual school will be a burden on many, BUT the costs that the virus brings far outweighs the "inconvenience" we all will have to deal with for one year.

Feedback Part 2: Concerns regarding class size/physical space

- Our schools are already overcrowded.
- Safety is a top priority. Overcrowded schools in the NE are a major issue. Our nurses are already at capacity with routine screenings, daily health issues and records. How would they oversee this process?
- It is not possible to have enough supplies for each individual student with the current budget.
- Being an art teacher, I would be a bit concerned about the large number of supplies that my students share & how to keep them clean.
- Spacing inside the classroom is a great concern.
- Busing / classrooms - how can we be 6 feet apart.
- I operate in small spaces (in the back of a classroom, in a closet, etc.). In my current set-up, there is no way to implement social distancing. In addition, I will be unable to perform my job efficiently (speech therapist) while students are wearing masks.

- HUGE concern about children maintaining space and mask situation (if don't consistently have uniforms, concern about daily masks) (in K have tables, not desks, with 6 children per table, sitting shoulder to shoulder, with class size of 27-33) -- even if I do 1/2 the class, will have 13+ children in classroom, won't be able to do 6' distancing... even if do 1/3 the class at a time, would likely not be able to keep 6' apart
- I am the technology teacher and have a lab of 34 computers. My concerns are how I would keep clean the keyboards and mice between each class. How is social distancing going to happen in the computer lab if at all.
- I think there should be no more than 15 students in a class to allow for social distancing. If possible, no more than 10. This will allow for there to be 6 feet of distance between them.
- If schools were to reopen, it would be very difficult (or impossible) to maintain courteous distances and face-to-face meetings, due to the number of students who are required to be in groups.
- It seems obvious that class size reductions would be an absolute minimum requirement. To allow minimally 6 feet of personal space the average room will contain only 10 to 12 students -- in early primary grades, even fewer because of more random movement.
- Class size and classroom dimensions. It is impossible to maintain appropriate distances with 32 students in a small classroom.
- Classrooms at my school are very small. If the expectation is to have students 6 feet apart, that would only allow about 6-10 students in my room. Our typical class size is 30 or above. I also don't know how students will be able to eat lunch or a snack with a mask on.
- The classrooms in my building are extremely small. Some rooms were designed to be offices but due to large enrollment, some classes have to fit in there and make it work. On a regular day we are tripping over and bumping into each other. I'm worried that a given number of how many children are allowed in a room is going to be very generalized and not tailored to specific classroom area sizes.
- Reducing class size would lower the risk of infection and make contact tracing much easier.
- Our classrooms are extremely small and oddly shaped. Social distancing, if still required, would be impossible with class size still remaining at 33. Teachers should not be required to wear masks while teaching because it will muffle our voices (unless mics with voice amplifiers are provided).
- All schools in the district are different sizes, coming from a school with over 3000+ students, there is no way to safely social distances especially when schools are as overcrowded as they are. I will only feel safe going back when social distancing and masks are not encouraged.

Feedback Part 3: Concerns about overall cleaning efforts

- The district does not provide enough cleaning equipment now. They have not since I have worked here for 23 years. I provide tissues, hand gel, paper towels and cleaning supplies for my classroom already.

- I am a CTE teacher that has equipment and computers that multiple students and I use in each of my classes. I'm concerned about sanitizing everything in between classes.
- Please continue to work on getting the ASBESTOS out of our schools and doing the repairs while we are out due to Covid-19. Please also continue to stay on the district to follow through with their environmental plans that were in place before the Covid-19 closures.
- I think the school district is ill equipped to handle the pandemic. I am an ESOL teacher and when wipes (etc.) were being handed out, I was told I had to wait until classroom teachers got their supplies first. I pull students out for guided reading and we sit at a table to do instruction and I was not given supplies. Secondly, the school district can't keep on top of the asbestos problems in the schools, how can we trust that they will safely sanitize the schools?
- I am a computer teacher; how would labs be sanitized in between each use of the lab with a group of students no matter how big.
- It seems SDP has forgotten their toxic buildings. We should all refuse to enter our respective buildings until ALL buildings are FREE of carcinogens. We cannot let all the hard work done be ignored and wasted.
- We have seen the district's lack of transparency with the asbestos issues in buildings, how are we supposed to trust them now with this virus.
- The air quality is also a concern. Windows barely open to allow for appropriate ventilation.
- Multiple students using the same books is a problem. Can each child keep his or her own laptop?
- We frequently ran out of soap in our bathrooms at school. We did not have any tissues. I don't know how the district intends to keep everyone healthy and safe if we didn't have common supplies to do that job before schools closed.
- I am EXTREMELY concerned with the cleaning protocols within district buildings.
- Reopening must also consider building contamination by other hazards, asbestos for instance, otherwise it is twice the danger for everyone entering and staying in the building.
- My top concern is the ability to maintain a clean building. Our school building was not regularly cleaned before the pandemic. To use the sinks in bathrooms, one must hold the faucet on with one hand, making it impossible to thoroughly wash hands. Stairway railings were consistently sticky and dirty. Pieces of discarded food would sit in corners of hallways and staircases for days or weeks at a time. The cleaning routine for the building will have to be increased exponentially.
- I am concerned that a morning/afternoon staggered schedule would not allow enough time to sanitize between groups. It wouldn't be much different than having all students at the same time.
- Also concerned that the task of sanitizing would fall to the teachers.

Feedback Part 4: Concerns regarding masks/PPE/supplies

- Head Start - young children will not be able to keep masks on and not be close to each other.

- The idea of having to wear a mask all day will surely increase my anxiety. I won't be able to do it. I'm very concerned about that.
- Concerned about mask wearing as it will be another thing that teachers are responsible for. I as an adult can sustain wearing a mask for an hour and I couldn't imagine wearing one and teaching all day long in a building that is not air conditioned. Also, the students will be fidgeting with their mask throughout the day and it will be a distraction. Where are the masks going during lunch? Specialist classes? The students can lose them or break them and then what?
- SDP needs to provide PPE to all students and staff daily.
- What happens when a child doesn't have a mask?
- My classroom was 104 degrees for weeks last year during heat waves. How in the world am I going to wear a mask all day without fainting? I have sensory polyneuropathy, and it makes me intolerant to heat. All schools should be air conditioned if we will be required to wear masks.
- I don't see how K-2 students will be able to adequately use masks and other protective gear.
- I'm concerned about head start. Keeping the children apart will be impossible. I can't imagine them wearing face masks all day.
- I do not wish to work all day wearing a mask. If we go back to school this cannot be a requirement. There are many people who are claustrophobic or asthmatic and cannot wear a mask or face covering all day. Wearing a mask all day can negatively affect one's heart rate, state of mind, & overall health.
- I'm concerned that kindergarteners won't wear a mask, or the masks will need to be tied (like shoes) several hundred times a day, which will make social distancing impossible.
- Also, all staff and students should be required to wear masks and other PPE. Also, the school district should be prepared to supply students with PPE.
- I do not support district provided masks simply because they may provide a false sense of security if they are poorly made. The non-alcoholic hand sanitizer along with long-standing building safety issues made me aware that vital safety supplies should not be provided from SDP-when it cannot deal with facilities without a pandemic.
- I think that everyone should have to have their temperature checked upon entry.
- My concern with the masks that may be provided is the lack of communication for deaf and hard of hearing students. A lot of the grammar and syntax used in American Sign Language is through facial expressions as well as lip reading. If the students and staff do not have the appropriate masks with a clear front then that limits the deaf students access to communication.
- There is no way to effectively teach in a mask. The students will not be able to hear and it will be extremely difficult to keep the mask on all day.

- ESL students are going to have more problems understanding teachers who are wearing masks (they muffle the voice/ sound) therefore there needs to be parameters in place for students that normally may not need additional supports (ESL, hearing impaired, etc.)
- Also in the younger grades and for special needs children it is going to be more difficult for students to wear masks for an extended period of time, therefore, there needs to be parameters/supports in place to assist those children as well.

Feedback Part 5: Concerns regarding vulnerable staff and students

- Pregnant teachers being required to teach in person when we all know nothing will be enforced to keep them safe/healthy
- Concerns for students with asthma and other underlying health conditions.
- Concerns for high risk student and staff populations.
- I am an asthmatic teacher who is in the vulnerable group. What will be done to protect our vulnerable population including our children?
- I am concerned for staff like myself who are immunocompromised.
- I have anaphylactic allergies- limiting cafeteria use would be a huge health issue with students eating possibly in classrooms.
- Students and/or staff bringing virus home to family members, many students live in multigenerational households, asymptomatic children spreading virus, rare but serious complications of COVID for children, minorities more affected by virus outcomes.
- How will the district deal with teachers who have underlying medical conditions to COVID19 and are afraid to return to open worksites?
- I am not an at risk or vulnerable person BUT my partner is, and we live together without means to isolate. Exposure for me means exposure for him. His health and safety is non negotiable. How can we ensure cohabitants of those back in buildings can remain safe.
- We work at the Philadelphia Juvenile Justice Center. The students and staff come in and out of our facility on a daily basis. How will we be protected? Please don't forget about our schools. We are at higher risk working with students that have been incarcerated.
- Possible discriminatory actions against older teachers or teachers in other at risk/vulnerable categories.
- I have diabetes and a previous fight with cancer and my son has chronic asthma. How are we being protected since there is no vaccine for the virus and we are at risk.
- I'm concerned with the reality that I may catch the virus and pass it to my son who has serious respiratory health issues. Not just that, but I'm concerned with how I will care for my child or myself (staying at home/hospital) and still have a job when I/family are recovered. What will the plan be to ensure we don't get fired/letters to file for getting sick/taking care of sick family members?

- I have underlying health issues, and I am in the high-risk population for COVID19. I'm afraid that if I get sick I could become seriously ill and die. I am very concerned about my health, my husband who has underlying health issues and my daughter as well.
- Testing and tracing are the key, but then we have to assume some risk. Vulnerable populations will need to stay home, but not everyone.
- Accommodation for teachers/staff with childcare issues (e.g., normal school or childcare provider unavailable due to COVID-19) OR due to infection with COVID-19. I'm concerned about my colleagues with medical issues—I don't think they should return and put their health at risk, but that of course would cause an immense shortage.
- I am a high-risk person and I feel that going back to school without a vaccine will put my health in danger.
- I'm a specialist teacher who sees all the students in the school. I also have total heart failure...these factors make me in the highest risk category and highest risk category for death if I catch the virus...in my situation there really is no way I could go back to school until a vaccine is discovered. Will there be appropriate actions taken for teachers in a severely high-risk category?
- Teachers who have tremendous anxiety about their own health will not be effective if they don't feel safe.

Feedback Part 6: Concerns for students w special needs

- I am concerned about the implementation for our youngest and special education students. How do you teach phonics and oral language with a mask on? Best practice requires small group instruction in phonics and phonological awareness. This is difficult with a mask and social distance.
- Concerned that I won't be able to do speech therapy with my student while wearing masks, special needs. For example, ASD kids cannot be expected to wear masks nor social distance appropriately.
- Special education students and staff will definitely need a plan put in place based on each child's needs/goals.
- Implementing IEPs during this time, as well as access to testing our students for progress monitoring, evaluations, re-evaluations. Early Intervention was unable to happen this year and they are planning for these students to come to our schools in the fall without the right placements potentially. This means, my school which ONLY has learning support could have students that belong in MDS, LSS, AS classrooms and are in the wrong placement. This is a huge safety concern, but also we do not have the right # of staff support, resources for materials, or small classes to support these students. How can we support them?
- Many students are behind on the evaluation process for special education evaluations. How is the district going to support school psychologists and special ed teams to rectify and catch up on these cases for compliance.

- MDS is like nursing. I have to deal with bodily fluids and close proximity. What does my future look like? Will I have supplies? My students are medically fragile, how will they be made safe?
- Autistic students with sensory issues will not wear masks.
- Regression with special education students in particular who are already grade levels behind.
- As a 3-5 Autistic Support Teacher, I can say it will not be possible for the majority, if not all, of my students to actually follow protocol such as wearing a mask or maintaining social distance because of various communication and behavioral needs. On the other hand, virtual learning has been very difficult because of many students' inability to focus and engage. Several parents are truly struggling with their child's behaviors when we are trying to meet virtually. Due to several behaviors and deficits, I cannot give my students the support they need through Google Meets. We are also expected to assess student knowledge through Google Meet, as well as collect data for progress monitoring. This is nearly impossible for more than half of my students and I certainly cannot deliver new instruction to them. Lastly, I agree with the idea of staggered days/times, but how would this be possible for so many of our working parents?
- As an emotional support teacher, my students typically display extremely violent and aggressive behaviors. These behaviors can include spitting, biting, etc. and quite frankly, I would not feel safe entering a school building and being in a self-contained classroom with students who without the threat of COVID have caused me bodily harm and illness.
- I am concerned with the excess amount of work placed upon special education staff as we have to service our normal workload, redo COVID IEPs for baselines, redo COVID evals, do EI Evals, and hold all of these meetings upon return to brick and mortar.
- I think a staggered reopening would best suit the needs across the board, but I would also like to see a more established plan in place for students with special needs, specifically regarding high needs behaviors. For instance, if a student is known for being physically aggressive and violent towards other students and staff, there should be protocol in place to protect our teachers and other students. My biggest fear is reopening and being subjected to COVID at the hands of students, and the district not doing anything to compensate.
- My students (autistic support) come to school on busses of sometimes up to forty students who attend multiple schools. How would social distancing be considered in this case while maintaining a semblance of a schedule? Busses are constantly late on a normal basis and van services have proven to be unreliable in the past. If we were to go with an AM/PM learning format AND we were able to find a safe way to transport students, how would we ensure they arrive on time?
- How to accommodate students with disabilities particularly students with autism, and behavioral issues that may require 1:1 or physical interaction.

- Concerned with students with impulse control issues, and their lack of understanding social distancing and proximity.
- As a paraprofessional I'm very concerned about special education classes and the amount of one to one contact with students. I worry about their safety and my own being in such close proximity all the time.
 - I am concerned with the district providing enough supplies to the self-contained special education classrooms. It's already difficult to get the necessary supplies such as gloves, sanitizer, hospital grade cleaning supplies etc. ordered when there ISN'T a pandemic. I am afraid that things are going to be even worse now. I don't feel that the district understands that these things are necessities and not wants in our classrooms. We are exposed to bodily fluids more than even the school nurses at times due to the level of care some of our students require yet our orders are consistently cut short, supply wise, and we don't get certain items we request or poor substitutions.
 - For students with multiple disabilities, are those classroom assistants getting training and full PPE equipment to deal safely with those students?

Feedback Part 7: Specific roles concerns

7a. Nursing/health rooms

- My clinic is small with no waiting area and will not accommodate social distancing. The health room (HR) has poor ventilation. I have no windows. The nurses will need N95 masks, gowns and shields on hand for a suspected case of C19. I am concerned with the sanitizers that were placed in the building which are not alcohol based. Alcohol is required in the sanitizer to kill the coronavirus. Students and parents need to sign an agreement that they will comply with wearing a mask and social distancing. If not the student will need to have remote instructions from home. Parents must pick up any sick child within 30 minutes.
- The actual health room facilities are a concern for some schools. Some have no windows/ poor ventilation. Some are too small to allow distancing. Many have no waiting area that would allow for distancing.
- PD for nurses on management
- Support for the increased volume of staff and students seen daily. PPE equipment for nurses. Enforcement of the exclusion policy. Parent accountability for picking up students in a timely manner if sick.
- Health rooms are a concern for some schools. Many do not have windows and/or poor ventilation. Some are too small to allow distancing or do not have waiting areas that would allow for distancing.
- The school nurse role needs to be very specific as we return. Public health assistance should be provided in schools as we face COVID challenges. School nurses are generally miracle workers and can really make the most out of situations but this is a new aspect which will need full attention to detail.
- I see the idea for a special room, but there may be other illnesses, not specifically COVID that produce similar symptoms and students may be kept in a room with other students that actually have COVID.

- Concern about conducting vision & hearing screenings. Concerned about parents not picking up their sick child. Concerned about not having an isolation room.
- As a School Nurse, I am concerned about the additional workload that will be required of us as a result of responding to COVID prevention in our buildings.
- I feel like the school nurse should not be in charge of managing the COVID cases, there should be a health department representative. The school nurse is a vital role in the schools for administering meds, checking levels, triage, special ed meetings, etc. They are constantly pulled in many directions and then having to control these cases is something else to pile on top of their list of responsibilities.

7b. Counseling/psychology

- I think we will need more access to counselors for the students returning to school. All these changes will be difficult for our students who rely on us and school to be a constant in their lives.
- Concern is very high in regards to how counselors can manage the mental health fallout from this pandemic. Ratios are out of control and there is very little support in accessing and identifying students' MH needs.
- How are we going to support the increase in traumatic stress we're going to be seeing in our already traumatized students? We're going to need more mental health support and counseling programs than ever before. We need to have a plan for implementing social-emotional support programming/curriculum from the start. Be it small group check-ins, or grief circles, or alternatives to violence (AVP) mediation programming, etc.
- School Psychologists are often expected to meet with students to conduct face-to-face evaluations in very small spaces (e.g., custodial closets) or in shared spaces which could be uncomfortable for individuals after the wake of the COVID-19 pandemic.

7c. Concerns regarding lunchroom, common areas, transportation

- How is lunch going to look? Recess? Eating in a classroom with no sink or really sanitary way to clean up is not desirable.
- What about children who are transported by bus or cab? Will there be social distancing and masks and sanitizing available for them?
- What about public transportation? Will more Septa bus service be provided for am and pm routes? And if there is a staggered schedule will Septa provide charter buses at varying times?
- Hallways are always packed in between classes, bathrooms constantly being used by multiple people and poor ventilation in buildings.
- I am a classroom assistant and I'm concerned about the large gathering of children before school starts when they arrive at all different times. They usually wait in one location with all classroom assistants for up to 30 mins. Also we all gather together in the auditorium at the end of the day for bus dismissal time. I also stay with other kids who are picked up late in the

cafeteria at the end of the day. The cafeteria is usually very crowded because that is also where all after school programs gather to be picked up.

- Concerns regarding cafeterias and recess areas
- Concerns regarding assemblies, field trips
- Concerns regarding sports programs
- Large numbers of students in the hallways during switching times
- Bathrooms being used by hundreds of students a day; bathrooms are not adequately cleaned
- Scheduled bathroom breaks. Students with health conditions like asthma, diabetes, etc should be given the option to do homeschooling until the COVID19 is way under control.
- How will I monitor the children in the bathrooms? We all know a lot of playing happens in the bathroom and how can adults monitor if the students distance themselves or what is the plan to assure this?
- Plan in place for indoor recess.

7d. Additional areas of concern from specialists, itinerant teachers

- Concerns around entering and supporting multiple buildings across the district
- I think there needs to be a separate opening plan for high schools and elementary schools. Our school day is very different from each other, and the childcare needs are very different. I hope that this is something that is considered.
- Physical altercations between students occur on a daily basis. How will they be avoided to prevent physical contact?
- I do push-in and pull-out models for my ESL work. I'll be interested to see if there will be limits on the number of groups I can pull in a day, as well as cleaning procedures if it is more than one group per day.
- As a CT, we have to visit different buildings and different individuals on any given day. I am concerned about the multiple interactions and availability of PPE for me and my participating teachers.
- I service 9 schools per week as an OT. Increasing the spread of germs as I move through the day and week.
- As an SLP I am concerned about the ability to see students from multiple classrooms in a group, completing standardized assessments if we continue with distance learning next school year, and how to effectively provide speech therapy while the students and I are wearing masks
- Possibility of not having my own childcare/before and after school program available for my oldest

7e. Early elementary concerns

- As a Head Start Teacher, I am concerned with having a classroom full of very young children who are supposed to be kept at social distances and who may be required to wear masks. This does not seem very feasible. I

worry about their safety and the safety of the staff. Our rooms are very difficult to clean on a daily basis because of the sheer number of toys and materials the children come in contact with.

- As a kindergarten teacher, one thing that will be an issue is centers and small group teaching (guided reading). How are we supposed to have students, especially this young, participate in center activities while still promoting social distancing in the classroom? Will students need to sit in rows as opposed to small groups?
- Bring back Kindergarten interview days or opening kindergarten at least one or two days later so teachers can work with first graders and their teacher the first day or so in order to help with transition.

7f. Specialists/materials/space

- How would music or art work with shared materials?
- Specialist teachers often have enough materials for one full class and all classes share them. Ex. Gym equipment, art supplies, and musical instruments. How do we properly clean these items between classes or will we be provided with enough for every student to have their own?
- PE classes typically have children interacting with each other and equipment, how can an effective class be held while making sure everything is cleaned between classes and/or students stay far enough away from each other
- Plan in place for Physical Educational equipment- new mats, sanitizing supplies, etc.
- Climate role in reopening of schools - How will we conduct parent conferences and implement consequences (i.e., detentions, In-School Suspensions) and/or restorative practices? What will climate's role be (specifically Climate Liaison/Climate Manager) in the reopening of schools? Aside from large spaces like hallways and the cafeteria, the bathrooms will be an issue.
- Choir rehearsal - I am concerned what my job will look like if choir is not allowed to take place until there is a vaccine (there have been discussions about this among the music educator network)
- The conversation of removing music/large ensembles due to the pandemic. Superintendent Hite has mentioned our students NEED MUSIC AND THE ARTS! Don't remove the one thing that gets them to actually come to school.
- If students are to come to specialists' rooms, there will be 150+ students circulating through my room in a day. Students will also be sharing a variety of materials and it is unrealistic that I will be able to sanitize all materials between classes and at the end of the day. It is difficult to effectively teach art "on a cart" if I am expected to travel between classrooms. The same issues with materials still exist if I am traveling, as well.
- As school secretary interacting with teachers, staff and students, what items or protocols will be put in place to protect me from COVID when communicating with the public?

- I am not in favor of returning to school in September if there is a moderate or high risk of spreading the virus. I am mostly in favor of remote instruction. Then, gradually implementing reopening schools. However, if the government, district and union officials move to reopen schools, then I support and stand by the best practices that were suggested in this survey.

7g. Concerns/suggestions regarding central office roles

- Signing the TPERS at 440 on payroll Fridays should be staggered.
- Sanitation within 440 payroll office and schools is not good on a normal basis. My concern is that specific guidelines for safety from the CDC will not be followed. Restroom cleanliness between uses and cubicles are not six feet apart.
- Social distancing at 440 when some areas are full with employees in each cubicle.

Feedback Part 8: Suggestions for alternative scheduling

- School 4 days a week on an alternating schedule, one at home day for teachers to grade/make contacts/on-line tutoring for students.
- Only staff comes in. Virtual teaching from the classroom, taught live or previously recorded and uploaded daily with live time for q&a. Possibility of office hours for students to make appts and come in.
- How are Kindergarten teachers going to do interviews? Kindergarten should go back after grades 1-12 as it was in the past. Especially this school year if things are going to look a lot different. This can be very overwhelming not only for teachers but especially for young children new to a school. Also, recess should not be taken away, if anything they should have more time outside to breath in fresh air. Being cooped up inside will not be beneficial or healthy at all.
- If the state forces us to open, I absolutely support a staggered schedule. We should not be teaching with more than 10-15 students in a classroom if they need to be apart. I think it would be great if half of the school could come in the morning and half could come in the afternoon, with cleaning protocols we could follow in between. Or, I think that a M/W and a T/Th option, with all Fridays online, would be acceptable. Returning to school with full class sizes would be a public health disaster. I also think that we should cancel standardized testing for 2020-2021 to avoid merit or testing-based achievement measures.
- Have teachers stay home with their small children under 5 who cannot attend free public schooling. I am concerned about daycare services and how other families will take the seriousness of preparing for a safe environment for all children and the adults who will be responsible for taking care of them.
- If there is going to be a partial remote classroom learning, the district would need to provide WiFi for every student who doesn't have it at home.

- Suggestion: Monday and Thursday alternating with Tuesday and Friday, allowing for cleaning on Wednesdays.
- Some options like morning/afternoon schedule might work as well as limiting enrollment to students in the neighborhood, however, that would cause problems with staffing at other schools and staff members being moved around.
- If staggered or shortened schedules are considered, how will this impact parents who work full time and are not able to stay home with their child every other day, or for half the school day? What procedures will be in place to provide supervision for students who are not picked up/dropped off on the correct day or at the correct time?
- I am concerned about childcare for my own child if schools are not open full time. How will my child be cared for when she is not in school if we are on a staggered or half day rotating schedule? How will that reconcile with what is expected of me in the building?
- Let's implement a hybrid model.
- The state needs to consider support for families if school days are staggered.
- A "safe" K-2 classroom will look vastly different from grades 3-5, 6-8, High School. I have been teaching all stages across the K-7 spectrum and can see totally very different issues in roughly 4 different development stages.
- I like the idea of split days if it can logistically be done with childcare
- All staff and students' shoes and hands are sanitized in the morning and before they leave and temperatures taken when they enter school. We can split the day between an am class and pm class. 15 kids go to school in the morning and send them home with lunch. 15 kids in the afternoon send them home with a snack. Teachers and students with underlying conditions have the options to do online learning or teaching.
- I feel that we need to be able to open. So many of our children are being underserved and we need to look at any option to get them in the building.
- I am concerned that if students are staggered AM/PM that there will not be adequate disinfecting in between groups.
- Staggered schedule with technology-based instruction for all students. Or continue with the same mode of instruction until CDC deems it safe to do otherwise.
- I fully support having a staggered or A/B schedule to limit the number of students in a given day. Either by scheduling classes on different days or designating parts of the week to in person instruction and other days to independent work - much like we are doing with weekly meets.
- If we teach am and pm sessions, who is caring for the kids if their parents are working? How is staff with school aged kids going to teach full day if their kids only go to school half day?
- It may make more sense to prioritize opening schools for younger students and requiring more rigorous and sustained distance learning for students who can be home alone, for example, and opening up middle and high

school buildings to accommodate more social distancing for younger students.

- Online learning is not the best suitable teaching for students. I also worry about continuing this model with my own 2 children at home who are young and need my guidance for schoolwork and the district making longer online teaching requirements. It's not feasible.
- I also feel that online teaching is not equitable to all students.
- I believe IF AND WHEN we reopen this fall, the best-case scenario would be for a staggered schedule, so not all students are in the building on the same day limiting exposure and allowing for safe-space distancing.
- Stagger classes but I feel the school year needs to take place in person if we are able to - cyber learning is not a great way to introduce the new concept of school in kindergarten.
- Possible half days for students. For example, group A comes in from 8:30-11:00 and group B from 11:30-3:00. Maybe Group A comes in alternating weeks from Group B. When Group A is in school then Group B is at home learning remotely and the following week Group B is at home and Group A is learning remotely to lessen the number of students in the building.
- I think that a hybrid online/in-school would be the best way forward to maintain social distance and safety. The in-school portion, however, would only be possible with schools having access to higher levels of disinfecting and cleaning than has been available in the past.
- 1/2 staff online, 1/2 staff in building, depending on social distancing abilities. Teachers get to pick online vs. in building.
- For middle/high schools A/B days as such: Monday/Tuesday are A days and half the students attend Monday half Tuesday, then Wednesday/Thursday are both B days with half attendance each day. Friday could be staff only and all students work from home. Teachers and students could get used to regular schedules for when full attendance can be implemented. Use google classroom to reteach and review what was covered in class that week.
- Students cannot move within the building once they enter. Teachers come to the classroom to teach. Manipulative should be used only by the teacher for demonstration. Books cannot be shared. Computer on each student's desk. Assignments should be submitted online. Desks should be separated. No groups.
- I worry how online learning would work at the beginning of the school year with the kindergarten kids. It's hard enough now for them to use google classroom at the end of the year.
- I support the use of staggered student schedules using alternating days AND remote learning. For example: grades K,2,4,6,8 attend school on Monday & Wednesday; grades 1,3,5,7 attend on Tuesday & Thursday; Friday is a remote learning day for all grades
- I am in favor of staggering schedules using AM and PM classes.
- Bring back the students in K-5 but cut the classes in order to maintain safe social distancing. Continue to teach middle/high school students remotely. The open middle/high schools will provide the extra if a hybrid

schedule is constructed, the plan should be that every child in a household should be scheduled to be in school on the same day, regardless of grade level so that parents could be totally available to go to work on the same day without worries of child care.

- If the District decides that we have to reduce the number of students in a building by 50% all schools could function on a model 50 percent of the students would attend (Monday/Wednesday) and the other 50% on (Tuesday/Thursday). Fridays would alternate between the two groups each week.
- If A/B schedules are implemented how will this affect parents with multiple children in various schools.
- Possibility of not having my own childcare/before and after school program available for my oldest.
- Schools cannot reopen until all businesses have opened first. Furthermore, staggering grades or classes for morning/afternoon or MWF/TTh cannot be an option. If all parents are back to work, they cannot be home to transition students especially in the elementary setting.
- New school protocols have to be mindful that many of us are working parents as well. Having students go alternating days or times is a logistical nightmare. The sick leave policy (3-5-7) also needs to be revisited so people can take time off if needed and not come to work sick.
- Because Northeast High School has over 3,000 students, it would be important that in order to enforce social distancing, you will have to have an A and B schedule throughout each week.
- An A schedule would involve ninth and tenth graders coming to school on Mondays and Wednesdays and a B schedule would involve 11th and 12th graders coming to school on Tuesdays and Thursdays The A and B schedule would probably work in relation to social distancing. There is no way that you will be able to admit grades 9 -12 to Northeast High School from Monday to Friday if you want to promote social distancing.
- Content area teachers should offer a mix of remote and in classroom learning (if it can be done safely) with staggered schedules. Parents I have talked to have grave concerns about their children's safety and have already had deaths of extended family. Families and staff should be offered options based on their health status and level of comfort. I have been successful with my SpEd caseload by working with the student over the phone while we are sharing their google doc and completing assignments together. IEP's have been completed by phone or google meet. IEP testing materials need to be put online (Woodcock, Key Math, etc) so we can get accurate levels.
- We as a whole community really don't know everything about this virus: School has always been a close contact event allowing teachers and staff and students that humanistic effect that humans need. Social distancing might eliminate that effect that a lot of the children need. We as a whole serve as their away from home family that impacts them emotionally.

- I love the staggered schedule ideas. Either morning/afternoon smaller group sizes of students with a lunch/cleaning period in between each group. Or the schedule of having some kids attending T/Th, and other kids attending M/W.
- Begin setting up remote learning strategies that build on the ones in place so that next year we can fully implement and then maybe down the road look to reopening possible in the spring when the autumn/winter outbreak is over
- I do not think it is feasible (unless numbers drastically change or a vaccine is available) to go back to school at a physical site. there would be too large of a percentage of death in any given school once Covid-19 made its way in and the logistics of running these buildings amid such circumstances would be inconceivable.
- I do not want half in the morning and half in the afternoon. That does not leave enough time for the building to be properly cleaned between the groups. For younger students where would they now go during the day while their parents are at work?

Feedback Part 9: Concerns regarding enforcement

- What do we do if a school nurse is absent? What do we do if a child has a temperature/positive test result and no one comes to pick them up? What do we do if a child is repeatedly brought to school while sick?
- They are lax on enforcing policies regarding health with immunizations as is because we cannot keep in contact with parents who change contact information weekly. There is no way they can correctly handle this reopening from a health standpoint in an effective manner.
- Clear reporting process for issues for parents and staff (maybe small additions to/modifications of the Healthy Schools App).
- I am concerned that everything will be put on teachers. Some of us work for unreasonable admins and Asst. Sups. We are expected to work like dogs as it is, and it's never enough. As it currently is, our admin is going against the specific requirements laid out in the continuity of education plan. We need more support.
- I am very worried about who will monitor our children who are not in school once this city opens.
- Temp checks: who is going to do them? Are we all going to have a thermometer? Are they going to be only allowed at one door to come in? What about late arrivals for the students that are late?
- Every school needs to be on the same page, even during this time of uncertainty it appears that schools are trying to do things their own way, even though the information from the district is clear.
- Students coming to school sick.
- As a young adult, I currently am not eligible to be tested. I want to know that should we reopen, will eligibility for testing change so that everyone can be tested?
- We will need additional staff to help to enforce social distancing, protocol, and behavior with students.

- If the plans are unified, then there will be less confusion regarding reopening. The plans should be similar statewide and citywide.
- I teach in a school of over 3,600 students. I am concerned about how the school will operate and be able to properly handle this many students. We also have over 180 staff members as well.
- We do not have enough staff including support staff to enforce rules.
- How will schools be able to enforce social distancing guidelines in small classrooms already? Reopening without proper testing materials and preventative supplies will surely result in students from lower SES populations to be inadvertently impacted, how will we ensure the safety of the students and staff?
- What if a student shows symptoms but the student or parent refuses medical attention?
- We can have all the greatest safety plans, by age and yet if there is lax enforcement, we may all be going back home to watch another spike of COVID19 cases across our city -- not just our schools.
- Enforcing masks and social distancing between teachers and students is very challenging. Additionally, I am concerned even for healthy adults due to the viral load due to the large amount of people in the building, especially mine (Northeast High School)
- My concern is the history of the SDP's inability to fully and equally follow through with any their plans and this particular plan must be followed through at every school consistently
- I am concerned that the district will make promises they can't keep. Just like with asbestos and lead paint remediation.
- How can we track what students/teachers are exposed to at home and if they got COVID from somewhere else?
- I am specifically concerned for the youngest populations of students with being unable to understand the seriousness of the situation and may put others at risk (i.e. sharing food, hands in mouth, not sanitizing, coughing, not wearing masks, close quarters).
- I thought the "Traffic" circulation question was a good idea but one that I believe will be very difficult to implement and maintain. Which leads to the question of fire drills. If we were to have a fire drill, which is a monthly requirement, many students would be in the stairwells bunched together. This does present an issue with distancing.
- I'm sure protocol will be enforced but like everything else it will slowly fall apart and not be reinforced. There is that certain number of people who become lax. Also concerned about cleaning policy. No matter how many times you ask it doesn't get done. How will this be enforced and no slack will occur.
- All of the ways our district's size and lack of resources restrict our capacity to adequately address the needs of students (for ex, COVID may be less of a risk than food insecurity or lack of adequate resources or threat of abuse) if they are not physically at school.

- As a HS teacher I worry that in the absence of school/as a physical entity and with more financial stress on families, more students will opt into work and out of virtual learning.
- Will there be a compliance hotline to report compliance issues without retaliation?
- I very much want schools to reopen on time and us to go back on a normal schedule for the kids. I WANT to go back; I love my job and I love my school. But I feel MANY of these policies are going to be difficult if not impossible to implement
- I am concerned about how teachers will be observed and/or monitored if there is some sort of hybrid system of how we educate our students going forward as has been suggested, i.e. partially in the physical school building and partially at home. I am concerned by the fact that there are certain administrators and network AS who will hold teachers to far different standards and manipulate these guidelines for their own purposes. There is too much variation right now between schools, even in our own district, on what is being required of us and what is not.
- My concern is that the school district of Philadelphia - under normal circumstances - underperforms at planning, organizing, and implementing/communicating policies. Under normal times, students are unprepared for school in virtually every manner. Staffing issues and logistics are already a struggle. How will all these policies be maintained? The Philadelphia school district has already proven negligence and poor decision making when it involves the health of its teachers, staff, and students.
- I am concerned that the options being floated for "social distancing" in schools and safety measures feel completely infeasible for young elementary school kids, and that the burden will fall on teachers for policing tiny children in unreasonable ways with lasting psychological effects for both students and teachers. I am concerned that this rigidity of expectations on us will be paired with a lack of flexibility and material support when/if somebody is at-risk, sick, or caring for loved ones.

Feedback Part 10: Information Sharing and Guidelines

- Please let teachers know as soon as possible any plans or ideas for reopening. During this closure there were some things that I heard first on Facebook before even hearing them directly from the district.
- Honestly I am not sure what would be the best plan for reopening. There are so many unknown factors as well as pros and cons of each situation. I am really worried about our most vulnerable populations along with undocumented families and families that do not have health insurance.
- Let teachers in on the plan before announcing it to the public. Days maybe even weeks before.
- I don't believe it will be done safely because we never even had soap in the girls' bathrooms prior to this pandemic. The district will not be on top of this to ensure safety for all. I'm also gravely concerned for the many students and staff that have medical issues (some stemming from already

being in an unhealthy school building). Who will be liable if all protocols are not adhered to?

- I think it would be valuable to have in-person training for the parents of K-2 in technology when we return. The parents are going to be our "co-teachers" at home if we flip our classrooms, have staggered schedules, or have to isolate again. Many are overwhelmed and it's not their fault. I suggest the parent accompany the child or just the parent come for that session and we teach the parents everything: how to turn on and charge the chromebook, care of the computer, setting up a home workplace for the child, parent and child portal login, and google classroom and the different platforms that we use. It would cut down on the issues that we're having now and get everyone on the same page.
- Guidelines and expectations should be laid out before we return. Teachers should be able to report anything that doesn't meet guidelines and/or expectations for quick resolutions!
- My only suggestion, keeping all this in mind, is to make a plan right now. If the plan changes, it changes. At least stakeholders have firm ground to stand on.
- Official notices from the district and/or schools have not gone out to families in ALL of their home languages. Typically it's just the big 4, but we have families who speak other languages and are not given the opportunity to understand because the district doesn't bother to send home translated materials in ALL languages. This is a huge disservice to second language families.



PHILADELPHIA

FEDERATION of TEACHERS

Second Survey Regarding Reopening Schools June 29, 2020

From June 15th-23rd, PFT members were surveyed for a second time regarding their insight into a variety of reopening models.

5,914 PFT members participated.

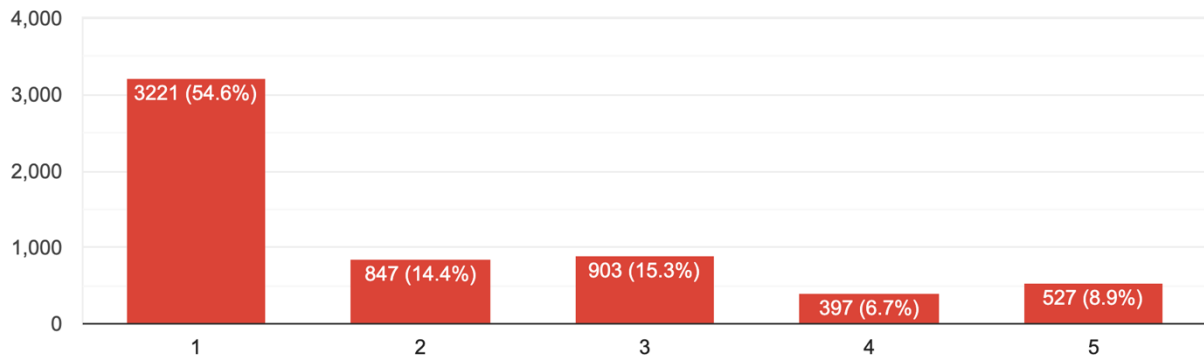
- **In Part 1**, members were presented 3 separate scenarios regarding reopening [remaining fully virtual; opening without modifications; opening in a hybrid fashion] and asked to give their input.
- **In Part 2**, members were presented with an [analysis of three different hybrid models](#) and asked to weigh in. Members were able to provide open feedback on the models as well.
- **In Part 3**, members shared overall feedback and concerns regarding reopening. A representative sampling of that feedback is included in this report.
- **In Part 4**, we share our Conclusions/Overall Findings: Given the percentages of support for this model compared to the other scenarios, and given the overall preference for a hybrid model of returning to schools, we believe that some form of the staggered weeks model is likely best suited for the School District of Philadelphia.

Part 1: Overall look at reopening scenarios (remote, fully reopen, hybrid)

Question posed: Considering recent updates and developments, gauge your assessment of the following statements on a 1-5 scale (1=I fully disagree with this statement; 5=this statement has my full support)

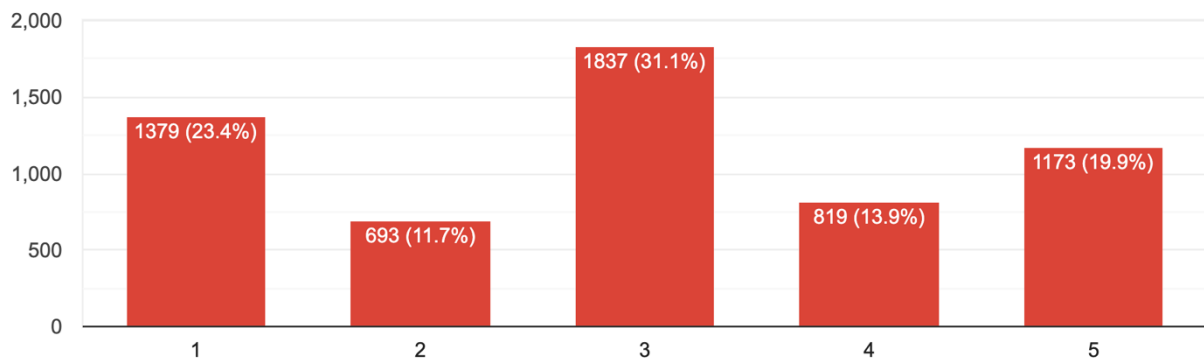
Schools should open fully with no schedule modifications; in school social distancing should take place

5,895 responses



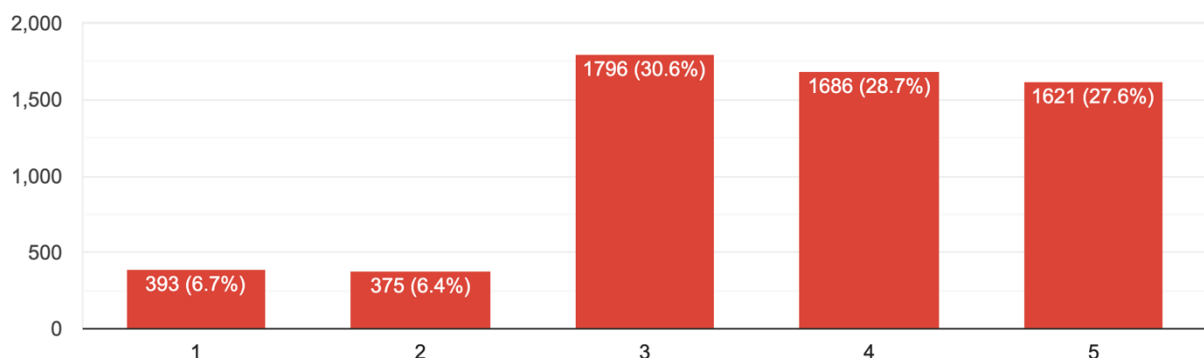
Schools should remain fully online for the foreseeable future

5,901 responses



Schools should implement a hybrid model for reopening (closer look at those models in the next section)

5,871 responses



Analysis:

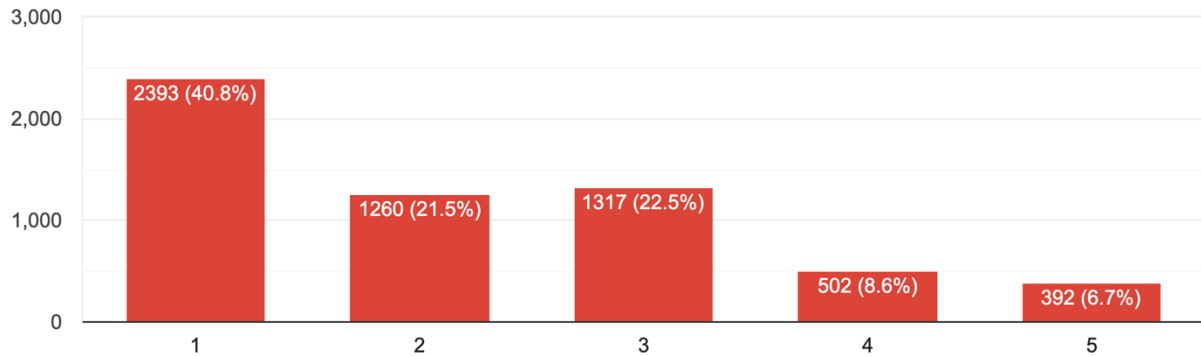
- There is little belief that schools should reopen fully without precautions and modifications (such as physical distancing, scheduling changes, use of PPE) taken. Less than 16% of members agree (score 4) or fully agree (score 5) with this model.
- A significant number of members, nearly 34%, agree (4) or fully agree (5) that schools should remain fully online. A similarly large number, over 35% disagree (2) or fully disagree (1) that schools should remain fully online.
- The most unanimity surrounded the general hybrid model. More than 56% of members agree (4) or fully agree (5) that a hybrid model is the best option for reopening. Just over 13% disagree (2) or fully disagree (1).
 - An analysis of which hybrid model is most favored follows in Part 2.

Part 2: Analysis of Hybrid Models

Part 2a: Analysis of morning/afternoon staggered model

Do you support the use of an AM/PM staggered model? Rating scale 1=do not support this model at all; 5=this model has my full support

5,864 responses



Analysis:

This is the least favored of all hybrid models. More than 62% disagree (2) or fully disagree (1) with its implementation. Member feedback on the model is below.

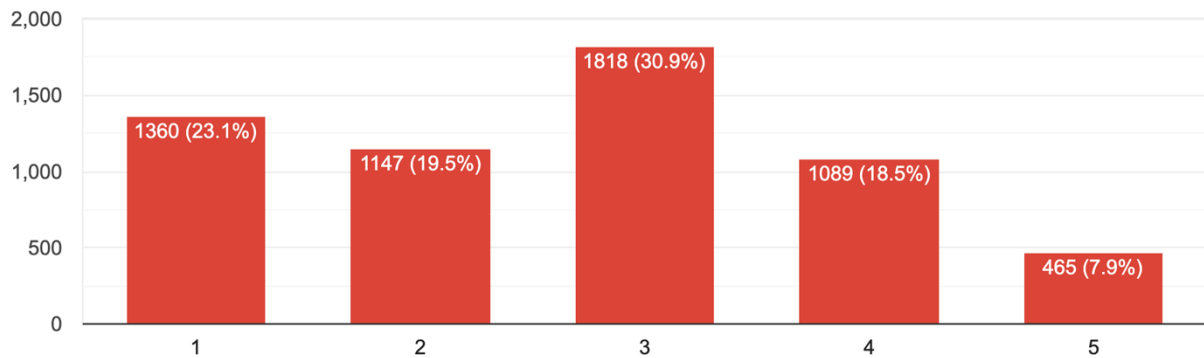
Comments regarding AM/PM staggered model:

Kindergarten has its own unique challenges. I feel that Kindergarten could be successful in an AM / PM model.
AM & PM classes would work for middle school nicely
AM and PM sessions will not allow for proper cleaning and disinfection required to keep kids safe
AM/PM schedule makes no sense. Students will waste half their "virtual learning time" traveling to and from school
Extremely limited instructional time when taking admission/dismissal with cleaning between into consideration.
Knowing that cleaning the schools is already a major challenge, I do not think Model 1 could be implemented in a way that is safe and effective. Additionally, I think consistency will have a large impact on student attendance and engagement.

Part 2b: Analysis of staggered days model

Do you support the use of a staggered days model? Rating scale 1=do not support this model at all; 5=this model has my full support

5,879 responses



Analysis:

There was less unanimity of opinion regarding the implementation of this model. Nearly 31% of respondents rated the use of a staggered days model as a 3 (neither agree nor disagree). While over 26% of respondents agree (4) or fully agree (5) that it would be a good option, over 42% disagree (2) or fully disagree (1) with its implementation. Feedback on the staggered days model is below.

Feedback Regarding Staggered Days Model:

I am very concerned about this model. I teach Autistic Support and I could see the transitions from home to school increasing behaviors and decreasing the amount of learning and adjustment throughout the year. It would break down the amount of success in my students learning and would not be beneficial. Also, I could see this being a problem for many of my students that receive Speech, OT and other related services. It would make it difficult for them to receive the number of minutes in their IEP.
As a CTE instructor, this model poses problems with hours required in class/shop.
As a kindergarten teacher, I think the more frequently I am with my students, the better for their academic achievement. However, I am concerned about classrooms being thoroughly cleaned each day and confusion that the schedule may cause.
Hard for transitioning for special education students.
This model is appealing to me for the only reason that I teach special education students. These students need consistency and to be in front of a real person especially as a new school year starts. They struggled with virtual learning and them not having access to a certified special education teacher in person is a huge disservice and quite frankly against the law. While you say this is the most inconsistent schedule- it does put the highest needs population in the building. I teach middle school and feel that children could manage this schedule as they typically do during the school year. Potential issues could revolve around scheduling school district transportation.
Anything that presents a risk of spreading Covid-19 is of utmost concern to me. The fact that the cons of this model include a decrease in the availability of cleaning time, as well as including the sharing of desks, chairs and supplies/equipment within 18

hours. I am also concerned about the sanitizing of materials such as pencils, books, crayons, scissors, etc. will become my responsibility.

As an itinerant instrumental music teacher at 7 schools, scheduling lessons would be incredibly difficult with this model.

As my school is an overcrowded high school, this model seems to make the most sense if we go back to the building.

Careful consideration of making sure that the two "groups" are equally diverse in terms of race, ability, gender, etc. will be paramount towards maintaining equity.

Feels like teachers would have twice the workload. Planning and teaching for online and in class learning would be difficult for teachers.

For high school students, this would be the model that would allow for the best of in-class and at-home learning, with the greatest continuity of instruction.

I like this model if the days of the week are kept as consistent as possible. Ex: A group goes Monday/Wednesday; B group goes Tuesday/Thursday, with alternating weeks in school on Fridays. OR A group goes Monday-Tuesday, B group goes Thursday-Friday, with alternating Wednesdays.

I think that this might be the most logistically possible model in terms of teachers serving kids. I think that anything hybrid will be challenging, but maybe necessary due to health risks.

I think this allows for the most consistency in terms of teacher planning and implementation, as well as student learning.

I think this could be really confusing and inconvenient for families.

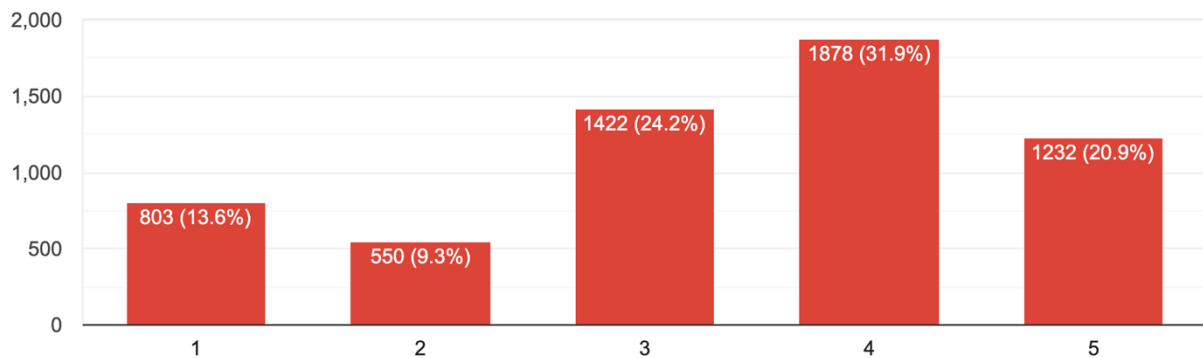
Just wondering if this mode might work better in some grades than others (i.e. would kindergarten and 1st grade be better off being seen each day).

Part 2c: Analysis of staggered weeks model

Example: One week on, one week virtual, with groups of students alternating.

Do you support the use of a staggered weeks model? Rating scale 1=do not support this model at all; 5=this model has my full support

5,885 responses



Analysis:

The staggered weeks model has the most support among the hybrid models. Nearly 53% of respondents agree (4) or fully agree (5) with its implementation. However, a significant number of respondents, nearly 30% disagree (2) or fully disagree (1) with its implementation. It will be critical to consider that no version of a hybrid model has universal support, and that more analysis of how any individual model could work is needed.

Feedback Regarding Staggered Weeks Model:

A weekly alternation of learning is less confusing. The compact material done in a week online would give both students and teacher a clearer image of the information grasped vs. the information that needs an in-person discussion.
The one week in school, one week remote seems utterly not beneficial for HS, unless you are cutting class sizes in half — am I teaching half my students one week and the other half the next week? That doesn't seem to be what the explanation calls for. And how does having 33 students x6 (5 classes plus an advisory) every day in my room help keep me or the student safe? And what does giving us a week off from each other do to help us — if we're the same group in school and at home?
Although I fully support this model, I still have concerns with regard to shortages in textbooks and other educational materials to avoid sharing among students.
Easier for planning purposes
I agree that this model maintains the highest level of health safety. I also believe it would be the easiest in terms of logistics at the parent and school staff level. I also think it would allow specialists to see all students in person, eliminating the equity issues of other models. I still have other concerns about specialists teaching in person, namely the health risks associated with having multiple students transition in and out of their classrooms and teachers being exposed to multiple students. Even if specialists go to each classroom to teach their lessons, they are still going to be exposed to more risk than teachers who remain in a single classroom for the day. I am also not keen on the idea of forcing all specialists to become "cart teachers" as well as creating a scenario

where classroom teachers aren't able to be in their own room during their preparation periods.

I feel that if this model was the one that is decided on, then there should be educators in charge of the online learning component besides the homeroom teacher. It will be difficult for the teacher to be doing both in-school teaching as well as online-teaching at the same time and it will be extremely stressful/time-consuming/draining for the teacher to be working in school during regular hours and then be expected to prepare online work or even assist students/families during virtual learning after school hours.

Not appropriate for Level 1 - 2 ELL nor any students with an IEP

This is the first I've heard of this model. I can see grouping and staffing challenges here, but it's intriguing.

This is the most effective in terms of virus mitigation. However - a large caveat would be that teachers MUST NOT be expected to teach two groups of students in two places at one time (i.e. be full time in person at the school building and be teaching and providing feedback for a 2nd group of students who are distance learning during the same week. Teachers' schedules should mirror their students' schedules, split between in person and online learning, with responsibility for only one group of students.

This model seems to be the most effective and efficient in terms of providing consistency and managing health concerns for our students, families, and staff.

This model seems to me the most productive option. In the absence of perfection, consistency is key.

This model sounds more conducive, especially for teachers with compromised medical conditions.

This model still allows the virus to spread. Those with already compromised systems would still be at risk.

This model will bring consistency to the students' learning and allow the majority of the CDC guidelines to be followed.

This model works best for high school. This would not work as well in an elementary setting where students have different needs than high school students.

I am seeing that some districts are doing a two week split. Group A would be on site for two weeks while group B is remote and vice versa. I like this model because students would be essentially quarantined for two weeks to ensure they are not showing new symptoms.

Part 2d: Overall Feedback Regarding Hybrid Models

Any kind of staggering is still going to spread this deadly virus

Could lead to a lot of children being left home alone; even those who are not able to take care of themselves because parents have to work.

For me, school was a place for collaboration and active learning, play, togetherness, community. If we practice physical distancing at school the right way, that collaboration, all the makes, active learning - that's not happening face to face anyway. I would rather go fully digital so we CAN collaborate using shared tech tools, we can still play together, etc.

How are these models affecting the schedule when students attend specialist classes? Specialists teach the entire school for the most part. We need to work on lowering class sizes in order to maintain social distancing.

I am a single mother. I would have to find a daycare that is not a school during the day and pay additional money while not being eligible for subsidized childcare for my children to be baby sat in another building while I'm teaching other people's children! I am financially unable to support that kind of monetary obligation and I'm sure other educators are in the same boat.

How are teachers going to handle the extra duties in each of the scenarios? My day was LONGER during online learning, since individual assignments must be returned with feedback.

I think it is best to have students back in school. I like the 50-50 approach, but I do not think it is feasible to parents. Childcare is so expensive, and I think it would be exceptionally hard for parents. School should be open to all students at the same time, and measures need to be put in place to keep students and staff safe. Constant monitoring needs to occur.

Having AS students, none of the scenarios will work. I currently have 9 students on roll. So, my class size is small and is already self-contained. They need to be in school every day. On-line does not work for them. But as a teacher I am concerned for my students and myself as well as the other adults that work in my room with my students. My concern is that unless they come to school they are losing valuable instructional time.

Could alternate 4 days a week and have Wednesday be all online (for cleaning -- could be a different day). That way the schedule doesn't change week to week, certain students can always be M/Th and others can always be T/F.

Could we do Mon=A, Tues=B, Wed=A, Thurs=B and Fri=Staff only in the building? My workload doubles with online learning so having extra time built in would be helpful.

Part 3: Overall general feedback

Part 3a: Overall Concerns: Cleaning

Cleaning is an issue. When people are together indoors, the virus will spread. In schools with windows that are nailed shut, it is recirculated viral air!

Concerned about sharing desks and materials, concerned about the cleaning of the buildings.

Currently cleaning products are still unavailable to people. I do not foresee the district having the means to get the products nor the staff for cleaning. Childcare is my biggest worry. Students sharing and consistency are also my concerns.

How will we be ensured schools are cleaned to specific protocols with FIDELITY?

I just don't believe ANYTHING will get cleaned properly.

What improvements will be made to building conditions over the summer that will help ensure the following: thoroughly cleaned buildings, consistent supply of hand washing materials and clean (lead tested) water, clean-up of asbestos, installation of AC units in nurses offices to support students with asthma, repairs to all windows which do not open (at all, or with ease), fans to keep temperatures cool assuming we return in August/September? When and how will principals and building staff be notified about the repairs slated to be made, and their completion?

At 440 we need to make sure it is environmentally safe. The air ducts in the building have not been cleaned out since the building opened in 2005. Most of us get sick from other people in the building simply through the air ducts. People with allergies have them increased from being in the building.

I am concerned with the district actually coming through with the cleaning supplies, soap, and hand sanitizer. Will they actually do this or just say so? Also, I don't see any way to social distance with students other than some form of the students coming in shifts. There just isn't room in the building. I am nervous but will return with faithful protective procedures in place.

Part 3b: Overall Concern: Enforcement

1. To me any plan hinges on the ability of the district to appropriately supply (through June) all necessary sanitation and PPE equipment, sufficient custodial staff that has been trained by infection prevention experts, and community buy-in on social distancing and infection mitigation measures. Having been in three buildings with known asbestos problems (including while pregnant with my 4 children) and having 4 high risk immediate family members, I'd like a written agreement between PFT and SDP of these terms before coming back.

We need principals and staff to follow protocols put in place. Someone needs to be responsible that people are following the model with fidelity.

I don't have any faith in SDP being able to fulfill the CDC mandates regarding social distancing, hand washing requirements, temp checks, cleaning requirements or providing services to enforce social distancing mandates.

Part 3c: Overall Concerns: Health

I am terrified that I will contract the virus and spread it to my disabled, immunocompromised 8 year old son. The school I work in has never been clean. There are too few custodial staff... I do not believe that the district will be able to live up to what they are proposing, and that we will all pay dearly for our inability to coordinate an effective and safe reopening. Nothing short of a vaccine will satisfy me. I do not want my innocent child, nor anyone else to be sacrificed due to an inability to live up to statements made by the SDP. They have proven to me, at the beginning of this pandemic, that they are incapable of keeping us safe. Statements made were never lived up to, including providing hand sanitizer, working sinks, soap and daily cleanings of all surfaces. In my school, nothing, and I mean nothing was cleaned, sanitized or even looked at. Sinks in bathrooms don't work, there is no soap and there are not nearly enough staff to coordinate the full cleaning of a massive building on an hourly/daily basis. Further, those staff that are responsible for the clean-up do not make enough money to put their lives at risk.

I'd like to do the most effective model that protects students and staff with chronic illness. I also want to ensure that there is no reusing of masks and there is proper PPE for all involved. It concerns me to have proper PPE as I am immunosuppressed covering 2 buildings that with increased acuity and the building are not connected.

Following the guidelines from the state and CDC are of the utmost importance but with that said, any safe opportunities to be in the building come fall should be taken advantage of for as long as possible. I would like to see the district develop a plan that involves phases like what the state has created: maybe phase 1 is all virtual, phase 2 is only certain populations (ex: SpEd, Esol, K-2/11-12) using a hybrid model mentioned, phase 3 is all kids using a hybrid model mentioned, phase 4 is normal functioning. If we have our own phases we have multiple options to move through as things change...

Concerned about children who are ill, sent to school, and where they can be isolated until they are picked up by their parents. Also, will we be monitoring students' temperatures and how will this be done. Who will supply PPE to the staff?

I am concerned for my own health, my family's health, and the health of our students. I think Model 3 uses public health information to best guide our teaching practices. I'm wondering if teachers would cycle into school or if certain teachers would be at school continuously while others solely teach the online groups? I'm concerned that teachers may need to do twice the work of teaching, if teaching both online and in person.

I have concerns for those of us who are immunosuppressed like me. I would like to know the special options for those of us who would be risking our lives daily.

I just want to be safe at work. I want my students to be safe and healthy.

I know that this is difficult. Safety should be the #1 concern. Lives are at stake. What about staff who are immunocompromised? I have autoimmune disease and the return to school is scary.

Part 3d: Overall Concerns: Students with Special Needs

At Widener- our students can't keep masks on- either it will impact their health/breathing, or, if they are able they will constantly take the mask off. We have aides who have to change diapers and feed students- mine are 18-21 so that's 2 people lifting them from their wheelchairs to the changing tables.

It is difficult to answer these questions. I am a teacher of students with autism, who have difficulty adhering to the normal school rules. They are not aware of covering coughs and sneezes on a normal basis, so I am to expect them to keep a mask on?? I truly have no clue what will happen in the fall!! What I do know is I am fearful...

How will staff who are required to be within close proximity of different students, such as school psychologists, speech therapists, etc. be able to practice social distancing? Most support staff don't have offices and are forced to share an office with another staff member or to find any available space. How will frequent sanitation or social distancing be ensured in these often small and crowded airtight spaces? What are the plans for those who come into contact with small children or children with disabilities who may have difficulties keeping or putting on masks?

I am concerned with how related services will be provided as I am an SLP assigned to 3 elementary schools with a caseload of approximately 65 students. I service some of my students in individual sessions and others in a small group based on their needs and goals. I often work in small, crowded spaces that do not offer adequate space for my students and myself during sessions as it is. I also provide push-in services in the regular education classroom. I do not believe it will be possible to adhere to social distancing guidelines due to the nature of speech therapy. I do not feel that myself or my students would be safe to return to in-person schooling come September.

Need different options for schools based on enrollment (e.g. density), students needing specialized services, level 1-2 English Learners and grade bands.

I am a special education classroom assistant. I work one to one with assigned students. I am not sure how I can support them, while maintaining social distancing.

I have concerns about the low inc. special education population. I think they will need extra precautions and equipment to be safe as well as more adult support in the classrooms to assist the students in adhering to the social distancing/safety protocols that will be in place.

Difficult for occupational/physical/speech therapists to service all students.

I am concerned about special ed students and thinking that they should have priority for being in the building all day. I'm thinking particularly about emotional support students, who struggle tremendously with transition.

My students are all special needs and medically fragile. I don't know how these models will work for my students. Our students receive transportation services and need a consistent schedule.

I'm thinking as an SLP (or other related service provider) we will need to think differently about how we deliver service- if students are only going to be in person for two weeks each month. Will we be expected to provide services in person and virtually in the same week? Students may receive more therapy the weeks they are at school in person, with activities families can do at home the next week.

Part 3d: Overall Concerns: Specialists

How will these scenarios affect special classes like music, art, and PE? How will Special Ed, ESOL, speech, and other pull out programs be handled?

As an itinerant instrumental music teacher at 5 schools, I want to make sure I can consistently have access to my students for instruction every week, whether in-person or virtually. The weeks of alternating in-person and virtual instruction would work best for me.

Part 3e: Overall Concerns: Paraprofessionals

As an SSA I'm concerned with how I would be able to best help the students in the educational experience?

In all scenarios regarding online instruction, consideration needs to be given to vital support staff who might not be able to afford technology such as a laptop or internet connectivity. We work in a district where members of certain VITAL, IMPORTANT groups, such as classroom assistants, are grossly underpaid. Also, if having technology and internet connectivity becomes a part of the job, shouldn't that be paid for by the district in some way? At the very least, shouldn't laptops be provided for these staff members along with access to the digital versions of materials and programs that we would normally be using in our classrooms? We play as large of a role in educating students as the teachers that we work with and should be respected as much instead of consistently overlooked by 440.

Part 3f: Overall Concerns: Childcare

As a parent of school-aged children and a teacher, I have found it extremely difficult to manage my online classroom, and the homeschool environment for my own children. Oftentimes, my children needed help with work, and I wasn't able to help them until I was "done for the day." This made for really long days for the entire family and unhappy kids and adults. I also think the district needs to put in place more accountability measures for the students (i.e., a student's work needs to count -- whether positively or negatively) and inform the students that this work is important, it is required, and it will be graded.

My worry is for teachers who have children and their schools adopt different models. It will create a shortage in teachers with lack of childcare. Also, parents who work will possibly scramble for childcare on days their children are not in school. I fully believe it has to be fully in or fully online. I work at a very large K-8 school. I foresee in the beginning things being closely followed, but as we are more comfortable things may start to lax.

Daycare is going to be a huge challenge for working parents whose kids have opposite schedules as them.

What is this model going to look like especially for those teachers who are parents as well and their children will participate from different models? Are there going to be reasonable accommodations in school/work shifts for those teachers?

I believe that several of these plans are creative but do not consider the challenges families may have in coordinating childcare at home when their child(ren) are not in school.

As a parent of school-aged children and a teacher, I have found it extremely difficult to manage my online classroom, and the homeschool environment for my own children.

Part 3g: Overall Concerns: Transportation

I am concerned about the use of public transportation since most older students in various schools will still be taking buses with no extra cleaning supports or social distancing.

Part 3h: Overall Concerns: Remote Learning

Bringing teachers and students into schools before there is a vaccine is dangerous and will have disastrous results.

I think we should stay with remote learning until we feel it's completely safe to return. I don't understand the difference between coming back all together and the exposure we are going to get with a 2 Day schedule. The virus can be transmitted either way. We can go back based on daycare needs, it risks the spread again of a serious virus that has taken two of my family members personally. Plus, we have to know if it will spike again come fall.

Remote learning period. Looking at other places, the numbers will spike, meaning more illness, and possible death.

My biggest concern is the health of students' families. Especially grandparents and older parents who are primary caregivers. If a student is exposed to COVID, we must be able to let them stay home and STILL ATTEND virtually.

As of this moment, I think fully online in the fall makes the most sense for the safety of students, families, and school communities.

I believe it's better/safer to remain remote and go back when we are sure that the fall is not going to bring another spike. Exposure is exposure whether two days or half days.

I believe that until an effective vaccine becomes available, then students AND staff should not be required to come to school. And, if possible, it would be safest if staff have an option to work SOLELY remotely if they do not feel comfortable returning to in-person instruction since there is STILL a pandemic occurring around us.

I DO NOT LIKE VIRTUAL LEARNING. However, I will only feel safe when there is a vaccine. I am 65 y.o. I am worried about how the virus affects older people. I also have other health issues. I really prefer in-school learning, but not enough to risk my life.

Part 3i: General Comments

I think we are too far out and don't have enough information from the CDC to make decisions about in-person school in the fall at this moment.

Is PA going to discontinue the PSSAs? I don't support any model that cuts my instructional time in half (or worse) and still holds me to the same standard. Similarly, online instruction is not effective instruction no matter who does it, at least not at the K-12 level.

My concern is that teachers will have double the work, no added support, admin still breathing down our necks. I am also very concerned about having to wear a mask all day. I've recently started leaving my house to grocery shop, etc. and the mask is really giving me a lot of anxiety, and makes me feel claustrophobic.

Smaller class size will improve learning outcomes.

Again, careful consideration of making sure that the two "groups" are equally diverse in terms of race, ability, gender, etc. will be paramount towards maintaining equity for all. Teachers will also need extensive training -- specifically, project-based learning may be the most sustainably effective model. Re-evaluation of the PA learning standards and expectations of both students and teachers will be needed as well. Teachers will need training on accountability measures (besides numeric grades) that do not punish students for performing below-expectation due to a temporary crisis that is completely out of students' control. Accountability for both district and charter schools must be re-examined as well -- if educators don't feel safe to experiment,

adjust, innovate, and re-imagine how we teach, we will go nowhere but backwards. We need concrete policies in place from both the city AND the state that metrics have been readjusted due to the pandemic AND protests against police brutality. ***To sum it up: We are ALL affected by the pandemic and police brutality. ALL leadership organizations need to collaborate and take action towards re-imagining public schools that help build not just a trauma-informed school district, but a trauma-informed SOCIETY.***

I still love teaching and am not ready to retire. I have just completed my 36th year with the district. But I will be 63 years old in November. I do not feel safe returning to an environment which will not be healthy or will properly implement the guidelines of COVID 19 reopening. I have been a Building Rep for 10 years. Receiving information from the SD is often a game of whisper down the lane. Employees are never given accurate and timely information. Thank GOD for the union.

I strongly believe there should be a school district COVID task force that gives daily updates. This team should consist of the superintendent, additional 440 leadership, leadership from the PA department of health, school health leadership, additional school nurses (with extra pay), school administrator representative, and environmental staff. This team should give updates daily on the number of school district cases as well as cases school by school to better prepare school staff. This team will allow communication of any challenges with reopening and address those matters promptly. The school nurses should have access to information about positive infection cases in their schools to further assist with contact tracing.

The district provided a 'most important to least important' survey about safety precautions. However, we need to ensure that all of the 9 safety measures on the portal survey and the 11 safety measures on the district website survey are taken

Bottom Line: None of these models is really safe but the kids must be in school. Ideally we would just do on-line teaching/learning to serve everyone's best interest from a health standpoint. However, the kids' mental health and socialization is also crucial, so the third option provides a reprieve from the isolation and then the work at home time gives students to learn at their own pace.

I'm concerned about what accommodations can reasonably be made for teachers and staff members in high-risk health groups. If the solution will be to have them use the extra time given for pandemic-related matters and not come in, the likelihood of having enough substitutes is extremely low, and then we will be looking at extremely short-staffed schools at a time when we must decrease the teacher to student ratio for health reasons.

The schedules cannot be universal. What works for a small K-5 school will not necessarily work for a large comprehensive high school. Several scenarios not considered in this survey may be options.

What's best for instruction and what's best for health/safety are clearly at odds, and health/safety for students and community members must take priority.

What are we doing for teachers and students who are not willing to be around that many people at the same time?

Part 4: Conclusion/Overall Findings

Given the percentages of support for a staggered weeks model compared to the others, and given the overall preference for a hybrid model of returning to schools, we believe that some form of the staggered weeks model is likely best suited for the School District of Philadelphia.

There will be a number of critical steps that will need to be taken in order to utilize this model, including analyzing to whom and how it applies. We know that a one size fits all model will not work, but we also know that district-wide decisions and protocol will be necessary.

Further, with the feedback in our [initial reopening survey \(pft.org/reopening\)](https://pft.org/reopening), as well as the results of this survey, particularly within the open comments section, we know that a number of particular considerations will be needed. We know that online learning can be particularly challenging for students with special needs, English Language Learners, as well as very young students (PreK-2). As such, special attention needs to be made to bring vulnerable students back into buildings in a safe way to ensure that they are able to receive the services they need.

We are encouraged by the guidance provided by the [Department of Education's Mathematica Report](#), and we believe it should be utilized in conjunction with our previous survey, this report, and the AFT report on reopening.

Overall, for a number of reasons, including the support and feedback from our membership, the science behind the staggered weeks model as [outlined in our research](#), as well as in PDE's Mathematica Report, this is our recommended model at this time. The development of the virus over the summer or the presentation of new research could lead us to a different conclusion.

Our recommendation here is not all encompassing of the steps that will need to be taken in order to ensure the safe reopening of schools. It is merely a preferred model for doing so. Cleaning protocol and other key elements must be established. For further information regarding our recommended cleaning procedures, please reference [this document](#). We also recognize that this model is unlikely to work in every scenario, and in some instances, alternatives will need to be developed.

A PLAN TO SAFELY REOPEN AMERICA'S SCHOOLS AND COMMUNITIES

Guidance for imagining a new normal for public education, public health and our economy in the age of COVID-19





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The **American Federation of Teachers** is a union of professionals that champions fairness; democracy; economic opportunity; and high-quality public education, healthcare and public services for our students, their families and our communities. We are committed to advancing these principles through community engagement, organizing, collective bargaining and political activism, and especially through the work our members do.

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Guidance for imagining a new normal for public education, public health, and our economy in the age of COVID-19

SUMMARY

People across the United States are eager to return to some semblance of “normal.” To do so, we must meet a herculean challenge: remaking our society and the places in our lives we hold dear—public schools and colleges, places of worship, workplaces, restaurants and more—in ways that hold paramount our ultimate priorities: the safety and well-being of our children, families and communities; the safety of our members and every frontline worker; and the health of our economy and economic well-being of working families.

Physical distancing efforts have slowed the rate of COVID-19 infections, but no expert believes we will eradicate this virus without a vaccine. Reopening prematurely by relaxing stay-in-place restrictions and resuming large public gatherings runs the risk of undoing the work of the last two months. A premature return to full commercial activity risks a second surge of infections and second lockdown as is happening in Singapore right now. Even once public health officials deem it safe to reopen, doing so without the necessary precautions could be deadly.

This document provides a roadmap for navigating the next steps. It provides specific guidance for transitioning from lockdowns to other public health tools to limit the transmission of COVID-19. It focuses on reopening school buildings in particular, because the safe reopening of public school buildings means students can go to school, and parents, who work outside the home, can go to work. That is key to the reopening of the broader economy.¹

We expect the plan to evolve and adapt over time. It rests on five pillars that draw on the best available science and public health guidance, and the expertise of educators and health practitioners. Gradually, responsibly and safely reopening society requires:

- 1. Maintaining physical distancing until the number of new cases declines for at least 14 consecutive days.** Reducing the number of new cases is a prerequisite for transitioning to reopening plans on a community-by-community basis.
- 2. Putting in place the infrastructure and resources to test, trace and isolate new cases.** Transitioning from community-focused physical distancing and stay-in-place orders to case-specific interventions requires ramping up the capacity to test, trace and isolate each and every new case.
- 3. Deploying the public health tools that prevent the virus' spread and aligning them with education strategies that meet the needs of students.**
- 4. Involving workers, unions, parents and communities in all planning.** Each

workplace and community faces unique challenges related to COVID-19. To ensure that reopening plans address those challenges, broad worker and community involvement is necessary. They must be engaged, educated and empowered.

5. Investing in recovery: Do not abandon America's communities or forfeit America's future. These interventions will require more—not less—investments in public health and in our schools, universities, hospitals, and local and state governments. Strengthening communities should be a priority in the recovery.

The AFT held its first press conference on COVID-19 on Feb. 2. Our union has worked to ensure the safety and well-being of our communities and our members, and we've been particularly fixated on the frontline workers who are risking their lives to combat this pandemic. Early on, we worked to alert our members and allies of the risks of an impending pandemic; unfortunately, the Trump administration gave little and often conflicting guidance. We have remained steadfast in our efforts to keep people safe, while also fighting to keep our public schools and universities functioning, and for economic security for workers.

There are no magic elixirs to simply reopen. Reopening demands comprehensive, transparent action and forthright communication by federal and state authorities, and will take the dedication, voice and forethought of frontline providers and educators and their unions, school districts, hospitals, local governments and communities. The alignment in every school and workplace of public health, instruction and operations is absolutely imperative.

COVID-19 has exacerbated the deep inequalities in our society and underscored the need for additional public investments to combat this inequity. As we face growing recessionary forces, we can't simply limp out of this crisis or revert to a status quo. We need a renewed sense of national urgency to reimagine a better America and a pathway to a better life for all.

The challenges facing us should not be underestimated. For example, even as governors relax physical distancing requirements (after observing a reduction in the number of new cases), some communities may not reflect the statewide trend. Moreover, each workplace faces a unique set of challenges for preventing the spread of the virus. Additionally, we must consider the possibility of a resurgence of the virus in the fall. Communities must be engaged, educated and empowered to exist under this pre-vaccine new normal.

No one knows our public schools, universities and hospitals better than AFT members, many of whom will face great risks in carrying out their jobs. That is why our members and leaders must be at the table in envisioning and implementing plans to reopen our society at the local level.

Our commonsense approach requires real partnerships with employers and community stakeholders on state and local levels. School districts, universities and hospitals should look to unions and the collective bargaining process as opportunities to provide genuine

participation, communication and buy-in from the workers ultimately responsible for ensuring the health and safety of our students, patients and those we serve. In the absence of collective bargaining, other consultation processes must be established. There is no substitute for eyes and ears on the ground in the case of public health and safety.

1. Maintaining physical distancing until the number of new cases declines for at least 14 consecutive days.

While projections vary, we are likely at least a year away from a widely available vaccine. Adherence to physical distancing protocols has flattened the curve, showing early signs of reducing the number of new cases. Flattening the curve is not a panacea; it does not mean no additional cases. Its goal is to reduce the number of new cases, to reduce illness and to ensure the healthcare system is not overwhelmed by critically ill patients.

Unless and until we have adequate testing capacity, there is simply no way to know whether we have sufficiently reduced the number of new cases to consider reopening society. **Once we have reduced the number of cases for at least 14 days with adequate testing in place, reopening plans can go into effect on a community-by-community basis.**

Decisions to phase in less stringent physical distancing requirements and to begin expanding allowable activities should be based on established criteria such as a sustained decline of infections combined with protocols for protecting high-risk populations. This must be coupled with a robust public health infrastructure with the capacity for effective disease surveillance, tracing, isolation of those infected and quarantine.

While most physical distancing requirements come from state authorities, local decision-making has a critical role to play. Even if a state determines that it can ease or altogether lift physical distancing requirements based on the 14-day trigger, the number of new cases in a specific community may not reflect the statewide trend. That is why it is critical for unions to be in regular contact with their employers, and with their local and state authorities, as well the Centers for Disease Control and Prevention, to assess their particular situation. Unions and employers need to determine whether there is (a) adequate testing in their community, given the number of confirmed cases, and (b) then, once there is adequate testing capacity, a reduction in the number of new cases for at least 14 consecutive days to make a decision to transition to reopening. This information must be transparent and available.

Active surveillance of new cases that develop once reopening has started will identify clusters of disease. Prompt action must be taken to prevent the widespread resurgence of COVID-19 in a community. It may be necessary to resume sheltering in place for shorter periods of time in communities where there is disease resurgence, and plans must be in place so schools and other workplaces are prepared if they must close again.

2. Putting in place the infrastructure and resources to test, trace and isolate new cases.

Transitioning from community intervention to case intervention requires the capacity to test, trace and isolate new cases as they emerge. As governors and public health experts

have repeatedly said, this capacity to test, trace and isolate every new case of COVID-19 must be built now. People with confirmed infection should quarantine for at least 14 days (or based on the latest CDC guidance). Anyone in contact with confirmed cases should be traced and tested. Since there is ample evidence of both asymptomatic and pre-symptomatic spread, it is necessary to test contacts to ensure the virus is contained. In addition, anyone who exhibits symptoms consistent with COVID-19 should be tested immediately.

Serological testing—a test that looks at people’s blood for trace evidence of whether they have come into contact with the virus—also provides some hope. With serological testing, we may be able to identify people who have developed immunity and may be less vulnerable to infection. Concerns about reliability, privacy and government oversight warrant close consideration by unions in determining whether and how serological testing is appropriate for the workforces we represent.

Public health departments are leading testing and tracing efforts, but they have been defunded for years and are stretched thin for resources. Estimates suggest that the United States needs to deploy somewhere between 100,000 and 250,000 contact tracers to adequately move from community intervention to case intervention.

However, local communities cannot hold their breath for a day that may never come or the scale that we need. Unions, in partnership with employers and state and local authorities can help public health departments in their efforts to test, trace and isolate new cases. And to contribute to this effort, unions, working with employers and others, should also consider creating and training in-house contact tracers and rapid response resource coordinators. These roles would serve to help people with confirmed diagnoses, and provide available health and financial supports and resources during quarantine, to mitigate the isolating and other effects of the experience.

Again, alignment of strategies, logistics and operations is essential. What we are facing is complicated and unprecedented. Testing, tracing and isolation must be done in conjunction with other public health tools and interventions like physical distancing, proper hand-washing, the use of personal protective equipment like masks, and other supports and services (for example, food and mental health services) that communities need.

3. Deploying the public health tools that prevent the virus’ spread and aligning them with education strategies that meet the needs of students.

Reopening society and the economy hinges on successfully reopening schools. While there is general guidance on how each community should respond to mitigate the risk of spreading the virus, public education, higher education and our healthcare system each face unique challenges. We must take every precaution to ensure that students, teachers and support staff are safe at school and not transmitting the virus. This requires: adopting evidence-based public health measures at every school and workplace; aligning those measures with necessary instructional and well-being strategies that meet the needs of students and staff; and recognizing that this may be a rollercoaster because it may be

necessary to resume physical distancing at certain times and on a rolling basis, to address community-specific outbreaks. Even without COVID-19, there are many programmatic considerations for educators as they plan for every school year. Elementary schools program far differently from high schools, so incorporating public health measures takes planning and resources. The alignment of logistics, educational strategies and public health tools really matter, which is why the eyes and ears of frontline workers must be respected.

The following framework for assessing methods for controlling exposure to hazards in the workplace was initially developed by the National Institute for Occupational Safety and Health and later modified by Johns Hopkins University in response to the COVID-19 pandemic.² It is a good starting point.

- **Physical distancing**—Allowing people to work from home and/or restructuring work to minimize the number of workers physically present in a workspace.
- **Screening**—Utilizing screening measures at work and school sites. This could include temperature-taking, if still recommended as an effective screening measure by the CDC.
- **School-based programming and organization**—Among many things discussed below, redistributing work responsibilities to reduce contact between people.
- **Personal protective equipment and sanitization**—Providing medical-grade masks for health professionals and nonmedical-grade masks for all others, and disinfecting schools on a regular basis, in addition to providing hand-washing and sanitizing stations.

A. Reopening Our Schools

First and foremost, we must do all we can to ensure students, teachers and support staff are safe at school and are not unknowingly transmitting or contracting the virus. This will require a number of steps that anyone who has consumed any news has heard repeatedly: screening and testing, contact tracing, and isolation and quarantine measures, as well as ongoing prevention measures like frequent hand-washing and some degree of physical distancing. There won't be a one-size-fits-all process, or a hard open where every school in every district immediately turns the lights on; we may be opening and closing for a number of months while we secure these measures and develop ways to keep everyone safe. In addition to the immediate public health tools and interventions, we must plan for a curriculum-based academic year, and for the panoply of appropriate educational and social-emotional supports our students need. We must be prepared for the trauma, the transition and the many instructional issues—including the effects of learning loss and the digital divide.

Revisiting the community school model is a way to do all of the above. Even before the COVID-19 pandemic, community schools created a community hub where students and families could get access to health services, where marginalized communities received support, and where necessary services were available in one place. This model is needed even more now, given the effects of the pandemic—from the inequalities that have been exacerbated, to the need for care before and after school so that essential workers can

continue to work and other parents can return to work.

If experts deem it safe, summer may be a way to start planning a community school model that incorporates the collaborative partnerships and community resources families have used, including meals and medical care, while schools were closed.³ Summer is a way to try things other countries are doing, including Denmark, Germany, Israel and Norway, which are bringing in small groups of students who need instruction first, including students with special needs whose needs were hardest to meet during closure.

A voluntary multiweek summer session could provide enrichment and “catch-up” time. It also would enable trying, on a smaller scale, protocols that may work when schools open more broadly, including staggered scheduling, increased hand-washing, and nightly school cleaning. And summer can be an opportunity to expand grab-and-go nutrition programs, as food insecurity remains a pressing issue for far too many students.

Now is the time for unions and employers to work on all issues for returning to school. This includes programming, space, operations, logistics, calendar, and aligning all the public health interventions with all the schooling interventions: ensuring students’ healthy social, emotional and academic development; nurturing productive relationships; building resilience; supporting diversity and inclusion; and rebuilding the school community.

While COVID-19 has upended much of our lives, it has reinforced the value and importance of public schooling. Teachers and school staff across this country continue their heroic efforts to make distance learning work and support their students—with many parents working valiantly to support them as well. This experience has made clear that there is no substitute for a safe and welcoming neighborhood school.

And while our public schools have been woefully under-resourced, and we must continue the fight to change that, this next two years is an opportunity to visualize what schooling looks like in a post-pandemic era, to ensure every child has the opportunity to thrive.

i. School-Based Public Health Interventions

Even after shelter-in-place orders are lifted, physical distancing—including limiting the number of people who can be in a school, a hall, an auditorium or a classroom—will play an important role in school safety. Physical distancing measures are the most effective intervention but also the most disruptive. It is a real possibility that even after schools open, targeted building closures could happen around the country in response to community outbreaks. That is why, even though online education is not a substitute for the in-person learning and socialization that happens in schools, schools must prepare for hybrid measures: both in-school and remote education.

Handling emergent cases:

Districts, in partnership with unions, will need to develop protocols for the referral, tracing and isolation of students and staff who are exhibiting COVID-19-related symptoms or with confirmed diagnoses. Any plan should, at minimum, include:

Entry process/screening:

- Hand-washing on entry to all schools, with soap and water or hand sanitizer;

- Screening for symptoms in children and staff, including temperature-taking if recommended by the CDC;
- An isolation room;
- Clear protocols for communicating with students, parents and staff who have come into close/sustained contact with confirmed cases;
- Limiting access to the nurse's office and creating a secondary area for triage for other student illnesses or injuries;
- An ability to transfer healthcare staff to sites with more cases, without diminishing support available to students elsewhere in the district; and
- Communicating directly and immediately with parents and community regarding cases and how the district responded.

Protections for at-risk staff and at-risk students: COVID-19 disproportionately affects people 65 and older and those with underlying chronic health conditions. Reopening plans should consider providing these workers with the option to deliver instruction remotely while students are in the building, with students under the supervision of qualified staff. At-risk students should have a similar option to learn remotely while their teachers and peers are in school.

ii. School-Based Public Health Reorganization

Prolonged physical distancing practices may prove impossible for certain populations. Schools serve diverse populations, from very young children, to students with severe behavioral issues, to others with physical limitations that may make strict adherence to a six-foot distancing standard difficult. This will require efforts to reorganize the school day and school operations to maintain health and safety standards.[3]

It is critical to recognize that different schools, different districts and even different rooms will require tailored solutions.

- **Smaller class sizes.** One of the most important measures districts can take is to reduce class sizes. Class sizes of 25 or more students in a small classroom pose obvious risks to student health and safety. Class sizes of 12-15 students will, in most circumstances, make it possible to maintain physical distancing protocols.
- **Split scheduling.** Alternating days of the week or times of the day may offer schools a way of limiting the number of students physically present in the building at any given time. Knowing that split scheduling may cause disruption for parents and guardians, schools should consider putting in place after-school care with safety protocols for students and families most in need.
- **Monitoring access to school facilities.** Schools should closely monitor access to school facilities and limit the number of visitors granted access to school facilities.
- **Transportation.** Districts should consider modifying transportation to provide staggered arrival times and multiple arrival locations to limit large gatherings of students.
- **Staggered lunch and meal times.** Meals should be staggered throughout the day,

and schools should consider having students eat in classrooms with appropriate protocols to keep the classroom clean.

- **Special student populations.** Additional considerations and planning will be needed for students with disabilities, underlying health conditions, asthma or respiratory illness, and special education requirements.
- **Training for staff, students and parents.** Districts should consider providing up-to-date education and training on COVID-19 risk factors and protective behaviors.
- **Alternative plans for after-school programs, sports, recreation and physical fitness.** These activities may need to be adjusted using the above protocols.
- **Space and time considerations.** This includes the need for portable classrooms or additional space if schools are overcrowded.
- **Additional supports.** This includes professional development, small-group instruction, and all the other social-emotional and academic programmatic supports necessary during this transition.

iii. PPE and Sanitization

- **Availability of and training on how to effectively use PPE.** Educators and support staff need appropriate PPE and training on how to properly put on, use, take off and dispose of it.
- **Hand-washing stations and protocol.** Schools should set up hand-washing stations upon entry to school buildings. Hand-washing recesses can be integrated into the schedule throughout the day for all students and staff.
- **Daily sanitizing.** School facilities should be thoroughly sanitized on a daily basis to prevent transmission of the virus, increasing staff as necessary.

iv. Mental Health Supports for Students

Our collective response to COVID-19 requires much more than limiting the spread of the virus. Prolonged physical distancing, death and illness in our families and communities, and economic dislocations, will leave many students and faculty with ongoing trauma and mental health issues, and it is incumbent on us to meet their needs now more than ever. We know from brain science that lack of psychological safety and the impact of adverse childhood experiences impede and even prevent learning. These impacts will be widespread. This will require additional staff with expertise in mental health, to provide trauma and sensitivity training for all staff, students and parents. All staff should be trained on how to identify students struggling with trauma and refer them to mental health professionals for additional support.

v. High-Quality Instruction

Teachers and school support staff have responded to the crisis with verve and creativity, creating an entirely new educational delivery system remotely with no advanced notice and little, if any, training. If anything, the pandemic has proven that teachers, when given the freedom to teach, will rise to the occasion to deliver high-quality instruction to their students.

- **Blended in-person and distance learning models.** When school attendance is not

possible or is limited, districts could consider a temporary blended model that distributes educational time between in-person learning and distance learning or fully remote instruction. Recognizing the dangers of excessive time on devices, especially for young students, districts should develop age-appropriate student learning schedules with teacher input.

- **Expanded access to broadband and technology to close the digital divide.** Districts should identify students and educators who lack sufficient access to the internet and the hardware that has become critical to distance learning, and determine solutions for equal access to learning opportunities for those who are unable to connect with the school digitally.
- **Professional development.** Professional development and collaboration time for teachers—before the school year begins, and ongoing—will be more important than ever. This should include not only relevant content, but should address teaching in the new instructional environment, and trauma-informed practices.
- **Rethinking student assessments.** An extensive review of all assessment programs to limit the loss of learning time to excessive testing, and to prioritize assessments that provide teachers critical information. Special effort will be needed for appropriate diagnosis of students' learning levels and needs given the truncated traditional school year. These diagnostics should be teacher-friendly and accompanied by access to relevant instructional resources and supports to fill gaps.
- **Performance evaluation.** Districts should put formal evaluations on hold during the reopening period until they develop new expectations for the possibility of instruction that alternates between in-person learning and distance learning. Informal evaluation focused on helpful feedback should continue.
- **Role of data.** Beyond refocusing schools on the fundamental values of public schooling—a focus that has been lost over the years—it is also time we repurpose the role of information and data in our schools. For too long officials have used school and student data solely for accountability purposes. As we reopen our schools, we need to primarily use these data to guide instruction, identify and share best practices, and help collectively solve mutual problems.
- **Teaching and learning.** The considerations laid out above must be placed in the context of the overall instructional program as well as supplemental services and co-curriculums—all of which will require significant adjustment. Consideration of the needs of students—particularly students with disabilities and special needs, economically disadvantaged students, and English language learners—will help ensure that the program works for all.

As the CDC guidance suggests, schools can be information hubs and places to practice key protocols to help stop the spread of the virus. We are facing a new normal, and at least in the near future, schools will not be the same. In the short term, this new normal requires more, not fewer, resources—nurses, mental health professionals, and additional instructional and other support. This crisis provides an opportunity to reimagine America's public schools as inclusive and welcoming places for all children to thrive and learn.

Perhaps, out of crisis, we will put our children's and their educators' well-being first. That means, just as we must listen to the healthcare experts to help ensure everyone's safety through this outbreak, we must listen to frontline educators, staff and administrators to ensure children's new normal is one that meets their needs.

B. Reopening Our Colleges and Universities

Institutions of higher education have been essential to our defense against this pandemic, and they will be essential to economic recovery in the new era. American colleges and universities have produced many of the people who have helped us through this crisis—physicians, nurses and other frontline medical professionals, as well as supply-chain logisticians, information technology personnel, materials science engineers and innovators, and more, who will be urgently needed at every step of what is to come.

College campuses are, historically, exceptionally open physical environments, with most spaces, including buildings, accessible to the public virtually all day, and with a wide range of students, faculty, staff, community members, vendors, outside organizations and other people—all of whom are potential COVID-19 vectors—moving in and through the work site, and to off-campus locations both near and far. The extended duration of daily campus operations—7 a.m. to 10 p.m. daily is not at all uncommon—allows minimal or no window for deep-cleaning procedures.

All of this means that the dislocations caused by the COVID-19 crisis pose a unique existential challenge to American higher education. Because of decades of disinvestment, many institutions—public and private—are revenue-dependent, and are currently not situated to survive even a 10 percent or 20 percent decline in enrollment, or the closure of campus housing for a semester or two. While prospective students at elite institutions consider taking “gap years,” the students who would and should attend public colleges and universities are in danger of dropping out of college entirely. And college and university workers rightly fear that this confluence of factors will combine with an aggressive transition to online modes of instruction to result in institutional collapse.

It is critical to remember that the higher education workforce skews older than average, and is, by the CDC's definition, at heightened risk from coronavirus. And they are, in the majority, struggling financially. Most teachers in higher education are gig workers. Seventy-five percent are employed one year or semester at a time. One-third of them are making less than \$25,000 per year, one-quarter of them are food-insecure, and 43 percent of them have put off seeing a doctor for financial reasons in the past year.

To keep these institutions afloat, and to grow the educational infrastructure we will need in order to come back as a nation from the coronavirus, a program of investment similar to the grant program that has helped to stabilize small businesses in this time is needed. We must invest in our institutions of higher education like never before, with the college equivalent of Title I: \$50 billion in funding to public institutions of higher education and minority-serving institutions. This money should flow through states with a formula that emphasizes enrollments of low-income individuals, and encourages greater support for institutions that derive larger shares of their operating budgets from state and local sources.

Specific recommendations for our colleges and universities include:

i. **Physical Distancing**

- Faculty must decide whether and how online instruction is possible and, with the guidance of campus and public health officials, how any in-person or hybrid instruction can be conducted safely.
- As much as possible, college and university staff—both professional and classified—must be afforded the opportunity to continue telework.
- To encourage the greatest extent of physical distancing, institutions must do everything possible to close the digital divide for faculty, staff and students, thereby lessening the need for anyone to be in shared space in order to access the internet.
- Residential colleges and universities must implement physical distancing measures for both residents and staff in campus housing, dining facilities and other common areas including libraries, if they remain open. Institutions should consult with, or employ, public health specialists to advise in an ongoing way about how to accomplish this.
- To prevent fear pushing faculty or students into physical proximity when physical distancing could and should be maintained, institutional leaders must expeditiously work with institutional accrediting agencies, programmatic accreditors, and union and employer sponsors of workforce training programs, to assure students and faculty that the responsible movement of instruction into remote/online and hybrid space will not be penalized.
- Create and utilize campus public health teams to evaluate and recommend action on potential problem areas on campus, and to assess and improve the institution's capacity for testing, tracing and isolation.

ii. **Campus-Based Solutions**

- **Flexible graduation requirements.** Be flexible about program and graduation requirements, course timelines and sequences, requirements for professional certification, and other areas of historic stringency that may conflict with the need for physical distancing. Consider adjusting upper-level courses to account for changes in the preparedness of students who have taken lower-level courses online during this interval.
- **Protections for academic freedom.** Attend to academic freedom and student/faculty privacy in a remote learning environment. The safety of open discussion in a contained classroom could be compromised by the possibility of recordings that get widely circulated.
- **Data security.** Establish rules, including contract language, that reassure faculty and students that corporate education vendors will not be using this crisis to enhance their data mining and in turn appropriate that data to expand prefabricated curriculum.
- **Prepare for ongoing disruption.** To the extent an institution is reopening, make

and propagate plans for disruptions to in-person instruction caused by surges in COVID-19 cases.

- **Protections for at-risk populations.** Create and enforce policy and practices to prevent replicating and worsening the virus's disproportionate impact on older people and people with underlying health conditions that place them at greater risk. Be especially attuned to the needs of older faculty and staff, or those with underlying health conditions or with household members who have underlying health conditions, to be able to work out of proximity to others.
- **Adjust compensation for additional instructional time.** To maximize educational value and ensure compliance with physical distancing, plan to pay teachers, particularly adjunct teachers and graduate assistants, for the time they are asked to spend meeting either in person or virtually with smaller groups of students than had met in the past.

iii. PPE and Sanitization

- Identify and provide appropriate PPE for employees and students.
- Establish cleaning regimens; properly protect and train the custodial staff who conduct the cleaning.
- Appropriately and regularly sanitize public buildings, especially campus residential and dining facilities.

iv. Physical and Mental Health Considerations

- **Community health liaisons.** Add trained nurses and counselors to oversee the handling of identified cases of illness in the college or university community, and to direct those in need of resources.
- **Protocol for new cases.** Expand campus health resources, including isolation rooms for students identified with COVID-19 symptoms. Establish criteria for when residential students with COVID-19 symptoms, or who are diagnosed as COVID-19 positive, will be excluded from regular campus activities, and identify the procedure that will be followed to relocate the student either on or off campus.
- **Resources for degree completion.** Strengthen and expand existing programs to help students maintain continuous enrollment and progress toward degrees—e.g., small-dollar grant programs, transportation and child care assistance.

C. Readyng Our Hospitals and Health Systems

The lessons of this pandemic demonstrate the dangerous consequences of being ill-prepared. The inability of our decimated public health infrastructure to handle a pandemic puts the problems with our corporatized healthcare system on full display. In the absence of widespread immunity to COVID-19, new infections could surge once shelter-in-place orders are lifted and society begins to reopen. Experts additionally talk about a possible second wave of outbreaks in the fall. Without a robust public health infrastructure, and absent enforcement of strong protective guidelines and a supportive

response plan by the federal government, union leaders in the health sector must engage in meaningful ways of holding employers accountable.

The gap between our public health system and private healthcare corporations must be addressed. A lack of transparency and a funding model that has starved resources from the public health system not only reward pharmaceutical and large healthcare corporations. They also establish a power imbalance that minimizes the voices of patients and workers in setting standards of care and in helping shape how care should be delivered. Notwithstanding the challenges with our current system, evidence-based practices, enactment and enforcement of protective regulatory standards, and collectively bargained terms are necessary to ensure healthcare workers can care for patients without fear of harm to themselves and their family, should a resurgence of the virus occur.

Worker safety is patient safety. Our healthcare workforce has borne the brunt of workplace infections and deaths related to COVID-19, owing in large part to the crisis rationing of PPE and the diminution of federal standards and guidelines that conform with the highest standards of patient safety. It is imperative that nurses and other health professionals are at the table during employer debriefs and when preparedness plans are evaluated and modified, to ensure our healthcare workforce is not working in hazardous conditions. Health and safety issues must be addressed before another surge in infections occurs. PPE supplies must be adequate in number and quality, and all staff should be fit-tested and fully trained for use of PPE.

State reopening plans phasing in the return of elective medical procedures and routine care require a hard look at where we have failed to keep our patients and healthcare workforce safe. With COVID-19, nurses and healthcare professionals are working in conditions where protective measures of infection control have failed and their expertise and training have been overlooked. Infection control measures in patient care environments have necessarily been adjusted during the pandemic and will require ongoing adjustment as reopening occurs. Factors like patient flow, room setup, and visitor policies will influence the ability to limit transmission in clinical settings. And union leaders will need to press healthcare employers to ensure they are ready to quickly implement preparedness plans in the event of a resurgence.

There is a need to stabilize the healthcare workforce, as areas hard-hit by the virus have seen an increased need for critical care nurses, but a decrease in need for other nurse specialties. Resulting layoffs and substantial job loss in healthcare contribute to the overall unemployment rates, prompting the need for effective deployment of our healthcare workforce; this is a key component of reopening and preparation for a second surge in infections. Nurses on medical floors with low patient counts, for example, could be trained to augment staffing in critical care areas where staffing numbers are low due to infection rates among clinicians. Rather than tactics like recruitment from abroad, we should first implement retraining to redeploy existing staff based on patient needs.

Mending well-being and emotional resilience among the healthcare workforce will also be a necessity. Stressors abound for healthcare workers caring for acutely ill COVID-19 patients in isolation in hospitals and other healthcare settings. Whether related to stressors like employment of strict biosecurity measures, the isolation from family and friends, the heightened workload demands, or even the risk of disease, our healthcare

workforce will require a period of reintegration—even though most of their facilities have remained open. The systematic failure of employers and the federal government to prepare for a pandemic resulted in an extraordinary level of unnecessary trauma across the healthcare workforce, and those things must be addressed.

4. Involving workers, unions, parents and communities in all planning.

There is no one-size-fits-all solution to this crisis. Rebuilding community after a complex public health and economic crisis necessarily involves thousands of people navigating recovery who are as new to the experience as the average person; thus, the effectiveness of our collective response depends on the collective action of each community.

Communities and workers must be educated, engaged and empowered. This is an unprecedented situation; the eyes and ears of practitioners are essential to ensure that the public health, instruction and logistics of reopening are operationalized as seamlessly as possible.

Schools, colleges, hospitals, and local and state governments will need to engage workers and community stakeholders at every level of the decision-making process to ensure that the mitigation strategies embedded in reopening plans are responsive to the specific vulnerabilities of each workplace and that there is regular and open communication regarding the policies and procedures to keep everyone safe. Without transparency and joint decision-making, there is a real risk of distrust, the spread of misinformation, and a lack of compliance with reopening plans.

Collective bargaining is the best way to ensure that workers are represented in decision-making and that health and safety standards are enforced to the benefit of workers and the communities they serve. In the absence of collective bargaining, workers and employers can use meet-and-confer arrangements to formalize reopening plans and ensure accountability.

Protections for Workers and Community

Strong, clear and enforceable workplace health and safety standards must be in place to protect workers' voices during the reopening process. Employers and joint bodies administering the phased reopening plans need to know where there are faults in the plan and noncompliance issues. In addition to OSHA protections available in some states, workplaces and other authorities should develop policies to protect workers who speak up about health and safety issues, as healthcare professionals are frequently subject to gag orders, and many have lost their jobs for speaking up about safety concerns.⁴

To ensure that health and safety measures are implemented, workers who voice concerns publicly should be protected from employer retaliation that could result in their discipline or dismissal. Workers must have the right to refuse work if they fear exposure to the virus because they have not been provided proper protections or training to do their jobs safely. The surest way to protect workers in these instances is to put these protections into collective bargaining agreements. Workers have and will face great risks in transitioning to reopening, and their voices should be treated as a public health resource, not a liability.

In general, unions and employers, consulting with diverse community stakeholders, should treat the collective bargaining process as an opportunity to solve problems facing school districts, universities and hospitals as they plan for and manage reopening. Consultation provisions can be built into the agreement to ensure that all parties are regularly discussing and solving problems as they arise.

Collective bargaining can also be used to fight for the resources workers and communities need. AFT affiliates from across the country have been fighting for smaller class sizes, more nurses and counselors, safe patient staffing, resources for community schools, and other supports for students. Public schools should continue to be reimagined as community hubs—places where students and families can get access to community health services, be regularly educated about how to stay healthy, and learn where to go to receive testing and treatment. Strong community and family engagement has been a cornerstone of transforming struggling schools to support students. When practitioners and school administrators work together to support these efforts the results are even stronger and more sustainable.

This kind of investment around a whole-community approach is what will not only mitigate the disproportionate harm this crisis has caused the most vulnerable communities, but help reverse the inequality that existed long before this pandemic.

A Seat at the Table

All community members are struggling with the fear and anxiety of reopening before a vaccine is widely available. In order for communities to trust reopening plans, they need a seat at the table to make decisions, and to feel engaged and empowered to help their community implement them.

Reopening plans need to address specific challenges in each community. Some schools have a network of healthcare providers that deliver services to students and the school community, and others don't. Some universities have student populations with no home to return to in the event campus is closed. African Americans face higher rates of infection and death. Older workers and those with chronic or underlying conditions are at higher risk of having life-threatening cases of COVID-19.

To address these issues, state and local unions should start planning committees now, for the next school year, and use a needs assessment tool to map out the risks of reopening. These committees can also help align the resources available across sectors—education, public health and public safety—to mitigate those risks. The guidance on the available public health tools and strategies for preserving high-quality instruction discussed in section three is a good starting point, as is any overture to invite parents and community groups to join you.

The plans that come out of needs assessments not only should provide guidance to employers, but also should become official policy upon adoption by school boards and other governing bodies and/or included in collective bargaining agreements to ensure compliance and accountability. Workers and community stakeholders need the power and voice to enforce these reopening plans, and to make sure they work to fulfill health, safety and educational goals.

Effective communication depends on a high degree of trust. Without the trust of workers and community stakeholders, workplaces will be challenged to ensure compliance with reopening plans. Communication before and during phased reopening must be transparent about the stakeholders involved in the decision-making process, the factors used to make decisions, and the nature of the decision-making process itself. We must remember that our communities are eager to return to a sense of normalcy, as they are feeling the grief of lost loved ones, economic insecurity due to lost jobs and incomes, and prolonged isolation.

Perhaps most importantly, communication needs to be clear about the actions people can and must take to protect themselves and others from COVID-19. Employers may simply not have the ability to effectively communicate those actions to workers and the community at large, and they will need to call on the help of union and community stakeholders to deliver the message into the community. A “whole school-whole community” approach has been the most effective at limiting the spread of the virus and keeping panic at bay. The AFT has worked tirelessly to ensure our members and communities are properly informed.

5. Invest in recovery. Do not abandon America’s communities or forfeit America’s future.

The paired crises of the COVID-19 pandemic and the resulting economic devastation make reopening the public square especially complex. We know we must reignite the economy, and a safe reopening of schools and other workplaces is a necessary step toward recovery. While we are eager to put people back to work, send children back to school, and repair the damage done to the economy and our families’ well-being, to rush this process or fail to put in place the safeguards advised by public health experts will risk both a second surge of infection and an even deeper economic downturn.

The toll this has taken on America’s working families and our communities is incalculable, and the hole gets deeper with each passing day. This particular moment requires our federal government, in particular, to respond appropriately. In addition to what has already been done, a substantial and immediate federal investment in our states, cities and towns is critical to ensure that we are continuing to respond to the pandemic, clearing the way for a safe reopening, and supporting our families and communities.

A Plan to Support State and Local Governments and Other Critical Services: Public Schools, Public Safety, Public Health, the U.S. Postal Service and More

Businesses large and small have shut down operations, and more than 26 million workers have filed for unemployment in recent weeks, threatening to crater tax revenue for state and local governments. Even with the \$2 trillion CARES Act rescue package passed in March, the White House predicts 20 percent of Americans will be unemployed by June. Governors from all 50 states have issued emergency declarations and taken steps to reallocate their budgets. Now, these governors, Democrats and Republicans alike, are calling for the next COVID-19 relief bill to include another \$500 billion to stabilize their states and prevent another wave of layoffs, because they’re desperate to avoid the cuts to public services like schools, healthcare centers and public safety. More will be necessary

to provide for a safe reopening and address new needs created by this crisis.

But Senate Majority Leader Mitch McConnell suggested that Congress should let state and local governments go bankrupt, putting teachers, nurses, bus drivers, firefighters, EMTs and other public employees out of work, plundering pensions and retirement security, and plunging even more families and seniors into poverty. His plan would gut public education, Medicaid, public health services and mental health treatment—the essential public services that never recovered fully from the austerity measures imposed after the Great Recession of 2008.

We cannot forfeit our future or abandon our communities. To survive as a nation, we must help our public schools, universities, hospitals, state and local government, and the Postal Service provide services that will be more needed than ever; this will require an immediate, massive reinvestment in public services. The CARES Act and related legislation provided an important first step in a federal response, but more is needed. Congress should, in the next iteration of its response, do at least the following:

- **Support the National Governors Association’s call for \$500 billion in additional funds to meet the states’ budgetary shortfalls that have resulted from this unprecedented public health crisis.**
- **Provide at least \$175 billion for the Education Stabilization Fund distributed directly to local education agencies and institutions of higher education, with minimal state set-asides, in an equitable and targeted fashion. Also provide \$50 billion in direct funding for public colleges and universities and minority-serving institutions.** Given anticipated loss of tax revenues, they will need substantially more federal support to deliver crucial public services, such as educating our nation’s public school students, sustaining public higher education and maintaining a public service workforce.
- **Invest in voluntary summer school, after-school programs and community schools that will make up for the instructional time lost during the 2019-20 school year, by providing significant additional funding for Title I and the Individuals with Disabilities Education Act as well as additional funding for high-quality, voluntary summer school and extended learning time.** While the full extent of the current crisis continues to evolve, we already know that, despite their best efforts to support students and families, our schools will be faced with students who have experienced extended months of learning loss, significant poverty, trauma and unmet social-emotional needs.
- **Increase investment to close the digital divide.** High-speed broadband, reliable mobile service, modern technology and hardware are no longer optional. They are now core infrastructure needs of businesses, schools and homes.⁵
- **Substantially increase Medicaid funding, provide free COVID-19 testing and treatment for all regardless of immigration or insurance status, and increase support for providers assisting underserved populations.**⁶
- **Provide for the personal protective equipment, cleaning supplies and other materials necessary to help our public institutions reopen safely.**

- **Cover 100 percent of COBRA health insurance premiums for those workers now unemployed through no fault of their own, or who lost health insurance due to the death of the carrier.** Ensure resources are available, and that proper testing and safety provisions can be in place, before schools reopen.
- **Permanently expand eligibility for unemployment benefits to many previously uncovered workers (including the self-employed, independent contractors and gig workers), and extend unemployment benefits for an additional 13 weeks.**
- **Boost SNAP maximum benefits** by 15 percent and increase the SNAP minimum payment from \$16 to \$30. This will help provide adequate nutrition assistance to meet the overall need and spur economic recovery. Every day there is new evidence of the depth of food hardship and economic dislocation. Each \$1 of federal SNAP benefits during a downturn generates between \$1.50 and \$1.80 in economic activity.
- **Increase by a minimum of 15-percentage points the Federal Medical Assistance Percentages, which determines Medicaid spending.** This increase should be added to the 6.2 percentage-point increase adopted in the Families First Coronavirus Response Act, and increases should be retroactive to Jan. 1, 2020, and should last until at least Dec. 31, 2021.
- **Cancel student debt.** As a nation, we are now paying the price for our decades of neglect of the systems through which collective effort once enabled us to take on herculean challenges. This includes our neglect of our system of higher education, which has produced fewer essential professionals than we need and has, in shifting the burden of its costs to individual students and families, effectively demanded lifetime personal indenture of those who undertake college, graduate and professional education. In the economic catastrophe we now face, for its stimulative effect alone, it is time to free people who have attended college of the burden of student loan debt.

Given these needs, Congress should make at least a \$750 billion investment in state and local government to stabilize public services, which will help put us on a path to reopen safely and allow for a real recovery for all our communities. This administration spent trillions on a corporate tax cut in 2017; it must be prepared to invest a comparable amount on the anchoring institutions that have been key to fighting the virus and are central to any recovery plan: Public schools, universities, hospitals, state and local governments and the U.S. Postal Service provide services that will be more needed than ever, and we need a massive investment in them right now.

In partnership with the AFL-CIO and partner unions, [we developed five economic essentials](#) to address the stark realities now faced by workers across all sectors:

- Keep America healthy—protect and expand health insurance for all workers;
- Keep frontline workers safe and secure;
- Keep workers employed, and protect earned pension checks;
- Keep state and local governments, our public schools and the U.S. Postal Service

solvent and working; and

- Keep America competitive—hire people to build infrastructure and make long-overdue investments in this key pillar of the economy.

We have all watched harrowing reports of abusive and unsafe conditions for essential workers in meatpacking plants⁷ and warehouses⁸ across the country. On April 28, AFT-affiliated nurses and healthcare professionals in 10 states filed 24 separate OSHA complaints⁹ for lack of necessary personal protective equipment despite their ongoing exposure to COVID-19 patients as part of their jobs. The president must use the power of the office to protect workers with the aggressive enforcement of Defense Production Act and OSHA standards. He must cease using the power of the presidency, his public press conferences and his Twitter account to endanger the lives of working people.

A Progressive Economic Agenda

With interest rates and inflation at historic lows, the federal government should continue to borrow to fulfill its role and to support state and local government services. It is not the time to be concerned about deficits. And the federal government should be prepared to raise taxes. We are trying to both save lives and ensure the quality and dignity of those lives. It is completely appropriate to ask our future selves to help pay for that. We must fund our future if we want our children to inherit the potential to fulfill the promise of the American dream.

States also will have an important role. In Illinois and California, there are initiatives on the ballot this fall to raise revenues by asking those who have more to pay more. These are the right policies to pursue at the moment, and more states should look to emulate these efforts in the coming days. While there is an argument that raising taxes in a recession has an economic cost, the economic and social costs of cutting services and creating further suffering are far greater. We can afford to make these investments, we cannot afford to fail.

CONCLUSION: A LIVING DOCUMENT

This plan to reopen our society is a living document, guided by constantly evolving expert advice about how best to keep our children, our workers and our communities safe from the continued spread of COVID-19 and what resources are needed to put communities back on the road to recovery.

It rests on the fundamental belief that without a vaccine, we must take specific steps to map out our new normal, which must include: some elements of physical distancing; infrastructure for testing, tracing and isolation; deploying public health interventions in our schools and workplaces and aligning them with the necessary educational supports; involvement of workers and community in the development of reopening plans; and significant investments in states, localities, schools, healthcare and the Postal Service—the essential systems that have carried us through this crisis and will need continued support.

Together, as the people on the frontlines of carrying our country through this crisis, we will work to carry our communities through the recovery that follows.

Endnotes

^[1] School systems have been operating throughout this pandemic. By reopening schools, we mean having regularized access to school buildings and other physical learning and service delivery locations.

^[2] Caitlin Rivers et al., “Public Health Principles for a Phased Reopening During COVID-19: Guidance for Governors,” Johns Hopkins Bloomberg School of Public Health, April 17, 2020, <https://www.centerforhealthsecurity.org/our-work/publications/public-health-principles-for-a-phased-reopening-during-covid-19-guidance-for-governors>.

^[3] John King and Randi Weingarten, “What Comes Next for Public Education?,” The Hill, April 24, 2020, <https://thehill.com/opinion/education/494521-what-comes-next-for-public-schooling>.

^[4] Theresa Brown, “The Reason Hospitals Won’t Let Doctors and Nurses Speak Out,” New York Times, April 21, 2020, <https://www.nytimes.com/2020/04/21/opinion/coronavirus-doctors-nurses-hospitals.html>.

^[5] Congressional Budget Office, “CBO’s Current Projection of Output, Employment, and Interest Rates and a Preliminary Look at Federal Deficits for 2020 and 2021,” April 24, 2020, <https://www.cbo.gov/publication/56335>.

^[6] American Federation of Teachers, “A Decade of Neglect: Public Education Funding in the Aftermath of the Great Recession,” <https://www.aft.org/sites/default/files/decade-of-neglect-2018.pdf>; Trust for America’s Health, “Pain in the Nation Update: Deaths from Alcohol, Drugs and Suicide Reach the Highest Levels Ever Recorded,” February 2018, <https://www.tfah.org/article/new-report-funding-for-public-health-has-declined-significantly-since-the-great-recession/>.

^[7] Ken Anderson, “Trump Orders Meatpacking Plants to Remain Open,” Brownfield AG News, April 28, 2020, <https://brownfieldagnews.com/news/trump-orders-meatpacking-plants-to-remain-open/>.

^[8] Alina Selyukh, “Amazon Warehouse Safety ‘Inadequate,’ N.Y. Attorney General Office Says,” NPR, April 27, 2020, <https://www.npr.org/2020/04/27/846438983/amazon-warehouse-safety-inadequate-n-y-attorney-general-s-office-says>.

^[9] Olivia Messer, “OSHA Complaints Flood in from COVID-19 Frontline Health Workers,” Daily Beast, April 28, 2020, <https://www.thedailybeast.com/osha-complaints-flood-in-from-covid-19-frontline-health-workers>.