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

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

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

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

Are all staff trained on health and safety practices?

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

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

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

Begin Learning Model and Monitor
The decision to resume or expand in-person learning is complex and requires weighing both risks and benefits to children, staff, their families, and the broader community. With regards to COVID-19, DOH recommends that local leaders consider COVID-19 activity level (i.e., case rates, percent test positivity, trends, etc.) as well as the educational, social and emotional benefits of in-person learning for students. When recommending guiding metrics to resume in-person learning, DOH considered both the health risks of COVID-19 to students, school staff, and the surrounding community; as well as the benefits of in-person school to children and their families. These metrics are not intended to serve as a hard thresholds but as a primary consideration in determining for whom to provide in-person learning.

### For whom should your community provide in person learning?

**For School Administrators, Local Health Officers, and Community Stakeholders**

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

<table>
<thead>
<tr>
<th>COVID-19 Activity</th>
<th>Education Modality</th>
<th>Extra-curricular Activities</th>
<th>Transition</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIGH</td>
<td>&gt;350 cases/100K/14 days</td>
<td>Phase in-person learning in groups of 15 or fewer students for pre-K through grade 5 and those with highest needs. Prioritize Pre-K through grade 3, and students in any grade with disabilities, students living homeless, or those farthest from educational justice. If schools can demonstrate the ability to limit transmission in the school environment, add grades 4-5.</td>
<td>Cancel or postpone most in-person extra-curricular activities except those allowed under Safe Start and Governor’s proclamations on COVID-19.</td>
</tr>
<tr>
<td>MODERATE</td>
<td>~50-350 cases/100K/14 days Test positivity 5-10% Trends in cases and hospitalizations</td>
<td>Phase in-person learning. Prioritize Elementary (pre-K-5) if they are not already receiving in-person learning, and Middle School. If schools can demonstrate the ability to limit transmission in the school environment, add more high school students when case rates are below about 200/100K/14 days.</td>
<td>Extra-curricular activities must follow K-12, applicable Safe Start protocols and Governor’s proclamations on COVID-19.</td>
</tr>
<tr>
<td>LOW</td>
<td>&lt;50 cases/100K/14 days Test positivity &lt;5% Trends in cases and hospitalizations</td>
<td>Provide in-person learning for all students.</td>
<td>Extra-curricular activities must follow K-12, applicable Safe Start protocols and Governor’s proclamations on COVID-19.</td>
</tr>
</tbody>
</table>

Across all COVID-19 Activity Levels:
- When trends in cases and hospitalizations are flat or decreasing, and the school can demonstrate the ability to limit transmission in the school environment, expand access to in-person learning.
- When trends are increasing, pause expansion of additional in-person learning and maintain access to in-person learning for those who have it. Schools are not required to reduce in-person learning or revert to remote learning based on metrics if the school can demonstrate the ability to limit transmission in the school environment.
- Consider other health and education risks and benefits to children and their families.

At any COVID-19 level, transition temporarily to full distance learning for 14 days when school meets criteria in DOH’s [K-12 Health and Safety Guidance](p 16) or on recommendation of the local health officer.