MI Safe Schools: Michigan's 2020-21 Return to School Roadmap

Governor Gretchen Whitmer
COVID-19 Task Force on Education
Return to School Advisory Council

June 30, 2020

Contents

> “We will continue to put safety first, leveraging science, data, and public health evidence to inform the decisions we make to serve each and every student in Michigan well.”

Foreword

Dear School Community Members,

Thank you for pouring so much of your heart, mind, and soul into our children during these uncertain times. Your leadership has been heroic.

While there are still significant unknowns about the future of COVID-19 and its impact on Michigan, as I stated on June 17, I am committed to providing you with the guidance, support, and clarity to safely bring students back to the classroom for in-person instruction for the 2020-2021 school year. In doing so, we will continue to put safety first, leveraging science, data, and public health evidence to inform the decisions we make to serve each and every student in Michigan well.

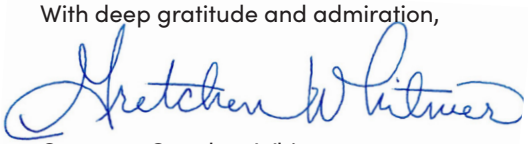
We committed to bring together diverse stakeholders and experts to understand the realities on the ground to inform return-to-school planning, as schools are much different than organizations in other parts of the economy. In May, through Executive Order 2020-88, the Return to School Advisory Council was created through a public process to provide recommendations for a safe, efficient, and equitable return to in-person instruction. This group was supported by a Task Force of experts from across the state government, including the Michigan Department of Health and Human Services, Michigan Department of Education, State of Michigan Attorney General, Michigan Department of Licensing and Regulatory Affairs, Michigan Department of Labor and Economic Opportunity, Michigan State Police, Michigan State Budget Office, and Michigan Department of Treasury who provided technical assistance and advice.

The result of the work of the Return to School Advisory Council and the Task Force is the MI Safe Schools Roadmap which follows. In it, you will find answers to many of the questions our school communities have been asking, including what safety protocols are required. We know that required safety protocols come with costs. Thus, we will be investing a significant amount of federal funds to support schools in the implementation of the required safety protocols outlined in the Roadmap and to address other needs resulting from COVID-19. Additionally, our partners at the Council of Michigan Foundations (CMF) have compiled a list of philanthropic resources here that may be available to augment public funds dispersed by the state.

We recognize there are a number of policy changes that need to be made, particularly those around regulatory flexibility for issues like seat time, attendance, standardized testing, and pupil accounting. We look forward to working closely over the coming weeks with our partners in the legislature and the Michigan Department of Education to create the flexibility that our schools require.

Again, my deepest thanks for all you have done, and all you will do as part of our collective recovery.

With deep gratitude and admiration,



Governor Gretchen Whitmer

Acknowledgements

Governor Whitmer extends her deepest appreciation to the members of the Return to School Advisory Council and the COVID-19 Task Force on Education. Each member brought their deep knowledge and immeasurable passion to provide recommendations that best serve Michigan's educators, school staff, families and students. Their efforts proved to be a source of strength and inspiration in a time of uncertainty, and we thank them sincerely for their leadership and willingness to serve.

Return to School Advisory Council

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Executive Summary

What is the purpose of the MI Safe Schools Roadmap?

First and foremost, the Roadmap provides required and strongly recommended safety protocols to keep school communities safe based on the status of the coronavirus. Additionally, the Roadmap provides recommendations across mental and social-emotional health, instruction, and operations within each phase of the MI Safe Start Plan, to support all schools in Michigan as they continue their return to school planning work and move towards implementation.

These requirements and recommendations are not always easy, but they are necessary. We must all continue to put safety first, leverage science, data, and public health evidence to inform the decisions we make to serve each and every student in Michigan well.

How was the MI Safe Schools Roadmap Developed?

Governor Whitmer implemented a six-phase approach to reopening the state in order to mitigate the impacts of COVID-19 and to protect the wellbeing of all Michiganders. On May 15, 2020, Governor Whitmer through Executive Order 2020-88, established the Return to School Advisory Council to develop recommendations for a safe return to in-person instruction. The Advisory Council included educators, administrators, elected officials, parents, students, and public health experts from across the state. Additionally, representatives from departments across Michigan state government assembled as a Task Force to support the development of the Roadmap. Ultimately, Governor Whitmer considered recommendations from the Advisory Council and Task Force to make final decisions about required safety protocols.

What guiding principles informed the instruction sections of the MI Safe Schools Roadmap?

1. Equitable access to learning is a right for each child.
2. In collaboration with parents, students, and teachers, schools will use data and evidence to prioritize resources for each child.
3. Teachers and staff will prioritize deep, meaningful relationships to create safe learning environments for each child.
4. Teachers and staff will empower the value, cultivation of relationships, and belonging of student and parent voice in all aspects of learning and emotional support for families.

How should the MI Safe Schools Roadmap be used?

Local education leaders should use this Roadmap to understand what safety protocols must be implemented, and to develop detailed district and building-level plans for how to implement the required safety protocols described in the Roadmap.

Families, students, and community stakeholders should use the Roadmap to understand what safety protocols will be in place when students return to school for in-person instruction.

All preK-12 schools will be required to follow the safety protocols outlined in this Roadmap which are noted as "required." Many schools may also choose to implement some or all of the "strongly recommended" or "recommended" practices, thus going beyond what is required.

What is the difference between "Required" protocols and those that are either "Strongly Recommended" or "Recommended" in the MI Safe Schools Roadmap?

Safety protocols that are required must be implemented by all Michigan schools that serve students in grades preK-12. They are the most feasible protocols that will minimize risk of exposure to COVID-19.

Safety protocols that are either strongly recommended or recommended are optional and all schools may choose to implement these safety protocols to minimize spread of COVID-19. All strongly recommended and recommended protocols and actions will not be appropriate or feasible in all settings and should be implemented as appropriate.

What Evidence Was Used to Develop the Recommendations in the Roadmap?

To the extent possible, the MI Safe Schools Roadmap relies on the most up-to-date scientific data available on COVID-19. While there is much that we have learned about the disease already, there is also, unfortunately, much that remains unclear. In the instance where a clear consensus has not been reached, or scientific opinion remains divided, we have decided to err on the side of caution with our staff and students' safety as our utmost priority.

On the question of whether there is actual spread of the disease by asymptomatic carriers, we believe that scientific data supports the conclusion that there is significant risk. Among adults, several studies have shown that the percentage of asymptomatic carriers may range from 40-70%.[1, 2] And although there are fewer studies looking at pediatric populations specifically, several studies support the notion that children can be infected and carry the disease asymptomatically as well.[3, 4]

Regarding the use of facial coverings, the balance of scientific data supports their value in reducing the risk of transmission in community settings. Both recent, targeted studies on this particular coronavirus, as well as larger meta-analyses of mask use in other infectious disease outbreaks, support the value of facial coverings in keeping communities safe.[5, 6, 7, 8, 9, 10] Our recommendations on cleaning and disinfection are derived from CDC, EPA, and OSHA standards.[11]

Finally, in developing these recommendations, we compared the practices of other countries to balance feasibility against a reasonable reduction in risk.[12, 13] In our analysis, we compared various interventions including the implementation of student cohorting, staggered schedules, face mask use, barrier screens, other personal protective equipment, changes to dining operations, and alterations to recess and athletic activities. We believe the recommendations put forth in this Roadmap represent the best practices that can be reasonably implemented in our schools.

Will required safety protocols and recommendations need to be collectively bargained?

LEAs and schools should work with their local bargaining units to ensure the current collective bargaining agreements are followed or letters of amendment or memorandum of understanding are developed and executed as appropriate, particularly relative to new or expanded job responsibilities.

What are school opening scenarios for Fall 2020?

Depending on the status of MI Safe Schools, there are three scenarios for school opening in fall 2020:

1. Schools open for in-person instruction with minimal required safety protocols (MI Safe Start Phase 6).
2. Schools open for in-person instruction with moderate required safety protocols (MI Safe Start Phase 5).
3. Schools open for in-person instruction with more stringent required safety protocols (MI Safe Start Phase 4).
4. Schools do not open for in-person instruction and instruction is provided remotely (MI Safe Start Phases 1-3).

How does the MI Safe Schools Roadmap relate to the MI Safe Start Plan?

Governor Whitmer will continue to use the MI Safe Start Plan as the highest-level governing framework for determining if and when it is safe to resume in-person instruction. Within the MI Safe Start Plan, schools are not permitted to provide in-person instruction of any kind if their region is within Phases 1-3 of the pandemic. All schools are permitted to resume in-person instruction beginning in Phase 4 of the MI Safe Start Plan. Some regulations and mandates will be relaxed as COVID-19 public health metrics improve in Phase 5 of the MI Safe Start Plan. All schools will remain open with some lasting safety requirements once community spread is not expected to return during Phase 6 of the MI Safe Start Plan. Schools will retain authority to enact stricter public health requirements than is mandated within this Roadmap. Additionally, school districts will retain the authority to close school buildings even if they have not been mandated to do so. Tribal Education Agencies and non-public schools are exempt from many state regulations, but must adhere to the health and safety protocols outlined in the Roadmap in order to actively mitigate the spread of COVID-19 for all Michiganders.

How should LEAs and schools interact with their local public health departments?

LEAs and schools should plan to review the most current public health data released by the State of Michigan in the MI Safe Start Map on a weekly basis. Additionally, schools should hold weekly discussions with local public health officers throughout the duration of the pandemic to understand local public health trends, such as the number of positive cases, percent positive cases, hospital capacity, testing capacity, whether a case is attributed to a cluster or specific event, and hospital staffing capacity.

What happens next?

The Return to School Advisory Council, in partnership with the Michigan Department of Education (MDE), will provide a series of supplemental resources to support districts and schools as they implement the Roadmap.

Who We Are And Who We Serve

School Workforce Demographics

According to various bodies of medical research, those over age 65 are disproportionately vulnerable to COVID-19. This impacts a school's preparation for return to school planning, including health and safety and staffing shortages. According to the most recent available data from Michigan's Center for Educational Performance and Information[14], a significant share of Michigan's public education workforce is over the age of 65, including:

1.7%
of elementary school teachers

2.1%
of middle and high school teachers

2.1%
of principals

2.5%
of school counselors

8.5%
of janitorial staff

10.7%
of food distribution staff

19.7%
of transportation staff

Student Populations

The effects of COVID-19 on the health of racial and ethnic minority groups and vulnerable populations are still emerging; however, current data suggest a disproportionate burden of illness and death among racial and ethnic minority groups. Evidence also indicates that access to technology—devices and high-speed internet—is correlated to race and socioeconomic status which is likely to manifest in learning loss amongst vulnerable populations. Thus, it is critical to focus on Michigan's:

17.9%
students who are African American

8.2%
students who are Hispanic/Latino

0.6%
students who are American Indian or Alaska Native

4.4%
students who are two or more races

3.5%
students who are Asian

13.3%
students with disabilities

48.7%
students who are economically disadvantaged

6.2%
students who are English language learners

2.2%
students who have experienced homelessness

Diverse Programming

Michigan schools provide educational opportunities in diverse settings. Regardless of how old a child is or where instruction occurs, schools must take essential actions to mitigate risk and operate as safely as possible. That includes, but is not limited to:

- PreK-12 instruction
- Birth to five services
- Career and technical education
- Early middle college
- Out-of-school time learning and after school
- Special education services from birth through age 26

Safety Protocols

Mental & Social-Emotional Wellbeing

Instruction

Operations

MI SAFE START

Phases 1-3

Virus Status

- ✓ Community spread of the virus is increasing and substantial.
- ✓ There is concern about health system capacity.
- ✓ Testing and tracing efforts may not be sufficient to control the spread of the pandemic.

School Operating Status

- ✓ No in-person instruction, remote only.

Essential Actions and Safety Protocols

- ✓ Safety Protocols
- ✓ Mental and Social-Emotional Well-being
- ✓ Instruction
- ✓ Operations

Safety Protocols

MI Safe Start | Phases 1-3

✓ All safety protocols are REQUIRED in MI Safe Start Phases 1-3

Personal Protective Equipment and Hygiene

- ☐ Schools are closed for in-person instruction.

Spacing and Movement

- ☐ Schools are closed for in-person instruction.
- ☐ School buildings may continue to be used by licensed child care providers, if providers follow all emergency protocols identified by the state.
- ☐ School employees and contractors are permitted to be physically present in school buildings for the purposes of conducting basic school operations, including remote live instruction, as determined by school administrators.

Screening Students

- ☐ Schools are closed for in-person instruction.

Responding to Positive Tests Among Staff and Students

- ☐ Schools are closed for in-person instruction.

Food Service, Gathering and Extracurricular Activities

- ☐ Schools enact food distribution programs.
- ☐ All inter-school activities are discontinued.
- ☐ After-school activities are suspended.

Athletics

- ☐ All athletics are suspended.

Cleaning

- ☐ Schools are closed for in-person instruction, and cleaning practices are adjusted to maintain school building functional order.

Busing and Student Transportation

- ☐ All busing operations are suspended.

Mental & Social-Emotional Health

MI Safe Start | Phases 1-3

✓ Strongly Recommended While Schools Are Closed for In-Person Instruction

- ☐ Schools should implement a mental health screening for all students by a trained professional, if possible. Any screening should be compliant with HIPAA and FERPA policies. Screening instructions (offered verbally to younger students) should provide age-appropriate and transparent disclosure of protocols in place to protect confidentiality while adhering to mandated reporting guidelines.
- ☐ Establish and communicate guidelines to all staff regarding identification and rapid referral of at-risk students to appropriate building-level support teams.
- ☐ Provide all staff with timely, responsive, and ongoing training/professional development as well as needed tools, resources, and implementation support, focused on a variety of topics, including: social-emotional learning, trauma-informed best practices, identification of students at risk, proper local referral protocols, and self-care to promote holistic wellness and resilience and to prevent burnout and vicarious trauma.
- ☐ Establish a comprehensive crisis management plan that leverages available internal and external/community-based resources, which can be activated efficiently as needed (e.g., loss of student, loss of a school staff member).
- ☐ Compile and regularly update comprehensive lists of wellness resources available to both staff and students that can be provided in conjunction with screening activities, and that reference school and community wellness resources.
- ☐ Establish ongoing reporting protocols for school staff to evaluate physical and mental health status.
- ☐ Provide resources for staff self-care, including resiliency strategies.
- ☐ Designate a mental health liaison (school-based) who will work across the school, local public health agencies, and community partners.
- ☐ Leverage MDE resources for student and staff mental health and wellness support.
- ☐ Activate communication channels for school stakeholders to address mental health concerns resulting from COVID-19 (for example, a telephone hotline or a designated email).
- ☐ Communicate with parents and guardians, via a variety of channels, return to school transition information including:
  - ☐ Destigmatization of COVID-19.
  - ☐ Understanding normal behavioral response to crises.
  - ☐ General best practices of talking through trauma with children.
  - ☐ Positive self-care strategies that promote health and wellness.

Instruction

MI Safe Start | Phases 1-3

✓ Strongly Recommended While Schools Are Closed for In-Person Instruction

Governance

- ☐ Create a district Return to Instruction and Learning working group, potentially led by the Director of Curriculum, Chief Academic Officer or the equivalent, and composed of a broad group of stakeholders on the district and school level, to:
    - ☐ Gather feedback from families, teachers, students, and school leaders about their experiences with remote learning through online surveys and/or virtual focus groups or conversations.
    - ☐ Revise the district's remote learning plan to incorporate feedback and input from stakeholders to improve its effectiveness.
    - ☐ Share the district's remote learning plan with all involved stakeholders.

Remote Instruction

- ☐ Ensure that remote learning plans, revised based on feedback and input from school leaders, educators, families, and students, are distributed to all involved stakeholders in their home language. Create opportunities for ongoing feedback.
- ☐ Activate remote learning programs at scale to deliver standards-aligned curricula and high-quality instructional materials. Integrate synchronous and asynchronous learning and best practices that promote student engagement, consistency, and differentiation. Consult MDE for high-quality digital resources.
- ☐ Support schools to assess every student in grades preK-12 during the first few weeks of school, using a screener, diagnostic, or formative assessments that can be given online or conducted virtually, to understand where students are academically and inform instructional decisions for teachers, students, and families.
- ☐ Review students' IEPs, IFSPs, and 504 plans in coordination with general and special education teachers to reflect the child's needs based on assessment data and parent feedback, and design accommodations and match services accordingly.
    - ☐ Commence online intervention and support services. Plans must include all programs and learning environments, especially special education, birth to five services, and career and technical education.
    - ☐ Establish structures for general and special education teachers to collaborate on delivery methods for assessments and instruction as outlined in IEPs. Consider students' needs around accessibility and provide assistive technologies, where possible.
- ☐ Secure supports for students who are transitioning to postsecondary.
- ☐ Conduct checkpoints with school leaders around curriculum and instruction and ongoing monitoring of student progress, specifically honing in on the progress of students in need of additional support.
- ☐ Remain connected with MDE about policies and guidance.
- ☐ Develop a continuation of services plan for students needing occupational, physical, and/or speech and language therapy, including evaluations by school psychologists and social workers.

Instruction

MI Safe Start | Phases 1-3

✓ Strongly Recommended While Schools Are Closed for In-Person Instruction

Communication & Family Supports

- ☐ Implement any additional communication systems needed to reach every family and student in their home language through multiple modes (e.g., text, call, email, home visit) to share:
  - ☐ Expectations around the duration of the closure and reopening;
  - ☐ Decisions about grade-level proficiencies, modes of assessment and feedback, daily instructional time, and estimated workload. This should be done in collaboration with local bargaining units;
  - ☐ Supports and resources for families to use at home, such as grade-specific activities and strategies for teaching and helping their child; and
  - ☐ Training on accessing and using the school's digital systems and tools, and workshops for families to build digital literacy.

Professional Learning

- ☐ Continue to provide professional learning and training through virtual modes for educators to:
  - ☐ Offer restorative supports for teachers and learning around equity and implicit bias, social-emotional learning, and culturally responsive education;
  - ☐ Share knowledge, continuously learn, and exchange ideas, successes and failures around remote learning;
  - ☐ Share information and data about students' assessment results, progress, and completed assignments;
  - ☐ Learn how to use the school's digital systems and tools appropriately and sustainably; and
  - ☐ Build capacity around high-quality remote learning.
- ☐ Utilize structures, such as professional learning communities, for educators to collaborate on prototypes for a week's worth of instruction to establish consistency and an appropriate workload.

Monitoring

- ☐ Activate plans to monitor and assess the following:
  - ☐ Connectivity and Access:
    - ☐ Ensure that all students and families have adequate connectivity and the devices necessary to successfully engage in and complete schoolwork.
  - ☐ Attendance:
    - ☐ Develop systems to monitor and track students' online attendance on a daily basis.
  - ☐ Student Work:
    - ☐ Teachers will assess the quality of student work and provide feedback to students and families.
    - ☐ Students will self-assess the quality of work, reflect on teacher feedback, and learning progress.

Operations

MI Safe Start | Phases 1-3

✓ Strongly Recommended While Schools Are Closed for In-Person Instruction

Facilities

- ☐ Audit necessary materials and supply chain for cleaning and disinfection supplies.
- ☐ Continue to maintain schools in good working order to prepare for the subsequent return of students.
- ☐ Execute school cleaning and disinfection protocols according to the CDC School Decision Tree.
- ☐ Custodial staff are recommended to wear surgical masks when performing cleaning duties.
- ☐ ISDs and schools should create a contingency plan to coordinate the use of school buildings for essential actions including elections, food distribution, and child care, particularly for essential workers.
- ☐ Coordinate with Local Emergency Management Programs (LEMP) for support with procurement of cleaning and disinfection supplies.
    - ☐ Advocate for ISDs to coordinate with LEMPs.

Technology

- ☐ Survey families to collect information about the numbers, types, and condition of devices used in their homes to support remote learning.
- ☐ Designate a single point of contact in each school to plan and communicate with district technology teams.
- ☐ Develop a district technology plan that includes guidance for schools. If possible, include training and support for educators to adapt remote learning for the classroom.
- ☐ Identify a device and/or general technology support lead for each school. Consider elevating that position to a more formal role and providing additional support potentially with parent volunteers.
- ☐ Assign technology process leaders to key efforts and publish their contact information on the district intranet and/or internet.
- ☐ Where practical given demands on parents or guardians, consider identifying family technology liaisons to support communication regarding the use of technology and serve as a "help desk."
- ☐ Develop district-wide procedures for return and inventory of district-owned devices as part of a return to school technology plan. The procedures should include:
    - ☐ Safely bagging devices collected at schools;
    - ☐ Sanitizing the devices prior to a repair or replacement evaluation;
    - ☐ Ordering accessories that may be needed over the summer; and
    - ☐ Conducting prepared maintenance

Operations

MI Safe Start | Phases 1-3

✓ Strongly Recommended While Schools Are Closed for In-Person Instruction

routines to remove malware and fix standard issues including screen, keyboard, or battery replacement.

- ☐ Identify an asset tracking tool.
- ☐ Identify a vendor to assist with processing, returning, and maintaining devices, if needed.
- ☐ Develop on-site triage of staff and student devices to minimize the time that staff may be without a device.
- ☐ Prepare the Infrastructure Evaluation process. Every WiFi access point and wired network device should be tested.
- ☐ Develop a technology support plan for families.
- ☐ Continue to monitor device usage and compliance with online learning programs.
- ☐ Provide support programs to ensure that students and families can access online teaching and troubleshoot problems with access.
- ☐ Ensure that students can submit assignments and be evaluated accordingly.
- ☐ Schedule ongoing staff training on platforms and tools.
- ☐ Review and update (as needed) relevant technology policies including data privacy policies, acceptable use policies, and policies related to accidental damage, theft, and loss of technology.
- ☐ Ensure every student has access to the appropriate technology and connectivity needed to continue learning.

Budget, Food Service, Enrollment, and Staffing

- ☐ Based on instructional programming, provide instructional resources and materials to staff and students as feasible.
- ☐ Work with MDE to understand flexibility with hiring and develop a plan to govern hiring in a remote environment.
- ☐ Ensure a plan for nutrition services and student meals is in place, and provide a list of alternative meal options to families.
- ☐ Solidify food service processes, device distribution, delivery sites, and communication plans as necessary.
- ☐ Define logistical expectations, including attendance expectations and time on schooling by grade level for students and teachers.

MI SAFE START

Phase 4

Virus Status

- ✓ The number of new cases and deaths has fallen for a period of time, but overall case levels are still high.
- ✓ Most new outbreaks are quickly identified, traced, and contained due to robust testing infrastructure and rapid contact tracing.
- ✓ Health system capacity can typically handle these new outbreaks, and therefore case fatality rate does not rise above typical levels.
- ✓ The overall number of infected individuals still indicate the need for distancing to stop transmission and move to the next phase.

How to Keep School Communities Safe

- ✓ School preparedness and response activities continue - conducting ongoing surveillance and executing a series of active mitigation measures.
- ✓ Schools should be prepared to implement social distancing measures.
- ✓ Short-term dismissals and suspension of extracurricular activities should be expected for cleaning and contact tracing purposes.
- ✓ Schools must consider the judgment of the local health department for the sub-region (i.e., county or ISD) of concern.

School Operating Status

- ✓ In-person instruction is permitted with required safety protocols.

Essential Actions and Safety Protocols

- ✓ Safety Protocols
- ✓ Mental and Social-Emotional Well-being
- ✓ Instruction
- ✓ Operations

Safety Protocols

MI Safe Start | Phase 4

Personal Protective Equipment

REQUIRED

- ☐ Facial coverings must always be worn by staff except for meals. Facial coverings may be homemade or disposable level-one (basic) grade surgical masks. Any staff member who cannot medically tolerate a facial covering must not wear one. Any staff member that is incapacitated or unable to remove the facial covering without assistance, must not wear a facial covering.
    - ☐ PreK-5 and special education teachers should consider wearing clear masks.
    - ☐ Homemade facial coverings must be washed daily.
    - ☐ Disposable facial coverings must be disposed of at the end of each day.
- ☐ Facial coverings must be worn by preK-12 students, staff, and bus drivers during school transportation. Any staff or student that is unable to medically tolerate a facial covering must not wear one. Any staff or student that is incapacitated or unable to remove the facial covering without assistance, must not wear one. Facial coverings may be homemade or disposable level-one (basic) grade surgical masks.
- ☐ Facial coverings must always be worn in hallways and common areas by preK-12 students in the building except for during meals. Any student that is unable to medically tolerate a facial covering must not wear one. Any student that is incapacitated or unable to remove the facial covering without assistance, must not wear one. Facial coverings may be homemade or disposable level-one (basic) grade surgical masks.
    - ☐ Homemade facial coverings must be washed daily.
    - ☐ Disposable facing coverings must be disposed of at the end of each day.
    - ☐ Note: Students with significant disabilities preventing the use of facial coverings are referred to forthcoming guidance from MDE.
- ☐ Facial coverings must be worn in classrooms by all students grades 6-12. Any student who cannot medically tolerate a facial covering must not wear one. Any student who is incapacitated, or unable to remove the facial covering without assistance, must not wear one.
- ☐ All students in grades K-5 must wear facial coverings unless students remain with their classes throughout the school day and do not come into close contact with students in another class.

Strongly Recommended

- ☐ Facial coverings should be considered for K-5 students and students with special needs in classrooms.
- ☐ Facial coverings should be considered for preK students and students with special needs in hallways and common areas.
    - ☐ Facial coverings are not recommended for use in classrooms by children ages 3 and 4.
    - ☐ Facial coverings should never be used on children under age 2.

Hygiene

REQUIRED

- ☐ Provide adequate supplies to support healthy hygiene behaviors (including soap, hand sanitizer with at least 60% alcohol for safe use by staff and students, paper towels, tissues, and signs reinforcing proper handwashing techniques).
- ☐ Teach and reinforce handwashing with soap and water for at least 20 seconds and/or the safe use of hand sanitizer that contains at least 60% alcohol.

Strongly Recommended

- ☐ Educate staff and students on how to cough and sneeze into their elbows, or to cover with a tissue. Used tissues should be thrown in the trash and hands washed immediately using proper hand hygiene techniques.

Safety Protocols

MI Safe Start | Phase 4

- ☐ Systematically and frequently check and refill soap and hand sanitizers.
- ☐ Students and teachers must have scheduled handwashing with soap and water every 2-3 hours.
- ☐ Limit sharing of personal items and supplies such as writing utensils.
- ☐ Keep students' personal items separate and in individually labeled cubbies, containers, or lockers.
- ☐ Limit use of classroom materials to small groups and disinfect between use, or provide adequate supplies to assign for individual student use.
- ☐ Procure portable handwashing and/or hand sanitizing stations to set up throughout school buildings.

Spacing, Movement and Access

Strongly Recommended

- ☐ Space desks six feet apart in classrooms. Class sizes should be kept to the level afforded by necessary spacing requirements.
- ☐ In classrooms where large tables are utilized, space students as far apart as feasible.
- ☐ As feasible, arrange all desks facing the same direction toward the front of the classroom.
- ☐ Teachers should maintain six feet of spacing between themselves and students as much as possible.
- ☐ Family members or other guests are not allowed in the school building except under extenuating circumstances determined by district and school officials.
- ☐ Post signage to indicate proper social distancing.
- ☐ Floor tape or other markers should be used at six-foot intervals where line formation is anticipated.
- ☐ Provide social distancing floor/seating markings in waiting and reception areas.
- ☐ Post signs on the doors of restrooms to indicate proper social distancing and hand hygiene techniques.
- ☐ Adult guests entering the building should be screened for symptoms, wear a facial covering, and wash/sanitize hands prior to entering. Strict records, including date and time, should be kept of non-school employees or other visitors entering and exiting the building.

Recommended

- ☐ If a classroom has windows that can open, they should be open as much as possible, weather permitting. Considerations should be made for students with allergy-induced asthma.
- ☐ As able and appropriate, schools should try to cohort groups of students to isolated hallways or areas that can be monitored.
- ☐ As able, "specials" (like art, music, and library) should be brought to the classrooms instead of having students move to different locations.
- ☐ If all students cannot fit in the classroom space available, a school may consider implementing a staggered school schedule that incorporates alternative dates of attendance or use of virtual teaching. If a staggered school schedule is adopted, schools should partner with community organizations to identify safe spaces where children can engage virtually, especially if family members work and children cannot be home alone.
- ☐ Efforts should be made to keep six feet of distance between people in the hallways. Staggered movements at incremental intervals should be used if feasible to minimize the number of persons in the hallways as able.

Safety Protocols

MI Safe Start | Phase 4

- ☐ Have staff monitor arrival and dismissal to discourage congregating and ensure students go straight from a vehicle to their classrooms and vice-versa.
- ☐ Where possible, physical education should be held outside and social distancing of six feet should be practiced.
- ☐ Boarding schools should seek guidance from MDHHS regarding spacing, movement, and facility access.
- ☐ Flow of foot traffic should be directed in only one direction, if possible. If one-way flow is not possible, hallways should be divided with either side following the same direction.
- ☐ Entrances and exits should be kept separate to keep traffic moving in a single direction.

Screening Students and Staff

REQUIRED

- ☐ Schools must cooperate with the local public health department regarding implementing protocols for screening students and staff.

Strongly Recommended

- ☐ Every school should identify and designate a quarantine area and a staff person to care for students who become ill at school.
- ☐ Students who become ill with symptoms of COVID-19 should be placed in an identified quarantine area with a surgical mask in place until they can be picked up. Identified school staff caring for these children should wear a surgical mask, with the exception of students with special needs requiring aerosolized procedures in which an N95 mask is required.
- ☐ Symptomatic students sent home from school should be kept home until they have tested negative or have completely recovered according to CDC guidelines.
- ☐ Staff should conduct daily self-examinations, including a temperature check, prior to coming to work. If they exhibit any respiratory or gastrointestinal symptoms, or have a temperature of 100.4 or greater, they should stay home.

Recommended

- ☐ A monitoring form (paper or electronic) for screening employees should be developed.
- ☐ Families are encouraged to check their child's temperature at home every morning using oral, tympanic, or temporal scanners; students with a temperature of 100.4 or greater should stay home and consider coronavirus testing if symptoms of COVID-19 are present.
- ☐ Families are encouraged to monitor their children for symptoms of COVID-19. The presence of any symptoms, including cough or shortness of breath, should prompt the family to keep the student home from school and to follow up with a primary care provider.

Safety Protocols

MI Safe Start | Phase 4

Testing Protocols for Students and Staff and Responding to Positive Cases

REQUIRED

- ☐ Schools must cooperate with the local public health department regarding implementing protocols for screening students and staff.

Strongly Recommended

- ☐ Students who develop a fever or become ill with COVID-19 symptoms at school should wear a mask and be transported by their parent or guardian, emergency contact, or ambulance if clinically unstable, for off-site testing.
- ☐ Staff who develop a fever or become ill with COVID-19 symptoms at school should wear a mask and be transported for off-site testing.
- ☐ Symptomatic students and staff sent home from school should be kept home until they have tested negative for COVID-19, or have been released from isolation according to CDC guidelines.
- ☐ Families should be notified of the presence of any laboratory positive or clinically diagnosed cases of COVID-19 in the classroom and/or school to encourage closer observation for any symptoms at home.
- ☐ In the event of a lab or clinically diagnosed case of COVID-19, immediate efforts should be made to contact any close contacts (those who spent more than 15 minutes less than six feet in close proximity to the student or staff member) so that they can be quarantined for 14 days at home. Students and staff should be closely monitored for any symptoms of COVID-19. At this time, empiric testing of all students or staff members in the class is not recommended. Only those that develop symptoms require testing for COVID-19.

Recommended

- ☐ Parents and guardians are encouraged to check students' temperature at home every morning using oral, tympanic (ear), or temporal scanners; students with a temperature of 100.4 or greater must stay home and consider coronavirus testing.
- ☐ Parents and guardians are encouraged to monitor for symptoms of COVID-19. The presence of any unexplained symptoms, including cough or shortness of breath, should prompt the parent or guardian to keep the student home from school and to follow up with their primary care provider.

Responding to Positive Tests Among Staff and Students

REQUIRED

- ☐ All schools, public and private, must cooperate with the local public health department if a confirmed case of COVID-19 is identified, and in particular, must collect the contact information for any close contacts of the affected individual from two days before he or she showed symptoms to the time when he or she was last present at the school.

Strongly Recommended

- ☐ Notify local health officials, staff, and students immediately of any possible case of COVID-19 while maintaining confidentiality consistent with the Americans with Disabilities Act (ADA) and other applicable federal and state privacy laws.
    - ☐ The Local Health Department will initiate contact tracing, following regular public health practice. Anyone who was within close contact of the case (less than six feet apart for 15+ minutes) will be asked to self quarantine for up to 14 days after exposure. Local health officials, depending on the situation, may identify other contacts who

require quarantine. Schools can help the local health department by collecting data and contact information of those exposed.

- ☐ Note: schools should provide staff with guidance on confidentiality laws and statutes that protect student and staff health information. Student communicable disease related information is protected health information. (Even if a family/student acknowledges and publicly discloses a positive test, school staff and officials must not participate in discussions or acknowledge a positive test).

☐ Employees with a confirmed case of COVID-19 should only return to the workplace after they are no longer infectious. Local health officials will provide instruction about return to work, using the most current guidelines from the CDC for this determination.

☐ Cleaning staff should wear a surgical mask, gloves, and a face shield when performing cleaning of these areas.

☐ If possible, smaller areas such as individual classrooms should be closed for 24 hours before cleaning to minimize the risk of any airborne particles.

Food Service, Gathering, and Extracurricular Activities

REQUIRED

☐ Prohibit indoor assemblies that bring together students from more than one classroom.

Recommended

☐ Classrooms or outdoor areas should be used for students to eat meals at school, if distancing guidelines cannot be met.

☐ If cafeterias must be used, meal times should be staggered to create seating arrangements with six feet of distance between students.

- ☐ Serving and cafeteria staff should use barrier protection including gloves, face shields, and surgical masks.
- ☐ Students, teachers, and food service staff should wash hands before and after every meal.

☐ Students, teachers, and staff should wash hands before and after every event.

☐ Large scale assemblies of more than 50 students are suspended.

☐ Off-site field trips that require bus transportation to an indoor location are suspended.

☐ Recess should be conducted outside whenever possible with appropriate social distancing and cohorting of students. If more than one class is outside, students should wear facial coverings.

☐ If possible, school-supplied meals should be delivered to classrooms with disposable utensils.

☐ If possible, schools should offer telecasting of assemblies and other school-sanctioned events.

☐ Extracurricular activities may continue with the use of facial coverings.

Safety Protocols

MI Safe Start | Phase 4

Athletics

REQUIRED

- ☐ Comply with all guidance published by Michigan High School Athletic Association (MHSAA) and the National Federation of State High School Associations (NFHS).
- ☐ Students, teachers, and staff must use proper hand hygiene techniques before and after every practice, event, or other gathering. Every participant should confirm that they are healthy and without any symptoms prior to any event.
- ☐ All equipment must be disinfected before and after use.
- ☐ Inter-school competitions may be held provided that, facial coverings are worn if school transportation is provided. Buses must be cleaned and disinfected before and after every use, as detailed in the subsequent "Busing and Student Transportation" section.
- ☐ Spectators are allowed provided that facial coverings are used by observers and six feet of social distancing can be maintained at all times. Attention must given to entry and exit points to prevent crowding.
- ☐ Each participant must use a clearly marked water bottle for individual use. There should be no sharing of this equipment.
- ☐ Handshakes, fist bumps, and other unnecessary contact must not occur.
- ☐ Indoor weight rooms and physical conditioning activities that require shared equipment are suspended. Outdoor physical conditioning activities are allowed while maintaining social distancing.
- ☐ Large scale indoor spectator events are suspended. Large scale outdoor spectator or stadium events are limited to 100 people, and people not part of the same household must maintain six feet of distance from one another.

Cleaning

REQUIRED

- ☐ Frequently touched surfaces including light switches, doors, benches, bathrooms, must undergo cleaning at least every four hours with either an EPA-approved disinfectant or diluted bleach solution.
- ☐ Libraries, computer labs, arts, and other hands-on classrooms must undergo cleaning after every class period with either an EPA-approved disinfectant or diluted bleach solution.
- ☐ Student desks must be wiped down with either an EPA-approved disinfectant or diluted bleach solution after every class period.
- ☐ Playground structures must continue to undergo normal routine cleaning, but using an EPA-approved disinfectant is unnecessary.
- ☐ Ensure safe and correct use and storage of cleaning and disinfection products, including storing products securely away from children, and with adequate ventilation when staff use products.
- ☐ Staff must wear gloves, surgical mask, and face shield when performing all cleaning activities.

Safety Protocols

MI Safe Start | Phase 4

Busing and Student Transportation

REQUIRED

- ☐ Require the use of hand sanitizer before entering the bus. Hand sanitizer must be supplied on the bus.
- ☐ The bus driver, staff, and all students in grades preK-12, if medically feasible, must wear facial coverings while on the bus. Note: there may be situations where it is not safe for the bus driver to wear a facial covering. Decisions about these situations should be made on a case-by-case basis with local public health officials.
- ☐ Clean and disinfect transportation vehicles before and after every transit route. Children must not be present when a vehicle is being cleaned.
- ☐ Clean and disinfect frequently touched surfaces in the vehicle (e.g., surfaces in the driver's cockpit, hard seats, arm rests, door handles, seat belt buckles, light and air controls, doors and windows, and grab handles) prior to morning routes and prior to afternoon routes.
- ☐ Clean, sanitize, and disinfect equipment including items such as car seats, wheelchairs, walkers, and adaptive equipment being transported to schools daily.
- ☐ Create a plan for getting students home safely if they are not allowed to board the vehicle.
- ☐ If a student becomes sick during the day, they must not use group transportation to return home and must follow protocols outlined above. If a driver becomes sick during the day, they must follow protocols for sick staff outlined above and must not return to drive students.
- ☐ Weather permitting, keep doors and windows open when cleaning the vehicle and between trips to let the vehicles thoroughly air out.
- ☐ Weather permitting, consider keeping windows open while the vehicle is in motion to help reduce spread of the virus by increasing air circulation, if appropriate and safe.

Medically Vulnerable Students and Staff

Strongly Recommended

- ☐ Systematically review all current plans (e.g. Individual Healthcare Plans, Individualized Education Programs, Individualized Family Service Plans, or 504 plans) for accommodating students with special healthcare needs and update their care plans as needed to decrease their risk for exposure to COVID-19.
- ☐ Create a process for students/families and staff to self-identify as high-risk for severe illness due to COVID-19 and have a plan in place to address requests for alternative learning arrangements or work reassignments.

Recommended

- ☐ Pertaining to medically vulnerable students, revise the school's remote learning plan to incorporate feedback and input from teachers, families, students, and school leaders and improve its effectiveness. Share it with all involved stakeholders.
- ☐ Staff caring for children and providing any medical care that include aerosol generating procedures (e.g., nebulizers) should have N95 masks.
- ☐ Enable staff who are high-risk for severe illness to minimize face-to-face contact and to allow them to maintain a distance of six feet from others, modify job responsibilities that limit exposure risk, or to telework if possible. Meaningfully engage and consult with local bargaining units.

Mental & Social-Emotional Health

MI Safe Start | Phase 4

✓ Strongly Recommended Before Schools Reopen for In-Person or Hybrid Instruction

- ☐ Encourage schools to implement a mental health screening for all students by a trained professional, if possible. Any screening should be compliant with HIPAA and FERPA policies. Screening instructions (offered verbally to younger students) should provide age-appropriate and transparent disclosure of protocols in place to protect confidentiality while adhering to mandated reporting guidelines.
- ☐ Establish and communicate to all staff guidelines for identification and rapid referral of at-risk students to appropriate building-level support teams.
- ☐ Provide all staff with timely, responsive, and ongoing training/professional development as well as needed tools, resources, and implementation support, focused on a variety of topics, including: social-emotional learning, trauma-informed best practices, identification of students at risk and proper local referral protocols, and self-care to promote holistic wellness and resilience and to prevent burnout and vicarious trauma.
- ☐ Encourage the identification of a point person or establish an access navigator to centralize mental health referrals, communications to families/students, and public-facing wellness materials.
- ☐ Establish a comprehensive crisis management plan that leverages available internal and external/community-based resources, which can be activated efficiently as needed (e.g., loss of student, loss of a school staff member).
- ☐ Compile and regularly update comprehensive lists of wellness resources available to both staff and students that can be provided in conjunction with screening activities, and that references school and community wellness resources.
- ☐ Establish ongoing reporting protocols for school staff to evaluate physical and mental health status.
- ☐ Provide resources for staff self-care, including resiliency strategies.
- ☐ Designate a mental health liaison (school-based) who will work across the school, local public health agencies, and community partners.
- ☐ Leverage MDE resources for student and staff mental health and wellness support.
- ☐ Activate communication channels for school stakeholders to address mental health concerns resulting from COVID-19 (for example, a telephone hotline or a designated email).
- ☐ Communicate with parents and guardians, via a variety of channels, return to school transition information including:
  - ☐ Destigmatization of COVID-19;
  - ☐ Understanding normal behavioral response to crises;
  - ☐ General best practices of talking through trauma with children; and
  - ☐ Positive self-care strategies that promote health and wellness.

Instruction

MI Safe Start | Phase 4

✓ Strongly Recommended Before Schools Reopen for In-Person or Hybrid Instruction

Governance

- ☐ Create a district Return to Instruction and Learning working group, potentially led by the Director of Curriculum, Chief Academic Officer or the equivalent, and composed of a broad group of stakeholders on the district and school level, to:
  - ☐ Gather feedback from families, teachers, students, and school leaders about their experiences with remote learning through online surveys and/or virtual focus groups or conversations.
  - ☐ Revise the district's remote learning plan to incorporate feedback and input from stakeholders to improve its effectiveness.
  - ☐ Share the district's remote learning plan with all involved stakeholders in case of a return to remote learning.

Instruction

- ☐ Activate hybrid learning programs at scale to deliver standards-aligned curricula and high-quality instructional materials. Integrate synchronous and asynchronous learning and best practices that promote student engagement, consistency, and differentiation. Consult MDE for high-quality digital resources.
- ☐ Make expectations clear to school leaders and teachers around hybrid or remote instruction that include:
  - ☐ Best practices for blended or remote learning;
  - ☐ Grade-level proficiencies;
  - ☐ Modes of student assessment and feedback;
  - ☐ Differentiated support for students;
  - ☐ The inclusion of social-emotional learning; and
  - ☐ Guidance around daily instructional time and workload per different grade bands to ensure consistency for students.
- ☐ Set an instructional vision that ensures that:
  - ☐ Every student will start the year with access to grade-level instruction and high quality, standards-aligned instructional materials in every subject.
  - ☐ Every student will be assessed on their understanding of prerequisite skills and grade-level proficiencies using formative assessments, screeners, or diagnostics.
  - ☐ Every students' academic and social-emotional needs will be addressed with the integration of Social and Emotional Learning (SEL) and strengthening connections with students.
- ☐ Secure supports for students who are transitioning to postsecondary.
- ☐ Support schools to implement grade-level curricula that is aligned to Michigan preK-12 standards.
  - ☐ Support teachers to utilize power standards that identify the major work of the grade in order to focus, prioritize, and accelerate instruction.
- ☐ Revise students' IEPs, IFSPs, and 504 plans in coordination with general and special education teachers to reflect the child's evolving needs based on assessment data and parent feedback, and design accommodations and match services accordingly.
  - ☐ Commence intervention and support services. Plans must include all programs

Instruction

MI Safe Start | Phase 4

and learning environments, especially special education, birth to five services, and CTE.

- ☐ Establish structures for general and special education teachers to collaborate on delivery methods for assessments and instruction as outlined in IEPs. Consider students' needs around accessibility and provide assistive technologies, where possible.

☐ Inventory all intervention programs and services available to students on the district and school level and identify any gaps.

☐ Remain connected with MDE about policies and guidance.

☐ Develop a continuation of services plan for students needing either occupational, physical, and/or speech and language therapy, including evaluations by school psychologists and social workers.

Communications and Family Supports

☐ Implement any additional communication systems needed to reach every family and student in their home language through multiple modes (e.g., text, all call, email, home visit) to share:

- ☐ Expectations around their child's return to school;
- ☐ Clear information about schedules and configurations, if hybrid;
- ☐ Information about modes of assessment, details on curricula used in each of the core subjects, and grade-level proficiencies; and
- ☐ Plans for each of the different school opening scenarios.

☐ Provide resources that demonstrate schools value parents as partners in their child's education. Offer family supports that provide families with:

- ☐ Training about how to access and use the school's chosen digital systems and tools;
- ☐ Supports and resources for families to use at home, such as grade-specific activities and strategies for teaching and helping their child;
- ☐ Opportunities to build their digital literacy; and
- ☐ Strategies to support their child's learning at home.

Professional Learning

☐ Provide adequate time for schools and educators to engage in:

- ☐ Intentional curriculum planning and documentation to ensure stability of instruction, whether school buildings are open or closed;
- ☐ Identify students who did not engage in remote learning and develop a plan to provide additional supports, if needed. Share data and concerns about each student's growth and needs with students' assigned teacher(s) for the 2020-2021 school year;
- ☐ Identify students who potentially need additional support; and
- ☐ Share knowledge and ideas around the use and effectiveness of digital tools and resources that support remote learning.

☐ Create a plan for professional learning and training, with goals to:

- ☐ Offer restorative supports for teachers and learning around equity and implicit bias,

social-emotional learning, and culturally responsive education;

- ☐ Train school leaders and teachers thoroughly in the chosen digital systems and tools and their use; and
- ☐ Build school leaders' and teachers' capacity to design and develop blended and remote learning experiences that are equitable and engaging.

Strongly Recommended When Schools Re-open for In-Person or Hybrid Instruction

Instruction

- ☐ Ensure that every student:
  - ☐ Has access to standards-aligned, grade-level instruction, including strategies to accelerate student learning;
  - ☐ Is assessed to determine student readiness to engage in grade-level content; and
  - ☐ Is offered scaffolds and supports to meet their diverse academic and social-emotional needs.
- ☐ Conduct checkpoints with school leaders around curriculum pacing and ongoing monitoring of student progress, specifically honing in on the growth of students who need acceleration.
- ☐ Review student data to identify overall trends and gaps in student learning to design systemic supports and interventions.
- ☐ Conduct a review of each students' IEP in partnership with teachers and parents to reflect each student's evolving needs based on time away from associated services including OT, PT, and Speech while school buildings were closed.
- ☐ Procure any additional standards-aligned tools or materials to support differentiation, intervention, and remote learning, based on students' needs.
- ☐ Set expectations for schools and teachers to integrate high quality digital tools and resources that are appropriate and sustainable at each grade level, to increase teachers' and students' familiarity with online learning in case of a return to remote instruction.
- ☐ Determine and activate structures outside of the regular school day, such as summer learning options, extended day, and after-school programming, to potentially be leveraged to support students in need of additional support.
- ☐ Support schools to communicate regularly with families in their home language about their child's progress and the targeted plans for students in need of additional support.
- ☐ If hybrid, activate plans to monitor and assess the following:
  - ☐ Connectivity and Access:
    - ☐ Ensure that all students and families have adequate connectivity and the devices necessary to successfully engage in and complete schoolwork.
  - ☐ Attendance:
    - ☐ Develop systems to monitor and track students' online attendance on a daily basis.
  - ☐ Student Work:
    - ☐ Teachers will assess the quality of student work and provide feedback to students and families.
    - ☐ Students will self-assess the quality of work, reflect on teacher feedback, and learning progress.

Operations

MI Safe Start | Phases 4

Facilities

Strongly Recommended Before Schools Reopen for In-Person Instruction

- ☐ Audit necessary materials and supply chain for cleaning and disinfection supplies.
- ☐ Coordinate with Local Emergency Management Programs (LEMP) for support with procurement of cleaning and disinfection supplies.
    - ☐ Advocate for ISDs to coordinate with LEMPs.
- ☐ Audit any additional facilities that the district may have access to that could be used for learning.
- ☐ Provide school-level guidance for cleaning and disinfecting all core assets including buildings and playgrounds. Frequently touched surfaces should be cleaned several times a day.
- ☐ Alert school-based custodial and infection control staff of any changes in recommended cleaning guidelines issued by OSHA and/or CDC. It is expected that this guidance will be updated in real-time based on the status of community spread across local geographies.
- ☐ Encourage schools to convene custodial and facilities staff to review and make actionable district guidance regarding cleaning and disinfection.
- ☐ Encourage schools to provide advanced training for custodial staff.
- ☐ Custodial staff should continue deep cleaning over the summer.
- ☐ Audit all school buildings with a focus on:
    - ☐ How many classrooms are available;
    - ☐ The size of each classroom;
    - ☐ Additional spaces that are available (e.g., gym, lunchroom, auditorium); and
    - ☐ The ventilation in each classroom.
- ☐ Audit school security protocols to decide if any process changes need to be implemented.
- ☐ School security staff should follow CDC protocols if interacting with the general public.
- ☐ Maintain facilities for in-person school operations.
    - ☐ Check HVAC systems at each building to ensure that they are running efficiently.
    - ☐ Air filters should be changed regularly.
    - ☐ Custodial staff should distribute wastebaskets, tissues, and CDC-approved soap to every office and classroom so that these materials can be used upon entry and exit into any discrete location and during travel between sites.
    - ☐ Signage about frequent handwashing, cough etiquette, and nose blowing should be widely posted, disseminated, and encouraged through various methods of communication.
    - ☐ Custodial staff should follow guidance from the CDC about the use of facial coverings and special respirators at use when performing cleaning duties.
- ☐ School leaders should conduct and document a facility walk-through with the custodial services team to ensure that the classrooms, common spaces, and the exterior are ready for staff and students.
- ☐ Procure level-1 facial coverings, including those with a transparent front, for preK-5 teachers, low-income students, and students with special needs.
- ☐ Procure level-1 surgical masks for cleaning and janitorial staff.

Operations

MI Safe Start | Phases 4

Strongly Recommended If Schools are Instructed to Close for In-Person Instruction

- ☐ Activate school cleaning and disinfection protocols according to the CDC School Decision Tree. Custodial staff should wear surgical masks when performing cleaning duties.
- ☐ Maintain facilities for resumption of school operations.

Budget, Food Service, Enrollment, and Staffing

Strongly Recommended Before Schools Reopen for In-Person Instruction

- ☐ Support schools in assessing student arrival protocols. This should include how students arrive at and depart from school (e.g., school bus, dropped off via car, drive themselves, walk, public transportation).
- ☐ Support schools in conducting staff and student outreach to understand who is coming back.
    - ☐ For staff, this should include a breakdown of the staff – administrators, educators, support staff, full-time nurses, part-time nurses, school counselors, etc.
    - ☐ Develop a staffing plan to account for teachers and staff who are not returning or are at risk (i.e., those who are 65 years or have an underlying medical condition and decide not to return).
    - ☐ For students, this should include those with preexisting conditions who may need a remote learning environment.
- ☐ Assess need for new or additional positions with a specific focus on student and staff wellness, technology support, and other COVID-19 related needs.
- ☐ Work with relevant local bargaining units to assess how job responsibilities may shift in light of COVID-19 and how new or additional responsibilities will be accounted for.
- ☐ Recruit, interview and hire new staff.
- ☐ Consider redeploying underutilized staff to serve core needs.
- ☐ Where possible, and in partnership with local bargaining units, identify and modify staff positions, that would enable high-risk staff to provide remote services.
- ☐ Communicate any student enrollment or attendance policy changes with school staff and families.
- ☐ Provide guidance to school leaders for recruiting, interviewing, and hiring staff remotely.
- ☐ Seek and provide guidance on use of CARES Act funding for key purchases (e.g., cleaning supplies).
- ☐ Coordinate services with related service providers, in the school and community, to identify and address new student and adult needs.
- ☐ Inventory how many substitute teachers are available.
- ☐ Build and send back to school communications to all relevant stakeholders (i.e., families, school staff) and include updates across all policies and procedures.
- ☐ Verify that student and staff handbooks and planners are printed and ready for distribution and/or are available digitally. Create a master list of any changes to distribute at the first staff meeting.
- ☐ Consult legal counsel to preemptively address liability questions, related concerns, or vendor issues relative to COVID-19 and share with school leaders.
- ☐ Engage school leaders in a budgeting exercise to help plan for changing enrollment patterns, new staffing needs, and resource constraints or additional dollars.

Operations

MI Safe Start | Phases 4

- ☐ Work with school leaders to orient new school staff to any operational changes.
- ☐ Create master teaching schedules, student and faculty arrival/dismissal schedules, bus schedules, lunch schedules for staff and students, and bell schedules with safety protocols in mind.
- ☐ Collaborate with food service staff to ensure any necessary food handling changes are implemented based on local public health guidance.

Technology

Strongly Recommended Before Schools Re-open for In-Person Instruction

- ☐ Survey families to collect information about the numbers, types, and condition of devices used in their homes to support remote learning.
- ☐ Designate a single point of contact in each school to plan and communicate with district technology teams.
- ☐ Develop a district technology plan that includes guidance for schools. If possible, include training and support for educators to adapt remote learning for the classroom.
- ☐ Identify a device and/or general technology support lead for each school. Consider elevating that position to a more formal role and providing additional support potentially with parent volunteers.
- ☐ Assign technology process leaders to key efforts and publish their contact information on the district intranet and/or internet.
- ☐ Where practical given demands on parents or guardians, consider identifying family technology liaisons to support communication regarding the use of technology. (For example, the existing parent organization may be able to fulfill this role).
- ☐ Develop district-wide procedures for return and inventory of district owned devices as part of a return to school technology plan. The procedures should include:
  - ☐ Safely bagging devices collected at schools;
  - ☐ Sanitizing the devices prior to a repair or replacement evaluation;
  - ☐ Ordering accessories that may be needed over the summer; and
  - ☐ Conducting prepared maintenance routines to remove malware and fix standard issues including, screen, keyboard, or battery replacement.
- ☐ Identify an asset tracking tool.
- ☐ Identify a vendor to assist with processing, returning, and maintaining devices, if needed.
- ☐ Develop on-site triage of staff and student devices to minimize the time that staff may be without a device.
- ☐ Prepare the Infrastructure Evaluation process. Every WiFi access point and wired network device should be tested.
- ☐ Develop a technology support plan for families.

Operations

MI Safe Start | Phases 4

Strongly Recommended If Schools are Instructed to Close for In-Person Instruction

- ☐ Deploy digital learning devices and move to virtual learning.
- ☐ Communicate consistent procedures for return and inventory of school owned devices as part of a return to school technology plan. The procedures should include:
  - ☐ Safely bagging devices collected at schools;
  - ☐ Transporting them to a central location;
  - ☐ Sanitizing the devices prior to a repair or replacement evaluation; and
  - ☐ Conducting prepared maintenance routines to remove malware and fix standard issues including screen, keyboard, or battery replacement.
- ☐ Ensure that school and community access points and wired network devices are functional.

Strongly Recommended When Schools Reopen for In-Person Instruction

- ☐ Organize and centralize online resources that were created, published, or distributed by teachers and others during the closure period.
- ☐ Compile technology-facing lessons learned for inclusion in the district's updated remote learning plan.
- ☐ Review issue tracking and inventory results frequently as a way of understanding the quality and progress of technology processes in your district.
- ☐ Continue infrastructure evaluations until all issues are resolved.
- ☐ Identify chronic technology issues that arose during the school closure period and use them to begin the development of a long-term technology maintenance plan.

Transportation

Strongly Recommended Before Schools Reopen for In-Person Instruction

- ☐ Inventory buses, contractors, including any vehicles used for transporting students to/from school or to other school events, and students riding buses. Address questions, such as:
  - ☐ How many buses are or could be made available in the district?
  - ☐ How much variation is there in the size and maximum capacity of buses in the district?
  - ☐ How have the buses been currently or historically used (i.e., transportation to/from school, transportation for multiple schools, athletic events, food service delivery)?
  - ☐ How many drivers will be returning? How many are in the training pipeline? What is the plan to address any shortage of drivers?
- ☐ Assess whether any bus contractors have been impacted by COVID-19 (i.e., closed or opt-out from current routes).
- ☐ Inventory bus drivers to understand the extent of high-risk populations.
- ☐ Finalize bus procedures for bus drivers and students that are informed by public health protocols.
- ☐ Encourage close collaboration between transportation and IEP teams to monitor changes to students' IEPs and implement accordingly.

Strongly Recommended if Schools Are Instructed to Close for In-Person Instruction

- ☐ Utilize buses to provide food service and delivery of instructional materials where possible.

MI SAFE START

Phase 5

Virus Status

- ✓ New cases and deaths continue to decrease for an additional period of time.
- ✓ At this point, the number of active cases has reached a point where infection from other members of the community is less common.
- ✓ With widespread testing, positivity rates often fall much lower than earlier phases.
- ✓ Rapid case investigation, contact tracing, and containment strategies cause new cases to continue to fall.

How to Keep School Communities Safe

- ✓ School preparedness and response activities around surveillance and active mitigation continue from Phase 4 with loosening of required safety protocols.
- ✓ Schools should remain prepared to implement social distancing measures.
- ✓ Short-term dismissals and suspension of extracurricular activities remain possible for cleaning and contact tracing purposes.
- ✓ Students and teachers at increased risk of severe illness should remain prepared to implement remote teaching and learning modalities.
- ✓ Schools must consider the judgment of the local health department for the sub-region of concern.

School Operating Status

- ✓ Schools open for in-person instruction with minimal required safety protocols.

Essential Actions and Safety Protocols

- ✓ Safety Protocols
- ✓ Mental and Social-Emotional Wellbeing
- ✓ Instruction
- ✓ Operations

Safety Protocols

MI Safe Start | Phase 5

Personal Protective Equipment

Strongly Recommended

- ☐ Facial coverings should always be worn by staff except for meals. Facial coverings may be homemade or disposable level-one (basic) grade surgical masks. Any staff member who cannot medically tolerate a facial covering should not wear one. Any staff member that is incapacitated or unable to remove the facial covering without assistance, should not wear a facial covering.
    - ☐ PreK-5 and special education teachers should consider wearing clear masks.
    - ☐ Homemade facial coverings should be washed daily.
    - ☐ Disposable facial coverings should be disposed of at the end of each day.
- ☐ Facial coverings should always be worn in hallways and common areas by preK-12 students in the building except for during meals. Any student that is unable to medically tolerate a facial covering should not wear one. Any student that is incapacitated or unable to remove the facial covering without assistance, should not wear one. Facial coverings may be homemade or disposable level-one (basic) grade surgical masks. If social distancing and cohorting is practiced and enforced, facial coverings for students in grades preK-5 are encouraged but not required.
    - ☐ Homemade facial coverings should be washed daily.
    - ☐ Disposable facing coverings should be disposed of at the end of each day.

Recommended

- ☐ Facial coverings should be considered for preK students and students with special needs in hallways and common areas.
    - ☐ Facial coverings are not recommended for use in classrooms by children ages 3 and 4.
    - ☐ Facial coverings should never be used on children under age 2.
- ☐ Facial coverings should be considered for K-5 students and students with special needs in classrooms, especially if students and teachers are not placed in cohorts.
- ☐ Facial coverings should be worn in classrooms by grades 6-12 students. Any student who cannot medically tolerate a facial covering must not wear one. Any student that is incapacitated or unable to remove the facial covering without assistance, must not wear one.
- ☐ Gloves are not required except for custodial staff or teachers cleaning their classrooms.

Hygiene

Strongly Recommended

- ☐ Provide adequate supplies to support healthy hygiene behaviors (including soap, hand sanitizer with at least 60% alcohol for safe use by staff and students, paper towels, tissues, and signs reinforcing proper handwashing techniques).
- ☐ Teach and reinforce handwashing with soap and water for at least 20 seconds and/or the safe use of hand sanitizer that contains at least 60% alcohol.
- ☐ Educate staff and students to cough and sneeze into their elbows, or to cover with a tissue. Used tissues should be thrown in the trash and hands washed immediately using proper hand hygiene techniques.
- ☐ Students should wash their hands or use hand sanitizer after changing any classroom; teachers

in the classroom should wash their hands or use sanitizer every time a new group of students enters their room.

Recommended

- ☐ Systematically and frequently check and refill soap and hand sanitizers.
- ☐ Students and teachers should have scheduled handwashing with soap and water every 2-3 hours.
- ☐ Limit sharing of personal items and supplies such as writing utensils.
- ☐ Keep students' personal items separate and in individually labeled cubbies, containers, or lockers.
- ☐ Limit use of classroom materials to small groups and disinfect between uses or provide adequate supplies to assign for individual student use.
- ☐ Procure portable handwashing and/or hand sanitizing stations to set up throughout school buildings.

Spacing, Movement and Access

Recommended

- ☐ Spacing is six feet between desks to the extent that it is feasible.
- ☐ Class sizes should be kept to the level afforded by necessary spacing decisions.
- ☐ In classrooms where tables are utilized, space students as far apart as feasible.
- ☐ Arrange all desks facing the same direction toward the front of the classroom.
- ☐ Teachers should try to maintain six feet of spacing between themselves and students as much as possible.
- ☐ Post signage to indicate proper social distancing.
    - ☐ Floor tape or other markers should be used at six-foot intervals where line formation is anticipated.
    - ☐ Provide social distancing floor/seating markings in waiting and reception areas.
    - ☐ Post signs on the doors of restrooms to indicate proper social distancing and hand hygiene techniques.
    - ☐ Post signs on the doors of restrooms to indicate proper social distancing.
- ☐ If a classroom has windows that can open, they should be open as much as possible, weather permitting. Considerations should be made for students with allergy-induced asthma.
- ☐ As able, schools should try to cohort groups of students to isolated hallways or areas that can be monitored for positive cases if there is a COVID-19 exposure.
- ☐ As able, "specials" (like art, music, and library) should be brought to the classrooms instead of having students move to different locations.
- ☐ Flow of foot traffic should be directed in only one direction, if possible. If one-way flow is not possible, hallways can be divided with either side following the same direction.
- ☐ Efforts should be made to keep six feet of distance between people in the hallways. Staggered movements at incremental intervals should be used if feasible to minimize the number of persons in the hallways as able.
- ☐ Have staff monitor arrival and dismissal to discourage congregating and ensure students go straight from a vehicle to their classrooms and vice-versa.
- ☐ Boarding schools should seek guidance from MDHHS regarding spacing, movement, and facility access.

Safety Protocols

MI Safe Start | Phase 5

Screening Students, Staff, and Guests

Strongly Recommended

- ☐ Every school should identify and designate a quarantine area and a staff person to care for children who become ill at school.
- ☐ Students who become ill with symptoms of COVID-19 at school should be placed in an identified quarantine area with a surgical mask in place until they can be picked up. Identified school staff caring for these children should wear a surgical mask, with the exception of students with special needs requiring aerosolized procedures in which an N95 mask is required.
- ☐ Symptomatic students sent home from school should be kept home until they have tested negative or have completely recovered according to CDC guidelines.
- ☐ Strict records, including date and time, should be kept of non-school employees or other visitors entering and exiting the building.

Recommended

- ☐ Staff should conduct daily self-examinations, including a temperature check, prior to coming to work. If they exhibit any respiratory or gastrointestinal symptoms, or have a temperature of 100.4 or greater, they should stay home.
- ☐ Any parents or guardians entering the building should wash or sanitize hands prior to entry.
- ☐ Parents or guardians are not allowed in the school building except under extenuating circumstances as determined by school officials. Only one parent or guardian per child should be allowed to enter except under extenuating circumstances as determined by school officials.
- ☐ Parents or guardians are encouraged to check their children's temperature at home every morning using oral, tympanic (ear), or temporal scanners; students with a temperature of 100.4 or greater should stay home and consider coronavirus testing if no other explanation is available.
- ☐ Parents or guardians are encouraged to ask their children or monitor for symptoms of COVID-19, including cough, congestion, shortness of breath, or gastrointestinal symptoms every morning. Any positives should prompt parents or guardians to keep the student home from school.
- ☐ Entrances and exits should be kept separate to keep traffic moving in a single direction.

Testing Protocols for Students and Staff and Responding to Positive Cases

Strongly Recommended

- ☐ Students who develop fever or become ill with symptoms of COVID-19 at school should wear a mask and be transported by their parent/guardian, emergency contact, or ambulance, if clinically unstable, for off-site testing.
- ☐ Staff who develop fever or become ill with symptoms of COVID-19 at school should wear a mask and should be transported for off-site testing.
- ☐ Parents and guardians should be notified of the presence of any laboratory positive or clinically diagnosed cases in the classroom and/or school to encourage closer observation for any symptoms at home.
- ☐ Symptomatic students and staff sent home from school should be kept home until they have tested negative or have been released from isolation according to CDC guidelines.

- ☐ In the event of a lab or clinically diagnosed case of COVID-19, immediate efforts should be made to contact any close contacts (those who spent more than 15 minutes within six feet to the student or staff member) so that they can be quarantined at home. Classmates should be closely monitored for any symptoms. At this time, empiric testing of all students in the class is not recommended. Only those that develop symptoms require testing.

Recommended

- ☐ Parents or guardians are encouraged to check student's temperature at home every morning using oral, tympanic, or temporal scanners; students with a temperature of 100.4 greater must stay home and consider COVID-19 testing if no other explanation is available.
- ☐ Parents or guardians are encouraged to monitor for symptoms of COVID-19, including any cough, congestion, shortness of breath, or gastrointestinal symptoms every morning. Any positives should prompt the parent or guardian to keep the student home from school and seek out testing.

Responding to Positive Tests Among Staff and Students

Strongly Recommended

- ☐ Notify local health officials, staff, and students immediately of any possible case of COVID-19 while maintaining confidentiality consistent with the Americans with Disabilities Act (ADA) and other applicable federal and state privacy laws.
    - ☐ The Local Health Department will initiate contact tracing, following regular public health practice. Anyone who was within close contact of the case (less than six feet apart for 15+ minutes) will be asked to self quarantine for up to 14 days after exposure. Local health officials, depending on situation, may identify other contacts who require quarantine. Schools can help the local health department by collecting data and contact information of those exposed.
    - ☐ Note: schools should provide staff with guidance on confidentiality laws and statutes that protect student and staff health information. Student communicable disease related information is protected health information. (Even if a family/student acknowledges and publicly discloses a positive test, school staff and officials must not participate in discussions or acknowledge a positive test).
- ☐ Employees with a confirmed case of COVID-19 should only return to the workplace after they are no longer infectious. Local health officials will provide instruction about return to work, using the most current guidelines from the CDC for this determination.

Recommended

- ☐ If possible, smaller areas such as individual classrooms should be closed for 24 hours before cleaning to minimize the risk of any airborne particles.

- ☐ Cleaning staff should wear a surgical mask when performing cleaning of these areas along with gloves and face shield.

Food Service, Gathering, and Extracurricular Activities

Strongly Recommended

- ☐ Serving and cafeteria staff should use barrier protection including gloves, face shields, and surgical masks.
- ☐ Students, teachers, and cafeteria staff wash hands before and after every meal.
- ☐ All gatherings, including those that occur outdoors (e.g., graduations) should comply with current and future executive orders that set caps on congregations of people.
- ☐ If field trips occur, they should comply with transportation guidelines within this document, including mandatory facial covering.

Recommended

- ☐ If possible, classrooms should be used for eating in place, taking into consideration food allergies.
- ☐ If cafeterias need to be used, meal times should be staggered to create seating arrangements with six feet of distance between students.
- ☐ If possible, school-supplied meals should be delivered to classrooms with disposable utensils.
- ☐ Schools should offer telecasting of assemblies and other school-sanctioned events if able.
- ☐ Students and teachers should wash hands before and after every event.
- ☐ After-school programs may continue with the use of facial coverings.

Athletics

Strongly Recommended

- ☐ Indoor spectator events are limited to 50 people. Large scale outdoor spectator or stadium events are limited to 250 people. Spectators not part of the same household must always maintain six feet of distance from one another.
- ☐ Students, teachers, and staff must use proper hand hygiene techniques before and after every practice, event, or other gathering. Every participant should confirm that they are healthy and without any symptoms prior to any event.
- ☐ All equipment must be disinfected before and after use.
- ☐ Buses must be cleaned and disinfected before and after every use, as detailed in the subsequent “Busing and Student Transportation” section.
- ☐ Each participant should use a clearly marked water bottle for individual use. There should be no sharing of this equipment.

Recommended

- ☐ Indoor weight rooms and physical conditioning activities are allowed. Social distancing of six feet between participants should be maintained while indoors and sharing equipment should be avoided.
- ☐ Handshakes, fist bumps, and other unnecessary contact should not occur.

Safety Protocols

MI Safe Start | Phase 5

Cleaning

Strongly Recommended

- ☐ Frequently touched surfaces including lights, doors, benches, and bathrooms should undergo cleaning at least every four hours with either an EPA-approved disinfectant or diluted bleach solution.
- ☐ Libraries, computer labs, arts, and other hands-on classrooms should undergo cleaning after every class period with either an EPA-approved disinfectant or diluted bleach solution. Efforts must be made to minimize sharing of materials between students, as able.
- ☐ Student desks should be wiped down with either an EPA-approved disinfectant or diluted bleach solution after every class period.
- ☐ Playground structures should continue to undergo normal routine cleaning, but using an EPA-approved disinfectant is unnecessary.
- ☐ Athletic equipment can be cleaned with either an EPA-approved disinfectant or diluted bleach solution before and after each use.
- ☐ Ensure safe and correct use and storage of cleaning and disinfection products, including storing products securely away from children, and with adequate ventilation when staff use such products.

Recommended

- ☐ Staff should wear gloves, surgical masks, and face shield when performing all cleaning activities.

Busing and Student Transportation

Strongly Recommended

- ☐ Strongly encourage the use of hand sanitizer before entering the bus. Hand sanitizer should be supplied on the bus.
- ☐ The bus driver, staff, and all students in grades preK-12, if medically feasible, should wear facial coverings while on the bus.
- ☐ Clean and disinfect transportation vehicles regularly. Children should not be present when a vehicle is being cleaned.
- ☐ Clean and disinfect frequently touched surfaces in the vehicle (e.g., surfaces in the driver's cockpit, hard seats, arm rests, door handles, seat belt buckles, light and air controls, doors and windows, and grab handles) prior to morning routes and prior to afternoon routes.
- ☐ Clean, sanitize, and disinfect equipment including items such as car seats and seat belts, wheelchairs, walkers, and adaptive equipment being transported to schools.
- ☐ Create a plan for getting students home safely if they are not allowed to board the vehicle.
- ☐ If a student becomes sick during the day, they should not use group transportation to return home and should follow protocols outlined above.
- ☐ If a driver becomes sick during the day, they should follow protocols for sick staff outlined above and should not return to drive students.

Recommended

- ☐ Weather permitting, keep doors and windows open when cleaning the vehicle and between trips to let the vehicles thoroughly air out.
- ☐ Weather permitting, consider keeping windows open while the vehicle is in motion to help reduce spread of the virus by increasing air circulation, if appropriate and safe.

Safety Protocols

MI Safe Start | Phase 5

Medically Vulnerable Students and Staff

Strongly Recommended

- ☐ Systematically review all current plans (e.g., Individual Healthcare Plans, Individualized Education Programs, Individualized Family Service Plans, or 504 plans) for accommodating students with special healthcare needs and updating their care plans as needed to decrease their risk for exposure to COVID-19.
- ☐ Create a process for students/families and staff to self-identify as high risk for severe illness due to COVID-19 and have a plan in place to address requests for alternative learning arrangements or work reassignments.

Recommended

- ☐ Staff caring for children and providing any medical care that include aerosol generating procedures (e.g., nebulizers) should wear an N95 mask at the time of delivery.
- ☐ Enable staff who self-identify as high risk for severe illness to minimize face-to-face contact and to allow them to maintain a distance of six feet from others, modify job responsibilities that limit exposure risk, or to telework if possible.

Mental & Social-Emotional Health

MI Safe Start | Phase 5

✓ Recommended Before Schools Reopen for In-Person Instruction

- ☐ Encourage schools to implement a mental health screening for all students by a trained professional, if possible. Any screening should be compliant with HIPAA and FERPA policies. Screening instructions (offered verbally to younger students) should provide age-appropriate and transparent disclosure of protocols in place to protect confidentiality while adhering to mandated reporting guidelines.
- ☐ Establish and communicate to all staff guidelines for identification and rapid referral of at-risk students to appropriate building-level support teams.
- ☐ Provide all staff with timely, responsive, and ongoing training/PD as well as needed tools, resources, and implementation support, focused on a variety of topics, including: social-emotional learning, trauma-informed best practices, identification of students at risk and proper local referral protocols, and self-care to promote holistic wellness and resilience and to prevent burnout and vicarious trauma.
- ☐ Encourage the identification of a point person or establish an access navigator to centralize mental health referrals, communications to families/students, and public-facing wellness materials.
- ☐ Establish a comprehensive crisis management plan that leverages available internal and external/community-based resources, which can be activated efficiently as needed following an acute incident (e.g., loss of student, loss of a school staff member).
- ☐ Compile and regularly update comprehensive lists of wellness resources available to both staff and students that can be provided in conjunction with screening activities, and that references school and community wellness resources.
- ☐ Establish ongoing reporting protocols for school staff to evaluate physical and mental health status.
- ☐ Provide resources for staff self-care, including resiliency strategies.
- ☐ Designate a mental health liaison (school-based) who will work across the district, local public health agencies, and community partners.
- ☐ Leverage MDE resources for student and staff mental health and wellness support.
- ☐ Activate communication channels for district stakeholders to address mental health concerns resulting from COVID-19 (for example, a telephone hotline or a designated email).
- ☐ Communicate with parents and guardians, via a variety of channels, return to school transition information including:
  - ☐ Destigmatization of COVID-19;
  - ☐ Understanding normal behavioral response to crises;
  - ☐ General best practices of talking through trauma with children; and
  - ☐ Positive self-care strategies that promote health and wellness.

Instruction

MI Safe Start | Phase 5

✓ Recommended Before Schools Reopen for In-Person Instruction

Governance

- ☐ Create a district Return to Instruction and Learning working group, potentially led by the Director of Curriculum, Chief Academic Officer or the equivalent, and composed of a broad group of stakeholders on the district and school level, to:
    - ☐ Gather feedback from families, teachers, students, and school leaders about their experiences with remote learning through online surveys and/or virtual focus groups or conversations.
    - ☐ Revise the district's remote learning plan to incorporate feedback and input from stakeholders to improve its effectiveness.
    - ☐ Share the district's remote learning plan with all involved stakeholders in case of a return to remote learning.

Instruction

- ☐ Set an instructional vision that ensures that:
    - ☐ Every student will start the year with access to grade-level instruction and high quality, standards-aligned instructional materials in every subject.
    - ☐ Every student will be assessed on their understanding of prerequisite skills and grade-level proficiencies using formative assessments, screeners, or diagnostics.
    - ☐ Every students' academic and social-emotional needs will be addressed with the integration of Social and Emotional Learning (SEL) and strengthening connections with students.
- ☐ Support schools to implement grade-level curricula that is aligned to Michigan preK-12 standards.
    - ☐ Support teachers to utilize power standards that identify the major work of the grade in order to focus, prioritize, and accelerate instruction.
- ☐ Revise students' IEPs, IFSPs, and 504 plans in coordination with general and special education teachers to reflect the child's evolving needs based on assessment data and parent feedback, and design accommodations and match services accordingly.
    - ☐ Commence intervention and support services. Plans must include all programs and learning environments, especially special education, birth to five services, and CTE.
    - ☐ Establish structures for general and special education teachers to collaborate on delivery methods for assessments and instruction as outlined in IEPs. Consider students' needs around accessibility and provide assistive technologies, where possible.
- ☐ Inventory all intervention programs and services available to students on the district and school level and identify any gaps.
- ☐ Remain connected with MDE about policies and guidance.
- ☐ Develop a continuation of services plan for students needing either occupational, physical, and/or speech and language therapy, including evaluations by school psychologists and social workers.
- ☐ Secure supports for students who are transitioning to postsecondary.

Instruction

MI Safe Start | Phase 5

✓ Recommended Before Schools Reopen for In-Person Instruction

Communications and Family Supports

- ☐ Implement any additional communication systems needed to reach every family and student in their home language through multiple modes (e.g., text, all call, email, home visit) to share:
  - ☐ Expectations around their child's return to school;
  - ☐ Information about modes of assessment, details on curricula used in each of the core subjects, and grade-level proficiencies; and
  - ☐ Plans for each of the different school opening scenarios.
- ☐ Provide resources that demonstrate schools value parents as partners in their child's education. Offer family supports that provide families with:
  - ☐ Training about how to access and use the school's chosen digital systems and tools;
  - ☐ Opportunities to build their digital literacy; and
  - ☐ Strategies to support their child's learning at home.

Professional Learning

- ☐ Provide adequate time for schools and educators to engage in:
  - ☐ Intentional curriculum planning and documentation to ensure stability of instruction, whether school buildings are open or closed;
  - ☐ Identify students who did not engage in remote learning and develop a plan to provide additional supports, if needed. Share data and concerns about each student's growth and needs with students' assigned teacher(s) for the 2020-2021 school year;
  - ☐ Identify students who potentially need additional support; and
  - ☐ Share knowledge and ideas around the use and effectiveness of digital tools and resources that support remote learning.
- ☐ Create a plan for professional learning and training, with goals to:
  - ☐ Offer restorative supports for teachers and learning around equity and implicit bias, social-emotional learning, and culturally responsive education;
  - ☐ Train school leaders and teachers thoroughly in the chosen digital systems and tools and their use; and
  - ☐ Build school leaders' and teachers' capacity to design and develop blended and remote learning experiences that are equitable and engaging.

Instruction

MI Safe Start | Phase 5

Recommended When Schools Reopen for In-Person Instruction

Instruction

- ☐ Ensure that every student:
  - ☐ Has access to standards-aligned, grade-level instruction, including strategies to accelerate student learning;
  - ☐ Is assessed to determine student readiness to engage in grade-level content; and
  - ☐ Is offered scaffolds and supports to meet their diverse academic and social-emotional needs.
- ☐ Conduct checkpoints with school leaders around curriculum pacing and ongoing monitoring of student progress, specifically honing in on the growth of students who need acceleration.
- ☐ Review student data to identify overall trends and gaps in student learning to design systemic supports and interventions.
- ☐ Conduct a review of each students' IEP in partnership with teachers and parents to reflect each student's evolving needs based on time away from associated services including OT, PT, and Speech while school buildings were closed.
- ☐ Procure any additional standards-aligned tools or materials to support differentiation, intervention, and remote learning, based on students' needs.
- ☐ Set expectations for schools and teachers to integrate high quality digital tools and resources that are appropriate and sustainable at each grade level, to increase teachers' and students' familiarity with online learning in case of a return to remote instruction.
- ☐ Determine and activate structures outside of the regular school day, such as summer learning options, extended day, and after-school programming, to potentially be leveraged to support students in need of additional support.
- ☐ Support schools to communicate regularly with families in their home language about their child's progress and the targeted plans for students in need of additional support.

Operations

MI Safe Start | Phases 5

Facilities

Recommended Before Schools Reopen for In-Person Instruction

- ☐ Audit necessary materials and supply chain for cleaning and disinfection supplies.
- ☐ Coordinate with Local Emergency Management Programs (LEMP) for support with procurement of cleaning and disinfection supplies.
    - ☐ Advocate for ISDs to coordinate with LEMPs.
- ☐ Audit any additional facilities that the district may have access to that could be utilized for learning.
- ☐ Provide school-level guidance for cleaning and disinfecting all core assets including buildings and playgrounds. Frequently touched surfaces should be cleaned several times a day.
- ☐ Alert school-based custodial and infection control staff of any changes in recommended cleaning guidelines issued by OSHA and CDC. It is expected that this guidance will be updated in real-time based on the status of community spread local geographies.
- ☐ Encourage schools to convene custodial and facilities staff to review and make actionable district guidance regarding cleaning and disinfection.
- ☐ Encourage schools to provide advanced training for custodial staff.
- ☐ Custodial staff should continue deep cleaning over the summer.
- ☐ Audit all school buildings with a focus on:
    - ☐ How many classrooms are available;
    - ☐ The size of each classroom;
    - ☐ Additional spaces that are available (e.g., gym, lunchroom, auditorium, etc.); and
    - ☐ The ventilation in each classroom.
- ☐ Audit school security protocols to decide if any process changes need to be implemented.
    - ☐ School security staff should follow CDC protocols if interacting with the general public.
- ☐ Maintain facilities for in-person school operations.
    - ☐ Check HVAC systems at each building to ensure that they are running efficiently.
    - ☐ Air filters should be changed regularly.
    - ☐ Custodial staff should distribute wastebaskets, tissues, and CDC approved soap to every office and classroom so that these materials can be used upon entry and exit into any discrete location and during transit between sites.
    - ☐ Signage about frequent handwashing, cough etiquette, and nose blowing should be widely posted, disseminated, and encouraged through various methods of communication.
    - ☐ Custodial staff should follow guidance from the CDC about the use of facial coverings and special respirators at use when performing cleaning duties.
- ☐ School leaders should conduct and document a facility walk-through with the custodial services team to ensure that the classrooms, common spaces, and the exterior are ready for staff and students.
- ☐ Procure level-1 facial coverings, including those with a transparent front, for preK-5 teachers, low-income students, and students with special needs.
- ☐ Procure level-1 surgical masks for cleaning and janitorial staff.

Operations

MI Safe Start | Phase 5

Budget, Food Service, Enrollment, and Staffing

Recommended Before Schools Open for In-Person Instruction

- ☐ Support schools in assessing student arrival protocols. This should include how students arrive at and depart from school (e.g., school bus, dropped off via car, drive themselves, walk, public transportation).
- ☐ Support schools in conducting staff and student outreach to understand who is coming back.
    - ☐ For staff, this should include a breakdown of the staff – administrators, educators, support staff with a teaching license, support staff without a teaching license, full-time nurses, part-time nurses, school counselors, etc.
    - ☐ Develop a staffing plan to account for teachers and staff who are not returning or are at risk (i.e., those who are 65 years or have an underlying medical condition and decide not to return).
    - ☐ For students, this should include those with preexisting conditions who may need a remote learning environment.
- ☐ Assess need for new or additional positions with a specific focus on student and staff wellness, but also including technology support.
- ☐ Work with relevant local bargaining units to assess how job responsibilities may shift in light of COVID-19 and how new or additional responsibilities will be accounted for.
- ☐ Recruit, interview and hire new staff.
- ☐ Consider redeploying underutilized staff to serve core needs.
- ☐ Where possible, and in partnership with local bargaining units, identify and modify staff positions, that would enable high-risk staff to provide remote services.
- ☐ Communicate any student enrollment or attendance policy changes with school leaders, and families.
- ☐ Provide guidance to school leaders for recruiting, interviewing, and hiring staff remotely.
- ☐ Seek and provide guidance on use of CARES Act funding for key purchases (e.g., cleaning supplies).
- ☐ Coordinate services with related service providers, in the school and community, to identify and address new student and adult needs.
- ☐ Inventory how many substitute teachers are available.
- ☐ Build and send back to school communications to all relevant stakeholders (i.e., parents or guardians, school staff) and include updates across all workflows.
- ☐ Verify that student and staff handbooks and planners are printed and ready for distribution. Create a master list of any changes to distribute at the first staff meeting.
- ☐ Consult legal counsel to preemptively address liability questions, related concerns, or vendor issues relative to COVID-19 and socialize with school leaders.
- ☐ Engage school leaders in a budgeting exercise to help them plan for changing enrollment patterns, new staffing needs, and resource constraints or additional dollars.
- ☐ Work with school leaders to orient new school staff to any operational changes.
- ☐ Create master teaching schedules, student and faculty arrival/dismissal schedules, bus schedules, lunch schedules for staff and students, and bell schedules with safety protocols in mind.
- ☐ Collaborate with food service staff to ensure any necessary food handling changes are implemented based on local public health guidance.

Operations

MI Safe Start | Phases 5

Technology

Recommended Before Schools Reopen for In-Person Instruction

- ☐ Survey families to collect information about the numbers, types, and condition of devices used in their homes to support remote learning.
- ☐ Designate a single point of contact in each school to plan and communicate with district technology teams.
- ☐ Develop a district plan that includes guidance for schools. If possible, include training and support for teachers to adapt remote learning skills for the classroom.
- ☐ Identify a device and/or general technology support lead for each school. Consider elevating that position to a more formal role and providing additional support potentially with parent volunteers.
- ☐ Assign technology process leaders to key efforts and publish their contact information on the district intranet and/or internet.
- ☐ Where practical given demands on parents or guardians, consider identifying family technology liaisons to support communication regarding the use of technology. (For example, the existing parent organization may be able to fulfill this role).
- ☐ Develop district-wide procedures for return and inventory of district owned devices as part of a return to school technology plan. The procedures should include:
    - ☐ Safely bagging devices collected at schools;
    - ☐ Sanitizing the devices prior to a repair or replacement evaluation;
    - ☐ Assessing technology needs from loaner devices during Spring 2020;
    - ☐ Ordering accessories that may be needed over the summer; and
    - ☐ Conducting prepared maintenance routines to remove malware and fix standard issues including screen, keyboard, or battery replacement.
- ☐ Identify an asset tracking tool.
- ☐ Identify a vendor to assist with processing, returning, and maintaining devices, if needed.
- ☐ Develop on-site triage of staff and student devices to minimize the time that staff may be without a device.
- ☐ Prepare the Infrastructure Evaluation process. Every WiFi access point and wired network device should be tested.
- ☐ Develop a technology support plan for families.
- ☐ Where possible, consider implementing live streaming of classrooms for students who are medically vulnerable.

Transportation

Strongly Recommended Before Schools Reopen for In-Person Instruction

- ☐ Inventory buses, contractors, including any vehicles used for transporting students to/from school or to other school events, and students riding buses. Address questions, such as:
  - ☐ How many buses are or could be made available in the district?
  - ☐ How much variation is there in the size and maximum capacity of buses in the district?
  - ☐ How have the buses been currently or historically used (i.e., transportation to/from school, transportation for multiple schools, athletic events, food service delivery)?
  - ☐ How many drivers will be returning? How many are in the training pipeline? What is the plan to address any shortage of drivers?
- ☐ Assess whether any bus contractors have been impacted by COVID-19 (i.e., closed or opt-out from current routes).
- ☐ Inventory bus drivers to understand the extent of high-risk populations.
- ☐ Finalize bus procedures for bus drivers and students that are informed by public health protocols.
- ☐ Encourage close collaboration between transportation and IEP teams to monitor changes to students' IEPs and implement accordingly.

MI SAFE START

Phase 6

Virus Status

✓ Post-Pandemic.
✓ Few, if any, active COVID-19 cases locally.
✓ Community spread not expected to return.
✓ Sufficient community immunity and availability of treatment.

How to Keep School Communities Safe

✓ Practice good hygiene.

School Operating Status

✓ Open for in-person instruction.

Essential Actions and Safety Protocols

✓ Safety Protocols

Safety Protocols

MI Safe Start | Phase 6

Personal Protective Equipment

- ☐ Safety protocols no longer required.

Hygiene

Recommended

- ☐ Provide adequate supplies to support healthy hygiene behaviors (e.g., soap, hand sanitizer with at least 60% alcohol for safe use by staff and older students, paper towels, and tissues).
- ☐ Teach and reinforce handwashing with soap and water for at least 20 seconds and/or the safe use of hand sanitizer that contains at least 60% alcohol.
- ☐ Systematically and frequently check and refill soap and hand sanitizers.
- ☐ Encourage staff and students to cough and sneeze into their elbows, or to cover with a tissue. Used tissues should be thrown in the trash and hands washed immediately with soap and water for at least 20 seconds.

Spacing and Movement

- ☐ Safety protocols no longer required.

Screening Students

- ☐ Safety protocols no longer required.

Responding to Positive Tests Among Staff and Students

REQUIRED

- ☐ In the event of a lab or clinically diagnosed case of COVID-19 among staff or a student, the classroom or areas exposed must be immediately closed until cleaning and disinfection can be performed.
  - ☐ If the person was in the school building without a facial covering, or large areas of the school were exposed to the person, short term dismissals may be required to clean and disinfect the larger areas. This decision must be made in concert with the local public health department.
- ☐ Cleaning staff must wear a surgical mask when performing cleaning of these areas along with gloves and face shield.

Food Service, Gatherings and Extracurricular Activities

- ☐ Safety protocols no longer required.

Athletics

- ☐ Safety protocols no longer required.

Cleaning

- ☐ Safety protocols no longer required.

Busing and Student Transportation

- ☐ Safety protocols no longer required.

Medically Vulnerable Students and Staff

- ☐ Safety protocols no longer required.

Appendix

Understanding Key Terms

To assess, consider, and understand the pandemic scenarios, establishing a shared vocabulary is critical.

Asynchronous Learning: Asynchronous learning is a general term used to describe forms of education, instruction, and learning that do not occur in the same place or at the same time.

Basic Reproductive Number: Abbreviated "R_0", and pronounced "R naught", refers to the number of new infections resulting from a single infected person. This term is also used interchangeably with the term "viral transmissibility."

> When R_0 is greater than 1, each infected person is spreading the virus to more than one other person, and the virus is increasing in the population.
>
> When R_0 is equal to 1, each case spreads the virus to one other person, and the number of cases in a population stays constant over a period of time.
>
> When R_0 is less than 1, each infected person transmits the virus to less than one other person, and over time, case counts will decrease in the population.

Cohort: A mass of students who are grouped together and do not mix with other groups of students.

Contact Tracing: The process of identifying people who have contracted COVID-19 and the people who may have been exposed to the virus, and working with them to interrupt further disease transmission.

Coronavirus: A specific type of virus named for the appearance of crown-like spikes on their surface. There are seven known types of coronaviruses that can infect human beings regularly. A "novel" coronavirus is a new subtype of coronavirus to which human beings have not been previously exposed. As a result, humans are more susceptible to infection. SARS-CoV-2 is a novel coronavirus.

COVID-19: Abbreviation of "Coronavirus Disease-2019". The name for the actual disease state caused by the coronavirus. COVID-19 and SARS-CoV-2 are often used interchangeably, though this is inaccurate. The term "COVID-19" should be used to discuss the disease, while SARS-CoV-2 should designate the virus itself.

> At the time of the Roadmap's release, symptoms of COVID-19 include: fever or chills; cough; shortness of breath or difficulty breathing; fatigue; muscle or body aches; headache; new loss of taste or smell; sore throat; congestion or runny nose; nausea or vomiting; and diarrhea.

Epidemic: An outbreak of disease that spreads quickly and affects a disproportionate number of individuals in a population.

Herd immunity: Resistance to the spread of a contagious disease within a population that results when a sufficient number of persons are immune either though prior infection and recovery or through vaccination. Herd immunity does not begin to develop until at least 60-70% of the population has been infected and recovered.

Incubation period: The duration of time it takes for an infected person to begin to physically manifest symptoms that can be outwardly observed.

Influenza virus: Another specific type of virus from a different family than coronaviruses. There are four types of influenza, of which only three typically cause infection in humans on a seasonal basis.

Pandemic: A specific type of epidemic —the outbreak of widespread disease— that spreads over greater geographic distanc-

es and affects an exceptionally high proportion of the population. Pandemics are relatively rare events, and not every epidemic qualifies as a pandemic. The World Health Organization declared the SARS-CoV-2 outbreak as a pandemic in March 2020.

Remote/distance learning: Remote Learning occurs when the learner and instructor, or source of information, are separated by time and distance and therefore cannot meet in a traditional classroom setting. Information is typically transmitted via technology (email, discussion boards, video conference, or audio bridge).

Severe Acute Respiratory Syndrome-Coronavirus-2: Abbreviated as SARS-CoV-2, the scientific name of the coronavirus causing the pandemic.

Social and Emotional Learning: Social and Emotional Learning (SEL) is the process through which children and adults understand and manage emotions, set and achieve positive goals, feel and show empathy for others, establish and maintain positive relationships, and make responsible decisions.

Staggered schedules: Certain groups of students attend school during certain days and times, thereby reducing the numbers of students in the school building.

Synchronous learning: Synchronous learning refers to a learning event in which a group of students are engaging in learning at the same time. Before learning technology allowed for synchronous learning environments, most online education took place through asynchronous learning methods.

Trauma-Informed Approach: A trauma-informed school recognizes that exposure to trauma is widespread and impacts student social, emotional, academic, and physical functioning; and responds by fully integrating and sustaining trauma awareness and knowledge into all school policies, procedures, practices, and the physical environment in order to create a culture that emphasizes the safety and wellbeing of both staff and students and that creates opportunities for students who are trauma survivors to rebuild a sense of control and empowerment and to thrive academically. For many schools, becoming trauma-informed requires a paradigm shift across all levels to re-focus on understanding what may have happened to a child and what supports will help a child heal, rather than on setting universal expectations or applying punitive discipline to shape student learning and behavior.

Understanding Pandemic Modeling: Coronavirus And Influenza

Epidemiologists typically rely on prior disease outbreaks for guidance when modeling new virus behavior. For example, annual influenza modeling relies on historical influenza virus behavior. But the COVID-19 pandemic has proven somewhat atypical from a modeling perspective for several reasons.

First, coronaviruses as a family have not been known to cause pandemics like this one. Recent coronavirus outbreaks, including severe acute respiratory syndrome (SARS) and Middle East respiratory syndrome (MERS), did not have the geographic reach of SARS-CoV-2. Instead, they manifested in more limited geographic areas. Second, each was less infectious than SARS-CoV-2, and transmission from person-to-person was lower than that of SARS-CoV-2. Finally, both SARS and MERS were each much more lethal than SARS-CoV-2 (approximately 14% and 35% of the individuals who contracted the respective viruses died)[15], which made the termination of transmission chains easier to achieve.

Broadly speaking, although they are from different families of viruses, SARS-CoV-2 is displaying behavior more similar to a novel influenza than to a coronavirus because of its higher transmissibility, wider geographic spread, and lower comparative mortality relative to other lethal coronaviruses.[16] Therefore, influenza outbreaks offer better historical and comparative models for assessing this outbreak.

Since 1700, there have been at least eight global influenza pandemics that can inform COVID-19 scenario planning.

Coronavirus and Influenza: Similarities and Differences

Similarities

Highly contagious

Universal susceptibility

Spread primarily by respiratory droplets

Can also be spread by individuals who do not show symptoms during the incubation period[17]

Differences

Longer incubation period than influenza (between 2-14 days[18] versus 1-4 days[19])

Percentage of persons with asymptomatic infections is greater with COVID-19 (up to 25% compared to approximately 16% in influenza[20, 21])

Viral shedding with SARS-CoV-2 may peak before symptoms manifest themselves, allowing infected individuals to spread the disease with greater efficiency than those infected with influenza[22, 23]

Higher R_0 than influenza. Prior pandemic influenza outbreaks have had an R_0 of around 2 (each person infected passes it on to two other persons) while the SARS-CoV-2 R0 without mitigation measures has, at times, exceeded 5.7

Seasonality and Duration

From a seasonal perspective, and again comparing SARS-CoV-2 to pandemic influenza, it is worth noting that, "of eight major [influenza] pandemics that have occurred since the early 1700s, no clear seasonal pattern has emerged for most. Two started in winter in the Northern Hemisphere, three in the spring, one in the summer, and two in the fall."[24]

Of those eight pandemics, seven had an initial peak followed by a subsequent peak approximately six months later. Among those subsequent peaks, some were smaller, while some were significantly larger and quite devastating. In a few instances, mortality rates increased with time such that the disease became more dangerous during the second waves. Finally, some of the pandemics also included third and even fourth waves though these were all smaller and shorter in duration than first and second wave events.

Eventually, these pandemics subsided when enough of the population had been infected, developed immunity, and were no longer susceptible. Alternatively, the viruses themselves mutated and were either no longer infectious or their mortality decreased. The critical point, however, is that second, third, and fourth waves have a confirmed historical precedent and are not an aberration. **It is highly likely that this virus will return with a peak that is difficult to predict.**

Vaccination

Interestingly, of the eight pandemic events referenced above, only one was significantly affected by a vaccination campaign (the 2009 H1N1 influenza). In that instance, a vaccine became available approximately six months after the pandemic initially began in Veracruz, Mexico, and a full-scale, global pandemic was averted. The other seven pandemics all propagated at a global scale before a vaccine could be effectively produced.

For SARS-CoV-2, there are approximately 120 vaccine candidates in development. Some have advanced further than others, but all remain in relatively early clinical trials. Some experts have estimated that if new techniques currently under experimentation succeed, a vaccine could be available as early as late-2020. Most, however, agree that a vaccine for SARS-CoV-2 may become available in mid-2021. As research and testing to develop a vaccine continue, routine vaccination, including for the novel influenza, remains crucial to protect Michiganders from other diseases, which can lead to unnecessary medical visits and hospitalizations, further straining the healthcare system.

Effects of Pediatric Populations on Disease Spread

Historically, pandemic influenza outbreaks have most severely affected populations at the extremes of age, with the youngest and oldest members of society typically experiencing the highest mortality rates. The 1918-1919 influenza was an outlier in that regard and affected middle-aged persons in higher percentages than typically observed.

With SARS-CoV-2, there remains much to learn about how pediatric, school-age populations are affected. Data from the U.S. Centers for Disease Control and Prevention[25], China[26], the Netherlands[27], and Italy[28] all suggest that serious COVID-19 illness in children is rare. However, there are increasing reports of a pediatric multisystem inflammatory syndrome that may be linked to SARS-CoV-2[29]. Whether children can spread the disease to others without showing symptoms remains unclear. Some studies have shown that children who are infected clearly have circulating levels of virus in their bloodstreams similar to adults[30]. But, because the frequency of infected children seems to be so low, it has been difficult to definitively determine whether or not they can spread the virus to others. Studies from Iceland[31], Italy[32], and the Netherlands[33] have all shown extremely low rates of pediatric infection. Early data from France[34], Australia[35], and the Netherlands[36] that followed school children and families found no instances where the child spread the disease to staff or teachers, and very low rates of transmission from child to more senior members of the family. These have all been relatively small studies in Europe, however, and data from the United States are still being developed.

Ultimately, it remains unclear to this point at what rate children develop serious illness secondary to SARS-CoV-2 infection and whether they can pass the virus to other children and adults. Most studies suggest each of these rates is extremely low, but the data are imperfect, and this is an area of active research.

Implications

Based on the transmissibility, seasonality, duration, and vaccination timing, expert models conclude that it is most likely that the COVID-19 pandemic will last 18-24 months.[37] During that period, and assuming the high levels of transmissibility already observed, it is estimated that 60-70% of the population would need to be infected, recover, and develop immunity, "to reach a critical threshold of herd immunity to halt the pandemic."[38] Current estimates are that even in highly affected areas such as Wuhan, China, and New York City, United States, the total percentage of the population infected is between 3-10%. There is clearly significant potential for this virus to continue propagating.

There are, however, several factors that would affect those estimates. First, a successful vaccine could be developed in the near term, though, as noted above, that is unlikely based on historical precedent. Second, a successful treatment could be developed such that the "cost" of getting infected decreases, and overall mortality rates improve. Third, the virus mutates such that it is no longer as infectious or as dangerous. Historical rates of coronavirus mutation are much lower than influenza, however, and this outcome appears relatively unlikely in the near term. Fourth, we institute and continue mitigation measures to help decrease the basic reproductive number and drive down transmission (e.g., social distancing).

Mitigation

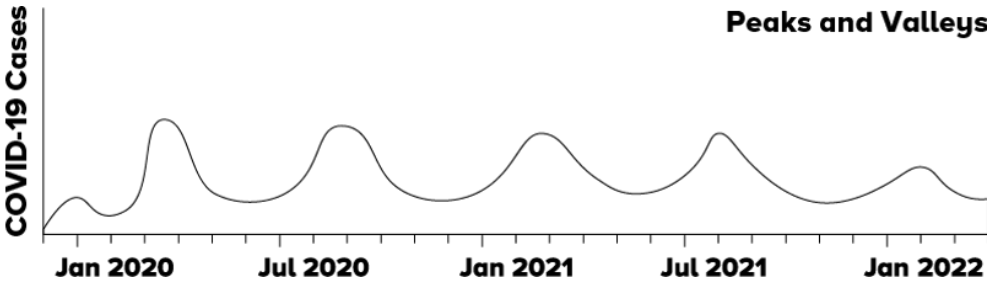
The most effective method to decrease transmission rates in the absence of a vaccine or treatment is to prevent contact between persons for a period that includes a full incubation and recovery cycle (between 14-28 days for this virus). When this happens, transmission chains between persons can be broken, and the R_0 for the virus within a specific population can be driven downwards. If R_0 can be suppressed to less than 1, then each person is effectively transmitting the virus to less than one person, and the outbreak will die out on its own with sufficient time.

Such has been the national strategy for SARS-CoV-2 for the past several months. By effectively closing all sites of congregation, including schools, worksites, restaurants, places of worship, and social gatherings, an effort was made to decrease R_0. Difficulties with coronavirus testing at scale, however, have made it difficult to accurately measure this figure on a national scale, and government leaders and emergency response officials have had to rely on imperfect data, including the number of persons hospitalized and intensive care unit utilization as proxies for this number.

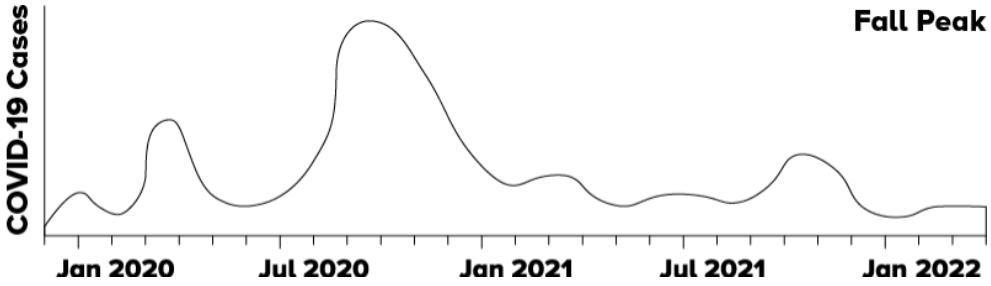
Coronavirus Pandemic Scenarios

Based on the evidence detailed above, three possible pandemic scenarios could play out over the next 18-24 months and should be considered.[39] These graphs are for illustrative purposes only. They are not actual projections of how the virus will unfold relative to dates.

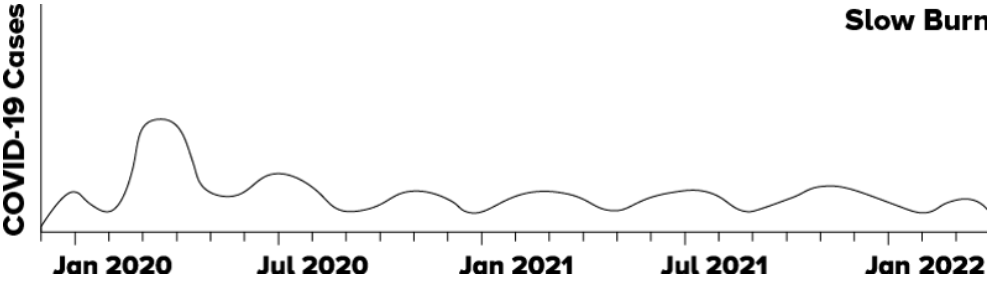
- **Peaks and Valleys:** The first wave of COVID-19 occurring in Spring 2020 is a representative wave with several follow-on outbreaks of similar scale and duration.



- **Fall Peak:** The first Spring 2020 wave of COVID-19 is a smaller wave with the second, more severe wave in Fall 2020 following afterward.



- **Slow Burn:** The first wave in Spring 2020 is the most severe wave, but the outbreak continues on a slow burn in the population at a low or moderate level.



Each of these scenarios includes waves that will vary by geographic location and require periodic mitigation measures when subsequent peaks develop. The duration of the peaks, or how long a local outbreak lasts, will depend on the number of persons affected and how quickly the R_0 can be reduced to 1 or less in the population. Reducing the R_0 can only be achieved through early case identification, isolation of affected individuals, and isolation of affected contacts to prevent further spread.

Community Spread and School Operating Status

Within each of the pandemic scenarios above, the virus will manifest in local communities in one of three ways at any given point in time:

Substantial: expected when case counts in Michigan have increased or accelerated rapidly, R_0 is significantly greater than 1, and state leaders have decided to return to MI Safe Start Phases 1-3;

Minimal to moderate: R_0 is close to or equal to 1 with a significant amount of circulating disease in the given geographic area. This level of community spread corresponds to MI Safe Start Phase 4-5; or

None to minimal: defined as very few, if any, active COVID-19 cases locally, with a R_0 significantly less than 1. This corresponds to MI Safe Start Phase 6.

In addition to the number of cases and the basic reproductive number, state and local public health officials consider characteristics across four factors when determining community risk. These factors help determine the phase of the pandemic within each region across the MI Safe Start Plan. These factors include:

Disease epidemiology: level of community transmission, ratio of positive cases to total tests administered, number and type of outbreaks, impact of the outbreaks on delivery of healthcare or other critical infrastructure or services, and epidemiology in surrounding jurisdictions;

Community characteristics: size of community and population density, level of community engagement/support, size and characteristics of vulnerable populations, access to healthcare, transportation, planned large events, and relationship of community to other communities;

Local healthcare capacity: healthcare workforce, number of healthcare facilities, testing capacity, hospital intensive care unit capacity, and availability of personal protective equipment; and

Public health capacity: public health workforce and availability of resources to implement strategies, and available support from other state/local government agencies and partner organizations.