



PUBLIC ADVOCATE FOR THE CITY OF NEW YORK

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JULY 27, 2020

**WHITE PAPER: ON REOPENING
NEW YORK CITY SCHOOLS**



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The announcement that in-person learning will resume for New York City students this September heightened the fears of many teachers, students and parents, who worry reopening too early and improperly, would put students and staff, children and families at risk. Their fears are backed by science which tells us that it is too early for all of our 1.1 million students to return to school. The shortsighted - and overtly political - push to reopen schools by the Center for Disease Control and the White House sets up a false dichotomy between economy and education. We cannot risk the lives of our students, teachers, and families for the potential of short term economic gain. We cannot have our livelihoods without our lives. To needlessly and hurriedly move forward is dangerous and irresponsible.

We need to follow the guidance of health experts and wait until our city truly has this pandemic under firm control. Safety precautions and renovations must be made, and additional support staff must be hired, from nurses to mental health counselors to janitorial staff. We need meaningful investments in remote learning for the students and families that have had additional challenges during this time, including lack of access to remote tech, low teacher interaction and traumatic learning environments at home. In short- New York has not made the preparations to safely bring students back. The goal of this report is to raise recommendations to help ensure a safe and equitable reopening on an appropriate timeline. Several of the nation's largest school districts, such as Los Angeles, Atlanta, and Houston, have invested in remote learning and delayed in-person school reopenings by at least six weeks. At the minimum, New York City must do the same.

This report will focus on three key stages, assuming New York continues to improve in overall virus prevention. Our primary focus as New Yorkers must be to keep children and Department of Education (DOE) staff safe and in good health. As our economy continues to reopen and more parents go back to work, it is important to consider that school is not only vital to children's well being, but also allows for parents to return to work outside the home. Many families in New York do not have the luxury of work that can be done remotely. Every stage of the report recommended below will be dependent on assessment of safety, and successful implementation of the previous stages, with goal metrics achieved.

In the first stage of school reopening, Regional Enrichment Centers (RECs) must be opened and expanded across the city to accommodate child care needs with a 5-day solution for working parents and caregivers, and must include a plan for students with Individualized Education Plans (IEPs.) This allows the city to focus funds prioritizing public health of children and adults in those facilities in a manageable, just, and equitable way. Those who need childcare can drop off their children to a safe, local environment. This will provide a space with protocols to keep children healthy and support them as they remotely learn, while older students and those with a guardian present can continue to remotely learn from home.

In the second stage, if the pandemic continues with a downturn of new transmissions, we should consider allowing families the option to return elementary school students to in-person learning beginning in October. Older students would remain at home, allowing opted-in elementary students to make use of the space at empty middle schools and high schools.

In the third stage of returning to school, we must evaluate our progress and any potential hotspots in order to consider whether it is safe for a full return to in-person learning for students of all grades. Ideally this would be decided by mid-year, with a plan in place for the second half of the 2020-21 academic year. Only with the approval of health experts should we then transition to a full reopening for students of all ages.

STAGE 1 - PUBLIC HEALTH INFRASTRUCTURE, REGIONAL ENRICHMENT EXPANSION (RECS), & REMOTE LEARNING IMPROVEMENTS

- 1. Conduct a childcare survey:** This is crucial to understanding how many parents and caregivers may be in need of childcare support in September 2020. It must include public and charter schools, working to understand the needs across districts, boroughs including multiple children family households where the need for one child to stay at home may require childcare by a sibling or other older child.
- 2. Set a budget to make possible any necessary infrastructure changes:** This must include a medical framework for social-emotional and remote learning investment. This includes a partnership with New York State to return the \$1.1 billion currently owed New York City schools.
- 3. Set priority guidelines for each stage of reopening:** This must be informed by medical professionals and centered in equity¹.
- 4. Learn from other countries' success² and implement similar approaches:** Countries that have reopened schools for younger student—aged 10 years and younger—have shown early success with low transmission rates. Early public health findings show that there is a significantly reduced child-to-child transmission when implemented alongside other public health protocols such as students eating lunch separately, all desks 6-feet apart, frequent hand-washing, and maintaining

¹ "2020-2021 Equity Guides - An Action Guide for School Leadership; An Action Guide for District Leadership; Bigger Inequities, Bolder Solutions - An Advocate's Guide to District Level Equity Actions," Alliance for Resource Equity, July 2020

² Brandon L. Guthrie PhD, Diana M. Tordoff MPH, Julianne Meisner BVM&SMS, Lorenzo Tolentino BS, Wenwen Jiang MPH, Sherrilynne Fuller PhD FACMI, Dylan Green MPH, and Diana Loudon MLib, Jennifer M. Ross MD MPH, "Summary of School Re-Opening Models and Implementation Approaches During the COVID 19 Pandemic," July 6, 2020

class sizes to small groups of 12-15 students that stay together with one staff member all kept transmission and outbreak low.

5. **Expand existing RECs:** This should be informed by local, geographic access and number of children that need support using childcare survey data and expanding upon the RECs to support working parents/caregivers 5 days a week. DOE should identify the number of RECs (expanding into libraries and cultural institutions) for youth to go to during the day. This is especially vital for parents/caregivers who are essential workers and returning workers. This would include an option for parents and caregivers of students with IEPs and special needs that may require in-person learning support.
6. **Implement a cohort “pod” model:** Within RECs, students will be assigned a group, space, and adult staff by age. With the same group of students staying in one social distanced space with the same adult staff on a daily basis, this minimizes transmission, minimizes building contact, and allows for effective contact tracing. This must also provide an informed stay-at-home quarantine protocol should someone get sick, allow for quick and effective isolation to reduce potential spread, and allow for effective facility cleaning without need for closing of the whole facility.
7. **Minimize public transportation needs and transmission:** Localized RECs will reduce the need for students to take public transportation and minimize further transmission of COVID-19 while prioritizing the health of those traveling to RECs.
8. **Prioritize in-person support to students with special learning needs and District 75:** RECs should expand the opportunity for hands-on support of students with IEPs and special learning needs that includes in-person options with PPE-protected staff. Remote support must also continue to improve. DOE should also prioritize the hiring of recent education grads to expand support capacity.
9. **Engage a reopening task force driven by the Department of Health and Mental Hygiene³:** This must include parents, educators, school staff, and students. Immediate inclusion of relevant stakeholders, i.e. medical professionals, must vet all school reopening plans, including agencies such as DOHMH and DYCD.
10. **Support medical infrastructure:** The city must create a plan to monitor the health and safety of students, staff, parents/caregivers/families, school buildings, and school buses.
 - a. Begin with RECs: Ensure from the start that the protocols below are implemented.
 - b. Medical Expert DOE Guidance Team: Follow the guidance of state and local public health experts and Medical Expertise in all protocol vetting. Citywide and individual school plans must be constructed and vetted by respected experts in public health, epidemiology, and medicine, and follow CDC guidelines.

³ “Task Force on Reopening Schools, Board of Trustees Presentation,” Northside ISD Taskforce, San Antonio, June 16, 2020

- c. Public reporting by REC/school/facility, with contact tracing infrastructure and protocol determined by NYCDOE: Daily public reporting must be published by each REC/school/facility, with a notification and communication plan to notify the public, especially directly to parents, caregivers, staff, and students.
 - d. Identify resource needs: Schools must have a plan for PPE and cleaning materials necessary to keep students safe, including the required number of hand sanitizing stations set up in each school; masks for students, PPE equipment for all adult staff, and isolation rooms.
 - e. Identify restorative justice practice for each school: Schools need to create a plan to mitigate conflict and identify other resources that best support student social-emotional, mental, and physical health needs.
 - f. Set up of multiple access tents for temperature testing: Each school must have at least four temperature checkpoints spread out across a campus before a child or adult staff can enter the school. These check tents must have support to ensure social distancing to reduce transmission by waiting in line.
 - g. Maintain a safe environment for any students showing symptoms: Each school must have a quarantining area when any students who present with a fever or any other symptoms will wait in until a parent or guardian is able to pick them up.
 - h. Develop a facilities plan: There must be infrastructure similar to outdoor dining plans to address social distancing standards; ventilation, hallways, staircases, and outdoor infrastructure.
 - i. Provide support in bathroom facilities: Each school must have at least one staff member to support safe bathroom social distancing protocol & hand washing.
 - j. Publicly share information on testing: Medical professionals need to be engaged in the reporting protocols of testing in a school as well as surrounding community.
 - k. Hiring of Custodians: In order to meet the demand for rigorous school cleaning, each school should be required to have a ratio of custodians to school, with hiring to take place for each school over the summer.
- 11. Provide testing sites:** These sites would be for students and staff embedded in the community across all schools. This scales up and increases community access to testing while ensuring families have access to local testing.

- 12. Improve Community Communication Pathways & Relationships:** The city must address and improve upon challenges in reaching students and parents without consistent addresses, language access, or a consistent cell phone/number. This plan must utilize community partners and organizations for support.
- 13. Invest in remote learning plans for those at home and contingency planning needs:** This must include social and emotional supports, trauma-informed practices shift to remote learning to center mental wellness. For the first month of school, curricula must center student wellness, youth mental health, an assessing needs for grieving students, including three Principles for Assessments During Instructional Recovery and Beyond⁴ and use of Mastery-based models like Mastery Collaborative⁵.
- a. Launch Training for Teachers, Students, and Parents/Caregivers: Training should include how to better use online education, as well as professional learning to determine mental health support needed for students, and how best to refer students and families to support services.
 - b. Teaching Instruction to Support Greater Engagement Needs: This can include dividing up teachers' responsibilities so some focus on planning and delivering core instruction while others focus on student engagement and connection.
 - c. Provide Universal Broadband/Wifi: This is vital to ensure the remote learning can be equitable.
 - d. Provide access to technology for remote learning: Students need access to a remote learning device for homework and learning outside of school hours; this access must continue and improve.
 - e. Develop and implement citywide curricula that centers social-emotional needs, trauma, and student mental well being: This must be implemented the first month back to school to better assess the needs of students and allow educators an additional month for continued remote instruction planning.
 - f. Further invest in and implement culturally-responsive education curricula: This engages students in their learning in a holistic way.
 - g. Determine the key social-emotional priorities for each classroom, school, and district: DOE must work with schools to identify school support staff in charge of addressing social-emotional priorities, as well as the process of outside referrals, and create a plan to revisit this quarterly.

⁴ "3 Principles for Assessments During Instructional Recovery and Beyond," Achievement Network, May 2020

⁵ "Shifting the Paradigm of Learning and Grading in NYC Schools," NYC Department of Education, May 2020

- h. Provide universal mental health screening in schools⁶: This need is increasingly critical in light of the COVID-19 pandemic. It requires organizational structures and protocol for how data is analyzed, and how students are referred to mental health providers both inside and outside the building.
 - i. Learners with alternative learning pathways: This includes evaluating needs with other learners like those pursuing GEDs, continuing education, and alternative learning pathways.
 - j. Invest in mental health for adult school staff: Those managing trauma of COVID-19 alongside second hand trauma of supporting students need services themselves.
- 14. The Board of Regents must seek a waiver from federal testing requirements from the U.S. Department of Education (US ED):** This includes suspending state testing for accountability and replacing it with developmental and formative assessments. This enables educators and students to address trauma, allow for healing, and address learning loss without the constraints and pressure of high stakes tests. Instead, accountability should focus on meeting the needs of all students, including the youngest in 3-K and pre-K, and focus on the well-being and development of the whole child⁷.
- 15. The State must order insurance companies to waive mental health copays and fees for the children of essential workers:** Mental health services must be funded for students returning to NY schools⁸.
- 16. Extend the Rent Moratorium and mortgages for owners of individual and family homes:** Students need a place to live so they can go to school and learn - whether on site in a school or remotely at home.
- 17. Eliminate Regents for 2020 and 2021 school years:** No testing should happen across the city's schools. Regents must be reprieved from 2021 graduation requirements.
- 18. Adjust Teacher Evaluations:** The focus must be on how instruction addresses and supports

⁶Siceloff, E. R., Bradley, W. J., & Flory, K. (2017). Universal Behavioral/Emotional Health Screening in Schools: Overview and Feasibility. Report on emotional & behavioral disorders in youth, 17(2), 32–38; Humphrey, N. & Wigelsworth, M. (2016). Making the case for universal school-based mental health screening. Emotional and Behavioural Difficulties, EarlyView. <http://dx.doi.org/10.1080/13632752.2015.1120051>; Dowdy, Furlong, Raines, Boverly, Kauffman, Kamphaus, Dever, Price & Murdock (2015) Enhancing School-Based Mental Health Services With a Preventive and Promotive Approach to Universal Screening for Complete Mental Health, Journal of Educational and Psychological Consultation, 25:2-3, 178-197, DOI: 10.1080/10474412.2014.929951

⁷ Marina Marcou-O'Malley, "A Roadmap to a Just Reopening & Just Schools: A Community-Centered Vision for New York's Public Schools Post COVID-19," Public Policy and Education Fund of New York, July 2020

⁸ Abigail Kramer, "Kids and COVID-19: A Mental Health Crisis Looms," The New School Center for New York City Affairs, June 9, 2020

students' mental health and physical well being, which is less quantifiable.

19. Allocate additional staff to connect with students who are not engaging in virtual or in-person learning: Priority must be for students with IEPs and D75.

20. The hiring of education professionals who have completed teaching programs: The city should use them as visiting tutors for families with kids who cannot go on-site for instruction.

STAGE 2 - ONCE PUBLIC HEALTH INFRASTRUCTURE NEEDS ARE MET, ELEMENTARY SCHOOL STUDENTS CAN RETURN TO IN-PERSON LEARNING.

- 1. For children under 10 years old, school reopening could happen with limited class size –10-15 students – in contained classrooms with consistent teacher-student classrooms.**
 - Single cohort “pod” model to teacher-student classroom spaces: This should continue the model from Stage 1, with a focus on ensuring health protocols can be followed to accommodate students for in-person learning.
 - Continue Sustaining and Expanding of Supplies: Each child needs to have their own supplies in the classroom, including art supplies, books, pencils, notebooks, remote learning devices, and soap.
 - Utilize Middle & High School space: Use of this space enables increased social distancing safety measures for in-person learning and greater ventilation.
 - Continue Remote learning: For families who don't feel comfortable returning their students to an in-person model, remote learning would remain an option.
 - Support learners with alternative learning pathways: The city must continue improvements made in Stage 1 and improve evaluation needs with other learners including those pursuing GEDs, continuing education, and alternative learning pathways.
- 2. Publish reporting on a citywide level:** DOE must report by borough to ensure the public has necessary information on how school reopening impacts community transmission.
- 3. Childcare for children of teachers:** Once teachers begin in-person instruction, there must be a model for childcare provided to any school staff members through the REC-model.
- 4. Ensure students have access to mental health support:** This requires a partnership with family and counselors.
 - a. Add new guidance counselors: These counselors will support the mental well being of students returning to in-person learning.

5. **Implement a Facilities Plan:** Continued adjustments need to maintain facilities to ensure CDC guidelines.
 - a. Staggered start times, lunch/break times, staggered dismissal: Schools must minimize contact across classrooms.
 - b. Containment within classrooms & contact tracing: Schools must ensure instruction takes place with the same teacher for the same cohort of students every day. If kids are in the same classroom with the same teachers all day, this makes contact tracing more consistent.
 - c. Isolation rooms: School must have adequate isolation spaces for students who come to school sick.
 - d. Notification and quarantine policy: Once a case is diagnosed, the class will need 14 days for quarantine.
 - e. Screening of adult staff: This would include screens upon leaving school. Children are most likely to be asymptomatic. Screening can include use of infrared cameras to prevent a bottleneck.
 - f. Minimize parental presence in the school: This measure at drop-off and pick-up times would reduce transmission risk and potential for community spread.
6. **Remote learning plan with multi-child families in mind:** DOE must account for remote learning for older students who provide childcare support for younger siblings. This must include support to older students who may have to stay home if and when their younger sibling must be remote.
7. **Simultaneous Instruction:** Teachers cannot teach in-person and remotely at the same time. This doubles a teacher’s preparation workload without additional support.
8. **Reinstate Per Session for Teachers:** This is critical to accommodate the increased workload with in-person and remote learning.

WHEN SAFETY ALLOWS FOR MIDDLE AND HIGH SCHOOL STUDENTS TO RETURN ON-SITE. THIS MUST BE ASSESSED, AND ONLY TAKE PLACE AFTER SAFETY METRICS AND SUCCESS HAVE BEEN ACHIEVED AT STAGE TWO.

1. **Expand Health Protocols, Infrastructure, and Procedures from Stages 1 and 2:** These efforts would be scaled to meet public health prioritization for all students and staff.
2. **Return to School With Staggered Schedules:** This ensures staggered schedules happen between schools sharing campuses and classes across school buildings.
3. **Transition School Safety Agent (SSA) School Infrastructure:** This must be an independent process. DOE should engage individual schools to begin the process of transitioning SSA and police infrastructure, including x-rays and scanning machines.



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