13

Schools and Childcare
Getting to and Sustaining the Next Normal: A Roadmap for Living with Covid

Schools and Childcare

Pandemic school closures cause such significant and enduring harms to children that far more should be done to avoid them. In Omicron’s wake, school-based quarantines should end, masking should soon follow, and a broader appreciation of societal costs should be applied to all infection mitigation measures.

Covid Has Been a Significant Setback for Children’s Education

Pandemic-related school closures have affected more than 50 million American K-12 students. In the absence of reliable Covid data, information, or testing, schools were shut down and moved online. By the end of March 2020, every school district but one closed in response to Covid and many remained closed well into 2021.

Data show profound learning loss due to pandemic-related school closures.98 By the end of the 2020-2021 school year, students were 4 to 5 months behind in reading and math, on average, with higher gaps observed in majority Black and low-income schools. Absent efforts to address them, these learning losses may cost students from $49,000 to $61,000 in lifetime earnings, which would amount to $128 billion to $188 billion in losses for the United States economy each year that these students are in the workforce.99

Schools provide additional benefits to children besides learning. They offer services that are critical to the growth and development of children: nutritious meals, socialization, counseling, and health screenings. Schools are critical to recognizing and reporting abuse of children. The shuttering of schools resulted in decreased access to these services. Reports of child abuse declined when schools were closed, strongly suggesting that harms to children were being unrecognized.100

Remote learning hindered some children with disabilities and individualized educational programs from accessing the specialized services and instruction they require. And school closures put severe strains on working parents, particularly women and people of color. Some 40% of American workers have school-age children, and nearly three-quarters of working women have children under the age of 18.

Mental health concerns are also most likely to be detected in schools. Among youth who receive mental

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Despite the availability of information on Covid transmission and vaccines to prevent serious illness among staff and students, some schools continued to be affected through January 2022 by closures or significant operational restrictions, including quarantines, masking, staggered hours, and limited class sizes. In some instances, closures were unavoidable because of staff shortages. But in too many cases, shutdowns were preemptive efforts to reduce infections.

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Pandemic disruptions in schools and childcare centers represent an existential threat to these socially-critical institutions. Enrollment in public schools declined nationwide during the pandemic, which may lead to losses of federal funding and parental engagement. The nation also saw a decrease in the number of childcare facilities in operation, with non-White families suffering more from these closures and their economic consequences than White families.

A Roadmap to the Next Normal for Schools

From now on, the nation must do far more to avoid closing schools. During an infectious disease outbreak, schools should be the last to close and the first to reopen. While schools may occasionally close for operational reasons due to absenteeism or teacher shortages because of infections, as they have historically done during bad flu years, preemptive school closures should be a last resort. Schools should only be closed after all other community mitigation measures failed.

Though children are often disproportionately affected by respiratory infections, the risks to children of severe disease following infection with the virus that causes Covid has remained low. Although children represented 18.9% of all reported Covid cases since the start of the pandemic, their share of those hospitalized ranged between 1.5% and 4.6%.

Reported hospitalization rates among infected children were between 0.1% and 1.5%.\textsuperscript{106} The actual rate is probably lower since the reported numbers include hospitalizations of non-school age children who are at greater risk of severe illness, including older teens and infants.

Over the last two years, the United States has developed or identified numerous tools to greatly reduce risks to those in school and childcare settings. A key difference between 2020 and 2022 is the widespread availability of safe and effective vaccines to prevent serious illness among students, teachers and staff, which should lessen concerns about safety. And the availability of medicines to treat those who are at high risk of developing severe illness and to provide pre-exposure protection to the immunocompromised enhances safety for those with elevated risks.

Other non-pharmaceutical interventions can also help, including improved ventilation and air filtration, symptom-based screening, and cohorting. Some schools have used testing to identify infections in children without symptoms.

The widespread and rapid transmission of the Omicron variant and subsequent decline in hospitalizations created an ideal moment to rethink mitigation strategies. With vaccines widely available and infection-based immunity soaring, school-based quarantines for Covid —never popular or particularly effective —should end. Prior to the Omicron surge, school districts were shifting to test-to-stay policies that utilize rapid testing to allow children who were exposed to Covid cases to remain in school as long

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as they tested negative each day. But Omicron reduced the feasibility of test-to-stay policies in some communities. Some school districts have instead pivoted to using tests only to assess whether mildly symptomatic students can remain in schools. Others should consider similar shifts. In the current environment of declining case counts, schools may consider ceasing asymptomatic testing and shift to symptomatic testing only, while keeping on hand the resources and staffing to reintroduce asymptomatic test-to-stay policies in the event of future variants and case surges.

Beyond quarantines, mitigation efforts must be broadly reconsidered. Masking, for instance, could lead to delays in language acquisition and social-emotional learning and should soon end when appropriate. Improved ventilation and air filtration not only protects against a host of respiratory illnesses but seems to improve student performance. Going forward, mitigation measures that have the potential to cause harm or are not broadly acceptable should be implemented only with clearly defined goals for their use and with established triggers for their implementation and discontinuation. These guidelines may be based on local metrics, such as community incidence of respiratory infections and vaccination coverage.

Namely, when community transmission levels fall below a predetermined level tied to (or even higher than) the CDC’s initial cut-offs or when the local vaccination rate reaches above a certain threshold, mask mandates should be lifted in these counties or localities and mask-wearing made optional, but only if that school has made upgrades in its indoor air quality via MERV 13 or HEPA filters. Having transparent on- and off-ramps is crucial.

Medically vulnerable children and adults who may not be optimally protected by vaccines, masks, and medicines will require additional protections. These might include accommodations for other learning modalities if parents and staff so choose. Schools should work with parents to tailor protections to best meet students’ needs while ensuring that students requiring accommodations are not stigmatized, maintain as much access to the general education setting as possible and additional research into potential health risks is necessary to enable clear communication and identify optimal learning environments. There is no uniform solution for children with disabilities, as they are not a monolith, but ensuring the enforcement of their civil rights protections is critical.

Based on the extensive data and research outlined above, schools and childcare centers can safely remain open by following best practices.

Schools and Childcare Strategic Goals

1. Direct Department of Education (ED) to accelerate vaccinations of teachers, childcare providers, school staff, and students, using financial and other incentives.
   a. Collaborate with teachers’ unions and school boards to promote Covid and influenza vaccine uptake.
   b. Require schools and childcare centers to mandate Covid and influenza vaccines for teachers and staff.
   c. Provide financial support for school boards and systems to operate vaccination clinics for Covid, influenza, and other vaccines.

2. Direct the CDC and ED to collaborate to establish and communicate clear guidance on implementation of public health mitigation measures.
   a. Direct CDC to develop specific, tiered guidance for childcare facilities and school districts to guide future public health interventions (including masking, social distancing, quarantining, reduced class sizes, and outdoor learning), considering healthcare stress and vaccination rates. This guidance should consider the best available data on how to protect children and staff who may have residual vulnerability to Covid despite prior vaccination.
   b. Create an ED resource website for use by all stakeholders that outlines the best standards and schedule for testing, ventilation, and filtration to aid in purchasing, use, and maintenance.

3. Direct the ED to develop and implement an educational recovery plan that addresses pandemic-related learning loss and minimizes the achievement gap exacerbated by the pandemic.
   a. Establish and expand programs for students who fell behind, including summer school, individualized tutoring, after-school or extra-school programs.

b. Provide funding and policy support for states and districts to redesign school curricula to prepare all children to reach a “life-ready” standard.

c. Provide resources to school districts to effectively engage with and incorporate the perspectives of a diverse and representative group of stakeholders (e.g., families, students, teachers, community members) in developing a recovery plan.

d. Partner with established organizations to facilitate extra-curricular programs, to reduce burden on schools and staff and ensure that students, especially students of color, students from low-income communities, students with disabilities, students living in poverty or foster care, and other vulnerable students have opportunities to overcome gaps in instruction and attainment exacerbated by the pandemic.

e. Create resources to help ensure students with significant disabilities can access their services where they are.

f. Create resources to help school districts prioritize core academic concept areas and curricula for helping students get on track academically and socially.

g. Provide financial and other incentives to parents and other community volunteers to support school staff.

h. Partner with disability organizations including Centers for Independent Living and Parent Training and Information Centers to help advocate and provide additional support services.

4. Direct the ED to provide schools and childcare centers with sufficient technical and financial resources to adopt appropriate testing processes and upgrade ventilation and filtration systems.
   a. Fund procurement and provide sufficient quantities of rapid tests for schools, childcare facilities, and student families.

b. Direct the ED to require states to report on ventilation and filtration in schools and consider additional funding mechanisms to incentivize ventilation upgrades.
c. Direct EPA to continue providing guidance to school systems on measuring ventilation and filtration systems and installing upgrades.

5. **Fund ED research examining optimal virtual learning modalities to deploy when in-person education is disrupted.**

   a. Direct ED to develop a research agenda and award grants examining methods to improve remote learning and determine optimal virtual learning modalities for students of all grade levels and abilities, taking into account universal design for learning.

   b. Direct ED to research how schools can teach via alternative small-group arrangements, hybridizing teacher-led instruction with developed curricular software or materials to deliver more structured remote instruction.

   c. Direct ED to research non-learning impacts of school closures and shifts to virtual modalities and identify opportunities to support students and their families, with a particular focus on vulnerable students from underserved backgrounds.

   d. Fund states’ deployment of alternative pathways to certification for school-based staff to address projected staff shortages.