Instructional Model Recommendations During the COVID-19 Pandemic

Answers to Frequently Asked Questions

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Are the [Recommendations for Pre-K to 12 Schools in Determining Instructional Models](#) mandatory?

No. These [Recommendations for Pre-K to 12 Schools in Determining Instructional Models](#) from the Departments of Health (DOH) and Education (PDE) are intended to provide additional guidance for school entities to use when making local decisions about the second semester. The recommendations align with the Centers for Disease Control and Prevention (CDC) updated guidance on [Operational Strategy for K-12 Schools through Phased Mitigation](#).

In addition to these recommendations, school leaders also should consider local factors such as the size of the school entity, classroom size, school resources, proportion of staff and students with special needs and underlying health conditions, and the ability to accommodate remote learning with equal access for all students.

To which school entities do these recommendations apply?

These recommendations apply to all non-residential Pre-K to 12 schools. This includes public PreK-12 schools, brick and mortar and cyber charter schools, private and parochial schools, career and technical centers (CTCs), and intermediate units (IUs).

How will school entities know whether there is low, moderate, or substantial community transmission in their county?

Each week, PDE publishes a list identifying the [level of community transmission (low, moderate, or substantial) in each county](#).

What if a school entity is located in more than one county?

If a school entity is located in more than one county, DOH and PDE recommend that the school entity base decisions upon the county with the higher level of transmission. For example, if a school entity is located in two counties – one identified as having low transmission and another identified as having moderate transmission – the school entity should consider the instructional models recommended for moderate transmission counties (blended learning, in this example).

Where can I find other public health information about COVID-19 transmission in my county?

Other public health information is available for every county in Pennsylvania on the [COVID-19 Early Warning Monitoring System Dashboard](#). The data are updated every Friday as a 7-day rolling average.

What should a school entity do if the level of transmission in their county changes week-by-week?

A county's corresponding threshold may change week-by-week as incidence and percent positivity rates rise and fall. In order to confirm stability of county transmission, when a county's corresponding threshold changes, school entities should wait to see the results from the next 7-day reporting period before considering a change to their instructional models. To ensure the most effective transition for students, it may be appropriate for a school to wait even longer, up to a full marking period, to transition to an instructional model that increases in-person instruction. It is important to note that a significant and/or widespread outbreak may require moving to a more remote-based model more quickly. The Department of Health will provide proactive consultative assistance to school entities should such an outbreak occur.

Are schools required to incorporate these recommendations into the Health and Safety Plans approved by their governing bodies?

No. A public school entity that submitted its Health and Safety plan to PDE does not need to update its plan. However, all school entities are encouraged to revisit their Health and Safety plans to ensure that they reflect current mitigation efforts and safety protocols.

Is there evidence to support the safety of elementary school students returning to in-person instruction?

The research on offering in-person instruction during COVID-19 continues to emerge. While it is impossible to eliminate risk of disease transmission entirely within a school setting when community spread is present, recent studies have shown that when mitigation strategies, including universal masking, physical distancing, and hand hygiene are strictly adhered to, it may be safer for younger children, particularly elementary grade students, to return to in-person instruction.

While people of any age can contract COVID-19, research suggests people ages 18 and under have a lower risk of severe outcomes, including lower rates of hospitalization and death resulting from COVID-19 infection. Additionally, [emerging research suggests that children and adolescents, particularly those younger than 10 to 14 years old, have lower susceptibly to SARS-CoV2 infection than adults 20 and older](#).

Which schools are considered "elementary" schools?

For the purposes of this guidance, elementary schools include any grade level from Pre-Kindergarten through grade 6, as configured by the local district or school entity. They do not include middle, junior, or senior high schools.

Can schools bring back targeted student populations for in-person instruction, regardless of what instructional model they are otherwise utilizing?

Yes. The Departments recognize that some student populations are disproportionately impacted by the COVID-19 pandemic. As such, schools may consider bringing targeted student populations back for in-person instruction, regardless of what instructional model

they are otherwise utilizing provided other mitigation strategies such as masking and physical distancing are implemented.

Who determines which student populations can return to in-person instruction?

This is a decision for each school entity. Understanding that student needs and instructional delivery vary across communities, decisions should be made locally and in the context of aggressive COVID-19 mitigation strategies, and in a manner consistent with any applicable orders of the Governor or Secretary of Health.

When students engage in in-person instruction, must they maintain 6 feet of physical distancing at all times?

All Pre-K to12 schools should implement strategies that limit the number of individuals in classrooms and other learning spaces and interactions between groups of students. All schools should have protocols for distancing student desks/seating and other social distancing practices that allows at least 6 feet of separation among students and staff throughout the day to the maximum extent feasible.

What options exist when a school cannot universally achieve physical distancing of 6 feet?

The CDC's updated guidance on [Operational Strategy for K-12 Schools through Phased Mitigation](#) recommends the following ways to promote physical distancing and alternatives when physical distancing is not always feasible:

- Cohorting: Cohorts (or "pods") are groups of students, and sometimes teachers or staff, that stay together throughout the school day to minimize exposure to other individuals across the school environment. Cohorts should remain as static as possible by having the same group of students stay with the same teachers or staff (all day for young children, and as much as possible for older children). If additional space is needed to support cohorting, consider all available safe spaces in school and community facilities. Limit mixing between cohorts.

  When developing cohorts it is important to consider services for students with disabilities, English language learners, and other students so that they may receive services within the cohort, but also ensuring equity, integration, and other requirements of civil rights laws, including Federal disability laws. If itinerant staff (e.g., speech language pathologists, Title I targeted assistance teachers) are required to provide services within existing cohorts, mitigation measures should be taken to limit the potential transmission of SARS-CoV-2 infection, including providing masks and any necessary PPE for staff and children who work with itinerant staff. Itinerant staff members should keep detailed contact tracing logs.

- Staggered scheduling: Stagger school arrival and drop-off times or locations by cohort, or put in place other protocols to limit contact between cohorts, as well as direct contact with parents.

- Alternate schedules with fixed cohorts of students and staff to decrease class size and promote physical distancing.

- Install physical barriers and guides such as sneeze guards and partitions particularly in areas where it is difficult for individuals to remain at least 6 feet apart (e.g., reception desks).

- Visitors: Limit any nonessential visitors, volunteers, and activities involving external groups or organizations as much as possible – especially with individuals who are not from the local geographic area (e.g., not from the same community, town, city, county). Exceptions should be made for students with disabilities who require related services administered by direct service providers (e.g., speech therapists who serve multiple schools). Require all visitors to wear masks and keep a 6-foot distance from

others. Schools should permit visitors only in areas of low (blue) community transmission.