



November 13, 2020

Secretary Andrea Palm
Department of Health Service
1 West Wilson Street
Madison, WI 53703

Via Email Only: andrea.palm@dhs.wisconsin.gov

Dear Secretary Palm:

On November 4, 2020 you wisely asserted:

“We should not be having contact with other human beings that we do not live with. Hard stop. That is where we are. That is the best tool that we have to stop the spread of this disease and we all need to do it with vigilance...”

As you call on Wisconsin residents to institute self-imposed shutdowns, the Department of Health Services (DHS) sends a perilous mixed message with its position on schools. As long as school districts remain open for in-person instruction, bringing together dozens of students and staff from different households in confined spaces for extended periods of time, and as long as unmasked high school football players are seen huddling together and high-fiving one another on the evening news, citizens will not take the pandemic seriously.

While DHS’s authority to issue orders outside of the rule-making process is limited, the ability of DHS to close schools to prevent the spread of communicable diseases is clear, unambiguous, and expressly recognized by the Wisconsin Supreme Court in *Wisconsin Legislature v. Palm*, 2020 WI 42, 391 Wis. 2d 497, 506, 942 N.W.2d 900, 905.

On behalf of tens of thousands of educators represented by the Wisconsin Education Association Council (WEAC), we urge DHS to exercise its authority and issue a mandatory, effective, statewide response to the COVID-19 pandemic in schools.

WEAC would not need to call upon you to take this action had the Republican Legislature and Wisconsin Supreme Court not thwarted your good faith efforts and those of Governor Evers to contain the virus. However, we are now in a situation where the virus is out of control and DHS must use any remaining tools it has to curb its spread. WEAC appeals to you as we face record COVID-19 levels in Wisconsin:

- On November 12, Wisconsin reported 7,497 new positive cases, 58 new deaths and a 36.4% positivity rate over a seven-day period, suggesting many more cases than reported, and 90.6% of ICU hospital beds are in use.

Ron Martin, President
Bob Baxter, Executive Director

- The latest White House Coronavirus Task Force report shows Wisconsin has the third highest infection rate in the nation.
- All but seven Wisconsin counties have “critically high” burden rates. The remaining Wisconsin counties have “very high” burden rates.
- DHS is conducting 676 *active* outbreak investigations in educational facilities. DHS reports a total of 868 outbreak investigations in educational facilities, indicating 78% of reported outbreak investigation are currently active.
- The infection rate in Wisconsin school-age children ages 4-17 has more than tripled since August 30.
- The American Academy of Pediatrics and Children’s Hospital Association have reported 73,833 new child COVID-19 cases nationwide between October 29 and November 5, the highest since the pandemic began. Wisconsin ranks fifth in the nation in terms of the cumulative number of COVID -19 cases among children.¹

While WEAC applauds DHS for developing, *Guidelines for the Prevention, Investigation, and Control of COVID-19 Outbreaks in K-12 Schools in Wisconsin*, absent from this publication is a metric to be applied to school district decisions about when in-person instruction should occur. This lack of binding guidance has resulted in dangerously inconsistent approaches by local health departments and school districts and has led to confusion, unpredictability and discord in local communities.

After reviewing COVID-19 related guidance issued by more than 50 local health departments and school districts throughout the state, WEAC finds the following:

- More than half of local health departments reviewed have not developed any school-specific criteria for moving between instructional models, and many school districts under the jurisdiction of these health departments without metrics do not appear to have developed their own decision-making frameworks.
- There is a lack of uniformity and consistency in gating criteria among those local health departments that have developed criteria.
- Application of the gating criteria developed by local health departments is discretionary and many school districts choose not to apply it.
- Where school districts have developed their own gating criteria, unjustified differences exist between neighboring communities.
- Where school districts have developed their own metrics, they change or disregard them to justify their decision to permit in-person instruction.
- Schools are remaining open under unsafe conditions.

¹ *Children and COVID-19: State Data Report A Joint Report from the American Academy of Pediatrics and the Children’s Hospital Association*, (Version 11/5/20). Retrieved from: <https://downloads.aap.org/AAP/PDF/AAP%20and%20CHA%20-%20Children%20and%20COVID-19%20State%20Data%20Report%2011.5.20%20FINAL.pdf>

- The lack of mandatory statewide criteria for schools has led to decision-making that is not based on science and has resulted in divisiveness in local communities.

The Majority of Local Health Departments Have No School-Specific Gating Criteria

DHS has justified its lack of a statewide response to COVID-19 in schools by claiming issues were best addressed at the local level. Yet, more than half of the local health departments we reviewed have developed no school-specific gating criteria.

In the absence of direction from state and local health departments, many school districts have not developed their own metrics and some have taken the position that they will continue to operate in person until they no longer have enough staff to remain operational because staff are either sick with COVID-19 or in quarantine. For instance, in Langlade County, which has a critically high disease activity level, the health department has failed to develop a decision-making framework, and Antigo School District, Elcho School District and White Lake School District have likewise declined to adopt a metric. In Marathon County, which also has a critically high disease activity level, the health department has not developed a decision-making framework for schools. Schools districts within Marathon County have not developed their own metrics including, Athens School District, D.C. Everest School District, Edgar School District, Marathon School District, Marshfield School District, Mosinee School District, Spencer School District and Wausau School District (where despite worsening indicators, the Board of Education voted on October 12 to return to in-person instruction on November 2). In Portage County, which likewise has a critically high disease activity level, the health department has not developed a metric for schools, and Almond-Bancroft School District, Rosholt School District, Stevens Point Area School District and Tomorrow River School District have failed to develop their own decision-making framework.

Local Health Department Gating Criteria Are Inconsistent

When local health departments are left with no state guidance to develop metrics, inconsistencies follow. It seems many local health departments were looking for direction from the state which never came. In a presentation in June, the Fond du Lac County Public Health Department stated “We were anticipating that the State would have provided more guidance for local health departments on how to proceed after the orders [Safer at Home] were overturned. That did not happen so we determined a county specific plan would be appropriate.” A September 10 media release from the Pepin County Health Department, noting the lack of state guidance, indicated: “There is a ton of information available and it is very confusing especially with counties and states all doing their own thing...different tools, data sources and even different definitions.”

Where local health departments have developed decision-making metrics, significant variations exist that cannot be justified by differences in the communities in which they were developed. For instance, in southeastern Wisconsin, three local health departments have adopted metrics that appear similar but have drawn differing conclusions about burden/risk levels and when in-person instruction is recommended.

The North Shore Health Department has developed the following table for threshold decision-making in schools, calling for virtual-only instruction where the burden rate is critical (>350 cases per 100,000) and for consideration of secondary factors when evaluating decisions to reopen including percent positivity, case trend and hospitalization rate.

Table 1. Recommendations Based on Metrics				
COVID-19 Burden Level (Community Transmission Status)	COVID-19 Burden Thresholds (new cases per 100,000 in the past 14 days)	Recommended Learning Models		
		Virtual	Hybrid (Blended Learning)	In-Person (5 days/week)
Low - Green	≤10 cases per 100,000			X
Moderate - Yellow	10≤50 cases per 100,000		X <i>Physically distanced</i>	X <i>Physically distanced</i>
Moderately High - Orange	50≤100 cases per 100,000		X <i>Physically distanced</i>	X – assuming criteria in Table 2 are green. <i>Physically distanced Students in cohorts</i>
High - red	100≤350 cases per 100,000	X <i>At minimum, virtual option is offered for all students</i>	X – assuming criteria in Table 2 are green. <i>Physically distanced Exercise caution</i>	
Critical - Purple	>350 cases per 100,000	X		

Metric indicators should be at a threshold for a minimum of 14 days before considering moving to the next phase.
Physically distanced- as best as possible given school or district resources.

Neighboring Washington-Ozaukee County Health Department has adopted a similar table, below, but recommends in-person instruction five days per week in cohorts, even where the burden rate is high, and does not call for consideration of the secondary factors (percent positivity, case trend and hospitalization rate) identified by the North Shore.

Recommendations Based on Metrics				
COVID-19 Risk Level Level of community transmission	COVID-19 Burden Over last two weeks	Recommended Learning Models		
		Virtual	Hybrid (Blended Learning - Virtual & In-Person)	In-Person
Green Low	≤10 cases per 100,000 people			X <i>5 days/week</i>
Yellow Moderate	10≤50 cases per 100,000 people		X <i>Physically distanced</i>	X <i>Physically distanced</i>
Orange Moderately High	50≤100 cases per 100,000 people		X <i>Physically distanced</i>	X <i>Physically distanced</i>
Red High	>100 cases per 100,000 people	X <i>Min: Option</i>	X Exercise Caution <i>Physically distanced</i>	X Exercise Caution <i>Physically distanced Cohorts</i>
Purple Very High	≥350 cases per 100,000 people	X		

*Metrics should be evaluated at 2-week increments.
**Decisions about learning models should not be based solely on this data.
***Physically distanced as best as possible given district resources.

The Walworth County Health Department adopted the Washington-Ozaukee metric with significant modifications as to how it assesses the COVID-19 risk level. Walworth County has determined that a burden level is critical only where there are 50 or more new cases per 10,000 over a 14-day period (>500 per 100,000) – a level that, to WEAC’s knowledge, is unsupported by any model. It recommends in-person instruction while exercising caution where the burden rate is at levels under which the other health departments only recommend virtual instruction – up to 49 new cases per 10,000 (499 per 100,000).

Recommendations Based on Metrics				
COVID-19 Risk Level <i>Level of community transmission</i>	COVID-19 Burden	Recommended Learning Models		
		Virtual	Hybrid <i>(Blended Learning-Virtual and In-person)</i>	In-Person
Green <i>Low</i>	0-9 new cases per 10,000			X 5 days/week
Yellow <i>Moderate</i>	10-19 new cases per 10,000		X <i>Physically distanced</i>	X <i>Physically distanced</i>
Orange <i>Moderately High</i>	20-29 new cases per 10,000		X <i>Physically distanced</i>	X <i>Physically distanced</i>
Red <i>High</i>	30-49 new cases per 10,000	X Min: Option	X Exercise Caution <i>Physically distanced</i>	X Exercise Caution <i>Physically distanced cohorts</i>
Purple <i>Critical</i>	≥50 new cases per 10,000	X		

**Metrics should be evaluated at 2 week increments*
***Decisions about learning models should not be based solely on this data, but also using the scenario examples on pg. 2, and any additional considerations as applicable*
****Physically distanced as best as possible given district resources*

In another example of neighboring counties making incongruous public health decisions, on October 15, the City of Racine Health Department strongly recommended schools remain virtual through the end of second quarter. The Racine Unified School District largely followed this advice and has provided virtual-only instruction, with exceptions for special education students, and while requiring teachers to report to buildings. In contrast, in the next county over, the Kenosha County Division of Health declined to make such a recommendation, despite comparable burden rates in the community. The Kenosha Unified School District (KUSD) has remained open for in-person instruction (with select short-term school closures) despite reporting 207 cases of COVID-19 among students and staff since the start of the school year. Nearly one month later, on November 9, the Kenosha County Health Director strongly recommended that all schools in Kenosha County switch to virtual instruction for the holiday season (November 23 -January 4). The stated rationale for the order is to decrease community gathering and movement over the period of six weeks which represents three COVID-19 incubation periods. However, returning students to school immediately after the holidays, when many students will inevitably have gathered with extended family and friends, seems likely to spread the virus in school upon return. On November 10, KUSD announced that it will not follow the recommendation of the

health department. It remains to be seen whether other school districts in Kenosha County will follow this recommendation.

Likewise, while the DePere Health Department reaffirmed its stance on October 16, that “in-person instruction is not advisable until case numbers reach safe thresholds,” and the Unified School District of DePere has halted in-person instruction at least through November 26, the nearby Brown County Health Department made no such recommendation and the School District of West DePere, which is under its jurisdiction, resumed in-person instruction on October 19, despite rising COVID-19 levels in the community.

Many Local School Districts Do Not Follow Local Health Department Recommendations

Where local health departments do have metrics or otherwise make recommendations about in-person instruction, school districts are free to take them or leave them. Many school districts ignore metrics and remain open when health department criteria no longer support in-person instruction.

For instance, even though burden rates exceed thresholds where in-person learning of any kind is recommended, the majority of the districts under the jurisdictions of the health departments in southeastern Wisconsin remain open for some form of in-person instruction as of the date of this letter.² In the North Shore, Whitefish Bay, Fox-Point Bayside and Maple Dale-Indian Hill have hybrid models in place. In Washington County, West Bend and Slinger are open for in person-instruction five days per week and Germantown has a combination of hybrid and full in-person. In Ozaukee County, Cedarburg, Grafton, Mequon-Thiensville, Menomonee Falls and Port Washington are open for in-person learning, five days per week. In Walworth County, nearly all school districts are open for full in-person instruction.

In Jefferson County, despite the local health department’s recommendation that school districts move to virtual learning where the seven-day rolling average of COVID-19 cases was in the “red zone” (25 or more daily new cases per 100,000) the majority of school districts declined to follow this guidance and remained open for in-person instruction. The Lake Mills School District recently pivoted to virtual learning, but only after their staff attendance levels were too low due to illness and quarantine to proceed with in-person. While the School District of Watertown was virtual through the first quarter of the school year, it resumed in-person instruction under a hybrid model for elementary students commencing the first week of November despite skyrocketing levels of COVID-19.

² Kuhagen C. and Johnson A. (2020) “Is your school in person, hybrid or virtual or is it temporarily closed because of the coronavirus? Check out our list.” *Milwaukee Journal Sentinel*
<https://www.jsonline.com/story/communities/2020/11/05/wisconsin-schools-in-person-hybrid-virtual-coronavirus-pandemic/6165097002/>





On October 29, the Pepin County Health Department issued an advisory urging measures to stop the spread of COVID-19. While other area school districts stopped in-person instruction, the Board of the School District of Durand voted not to adopt Pepin County's standards and is returning for in-person instruction. Durand will not indicate what it will take to transfer back to virtual learning. When the local union representing employees in Durand notified the local health department of concerns, Health Officer/Director Heidi Stewart responded: "[I]t is neither my responsibility nor role to provide specific permission to reopen or, for that matter, close any or all of the buildings to the public in this circumstance. While I would welcome continued conversations with District administration, I will not be making any orders or issuing any directives with regard to the District."

Gating Criteria Developed by School Districts are Inconsistent

In making decisions about moving between instructional models, the Racine Unified School District has developed the following metric, that, as a threshold matter, calls for in-person learning only where the burden rate is less than 100 per 100,000 over 14 days.

Smart Start 2020

RUSD's Guide to Re-Opening Our Schools

	Green	Yellow	Orange	Red
Learning	 On-Site PK-12	 On-Site PK-5 / Remote 6-12 w/ Phased Approach	 Remote	 Remote
School Activities	On-Site following RUSD guidelines. Facilities will limit the capacity to allow 6' social distancing to the extent possible.	No all-school activities. Small group activities limited, masks and social distancing to the extent possible; stable groups with limited group numbers. No high-risk activities.	Remote	Remote
Visitor Access	On-Site following RUSD guidelines. Facilities will limit the capacity to	Limited; by appointment only; masks and social distancing required.	Extremely Limited; by Appointment Only	None Allowed

Smart Start 2020

RUSD's Guide to Re-Opening Our Schools

Core indicator must be at the moderate level (yellow) to begin phasing in our youngest students first and then progress to older students for in-person learning. Secondary indicators could influence the timing of the transition from one phase to the next.

Indicators	Lowest	Lower	Moderate	Higher	Highest
Core Indicator					
Number of new cases per 100,000 persons within the last 14 days	Less than 10	10 - 50	50 - 100	100 - 350	Higher than 350
Secondary Indicators					
Percentage of tests that are positive during the last 14 days when robust testing is available	Less than 3%	3-<5%	5-<8%	8-<10%	Higher than 10%
Staff absences per school/district	Shrinking	No significant change	No significant change	Growing	Growing

On the other hand, the neighboring Kenosha Unified School District (KUSD) has created a substantially different, vague metric (purportedly in consultation with the local health department) that it *may* implement on a case-by-case basis. This model calls for a transition to virtual learning only where: there is a greater than 3% positivity rate in school in the last 14 days; an undefined “significant community outbreak is occurring or has recently occurred” and is impacting multiple staff, students and families; or staff absences reach a level that has the potential to compromise the fidelity of learning. In practice, the KUSD has kept its schools open for in-person instruction except where they do not have adequate staff due to illness and quarantine.

Kenosha Unified School District
ACADEMIC. OPPORTUNITY. SUCCESS.
Created in conjunction with guidance from the Kenosha County Division of Health (KCDH)

INDICATORS THAT LEAD TO
VIRTUAL LEARNING

ANY of the following indicators may trigger a transition to all virtual learning. It is important to note that each closure decision will be made on a case-by-case basis and nothing prevents the district from moving to virtual learning for reasons other than those outlined below. (please note: all metrics are subject to change based on new guidance from public health officials).

POSITIVE CASES INCREASE
>3% **14 DAYS**
Based on the cumulative total of in-person staff and student COVID-positive cases divided by the total in-person staff and student population.

COMMUNITY OUTBREAK
A significant community outbreak is occurring or has recently occurred (large community event or local employer) and is impacting multiple staff, students, and families served by the community such that the KCDH directs KUSD to close buildings.

STAFF ABSENCES
Staff absences, due to individuals personally testing positive or being required to self-quarantine as a close contact, reach a level that has the potential to compromise the safety or fidelity of the learning environment.

Further inconsistency in criteria exists between the KUSD and the nearby Franklin Public Schools. It appears that KUSD based its criteria from those developed in Franklin; however, Franklin also calls for a move to virtual where contact tracing and notification of close contacts cannot be completed within 24-36 hours of notification. KUSD has chosen not to include the contact tracing criteria seemingly because it recognizes that it cannot complete contact tracing within this timeframe. Franklin made the decision to transition to virtual learning at the high school effective November 9, only after 3% of students and staff tested positive and 33% of students were quarantined, though very high levels of community spread were evident in the community long before November 9.

School Districts That Have Developed Their Own Metrics Change Them or Ignore Them In Order To Move Forward With In-Person Instruction.

Shifts in metrics to justify a predetermined result of in-person instruction, sow confusion and distrust and further highlight the need for a binding statewide metric.

An example of a shifting metric exists in the School District of South Milwaukee. Effective October 19, South Milwaukee pivoted to virtual instruction because three of the four metrics it had established exceeded the thresholds for in-person instruction. Specifically, it cited a burden rate in South Milwaukee of 410.13 with a positivity rate of 11.3% and a Milwaukee County burden rate of 385.14 with a positivity rate of 8.6%. Given that burden levels have only worsened since that time, the District changed its decision-making framework, such that future decisions about moving to a more restrictive learning environment will be based on internal school data (student and staff absences, substitute teacher availability, PPE levels and contact tracing), with community spread being given only secondary consideration.

Another example exists in Hudson School District, where, on October 26, the district adjusted its metric, giving more weight to the number of cases in schools compared to the community, in order to justify less restrictive instructional models (hybrid and full face-to-face) that would not have been permitted under the metric that previously existed given the escalating community burden rates.

Schools Are Remaining Open Under Unsafe Conditions.

Workplace safety grievances and complaints with local health departments filed throughout the state highlight unsafe conditions in schools.

For instance, a workplace safety grievance filed by employees in the Kenosha Unified School District reports serious deficiencies with quarantine, isolation and contact tracing protocols, lax mask enforcement and conditions that do not permit for social distancing. These concerns were also raised by the Kenosha Education Association with the local health department. To date, the local health department has not responded. Specific safety concerns raised include the following:

- At Mahone Middle School, a teacher was informed by a student that their sibling had tested positive for COVID-19. When the teacher attempted to report this to the principal, the teacher was told a positive COVID-19 case at home, does not require students to stay home.
- At Mahone Middle School, a teacher was quarantined for close contact with a student who tested positive, however, the quarantine did not start immediately,

and the teacher was only required to quarantine for 8 days. The teacher returned to work on October 16. On October 19, two students who had also been quarantined for close contact with the infected student showed symptoms. The teacher sent them to the isolation room and they were sent back to the class until parents could arrive. Those same students were present in class again the next day. One of the students was very ill and fatigued but remained in school because the parents insisted it was normal for the student to feel that way at this time of year. The teacher tested positive for COVID-19 on October 23.

- At Bradford High School, a staff member alerted administration on October 17 that they had tested positive. As of October 19 at 7:00 p.m., other individuals they were in close contact with were not notified or asked to quarantine; parents were not informed.
- At Bradford High School, a staff member informed the administration of close contact with an infected person in the school building. No staff or students were quarantined as a result.
- At Lance Middle School, an employee found out a family member tested positive and she was a close, primary contact. She left work upon finding out. She was told by Human Resources that she should return to work and continue to report to work until the health department officially notified Human Resources she was a primary contact. She was further told that even if she is confirmed to be a close contact, she would be able to return to work with a negative test result at any time; she would not need to wait 14 days.
- Mask violations are widespread throughout the District. At Hillcrest School alone, there have been 30 reported incidents of students or staff not wearing masks in the building.
- The District has large class sizes and does not have adequate space in the classrooms, such that it is impossible to maintain social distancing. At Strange Elementary, an educator has 26 desks in the classroom that are only 10-12 inches apart. At Prairie Lane Elementary, multiple classrooms do not permit for even three feet of social distancing and, in some cases, students sit four at a table to share a tablet.

A grievance was filed in the Wausau School District after the District transitioned to in-person instruction effective November 2, despite all metrics in Marathon County indicating it was unsafe to do so, including a case burden of 1,357.4 per 100,000. The grievance also cites the lack of adequate hand washing stations and hand sanitizer and inadequate criteria for determining when to close a class or building.

In addition, employees in the Lake Mills School District have filed 21 grievances citing safety concerns that include:

- The District's reopening for in-person instruction despite a direct plea from the Jefferson County Health Department to move to virtual instruction where the burden rate is high.
- The District's failure to notify families and staff of positive cases in a timely manner.
- The District's failure to adequately identify close contacts, notify close contacts of exposure and remove students with known exposures from classrooms.
- Students reporting to school while sick.
- The District's failure to create classroom environments that permit for social distancing, with teachers indicating they are unable to separate desks by more than three feet.
- The District requiring students to gather in large groups, such as during physical education class, where student cohorts are doubling up. Sports teams are permitted to congregate in classrooms for team meetings without maintaining social distancing.
- The District's failure to require masks in all indoor locations.
- The District's failure to identify and follow clear criteria for when to close a class or building, and its conduct in changing the criteria to be used on a whim.
- The District requiring staff to travel to multiple classes where they are exposed to hundreds of students.
- The District's failure to adequately clean and disinfect frequently touched surfaces.

Employees in the Iola-Scandinavia School District filed a grievance citing similar concerns including the following:

- The decision of the District to resume in-person instruction effective November 2, despite all metrics in Waupaca County indicating it was unsafe to do so.
- The District's inconsistent notification of families and staff of positive cases in school.
- The need for the District to improve mask enforcement.
- The District's inability to adequately clean and disinfect surfaces.
- The District's failure to consistently carry out its plan for contact tracing.
- The District's failure to consistently remove students with symptoms or known exposures from the classroom.
- The District's conduct in requiring staff to gather in large groups for staff meetings in areas where it is difficult to maintain social distancing.
- The District's conduct in holding meetings in spaces where the air filtration system is not operating.
- The District's failure to adequately identify close contacts, notify close contacts of exposure and remove students with known exposures from classrooms.

- The District's failure to adequately screen students/staff for symptoms. Students have been overheard reporting they stayed home with symptoms, but did not get tested.

In Franklin Public Schools, more than 70 educators filed a grievance citing workplace safety concerns. These concerns were also raised with DHS, the local health department and the Department of Safety and Professional Services, yet no public health entity has intervened to address the safety concerns and the District has refused to process the grievance. Concerns raised by educators in Franklin include:

- The District's decision to reopen fully in-person despite all metrics suggesting it was unsafe to do so. Only recently did the District temporarily close the high school after 3% of students and staff tested positive and a third of the students were quarantined.
- The District's failure to provide adequate instructional space so that social distancing can be maintained.
- The District's failure to have an adequate plan for contact tracing, disease surveillance, isolation, quarantine and air filtration.
- The District's failure to have an adequate decision-making framework.

In the Racine Unified School District, where schools are not open for in-person instruction (with the exception of special education students), yet staff are required to report to buildings, 12 workplace safety grievances have been filed by educators. It seems likely these safety issues will increase exponentially if in-person instruction resumes under the current conditions. The grievances cite the following concerns:

- The District's lax enforcement of masks and social distancing.
- The District's inadequate screening of individuals entering the buildings.
- The District's decision to require staff to report to buildings even though instruction is virtual which unnecessarily increases the risk that staff will be exposed to COVID-19.
- The District's decision to require certain students be provided with in-person instruction in the school buildings.
- The District's failure to adequately clean and disinfect buildings and its lack of transparency regarding the chemicals and procedures used for cleaning.
- The District's conduct in providing recalled hand sanitizer for use in buildings.
- The District's failure to provide evidence of adequate ventilation systems in school buildings.

Beyond the grievances, and also of grave concern, is the backlog in contact tracing by local health departments. Local health departments in the City of Milwaukee, City of Racine, North Shore, Waukesha County, Watertown, LaCrosse County and Marathon County have all acknowledged they simply cannot keep up. Many have urged those who test positive to notify their own contacts and some have even recommended individuals use an app (tellyourcontacts.org) that allows individuals to remain

anonymous while notifying close contacts. It seems likely many individuals receiving notice via this type of app will not take it seriously. It is clear that our local health departments are overwhelmed and simply cannot maintain the type of contact tracing system needed to keep our schools open safely.

The Lack of Mandatory Statewide Criteria for Schools Has Led to Decision-Making That Is Not Based On Science and Has Resulted in Divisiveness in Local Communities.

School districts across the state are caving to community pressure to remain open rather than engaging in science-based decision making. Indeed, one nationwide study shows that decision making regarding the reopening of schools, was based on politics and not science.³ After examining 10,000 school districts, the study found virtually no connection between COVID-19 case rates and decision-making by schools. This has been apparent in Wisconsin. In Kenosha, the Board had approved a reopening plan on July 28 that called for a virtual-only return. After a group of disgruntled parents appeared at the next Board meeting on August 19, the Board rescinded its original plan and voted to resume face-to-face instruction.⁴ In Oconomowoc, three Board members are facing recall from parents who wanted full in-person learning after voting for a hybrid model.⁵ Similarly, Middleton-Cross Plains School District Board members face recall because of their decision to continue virtual learning.⁶ This discord in local communities could be avoided by DHS developing mandatory science-based standards for school districts to apply to their decision-making.

³ Hartney, Michael T., and Leslie K. Finger. (2020). Politics, Markets, and Pandemics: Public Education's Response to COVID-19. (EdWorkingPaper: 20-304). Retrieved from Annenberg Institute at Brown University: Retrieved from Annenberg Institute at Brown University: <https://doi.org/10.26300/8ff8-3945>

⁴ Flores, T. (2020, August 19). "Full Meeting Coverage: KUSD Board Approves Reopening Plans." *Kenosha News*. Retrieved from: https://www.kenoshanews.com/news/full-meeting-coverage-kusd-board-approves-reopening-plans/article_c63cab5a-239e-533c-9992-4eae7e2fc22.html

⁵ Frank, E. (2020, September 18). "Three Oconomowoc School Board Members Who Approve Hybrid Learning Could Face Recall from a Group of Parents that Wants In-person." *Milwaukee Journal Sentinel*. Retrieved from: <https://www.jsonline.com/story/communities/lake-country/news/oconomowoc/2020/09/18/coronavirus-oconomowoc-school-board-members-could-face-recall-approving-hybrid-model/5825412002/>

⁶ Beyer E. (2020, October 16). "Frustrated Middleton-Cross Plains Parent Group Call School Board Recall Effort Last Resort." *Wisconsin State Journal*. Retrieved from: https://madison.com/wsj/news/local/education/local_schools/frustrated-middleton-cross-plains-parent-group-calls-school-board-recall-effort-a-last-resort/article_984e32a5-d6e7-5660-847a-044aeb0864f9.html

Conclusion

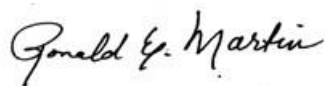
DHS must develop a statewide, binding and effective metric to be applied by school districts in making decisions about appropriate instructional models during the COVID-19 pandemic. While we acknowledge DHS and Governor Evers are limited in their ability to issue orders to keep Wisconsin citizens safe, DHS would be well within its legal authority to impose gating requirements for schools.

Specifically, WEAC recommends DHS adopt the model developed by the Harvard Global Health Institute, as explained in *The Path to Zero and Schools: Achieving Pandemic Resilient Teaching and Learning Spaces*⁷ (Harvard Model) **and** require that school districts comply with this metric. Under the Harvard Model, case incidence is the primary, threshold metric. If the case incidence rate suggests in-person instruction could be appropriate, then key performance indicators (including contact tracing and testing capabilities) are reviewed in identifying appropriate instructional models.⁸

By adopting the Harvard Model and requiring its application in schools throughout the state, DHS will ensure that decision-making in schools is not based on politics or external pressure but upon scientific factors designed to curb the spread of COVID-19. DHS will also provide educators, students and their families with the consistency and predictability needed during this difficult time.

Thank you for your attention to the critical information contained in this correspondence. We welcome the opportunity to further discuss this matter with you or your designee and are hopeful that DHS will take the urgent actions needed with respect to schools during this pandemic. We request that DHS please contact WEAC with its position by November 17, as time is of the essence given the health and safety concerns facing educators, students and the communities in which they reside.

Sincerely,



Ronald Duff Martin
WEAC President



Bob Baxter
WEAC Executive Director

cc: Governor Tony Evers (via email only)

⁷ Available at: https://globalepidemics.org/wp-content/uploads/2020/07/pandemic_resilient_schools_briefing_72020.pdf

⁸ Harvard Global Health Institute. (2020, July 1). *Key Indicators for COVID Suppression*. Available at: https://globalepidemics.org/wp-content/uploads/2020/06/key_metrics_and_indicators_v4.pdf