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| **Decision Making Tool for Schools: Things to consider when making decisions about in-person vs. virtual education (*Living Document*)** | | |
| * **There is not specific scoring system; this tool is meant to assists with the major health considerations of making this decision** * **The more NO answers = more consideration toward going to virtual education short or long term** * **Choose the best answer in your opinion for the question (for example, YES may mean *MOST OF THE TIME* or *MOSTLY YES*)** * **To answer some questions, consult with your local health department,** [**www.mi.gov/coronavirus**](http://www.mi.gov/coronavirus) **data,** [**www.mistartmap.info**](http://www.mistartmap.info) **data, and other resources regularly** | | |
| **YES** | **NO** | **Consideration Point** |
|  |  | Are you able to maintain your COVID-19 safety and mitigation plan? |
|  |  | NEW: Is a significant proportion\* of your staff fully vaccinated (2 or more weeks past the final dose in a COVID-19 vaccination series) or within 3 months of a confirmed COVID-19 infection? (\*higher is better; over 60% to 70% would be considered a significant proportions) |
|  | | If there is any in school transmission (cases in a school close contact), closely evaluate situation: |
|  |  | Was there a LACK of any in-school contributing factor to the spread (students sitting too closely together, noncompliance with masks, staff meetings, etc.)? (a *NO* answer means that there *was* an in school contributing factor) |
|  |  | If there was any in school contributing factor found, is it/are they correctable? |
| **Health care capacity** | | |
|  |  | Are staff/students that need to get tested able to get tested quickly? |
|  |  | Are test results returning rapidly enough to be useful? |
|  |  | Are you able to keep symptomatic people home until test results back? |
|  |  | Do you feel the area testing capacity is sufficient to prevent missed cases or spread or disease? |
| **Public health capacity** | | |
|  |  | Given the current caseloads and other demands on public health, do you/your local health department feel public health is able to identify all school associated cases? |
|  | | If not, are you/your school able to: |
|  |  | Identify increasing rates of staff and student absenteeism? |
|  |  | Identify the causes of staff and student absenteeism? |
|  |  | Is less than 25% of your student population out of school ill? |
|  |  | Identify and exclude staff and students with symptoms of COVID-19? |
|  | | Do you feel confident your schools are getting notified by your staff and students of: |
|  |  | COVID-19 test results? |
|  |  | COVID-19 exposures? |
|  |  | Is public health available to consult and assist with decision making in a timely manner when needed when questions arise? |
|  |  | Are most your students low risk for complication from COVID-19 infection (i.e., tradition K-12 student population vs. center based ISD special education for children with complicated medical problems?) |
| **Community transmission rates and their effects on your schools\*** | | |
|  |  | Do you feel you are having a manageable number of cases in staff and students? (i.e., are case investigations, contact tracing, and quarantine numbers manageable and not too time consuming or disruptive, or has the burden of these efforts and disruptions to education started to outweigh the benefits to in-person education?) |
|  |  | Do you feel that you are able to and doing well with case investigations and contact tracing in your schools (identifying all cases and close contacts in your schools)? |
|  |  | Have your number of COVID-19 cases due to an in-school/school related outbreak in the past 14 days been zero? |
|  |  | Do you consider the community rates\* low enough or increasing slowly enough that they are manageable by the health care and public health systems as described above? |
| \*There is no community rates absolute value or percent positivity at which schools should no longer be in person, however higher rates of cases and higher % positivity on testing in community = increased change of cases in students and staff and likely = increased risk for school based outbreaks. | | |
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| **Other non-public health factor to be considered (availability of teaching staff/subs, janitorial staff, bus drivers, etc.) can be added below if desired:** | | |
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| **TOTAL YES** | **TOTAL NO** |  |
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**Notes:**