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eSchool+  
Initiative

## The Ethics of K-12 School Reopening: Identifying and Addressing the Values at Stake

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*The eSchool+ Initiative is a cross-disciplinary collaboration between the Johns Hopkins Consortium for School-Based Health Solutions, Berman Institute of Bioethics, and Schools of Education, Medicine, and Public Health. It was formed in response to the COVID-19 pandemic in order to develop tools and resources for schools to think responsibly about caring for students during school closure and reopening. The initiative benefits from expertise in ethics, school health, school policy, food security, clinical medicine and education.*

The national conversation about how to reopen schools is in full swing. It is likely that this conversation will continue throughout the 2020-2021 school year, as the epidemiology of the pandemic shifts and evidence about the SARS-CoV-2 virus and COVID-19 disease accumulates. Markedly absent from this conversation is a sustained discussion of the ethics of school reopening. Many states and a number of non-governmental organizations have provided guidance on the challenges schools will face as they reopen their doors<sup>1</sup>. Most of these documents focus on the public health accommodations needed for the return to school, including cleaning regimens, social distancing, and contact tracing. Some briefly consider a few ethics issues, including most frequently inequitable access to technology, differential learning loss for various groups of students, and also occasionally accommodations for at-risk teachers and administrators. However, most of these plans fail to examine in any depth, and in some cases even fail to mention, many of the ethical issues that are at the crux of a safe and equitable return to school for all students, staff and parents.

The *White Paper on the Ethics of K-12 School Reopening* is intended to help fill this gap. Building on the Johns Hopkins Berman Institute of Bioethics' [Ethics Framework for the COVID-19 Reopening Process](#), we frame school re-opening around four broad moral values—well-being, liberty, justice, and legitimacy—and how policies under consideration can promote or undermine these moral values. This document does not aim to analyze the ethics of specific policies. Rather it aims to put a spotlight on ethical issues using a structure that allows us to identify and outline the explicit trade-offs at stake, and help make decisions that take into account collective societal values. (Additional resources to assist decision makers in addressing the ethics of school reopening are described in the appendix.)

## **WHY REOPENING SCHOOLS IS MORALLY COMPLEX**

Children hold a unique place in society. They are morally special for two important reasons. First, children are completely dependent on others for their well-being and protection. Second, setbacks to well-being in childhood can have negative effects that are often irreversible and lifelong. When things do not go well in childhood, not only do children suffer in the present, but their prospects for well-being can be diminished for the rest of their lives. These reasons ground the special obligations that all of us, and not only parents, owe to children and complicate any societal decision that comprises child welfare. There is also a third reason why school closures are morally complicated. Although one objective of these closures is to protect the health of children, another objective, and arguably the primary one, is protect the public's health, more broadly. Children are thus shouldering a heavy burden to protect the rest of us.

Another set of reasons that make school reopening morally complex is that reopening policies must find a way to do right by all children, without losing sight of the special claims of our poorest, most disadvantaged children, many of whom are children of color. Because of a complex backdrop of systematic societal injustices, the gap in well-being between these children and their peers was unacceptably high prior to the pandemic. As we discuss later in this paper, the burdens of the pandemic have hit these children the hardest, and they are now even further behind. At a minimum, it is imperative that school reopening policies not exacerbate these inequities and make things even worse for our most disadvantaged children; at best, they should be designed to help redress the disproportionate set-backs these children are experiencing.

## **WELL-BEING**

Well-being concerns the conditions needed for people to lead a decent life<sup>i</sup>. Physical health is one important component of well-being, but so too are mental health, behavioral development, learning, social

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<sup>1</sup> See eSchool+ Initiative Analysis of School Reopening Plans: <https://policies.equityschool.plus/>

connection, and physical and economic security. All aspects of the well-being of children must be considered as districts think about both when and how to open schools. Guidance from the CDC focuses primarily on public health considerations. For example, it is recommended that schools should reopen after a 28-day period of downward trajectory of documented cases, declining rates of flu-like symptoms, and hospital capacity to care for all patients<sup>ii</sup>. However, this guidance does not take the full breadth of well-being into account. School reopening policies must take a balanced approach to looking at both physical health and spread of disease, as well as the other aspects of well-being that are often overlooked.

## **Health**

*Effects on the spread and health burdens of COVID-19/public health:* What makes assessing school reopening effects on the community spread of the virus that causes COVID-19 so difficult is that children's role in transmitting the virus is still unclear<sup>iii</sup>. There are real limits to what can be learned that is relevant to school reopening decisions from data collected when schools are shut down, or even from other countries where schools have re-opened. Evidence about the impact of shutting schools on the spread of COVID-19 in the United States is mixed, and ranges from little effect on reducing transmission to more significant impact<sup>iv</sup>. Although uncertainties about the severity of the threat to public health posed by congregating children and school staff are likely to continue, most public health experts agree that, until compelling evidence to the contrary emerges, the threat has to be taken seriously. Experts also agree accommodations like increased sanitation regimens, reduced density, and social distancing policies should reduce the risk to public health.

*Effects on the spread and health burdens of COVID-19/children:* The prevailing view is that returning to the classroom poses minimal direct risk to the health of children<sup>v</sup>. Although the identification of pediatric multisystem inflammatory syndrome (MIS-C) and its likely association with COVID-19 infection raises concerns<sup>vi</sup>, most children do not get seriously ill with COVID-19 and very few deaths have been reported. Evidence of COVID-19 physical health effects on children is still emerging, however, and creates challenges in assessing health burdens. Public health accommodations should reduce the likelihood that children contract the virus while in school, but whether these protections will be judged sufficient will depend in part on which protections are implemented, what is learned in the near term about MIS-C, and whether it remains correct that COVID-19 poses little risk to children.

*Other health effects for children:* It is possible that reopening schools will put children at increased risk of COVID-19-related illness. However, it is known for certain that keeping schools physically closed will pose real risks to child health. Schools act as a hub for many key health resources, including school-based health centers, expanded mental health programs, asthma monitoring, immunization clinics, vision and dental programs, and allied health professional services, such as speech, occupational, and physical therapy. With schools closed, some students are going entirely without these necessary services because they have little or no access to health providers outside the school setting.

The mental and emotional health of students is also likely to be compromised by prolonged physical distancing. Many children are living in families experiencing economic dislocation and some children are confronting death and illness in their families and communities<sup>vii</sup>. Schools offer connection to important mental health resources for many students that can help them cope with these burdens, as well as the harmful effects of COVID-19 isolation. For example, in some school settings counselors and psychologists are available to provide assistance. These resources, as well as social emotional learning curricula, are more difficult to deploy when learning occurs at a distance.

Schools also provide additional resources for students and families that are critical to maintaining good health. Nearly 30 million children across the United States depend on free school meals each day<sup>viii</sup>.

While schools have continued to provide food distribution, and food banks have amplified their efforts, some families are not able to adequately access sufficient food through these resources, and the toll these supercharged efforts is taking on food distribution sites is immense.

### **Human Development, Knowledge and Understanding**

Schools are key to the cognitive development of children. In addition to teaching essential academic content and skills, schools help students learn how to think about and analyze the world around them and how to use information to advance their own goals. It is clear that school closures have had a significant negative impact on student learning. One recent analysis projected that students could return in the fall having only progressed 70% of a grade in reading and less than 50% of a grade in math during the 2019/2020 school year<sup>ix</sup>. Another study estimated that some students may even lose the equivalent of a full school year's worth of academic gains<sup>x</sup>. School reopening plans that rely on a hybrid of in-class and distance learning will extend this loss. Many families lack the human and technological resources to assist students with distance learning, including access to reliable technology and high-speed internet.

Less evidence is available about the impact that school closures are having on the social and emotional development of children. Schools play a critical role here, not only in the classroom but also through common school experiences like organized play, outdoor recess and extracurricular activities that allow children to learn how to navigate the social world. The longer these opportunities for children to interact with other children are denied, the more likely their interpersonal and social skills will be negatively affected.

### **Personal Attachments**

Closely connected to social and emotional development, but distinct from it, is the importance to human well-being of having deep bonds of attachment to other people. For children, family relations play a major role in satisfying the need for closeness with others. But children, like adults, also need friends as well as family, other children who are not their siblings with whom they can form deep emotional connection. For most children, schools are where these friendships are formed and nurtured. Regardless of developmental impact, the price of isolation from peers when learning occurs remotely is not insignificant. Children, like adults, miss and need their friends.

### **Security and Safety**

Few things shake the conscience more than the physical and emotional mistreatment of a child. When schools are closed, children are deprived of a major line of defense against child abuse. Almost one-fifth of reports of child abuse or neglect in the US come through education personnel. During past natural disasters and the 2009 financial crisis, reports of child abuse increased<sup>xi</sup>. Yet, during this pandemic, when students have been at home for long periods of time, without access to adults outside the home, and in close quarters, there has been a steep drop in these reports. This finding has fueled serious concern among child welfare officials that child abuse cases are being significantly underreported, in large part because school personnel can no longer fulfill their role as mandated reporters in the fight against child abuse<sup>xii</sup>.

### **Economic Effects**

As sectors of the economy reopen, parents returning to work (and those currently working) are needing to find solutions to child supervision. In the United States, 16% of the workforce (26.8 million workers) are dependent on childcare to work<sup>xiii</sup>. This percentage is likely to climb if fewer older Americans return to work during the pandemic. For many working parents, schools provide most, if not all, of the care their children need, and in a safe environment. If schools operate with a hybrid in-class/distance schedule or

entirely with distance instruction, the ability of many working parents to return to work is likely to be severely impacted. Some families will be denied much needed financial relief. The secure provision of essential services may also be at risk if essential workers cannot rely on schools to supply reliable childcare, as may the pace of economic recovery.

## **LIBERTY**

Two elements of liberty are particularly relevant when thinking about how schools should reopen: (1) the choice of parents, teachers, and other school staff about physically returning to the classroom, and (2) privacy.

**Teacher, Administrator, and Staff Choice:** It is likely that some accommodations will and should be made for teachers, administrators, and staff who are at elevated risk for COVID-19. One in five teachers and one in four school principals are over the age of 55<sup>xiv</sup>. Others may have health conditions that put them at increased risk of serious COVID disease. Around 50% are younger than 40, and may be or are planning to become pregnant. This is especially relevant given that 76% of the teacher workforce is female<sup>xv</sup>. An important ethics question is whether the accommodations for at-risk school personnel should be mandated or whether they should be designed to afford at-risk staff some element of choice in selecting from an array of options. The selection of accommodations also has ethical implications. For example, reassignment to remote teaching duties with full pay is ethically very different from options such as leave without pay, with or without guaranteed reinstatement, or early retirement.

It is also likely that some staff who are not at elevated risk may not feel safe and may be opposed to returning to the classroom, in some cases because they live with or are caring for higher risk individuals. In one survey, 20% of teachers said they would be unlikely to return to school in the fall<sup>xvi</sup>. At least some of these teachers are not likely to fall into a higher risk category. Should teachers and other staff who are not at elevated personal risk face dismissal if they do not return to the classroom, or should they be offered remote teaching assignments? Arguably, teachers and school administrators have a moral obligation to serve their students and communities. Unlike health professionals, however, there is no comparable tradition of or discussion about whether education professionals have an obligation to assume some level of personal health risk in the conduct of their duties.

Decisions about whether and how higher risk teachers and those who otherwise do not want to resume in-school assignments should be accommodated are complicated by a significant teacher shortage, which is projected to increase in light of COVID-19. Following Hurricane Katrina, New Orleans' teacher workforce dropped by 22%<sup>xvii</sup>. Nationally, researchers estimated the size of the shortage to be nearly 110,000 teachers in the 2017-2018 school year, up from no shortage before 2013. The share of schools that were unsuccessful in trying to fill a vacancy tripled from the 2011-2012 to 2015-2016 school years<sup>xviii</sup>.

**Parent/Student Choice:** While students have a much lower risk of developing COVID-19 disease, parents may still decide they want to keep their children at home. A poll of parents with at least one child in grades K-12, found that 60% would be likely to pursue at-home learning options instead of sending their children back this fall<sup>xix</sup>.

The clearest case of a school system's obligation to accommodate parental preference for full-time distance education is for children who, unlike most of their peers, are at elevated risk of serious COVID disease. This group includes the 1 in 2,000 students who are immunocompromised<sup>xx</sup>. Absorbing these children into extant programs that serve ill and hospitalized students is one option, but these programs are

limited in scope and quality, and may not fit well with a school system's overall education plan during the pandemic.

Other parents may prefer full-time distance education for their children because they or others in their household are at elevated risk of serious COVID-19 illness. Approximately 10% of all children live with grandparents. These are more likely to be children of color and are often from high poverty communities<sup>xxi</sup>.

Still other parents may simply disagree with a school district's decision that full-time or part-time return to the classroom is safe. Should schools still be responsible for educating the children of these parents and offer a full-time distance option, even when the school plan is to provide instruction in whole or in part in the classroom? Regardless, many wealthy parents are already considering not allowing their children to return in the fall or until a vaccine is available<sup>xxii</sup>.

**Privacy:** Schools and districts are likely to confront privacy issues at multiple levels. Open questions include whether and under what conditions school systems should offer or require temperature screening or COVID-19 testing of staff or students, and how these results should be used, stored and shared. Schools will also need to establish policies about voluntary or mandatory disclosure of relevant health symptoms or exposures outside of school.

Schools will have to address whether and how to share COVID-19 information within their school communities. What is their obligation to keep information private versus public, and what kinds of "need-to-know" policies should be adopted? Does the ethics of consent and parental consent to release personal data about COVID-19 shift because of the school setting? Certain groups of people may be more hesitant than others to have personal data and information shared within communities. Undocumented immigrant families may be anxious about data collection and data sharing because they fear retribution and deportation. Others may be wary of having COVID-19 status revealed because of a concern about significant stigma against those who have contracted the virus or because of justified distrust in government that extends to the school system or the public health system to which the school is connected. Still other parents may be less concerned about privacy and confidentiality and more concerned about being provided with any information that suggests their child and family may now be at increased risk.

Schools have considerable experience with information sharing and contagion, for example, head lice. However, what to do about privacy and information in the context of COVID-19 involves higher-stakes decisions. COVID-19 data will likely move quickly between schools, local and state health officials, and health care providers, especially if temperature checks and contact tracing are taking place. Although many decisions about the management of these data are likely to be constrained by local and state public health policy, some elements of disclosure management will be left to school officials.

Schools will also have to decide whether they will require staff and parents who request accommodations because of COVID-19 risk factors to disclose the specific health indication that is at issue, with or without documentation. While the ages of staff members may already be available to school officials via personnel records, both staff and parents may view needing to disclose personal health information to be an unwarranted intrusion of their privacy.

Another set of ethical considerations has to do with privacy concerns about school-based telemedicine and teletherapy. The privacy issues raised here maybe somewhat different from those raised by the delivery of these services in the school building and, as a result, may require modified or different policies.

Finally, whether COVID-19 policies are about privacy or about choice, it is important to be cognizant of their implications for the future. Policies adopted in one context often leave traces for future contexts. Education leadership should keep in mind that the decisions made during and specifically for the pandemic have the potential to alter the norms of the educational system in ways that condition how issues of choice and privacy are handled down the line.

## **JUSTICE/EQUITY**

How schools operate during the pandemic has, and will have, a disproportionate impact on groups that are subject to unfair disadvantage. Groups of particular concern include low-income students and families, students with disabilities, students of color, students for whom English is a second language and women.

**Impact on low income students and families:** Although the evidence is only now being amassed, there are good reasons to think that low-income students are suffering more from COVID-19 school closures than other students.

At baseline, low-income students were already behind in learning attainment and at greater risk for school failure<sup>xxiii</sup>. We know that low-income students struggle most when schools are not in session. During summer, achievement gaps between low-income students and their middle-class counterparts widen<sup>xxiv</sup>. When the sudden physical closure of schools necessitated an abrupt transition to distance learning, low-income students were much less likely to have access to high-speed internet and the technology resources needed for successful online learning<sup>xxv</sup>. Even when Chromebooks and short-term internet access were supplied to help narrow this digital divide, lower-income students were less well positioned to use them because they and their families then often faced new challenges, including family bandwidth for supervision and support, spotty internet connections, and multiple users in a single household with access to a single device<sup>xxvi</sup>. It is likely that in many settings a return to school will include a combination of in-classroom support and at-home remote learning. Thus, even when schools reopen next term, these technology and remote learning challenges will continue to disproportionately impact low-income students, further widening the learning gap between them and other students.

Low-income students are also more likely to be in schools with large class sizes<sup>xxvii</sup>, making social distancing procedures more difficult to institute. Depending on how schools respond to this challenge, students will be at increased risk of transmission or of more time spent in remote rather than in-class learning. Low-income individuals, particularly in urban areas, are also more likely to live in smaller homes with more people, amplifying the difficulty of social distancing protocols and of being able to do schoolwork in settings conducive learning.

We have already noted the critical role that schools play in child health. That role is most significant for low-income children. Low-income students are significantly more dependent on school meals and the social safety nets that schools provide than other children, and thus are hardest hit by not having these services when schools are closed. Especially in high-poverty communities, schools serve an essential role by being a primary source of health care services. More than 13% of students nationwide had access to school-based health centers prior to the COVID-19 pandemic, leaving millions of students now without a source of medical care<sup>xxviii</sup>. School closures thus disproportionately threaten the health of poor children who depend on schools for reliable nutrition and reliable access to health care.

Low-income parents are more likely to be essential workers and are less likely to have jobs that can be performed remotely<sup>xxix</sup>. This necessitates the need for daily childcare and supervision. Closed schools put additional strain on already struggling families, and students who are learning remotely may have less parental supervision to help facilitate lessons. Low-income parents may also feel that they have less

choice about whether or not to send their children back to school. Higher-income families may be more likely to have the resources to supervise full-time home or distance schooling, even if schools do not support this option. For example, they may have the financial resources to enroll their children in private online academies in order to supplement formal school-based instruction.

**Impact on students with disabilities:** Although evidence is still forthcoming, it is reasonable to assume that students with disabilities have been hard hit by the loss of instructional time and related services during COVID-19 school closures<sup>xxx</sup>. In-person instruction and support can be vital to the growth of students with disabilities, and these students are often more dependent on in-school resources such as mental health support and occupational, physical and speech therapy than their counterparts<sup>xxxi</sup>. At school, these students get individualized attention from professionals who are trained in, and familiar, with their specific needs, which can be difficult for parents at home to replicate, or to fully support through teletherapy options, raising serious concerns about regression in skills and functioning. It also may be more difficult for certain groups of students with physical and mental disabilities to transition out of and into the school setting. Furthermore, in-school social distancing protocols may be challenging to adhere to for students who have physical or behavior limitations that make it difficult to maintain distance with others.

**Impact on women:** Although the death rate from COVID-19 is higher for men than for women, in many other respects the impact of COVID-19 is being disproportionately felt by women. Eighty-five percent of all nurses are women<sup>xxxii</sup>; 75% of primary caregivers are women<sup>xxxiii</sup>; 62% of minimum and low-wage workers are women<sup>xxxiv</sup>; and 76% of teachers are women. Reopening schools will more heavily affect women as the majority of the teaching work force. Additionally, around 60% of food preparation workers are women<sup>xxxv</sup>, and in at least one state, 63% for administrative office staff are women<sup>xxxvi</sup>. At the same time, we know women are shouldering the unpaid work of caregiving, both for children at home, and for seniors. Although the decision whether to return to work in a school may be difficult for many teachers and school staff, those who are women are likely to be juggling more roles. Whether and how schools should be protecting teachers and staff by providing accommodations for the caregiving obligations that disproportionately fall on women is a special case of the general set of ethics questions about choice and accommodation.

**Impact on students and families of color:** People of color are suffering more from COVID-19 than other ethnic groups. They are becoming infected at a higher rate, and are more likely to become seriously ill and to die when they do.<sup>xxxvii</sup> As a result, students of color will be more likely to have family and community members who have become sick or died. Many of these students will be returning to school with significant trauma and fear, and with increased need for supports such as mental health services. Moreover, the recent graphic incidents of police brutality and the public outcry that they have prompted are no doubt taking a special toll on children of color. The trauma and fear many of these students will bring to school will come not only from how COVID-19 and police violence have devastated their communities, but also from the recognition that systematic racial injustice is the root cause of both crises. It will be difficult for schools to meet the needs these children have for emotional support in the classroom; it is questionable whether they can be do so at all in the distancing learning context.

Students of color are also likely to be disproportionately from high poverty families. Being both a child of color and a child of poverty means that all of the poverty-specific issues already discussed are for these students compounded and intensified. For example, disproportionate learning loss for students of color may be different from or exceed that for low-income children generally, which is itself bad enough. New research shows that while the average student could fall seven months behind academically, Black and



Hispanic students could experience loss equivalent to 10 months for Black students and nine months for Latinx students<sup>xxxviii</sup>.

An unexplored issue is the impact of restructured school days, increased public health measures, and student group prioritization on student discipline. Students of color are disproportionately affected by harsh student discipline policies. Black students, who make up 16% of students, account for 40% of suspensions nationally<sup>xxxix</sup>. Like achievement gaps generally, these gaps in disciplinary patterns are rooted in systematic injustices that go far beyond the classroom. As part of a general obligation to, at minimum, not exacerbate these injustices during the pandemic, disciplinary practices that are being developed for hybrid teaching should be carefully scrutinized for disproportionate impact on children of color.

**Impact on English as a Second Language Students:** There are 5 million students nationwide learning English as a second language<sup>xl</sup> who are facing enormous challenges due to COVID-19. Even before school closures, English learners trailed traditional students academically. In 2016 67% graduated from high school after four years compared with 84% of all students<sup>xli</sup>. Experts predict that this gap will only widen with the current pandemic<sup>xlii</sup>. Online education platforms often are not specific to the needs of English as a second language students, and at home resources for families are not always translated into needed languages. English language learners are also more likely to be living in poverty and students of color, which can mean less access to technology, internet, food, health resources and increased learning loss.

**Impact on Service Staff:** Schools employ many staff who are not instructional or health professionals, such as food service personnel, custodial, maintenance and security personnel, bus drivers, and special education and library non-instructional aides. These and other support positions are critical to the daily functioning of schools but they are also often lower wage jobs that cannot be done remotely. Moreover, even when all staff are working on site, service staff can have a higher risk of exposure to other people. Schools employ on average around 1 teacher for every 16 students. In comparison, one basic services staff cares for every 73 students<sup>xliii</sup>. During school closures, many school districts did not reassign or continue to pay these employees<sup>xliv</sup>. While COVID-19 school policies may disproportionately harm service staff, these employees are often poorly positioned to advocate for their own interests.

**Equity and Constrained Resources:** Implementing ethically acceptable policies for all of the issues raised in this white paper will almost certainly be made more difficult because of financial constraints. Providing children of poverty and color with the supports necessary to stop the exacerbation of the inequities resulting from COVID-19 will not come cheaply. Nor will caring for students with disabilities and providing teachers and staff with employment options.

Perhaps the most difficult set of ethical challenges facing schools and reopening is how to allocate resources fairly across these and other competing ethical claims, including, importantly, infection control measures to protect student and staff health, and investments in teacher training and distance learning technology. Yet, while the claims and needs increase, resources are increasingly threatened. School districts across the country will see sharp budget cuts from state legislatures that are trying to address the economic impacts of COVID-19. Recently, 62 cities sent a letter to Congress asking for billions of dollars in new federal education assistance<sup>xlv</sup>. Many school districts have already experienced significant losses as state revenues have dropped<sup>xlvi</sup>.

These resource constraints are likely to be most extreme for high poverty schools. State funding disproportionately goes to low-income schools to help level the playing field, as most local funding comes from property taxes. Because state dollars are currently at risk, low-income students and their

schools are likely to be hit the hardest<sup>xlvii</sup>. During the last recession, affluent school districts saw state funding drop by \$500 per student, while high poverty districts lost over \$1,500 per student in state funds<sup>xlviii</sup>. With so many millions of Americans out of work during the pandemic<sup>xlix</sup>, state budgets are maximally stretched at the same time that additional resources for schools are most needed.

## LEGITIMACY

Legitimacy, in the school context, refers to the authority of states, districts and schools to make decisions, issue guidelines, make recommendations and enforce rules. Legitimacy turns in part on the process by which school reopening plans and policies are developed and communicated, and the way these plans and policies are then enforced. Although the legitimacy of policies is enhanced when those most affected by them are meaningfully engaged in their development, to date, there is limited evidence that stakeholders, such as parents, teachers and other staff, have been actively consulted and involved<sup>2</sup>. A number of states are sending out some form of parent survey or conducting community conversations to garner feedback on reopening. COVID-19 may offer an opportunity to revise entrenched decision-making procedures that open up the doors to key stakeholders and community members who have a significant stake in the adopted policies.

Effective school reopening will also require extensive and continuous efforts to communicate with parents, educators, and community members. If parents and educators are not confident about reopening measures, trust will be lost, and adherence may be minimal. School-parent communication is a challenge. Approximately 59% of parents report never receiving phone calls from elementary school teachers<sup>1</sup>. During the spring, many districts made a point to stay in touch with families; however not all families have been successfully reached. More than half of teachers in districts with low poverty rates were interacting with students and families at least once a day, compared to about one third of teachers in high poverty districts<sup>li</sup>.

Schools and districts will also have to think about the enforcement of school reopening policies. They must carefully balance policy effectiveness with fairness and transparency. For example, any exceptions to the policies for in-class or at-home instruction, must be carefully justified and publicized, commensurate with privacy considerations. If the COVID-19 conditions in some schools within a district are more favorable than in other schools, any resultant differences in instruction or other policies need to be made public and reasons provided. As noted earlier, disciplinary policies should be implemented fairly in their administration and in their impact.

Accountability is also key to legitimacy. While metrics and measurement are important to accountability, it is important that the metrics for school and child performance be adapted to the pandemic context. Schools must consider the means by which they can ensure instructional rigor across various platforms, whether virtual, hybrid or face to face. Schools must take care to provide equity in engaging and assessing student learning outcomes so that no child is left behind however they engage in the instructional process. This will require a deft touch on behalf of schools and districts that have been thus far been best at face to face content delivery. Professional development for teachers on emerging online instructional methodologies, digital training for ancillary staff (e.g., counselors and mental health staff) to pilot new computer-based technologies to connect with families, and evolving virtual student connection platforms are all possible ways that schools may need to reconceive “student engagement” in the age of COVID-19. The legitimacy of school policies will turn in large part on whether they are adequate to sufficiently and successfully “do” school beginning next fall when schools are expected to reopen.

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<sup>2</sup> See eSchool+ Initiative Analysis of School Reopening Plans: <https://policies.equityschool.plus/>

Insofar as possible, how the pandemic has affected educational attainment and social development should be studied and documented, with sufficient granularity to permit identification of which children and groups of children have experienced which setbacks and gaps. These findings will provide schools, and society generally, with a road map for how best to mitigate the damage done after the pandemic.

Accountability should also extend to ethics objectives for reopening policies. For example, if a school system commits to the equity objective that all children have meaningful access to online education or that children of poverty will receive additional support services, the extent to which these commitments are being met should be measured and the results publicly reported.

## **CLOSING**

Probably the only ethically uncontested decision about reopening schools is that, one way or another, school must go on. We cannot delay in fulfilling the obligations to children that only schools can meet. Even in the midst of a pandemic, we must find a way to give children what they need to protect and advance all their interests, including health, intellectual and social development, and safety. Many of the decisions about how to make that happen are fraught with considerable uncertainty about how the pandemic will unfold over the coming months and about the likely consequences of different courses of action. Identifying the ethical issues that are at stake does not necessarily make decision-making easier, but it does serve to highlight how many of these decisions engage core moral values. And in so doing, identifying the ethical issues makes it less likely that important moral interests are not inadvertently overlooked.

## **APPENDIX: ADDITIONAL RESOURCES**

*How K-12 Schools Should Prepare for Reopening During 2020-21 Academic Year: An Equity Checklist (June 2020)*

The COVID-19 School Reopening Response Checklist is intended to assist school and district leaders and other key stakeholders in the decision-making process as they navigate school reopening. It is a tool that decision-makers can use to systematically assess their needs and resources for reopening in 6 areas: continuity of learning, infection control and facilities, food security, health, housing and safety, and supervision. The Checklist also highlights areas in need of attention from an equity and ethics perspective.

*Addressing Disparities in K-12 Education During the Pandemic: Examples of Policy Options (forthcoming)*:

A continuously updated list of equity-based school reopening policies under consideration or being implemented by school systems around the country.

*School News Roundup (ongoing)*:

A biweekly e-newsletter provides the latest information about schools and the COVID-19 pandemic.

*eSchool + Initiative K-12 school Re-opening Tracker (June 2020)*:

This interactive state tracker curates school reopening plans by state, as well as guidance documents published by non-governmental organizations, along six operational criteria: 1) Core Academics; 2) SARS CoV-2 Protection; 3) Before/After School Programs, including Athletics, Childcare, and Extracurriculars; 4) Building Access & Student Transportation; 5) School Health Services; and 6) Food and Nutrition, and six ethics and equity criteria 1) Parent Choice; 2) Teacher and Other School Personnel

Choice; 3) Children with Special Needs/IEP/ESL/Gifted & Twice Exceptional; 4) Children of Poverty, Children of Color, Systematic Disadvantage (Low-Income Parents & Parents who are Essential Workers); 4) Privacy; and 6) Engagement and Transparency.

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