

Dear Honorable Board Members and Dr. Maryalice Russell;

Almost a full year has passed since the district and state had to prudently close its in-person education and use of district facilities. Freshman have never before seen the inside of their new high school that they have waited so long to see. Last year's seniors never walked the new turf at Wortman field to receive their well-earned diplomas. What has been taken can never be given back and many tears have been shed as a result. As parents we have endured along with our children, we have sacrificed, we have consoled, we have been teachers and private coaches and school counselors.

Billie Jean King once famously wrote "pressure is a privilege," well we are not sure how much more pressure can be placed on these kids backs without an outlet and a chance to return to what they love.

As we look forward to better days, vaccine distribution, our kids returning to the classroom, athletic fields, auditoriums, opportunities of social interactions and support. We ask this body to fully embrace and work with our teachers, coaches, mentors, decision makers and private stake holders to allow sports and extracurricular activities to return to McMinnville District property as soon as possible for the health and wellbeing of our community.

While we recognize guidance from the governor, CDC, OHA, OSAA and local health metrics are guiding your decisions, we ask for your full commitment to allow the district to move swiftly getting kids back on campus as quickly as possible, whether for education, field use, gym use or clubs. You have asked our students to be resilient, to show "GRIT" and persevere. Now it is time as a guiding body of one of the largest 6A schools in the state to continue to show your GRIT and be this community's advocates and leaders for our students.

In the News Register this past Saturday, the article referenced what traits the community is looking for in a new Superintendent and what issues were important to address. The word "equity" was referenced by this board in quotes. We can write to you now and say the greatest athletic inequity is happening right today and before your eyes. We know firsthand of student athletes who come from stable and greater socio economic status homes that have left the district, are traveling and are being provided opportunities to play outside of this district. But what about those that can't? The ones that don't have the resources or ability to just up and move or travel to Idaho, or pay high priced clubs to participate, what about them? All of our youth programs have scholarships every year, we know these student athletes intimately and they are being left behind and left out.

Please take this into consideration as we move through the coming weeks and months and as we begin to submit our facility usage requests. Our students have showed their GRIT, they have followed the rules, they have done the distance learning, please allow them the ability to play sports and participate in their extracurricular activities as soon as possible and within our health protocols.

Respectfully Submitted:

Jason M. Bizon
President McMinnville Junior Baseball

Mike Limbert
President McMinnville Soccer Club

Jeff Mackay
President McMinnville Youth Softball

Adam Thomas
President McMinnville Mat Club

Stephanie Fox
McMinnville Youth Cheer Director

Brian Bomberger DMD
President McMinnville Youth Football

Andrew Jones
President McMinnville Swim Club

Communication, please

1 message

Jennifer Nice <jnice@linfield.edu>

Sun, Feb 7, 2021 at 9:37 PM

To: "SchoolBoard@msd.k12.or.us" <SchoolBoard@msd.k12.or.us>, "mrussell@msd.k12.or.us" <mrussell@msd.k12.or.us>

Dr. Russell and board members of the McMinnville School District:

As we approach the year marker of comprehensive distance learning due to the COVID-19 pandemic, I am hopeful for some communication and transparency from the school district. We appreciate all the work the teachers, administration and staff are doing to help students learn online. None of this is easy for anyone - students, educators, parents.

Now that teachers are receiving the COVID vaccine, a prioritized group due to Governor Brown's mandate, I am curious what the district's plans are for a phased reopening of hybrid and in-person learning. We received the following email on Jan. 11th via Parent Square:

[Reopening Update](#)

McMinnville School District • a month ago • Monday, Jan 11 at 4:10 PM • McMinnville School District

The COVID-19 metrics for Yamhill County continue to be too high for the reopening of McMinnville schools to large groups of students according to the current Oregon Department of Education metrics which advises that schools do not fully open if the COVID-19 case count is greater than 200 cases per 100,000 population. The number of COVID-19 cases for the weeks of 12/27/20-1/9/21 in Yamhill County is 403 per 100,000.

The Oregon Department of Education will release revised guidelines on January 19th. MSD will review the guidelines and hope for more in-person opportunities following second-quarter pending improved county health metrics. Until opening for more in-person learning, MSD will continue comprehensive distance learning and limited in person instruction for small cohorts of students.

Later this month parents will receive a survey to let the district know if they plan to return their child for in-person learning when we are able to offer it or if they would prefer their child to continue in remote learning.

I do not understand why parents have not received this survey, since we were told a month ago to expect it during January. It seems that the sooner the District can collect the data about how many students plan to return to in-person/hybrid learning, and those that will need bussing, food service, etc., the sooner that data can inform various options to bring students and teachers safely back to the building.

The majority of parents and caregivers are anxious for communication and would like to know plans, even if those plans change...and most people understand that life in a pandemic changes often in response to the virus.

Many parents are willing to help or volunteer in different capacities to facilitate this process. But we need to know what the options are, what plans are being considered, and how we can plug in.

As the Parent Engagement Officer at Linfield University, a significant part of my job since March 2020 is parent communication and managing parent expectations. I send e-newsletters once/month, additional emails during the month, and monitor a private Facebook group to keep parents informed on the latest updates. Communication and transparency makes a huge difference and builds trust, even if parents don't necessarily agree with every decision the university makes.

My husband teaches science at Dayton High School. Dayton School District has notified parents on Feb. 2nd of the date students will return to the classroom for hybrid learning, which depends on grade level. Dayton High School and Dayton Junior High will welcome students, who choose to return, back for hybrid learning on March 30th.

I understand there are many challenging factors to address in order to pull off the logistics of bringing students and teachers into the buildings and keeping them safe. The vaccine will provide a 95% protection rate for teachers against contracting the virus, and other precautions like face coverings, reduced capacity, physical distancing, and cleaning will help bridge the remaining 5%.

Considering this massive task, I implore the district to send out the parent survey to parents of all grade levels ASAP, and start collecting this imperative data in order to make plans and contingency plans. Please remember that parents are partners in the educational process. Please start communicating consistently and give us the opportunity to help where it is needed.

Sincerely,

Jennifer Nice
parent to an MHS sophomore

Jennifer M. Nice

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Dear Dr. Russell and MSD School Board,

Feb 7, 2021, 9:15
PM (11 hours
ago)

to mrussell, schoolboard, me

We are writing today to express our deep, sincere wish for McMinnville School District to declare a date when middle and high schools will reopen this academic year. It is critical for our two children to be allowed to return to school as soon as possible. There are a litany of reasons why we ask for this, the most pressing of which are detailed below.

Our son and daughter's worlds have been reduced to a 3x3' square in their rooms, where they sit at their desks for both school and social time. They have been doing this for almost a full year. We really can't articulate what it is like to watch two extremely bright, capable, fun-loving kids turn into sad-eyed, anxious people who see no point—let alone enjoyment—in any online activity. We are up almost every night consoling them about when this will end, trying to find things to make them look forward to the next day in any small way. It is exhausting, for them and for us, and getting harder every single day.

Their developmental job as teenagers is to separate from us and declare their independence, which they are categorically unable to do. There is literally nowhere they can safely go to be separate from us.

Their social circles are limited to their best friends. They aren't bumping up against the myriad of other personalities that help them to grow. They cannot built relationships with caring, safe adults. They aren't building relationships with acquaintances, because teens don't reach out to peers that they don't know well in an online world. There is no opportunity in an online classroom to joke around, or flirt, or even to exchange eye contact with others, which is one of the biggest, most important parts of middle and high school.

Over recent years, we as a society have been recognizing and grappling with the harmful effects of social media and online relationships. The casual cruelty that happens so much more readily online. The fear of missing out and always needing to be available online. The lack of deep connections that could buffer against these harmful effects. And now, online relationships via Discord and Instagram are comprising almost all of our children's social spheres.

The limited in-person activities that have been available for our son (tennis in the fall and robotics throughout the year) have quite possibly been very literally life-saving. He has battled profound mental health crises this year and these small bits of pseudo-normal life are one of the few things that link this year to previous ones and remind him of what things will be like again someday.

The scariest part is, we know our children are some of the lucky ones. Academics come easy to them. They have their own computers on which to attend class and complete homework, and their own rooms to do so in. The activities our son participates in have been able to happen at least somewhat in-person. Their parents are not only native English speakers, but well-educated and able to help with the work in any of their classes. No one in our immediate or extended family has lost a job, lost a house, or gotten sick with COVID. Watching our children slowly unravel, we can only imagine how much more quickly and deeply the this year has affected students who do not share the same advantages.

We know that teachers are receiving vaccinations now. We would like to see an announcement, with a date, for middle and high schools to resume in-person teaching this spring. Our children's well-being depends upon it.

Sincerely,
Amy & Andrew Scholer

McMinnville School Board,

I'm writing you as a very frustrated and concerned parent. I have two children that are currently enrolled in the McMinnville School District. My daughter is an honors student at Patton Middle School and my son is at Memorial Elementary and is in special education. We have both ends of the academic spectrum in our home and neither child is doing well in the current distance learning model.

I am a frontline health care worker and work as a critical care nurse in a COVID ICU. I see the physical effects on the vulnerable in our community every day, and I believe in protecting the vulnerable and decreasing the risk to our community. In the beginning of the pandemic there were many unknowns regarding transmission and at-risk populations. It made sense in the interest of public health to move to remote learning and protect our community. However, we are no longer living with these unknowns. We know how to protect and prevent the spread.

In the middle of a global pandemic, it's unrealistic to assume that there would be no risk, but we do know how to greatly reduce the risk. Front line, essential workers have not had a choice but to figure out how to protect themselves and those around them with ever changing guidelines and recommendations. It's frustrating that even with 10 months of preparation and planning time our schools remain closed to in person instruction.

Schools across this country have been open since Sept. There is now data showing that when opened with safety protocols in place, in person learning does not contribute to increased community spread. This past week the CDC released a study that showed that in person school did not contribute to community spread. In this particular study ZERO staff out of 654 staff and only 7 out of 4,876 students were known to have contracted COVID-19 in the school setting. I've attached the full study to my email.

MSD can implement plans that other schools have been using for months. There is no need to develop anything new. Private schools in our district and schools in other states are already open and successfully mitigating the risk to their teachers and students. MDS has a responsibility to the community to do the same.

Distance learning is not meeting the needs of the vast majority of the students in our district. Oregon schools were at the bottom in this country prior to the pandemic, and distance learning is only resulting in Oregon students falling further behind. Students that have the opportunity to attend private schools in our area, or students in other states are at a clear advantage academically. The longer this goes on the worse it is for our children.

My husband and I chose to put our children in MSD 3 years ago after having them in private school for many years. We have the resources to remove them again and go back to private school. This may end up being our only option if MSD doesn't allow our children to return to in person learning. However, we believe strongly in community and working for the good of each member of our community. That means advocating for those in our community who do not have a voice. It seems right now there is no one advocating for our children. Distance learning has a much higher negative impact on our poorer communities and those who are already at a disadvantage. You were elected by our community, and I respectfully ask that you use your position to advocate for our children.

Sincerely,

Jennifer and Seth Rice

COVID-19 Cases and Transmission in 17 K–12 Schools — Wood County, Wisconsin, August 31–November 29, 2020

Amy Falk, MD^{1,2}; Alison Benda²; Peter Falk, OD³; Sarah Steffen, MMP²; Zachary Wallace²; Tracy Beth Høeg, MD, PhD^{4,5}

On January 26, 2021, this report was posted as an MMWR Early Release on the MMWR website (<https://www.cdc.gov/mmwr>).

The coronavirus disease 2019 (COVID-19) pandemic has disrupted in-person learning in the United States, with approximately one half of all students receiving online-only instruction since March 2020.* Discontinuation of in-person schooling can result in many hardships (1) and disproportionately affects families of lower socioeconomic status (2). Current evidence suggests that transmission of SARS-CoV-2, the virus that causes COVID-19, in kindergarten through grade 12 (K–12) schools might not significantly contribute to COVID-19 spread nationwide (3). During August 31–November 29, 2020, COVID-19 cases, spread, and compliance with mask use were investigated among 4,876 students and 654 staff members who participated in in-person learning in 17 K–12 schools in rural Wisconsin. School-attributable COVID-19 case rates were compared with rates in the surrounding community. School administration and public health officials provided information on COVID-19 cases within schools. During the study period, widespread community transmission was observed, with 7%–40% of COVID-19 tests having positive results. Masking was required for all students and staff members at all schools, and rate of reported student mask-wearing was high (>92%). COVID-19 case rates among students and staff members were lower (191 cases among 5,530 persons, or 3,453 cases per 100,000) than were those in the county overall (5,466 per 100,000). Among the 191 cases identified in students and staff members, one in 20 cases among students was linked to in-school transmission; no infections among staff members were found to have been acquired at school. These findings suggest that, with proper mitigation strategies, K–12 schools might be capable of opening for in-person learning with minimal in-school transmission of SARS-CoV-2.

Among 18 selected schools in Wood County, Wisconsin, 17 agreed to participate in this study of COVID-19 in schools and compliance with mask use. One school opted not to participate based on teacher preference. Surveillance was initiated by a small group of physician and medical student researchers. Participating schools were from three public school districts, one private school district, and one independent private school. Eight schools were elementary (grades K–6) with 1,529 students attending in-person, and nine were

secondary (grades 7–12) with 3,347 students attending in-person. An estimated 12.4% of Wood County's children were attending virtually.

A number of infection mitigation measures were employed at the schools. The Legacy Foundation of Central Wisconsin provided funding for the districts to purchase 2–3-layer cloth face coverings for all students, and all students received three to five masks as a result of this grant. All schools were under district and statewide mask mandates during the study period. Students were asked to wear masks when within 6 feet of another person outdoors and at all times indoors. A classroom cohort included students from one grade level who avoided mixing with other students and ranged in size from 11 to 20 students. All classes and lunch periods were held indoors. Schools generally attempted to seat students near the same person within their cohort, if possible. Staff members were instructed to wear masks, maintain a distance of 6 feet from all persons, if possible, and limit time in shared indoor spaces. If a student was excluded from in-person school because of COVID-19 symptoms, that student's siblings also were excluded from school. No systematic COVID-19 screening was conducted in the schools or the community.

A free online survey using Google Forms (<https://www.google.com/intl/en-GB/forms/about>) was distributed to all eligible classroom teachers (305) by the school administration or the research team. Information regarding the total number of students expected to attend school in-person, number of students actually attending in-person, and number of students donning or wearing masks when expected to do so was obtained from these surveys. Teachers were instructed to complete the survey once per week during a single class and were instructed to complete the survey based on what they were observing at that time on survey day. Information on masking compliance among staff members was not collected.

Information was obtained from the Wood County public health COVID-19 dashboard[†] on weekly cases and percentage of positive COVID-19 test results in the community. A COVID-19 case was defined as a positive SARS-CoV-2 reverse transcription–polymerase chain reaction (RT-PCR) test result. COVID-19 cases in schools were reported by public health or school administration officials using deidentified data. Infection source and whether the infection was likely acquired

* Accessed January 13, 2021. <https://cai.burbio.com/school-opening-tracker/>

[†] Accessed December 10, 2020. <https://woodwi.maps.arcgis.com/apps/opsdashboard/index.html#/da7f0d6815494e4b85e614e042671b14>

in school or outside of school were determined by case investigations conducted by school administration and the public health department. When a school was alerted to a positive case in a student or staff member, school officials identified persons who had had close contact with the patient through interviews with the patient, parents, and school staff members. Close contact was defined as being within 6 feet for longer than 15 cumulative minutes during a 24-hour period.[§] Patients' close contacts were required to quarantine in their homes, and if they experienced symptoms during the quarantine period, they were further investigated to determine whether in-school spread might have occurred.

Descriptive statistics were used to calculate school and district average masking compliance as well as percentage of students absent based on the weekly surveys. The protocol was reviewed by the Aspirus Wausau Hospital Institutional Review Board and determined to be exempt from human subjects review because it met the requirements under 45 CFR 46.104 (d) (2) and underwent a limited review as required under 46.111 (a) (7).

A total of 4,876 students and 654 staff members contributed data to the study. Wood County in central Wisconsin has a population of approximately 73,000, with just under 100 persons per square mile. According to a 2019 U.S. Census Bureau estimate,[¶] 92.0% of the population in Wood County identified as non-Hispanic White, median income was \$54,913, and 10.7% of persons met poverty thresholds.** During the 13-week study period (August 31–November 29), a total of 3,393 COVID cases were reported in Wood County (cumulative incidence = 5,466 per 100,000 persons), including 191 cases within the participating schools (cumulative incidence = 3,454 per 100,000). Cases occurred in 133 students and 58 staff members. Among these 191 cases, seven (3.7%) were attributed to in-school SARS-CoV-2 transmission (Figure 1), and all occurred among students. Five cases of transmission occurred within elementary school cohorts, and two occurred within secondary school cohorts. Three of these seven cases occurred in one class in one elementary school, and the other four occurred at separate schools. No in-school transmission between separate classroom cohorts was reported. Weekly COVID-19 incidence ranged from 34 to 1,189 per 100,000 persons in the community, and from 72 to 699 cases per 100,000 among students and staff members in the schools. COVID-19 incidence in schools conducting in-person instruction was 37% lower than that in the surrounding community. During the study period,

7%–40% of RT-PCR tests from Wood County had positive results (Figure 2).

A total of 2,846 teacher survey responses were collected weekly (response rate = 54%), including 37,575 weekly student masking observations. Observed student masking compliance ranged from 92.1% to 97.4% (Figure 3) and did not vary by student age. During the study period, masking noncompliance increased slightly from 2.6% to 7.9%.

Discussion

This study, involving students and staff members in 17 K–12 schools in five rural Wisconsin districts under district and statewide mask mandates, found high teacher-reported student masking compliance. Among 5,530 students and staff members, 191 COVID-19 cases were reported. Only seven (3.7%) of these cases were associated with in-school transmission, all in students. Despite widespread community transmission, COVID-19 incidence in schools conducting in-person instruction was 37% lower than that in the surrounding community.

Children might be more likely to be asymptomatic carriers of COVID-19 than are adults (4). In the present study, the absence of identified child-to-staff member transmission during the 13-week study period suggests in-school spread was uncommon. This apparent lack of transmission is consistent with recent research (5), which found an asymptomatic attack rate of only 0.7% within households and a lower rate of transmission from children than from adults. However, this study was unable to rule out asymptomatic transmission within the school setting because surveillance testing was not conducted.

Student masking compliance was reported to exceed 92% throughout the course of the study. Older children were reported to be equally compliant with masking as younger children. High levels of compliance, small cohort sizes (maximum of 20 students), and limited contact between cohorts likely helped mitigate in-school SARS-CoV-2 transmission and could be responsible for the low levels of transmission detected in schools. Investigation of 191 school-related COVID-19 cases in students and staff members suggested that most transmission occurred outside of required school activities. This finding is consistent with recently reported data suggesting limited transmission within schools (6).

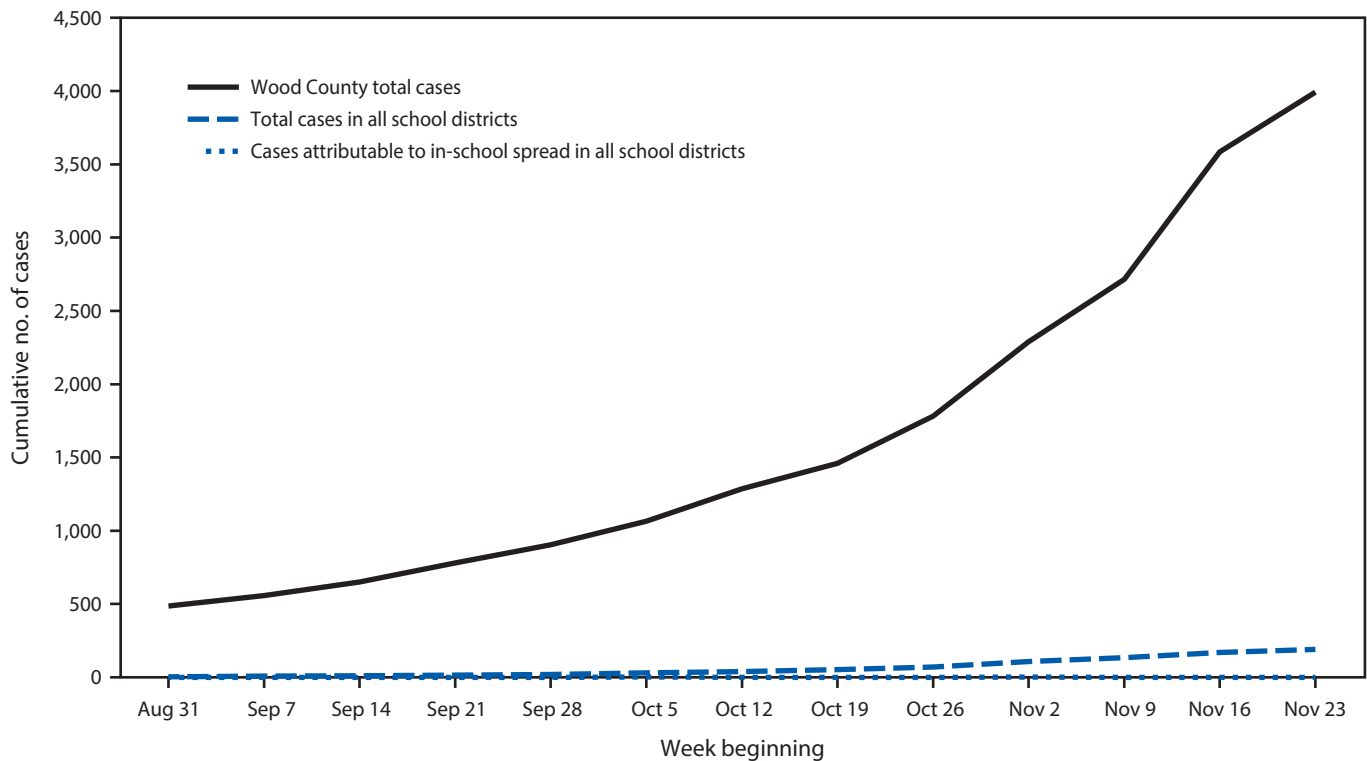
Some school districts throughout the country have set thresholds for reopening based on the percentage of positive test results in the community (e.g., Virginia: 10%, California: 8%) (7,8). The percentage of positive COVID-19 test results ranged from 7% to 40% in the community, and confirmed COVID-19 cases within schools were few. These findings suggest that attending school where recommended mitigation strategies are implemented might not place children in a higher

[§] CDC has defined “close contact” at the following URL: <https://www.cdc.gov/coronavirus/2019-ncov/global-covid-19/operational-considerations-contact-tracing.html#:~:text=Close%20contact%20is%20defined%20by,the%20patient%20is%20isolated>

[¶] <https://www.census.gov/quickfacts/woodcountywisconsin>

** <https://aspe.hhs.gov/poverty-guidelines>

FIGURE 1. Cumulative number of community and school-associated* COVID-19 cases and in-school transmission,[†] by week — Wood County, Wisconsin, August 31–November 29, 2020



Abbreviation: COVID-19 = coronavirus disease 2019.

* Cases occurring in students or school staff members.

[†] Cases attributed to virus transmission occurring during students' attendance at schools.

risk environment than exists in the community. Having children in a monitored school setting might increase adherence to mask compliance, and cohorting can help minimize exposures for children and adults. In-person schooling for children has numerous health and societal benefits, especially for children and parents of lower socioeconomic status (9).

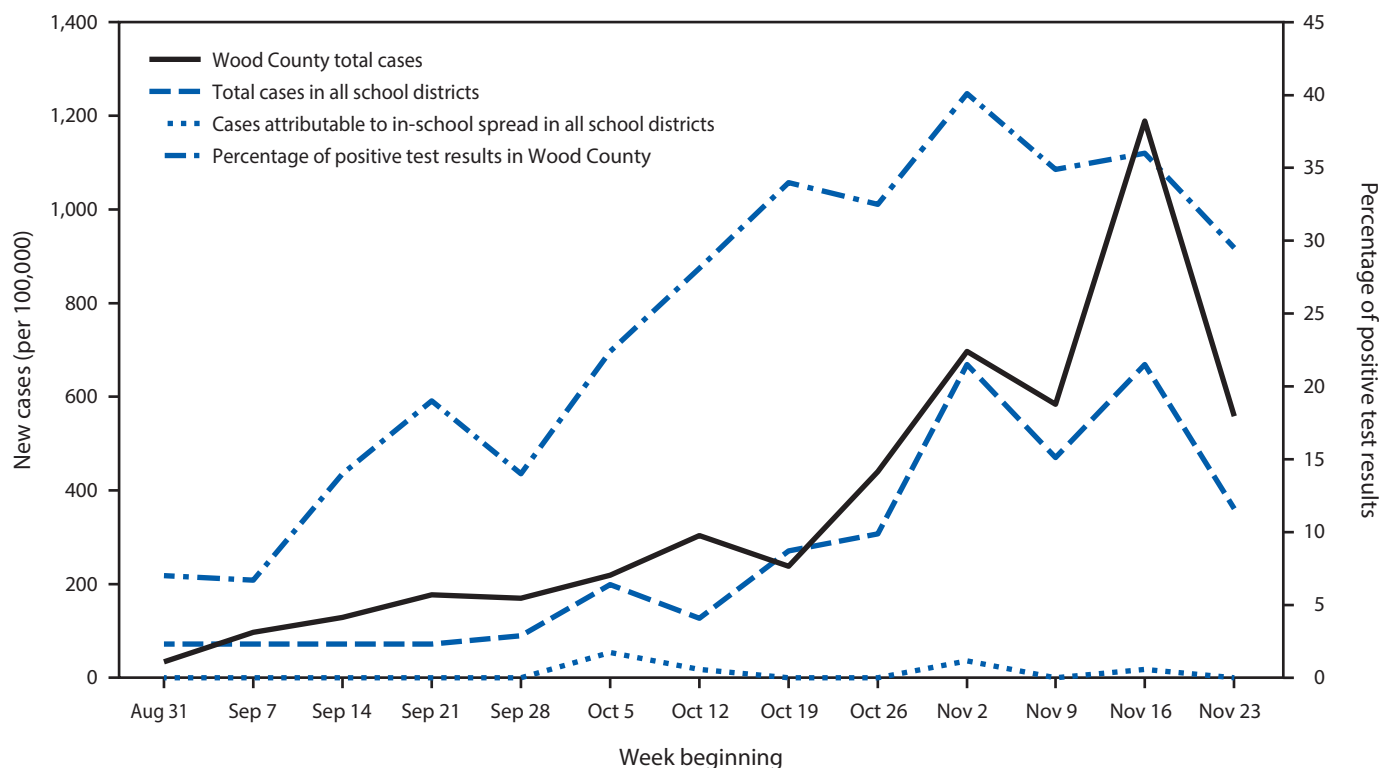
The findings in this report are subject to at least seven limitations. First, mask use was assessed using a survey that was not validated, dependent on voluntary teacher response and subject to recall and social desirability biases (10). The actual mask-wearing rate might have been different because only approximately one half of teachers participated in the study. Teachers with lower masking compliance in their cohort might have been less likely to complete the survey, which limits the reliability of this measure. Second, lack of data about masking compliance among staff members might also lead to a reported masking compliance that differed from actual masking compliance among all persons in the study. Third, it was not possible to determine the specific roles that mask-wearing and other disease mitigation strategies played in the low rate of disease spread, and information on school ventilation systems was not obtained. Fourth, because schools did not perform infection screening of staff members and students, the prevalence

of asymptomatic spread could not be determined. However, recent serological survey data from a school setting found asymptomatic spread to be minimal.^{††} Fifth, sources of infection among identified cases were detected through contact tracing, which is less accurate than is genomic sequencing. Sixth, rural schools might differ in important ways from those in more densely populated areas. For example, the capacity to achieve physical distancing in schools might differ if classroom size and outdoor space in rural schools is different from that in suburban or urban schools. However, all the classes and lunch periods in this study were held indoors, as would be consistent with most urban settings. Finally, the ethnic makeup of this rural population was predominantly non-Hispanic White, and the results of this study might not be generalizable to other rural or nonrural school populations.

In a setting of widespread community SARS-CoV-2 transmission, few instances of in-school transmission were identified among students and staff members, with limited spread among children within their cohorts and no documented transmission

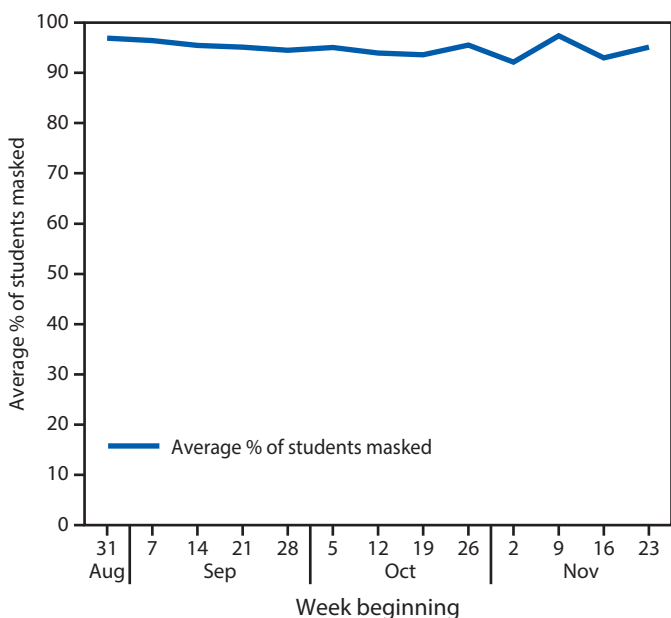
^{††} https://www.eurosurveillance.org/content/10.2807/1560-7917.ES.2020.26.1.2002011;jsessionid=XJtPf50wnH_YvhDr9woWoYNt.i-0b3d9850f4681504f-ecclive?fbclid=IwAR2XBDNzXyJfBcZ7aCslsmQAiBhqS57D738ab9gJpAz88_40lnvEE263CT0#html_fulltext

FIGURE 2. Community and school-associated COVID-19 incidence (cases per 100,000) and percentage of positive test results, by week — Wood County, Wisconsin, August 31–November 29, 2020



Abbreviation: COVID-19 = coronavirus disease 2019.

FIGURE 3. Average percentage of students (N = 4,876) in compliance with recommended mask use across all districts — Wood County, Wisconsin, August 31–November 29, 2020



to or from staff members. Only seven of 191 cases (3.7%) were linked to in-school transmission, and all seven were among children. Mask-wearing among students was reported by teachers as high, which likely contributed to low levels of observed disease transmission in these 17 K–12 schools. Although asymptomatic transmission is possible, this study demonstrated that, with precautions in place, in-school transmission of SARS-CoV-2 appeared to be uncommon in this rural Wisconsin community, despite up to a 40% positive SARS-CoV-2 test rate in the surrounding county.

Acknowledgments

Legacy Foundation of Central Wisconsin; Wood County Public Health Department; Daniel Sklansky; Emily Allen; Craig Broeren; school educators and administrators.

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All authors have completed and submitted the International Committee of Medical Journal Editors form for disclosure of potential conflicts of interest. No potential conflicts of interest were disclosed.

Summary**What is already known about this topic?**

COVID-19 outbreaks related to kindergarten through grade 12 (K–12) classroom settings have been rarely reported; however, in-school transmission risk has not been well described.

What is added by this report?

Among 17 rural Wisconsin schools, reported student mask-wearing was high, and the COVID-19 incidence among students and staff members was lower than in the county overall (3,453 versus 5,466 per 100,000). Among 191 cases identified in students and staff members, only seven (3.7%) cases, all among students, were linked to in-school spread.

What are the implications for public health practice?

With masking requirements and student cohorting, transmission risk within schools appeared low, suggesting that schools might be able to safely open with appropriate mitigation efforts in place.

References

1. Kuhfeld M, Soland J, Tarasawa B, Johnson A, Ruzek E, Liu J. Projecting the potential impact of COVID-19 school closures on academic achievement. *Educ Res* 2020;49:549–65. <https://doi.org/10.3102/0013189X20965918>
2. Nicola M, Alsaifi Z, Sohrabi C, et al. The socio-economic implications of the coronavirus pandemic (COVID-19): a review. *Int J Surg* 2020;78:185–93. PMID:32305533 <https://doi.org/10.1016/j.ijssu.2020.04.018>
3. Ludvigsson JF. Children are unlikely to be the main drivers of the COVID-19 pandemic—a systematic review. *Acta Paediatr* 2020;109:1525–30. PMID:32430964 <https://doi.org/10.1111/apa.15371>
4. Dong Y, Mo X, Hu Y, et al. Epidemiology of COVID-19 among children in China. *Pediatrics* 2020;145:e20200702. PMID:32179660 <https://doi.org/10.1542/peds.2020-0702>
5. Madewell ZJ, Yang Y, Longini IM Jr, Halloran ME, Dean NE. Household transmission of SARS-CoV-2: a systematic review and meta-analysis. *JAMA Netw Open* 2020;3:e2031756. PMID:33315116 <https://doi.org/10.1001/jamanetworkopen.2020.31756>
6. Zimmerman KO, Akinboyo IC, Brookhart MA, et al. Incidence and secondary transmission of SARS-CoV-2 infections in schools. *Pediatrics* 2021; e2020048090. <https://doi.org/10.1542/peds.2020-048090>
7. Fairfax County Public Schools. COVID-19 health metrics. Falls Church, VA: Fairfax County Public Schools; 2021. Accessed January 21, 2021. <https://www.fcps.edu/return-school/fcps-confirmed-covid-19-case-reporting>
8. State of California. Blueprint for a safer economy. Sacramento, CA: State of California; 2020. Accessed December 22, 2020. <https://www.covid19.ca.gov/safer-economy>
9. Hahn RA, Truman BI. Education improves public health and promotes health equity. *Int J Health Serv* 2015;45:657–78. PMID:25995305 <https://doi.org/10.1177/0020731415585986>
10. Alhubaiti A. Information bias in health research: definition, pitfalls, and adjustment methods. *J Multidiscip Healthc* 2016;9:211–7. PMID:27217764 <https://doi.org/10.2147/JMDH.S104807>