

Jomsky, Mark

From: Nathan Jakubiak
Sent: Thursday, February 10, 2022 9:31 PM
To: Jomsky, Mark
Subject: End COVID mandates for kids in Pasadena!

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Re: End COVID mandates for kids in Pasadena!

Dear Mr. Jomsky,

Please end all COVID mandates for kids in Pasadena!

On Monday, Governor Newsom announced the end of indoor mask mandates in California as of February 15th. That is, of course, except for children, who must continue to wear masks in school and day care, all day, every day, likely indefinitely. This makes no sense since kids have extremely low risk from COVID - the lowest of any age group in the population.

According to Vinay Prasad, oncologist at UCSF, Jonathan Darrow of Harvard University and Ian Liu of the University of Colorado, "We are well past the emergency phase of this pandemic, and it should be well-known by now that wearing cloth face coverings or surgical masks, universal or otherwise, has a very minor role to play in preventing person-to-person transmission. It is time to stop overselling their efficacy and unrealistic expectations about their ability to end the pandemic."

The argument that students must wear masks all day at school seems to be that they must protect teachers and vulnerable people in their homes. With vaccinations available to teachers and those vulnerable relatives, why do students need to wear masks? We have made this unforgivable decision to shift the anxieties of adults onto the youngest members of society that count on us to defend their interests before our own. Kids don't protect adults! Vaccines and masks protect the individual that chooses to take and wear them. We can no longer place the burden of protecting the vulnerable on our children. They have suffered enough. NO one needs "normal" more than children.

Sincerely,
Nathan Jakubiak

Pasadena, CA 91104 Constituent

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Jomsky, Mark

From: Brian Johansing
Sent: Friday, February 11, 2022 8:43 AM
To: Jomsky, Mark
Subject: Stop Masking Kids

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Re: Stop Masking Kids

Dear Mr. Jomsky,

In recent days, governments across the US and around the world have rolled back their restrictive Covid 19 mandates. They have done this for a variety of reasons – covid numbers are rapidly declining, scientists are openly questioning the lack of science supporting the efficacy of the mandates - as well as the real-world realization that they just aren't working, and citizens are expressing frustration over the mixed messaging and outrage after witnessing the toll mandates have taken on our communities and especially our children.

On Monday, Governor Newsom announced the end of indoor mask mandates in California as of February 15th. That is, of course, except for children, who must continue to wear masks in school and day care, all day, every day, likely indefinitely. School children and masking are not even part of the discussion when it comes to ending these harmful mandates. This is outrageous for so many reasons but mainly because the LEAST at risk population are being forced to protect anxious adults and they are suffering immeasurably for it. The United States is uniquely aggressive in masking children as young as 2 years old, against the recommendation of the WHO. According to Vinay Prasad, oncologist at UCSF, Jonathan Darrow of Harvard University and Ian Liu of the University of Colorado, "We are well past the emergency phase of this pandemic, and it should be well-known by now that wearing cloth face coverings or surgical masks, universal or otherwise, has a very minor role to play in preventing person-to-person transmission. It is time to stop overselling their efficacy and unrealistic expectations about their ability to end the pandemic."

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Sincerely,
Brian Johansing

Pasadena, CA 91104 Constituent

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Jomsky, Mark

From: Molly Johansing
Sent: Friday, February 11, 2022 1:54 PM
To: Jomsky, Mark
Subject: Stop Depriving Kids of Normalcy

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Re: Stop Depriving Kids of Normalcy

Dear Mr. Jomsky,

In recent days, governments across the US and around the world have rolled back their restrictive Covid 19 mandates. They have done this for a variety of reasons – covid numbers are rapidly declining, scientists are openly questioning the lack of science supporting the efficacy of the mandates - as well as the real-world realization that they just aren't working, and citizens are expressing frustration over the mixed messaging and outrage after witnessing the toll mandates have taken on our communities and especially our children.

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The argument that students must wear masks all day at school seems to be that they must protect teachers and vulnerable people in their homes. With vaccinations available to teachers and those vulnerable relatives, why do students need to wear masks? We have made this unforgivable decision to shift the anxieties of adults onto the youngest members of society that count on us to defend their interests before our own. Kids don't protect adults! Vaccines and masks protect the individual that chooses to take and wear them. We can no longer place the burden of protecting the vulnerable on our children. They have suffered enough. NO one needs "normal" more than children. We have deprived kids so much already these last two years, and it is time to stop restricting their ability to achieve normalcy when COVID is now on par with the flu in terms of risk to kids.

Sincerely,
Molly Johansing

Pasadena, CA 91104 Constituent

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Jomsky, Mark

From: Nicole Johansing
Sent: Friday, February 11, 2022 8:16 AM
To: Jomsky, Mark
Subject: End the Mandates on February 15

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Re: End the Mandates on February 15

Dear Mr. Jomsky,

K-12 student mask mandates, asymptomatic testing and close-contact quarantines are now ineffective, unnecessary and damaging to children. These policies must end February 15th when the state indoor mask mandate expires.

The virus is becoming endemic - we have all the tools we need to live with it, and it's clear our local health agency has never understood the significant mental health concerns and loss of learning their over cautious policies have caused-

- 1 - We urge an immediate end to this perpetual state of emergency.
- 2 - We urge that children, our least vulnerable group, have all restrictions removed for them.
- 3 - We urge the removal of mandates including masking, mandatory vaccines and boosters. THEY SHOULD ALL BE OPTIONAL.

Pasadena Public Health Department (PPHD) must start following the current scientific data that shows that its requirements for masks, quarantines and testing are outdated and overcautious. PPHD must also weigh the physical, mental and academic harm to students from these policies that unnecessarily deny students their fundamental right to a thriving education.

Pasadena parents are calling on our local elected representatives and health department to discontinue these harmful policies and act in the interest of what is best for our children.

Sincerely,
Nicole Johansing

Pasadena, CA 91104 Constituent

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Flores, Valerie

From: Una Lee Jost <una@jostlegal.com>
Sent: Monday, February 14, 2022 11:21 AM
To: PublicComment-AutoResponse; Bell, Cushon; Dyson, Darla; Porras, Susana; Sullivan, Noreen; Morales, Margo; Suzuki, Takako; Thyret, Pam; Gordo, Victor; Hampton, Tyron; Williams, Felicia; Masuda, Gene; Kennedy, John J.; Rivas, Jessica; Madison, Steve; Wilson, Andy
Subject: Feb. 14, 2022 Pasadena City Council Meeting – Public Comment – Agenda 10
Attachments: CAPTA_10ThingsCAStatePTARecommendsfortheSafeReopeningOfSchools.pdf; CAPTA_StatementOnNewVaccinationMandate4CAStudentsandSchoolEmployeesin2022.pdf; AAP_COVID-19Guidance4SafeSchoolsandPromotionOfIn-PersonLearning.pdf

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Dear Pasadena City Council Members:

I'm Una Lee Jost, PUSD parent and long-time resident of the City of Pasadena, District 4.

I am also a member of the PTA, the nation's largest volunteer-led child advocacy association working to drive improvements in the education, health and well-being of all children and families.

Thank you for the opportunity to comment on Agenda 10, pertaining to an informational report regarding state and local mask mandate requirements related to COVID-19.

I write to applaud Dr. Ying-Ying Goh's leadership of our City's health department in assisting our City in navigating the COVID-19 pandemic.

I also write to applaud and encourage our City Council to further efforts to timely adhere to the requirements set forth by the California Department of Public Health and City health department to ensure that we protect the health and well-being of all Pasadenans; keep our schools open for in-person instruction; and allow Pasadena's economy to remain open and thrive.

1.

CA STATE PTA TEN RECOMMENDATIONS FOR THE SAFE REOPENING OF SCHOOLS, INCLUDING FOLLOWING HEALTH GUIDELINES

In the context of schools, the CA State PTA has adopted ten recommendations for the safe reopening of schools, including:

"FOLLOW HEALTH GUIDELINES: Schools should not open in person unless it is safe for students and staff. School districts should adhere to the requirements set forth by the California Department of Public Health and county health departments regarding the reopening of schools....

"Any timeline for the reopening of schools should consider the needs of parents and teachers and respect the most accurate health guidelines.

This includes making sure the school facility is safe for re-opening.”

(<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fcapta.org%2Flisten-up-10-things-we-need-to-do-to-reopen-schools-safely&data=04%7C01%7Cvflores%40cityofpasadena.net%7Cd21f729205884ba080c608d9efef2148%7C82d9fc002c664402a28fc6bcd32e491%7C1%7C0%7C637804635013352305%7CUnknown%7CTWFpbGZsb3d8eyJWljiMC4wLjAwMDAiLCJQIjoiV2luMzliLCJBTiI6I1haWwiLCJXVCi6Mn0%3D%7C3000&sd=16A63RzKpD2f1BtbJftQEM%2Fj6Ngo%2BXr%2BKOGSWEkuwUY%3D&reserved=0>)

2.

NAVIGATING THE PANDEMIC THROUGH AN EQUITY LENS, FROM THE PERSPECTIVE OF PASADENA'S VULNERABLE CHILDREN AND MULTIGENERATIONAL FAMILIES LIVING WITH RACIAL DISPARITIES AND DISABILITIES

The COVID-19 pandemic has magnified the enormous racial disparities in healthcare, especially in California where Black, Latinx, and Pacific Islanders are experiencing higher rates of infection, hospitalizations, and deaths.

- For example, the death rates for Black and Latinx people is 17% higher than statewide.

- And the case rate for communities with median income <\$40K is even higher, at 25% higher than statewide.

(<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fcovid19.ca.gov%2Fequity%2F%23location-california&data=04%7C01%7Cvflores%40cityofpasadena.net%7Cd21f729205884ba080c608d9efef2148%7C82d9fc002c664402a28fc6bcd32e491%7C1%7C0%7C637804635013352305%7CUnknown%7CTWFpbGZsb3d8eyJWljiMC4wLjAwMDAiLCJQIjoiV2luMzliLCJBTiI6I1haWwiLCJXVCi6Mn0%3D%7C3000&sd=2BLUYRzXrYAT8rTbdBnpAjqDktWnKlo6ddisxQ7FS2zA%3D&reserved=0>)

Indeed, the vast majority of our PUSD students are from low-income and nonwhite families and communities (46.2% Latinx, 9.6% Black) disproportionately impacted by COVID-19 infections, hospitalizations, and deaths.

(<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.kidsdata.org%2Fregion%2F817%2Fpasadena-unified%2Fsummary%236%2Fdemographics&data=04%7C01%7Cvflores%40cityofpasadena.net%7Cd21f729205884ba080c608d9efef2148%7C82d9fc002c664402a28fc6bcd32e491%7C1%7C0%7C637804635013352305%7CUnknown%7CTWFpbGZsb3d8eyJWljiMC4wLjAwMDAiLCJQIjoiV2luMzliLCJBTiI6I1haWwiLCJXVCi6Mn0%3D%7C3000&sd=2BgljWizqWgZkbFNCNTF18sQxdkSyvqPVLz%2BWNmfMwc%3D&reserved=0>)

In addition, public health data shows that vaccination of children lag behind residents in general.

- Whereas more than 77% of LA County residents are vaccinated, only 25% of children ages 5-11 are fully vaccinated.

(<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fpublichealth.lacounty.gov%2Fmedia%2FCoronavirus%2Fvaccine%2Fvaccine-dashboard.htm&data=04%7C01%7Cvflores%40cityofpasadena.net%7Cd21f729205884ba080c608d9efef2148%7C82d9fc002c664402a28fc6bcd32e491%7C1%7C0%7C637804635013352305%7CUnknown%7CTWFpbGZsb3d8eyJWljiMC4wLjAwMDAiLCJQIjoiV2luMzliLCJBTiI6I1haWwiLCJXVCi6Mn0%3D%7C3000&sd=hQMptObz8gsYFsUtoBwOERY1bpS1KIEiCTIW07Ky6Ho%3D&reserved=0>)

- Staff presentation at a January 13, 2022 PUSD Board meeting shows similar concerning gaps in vaccinations of elementary students.

(https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fpusd.granicus.com%2FMetaViewer.php%3Fview_id%3D15%26event_id%3D489%26meta_id%3D127340&data=04%7C01%7Cvflores%40cityofpasadena.net%7Cd21f729205884ba080c608d9efef2148%7C82d9fc002c664402a28fc6bcd32e491%7C1%7C0%7C637804635013352305%7CUnknown%7CTWFpbGZsb3d8eyJWljiMC4wLjAwMDAiLCJQIjoiV2luMzliLCJBTiI6I1haWwiLCJXVCi6Mn0%3D%7C3000&sd=vbzTMEoGAZ8btP6Euy1OTrscwU%2B9FbPo8gNnnGhzZk%3D&reserved=0)

The CA State PTA has also adopted Advocacy Goals for the 2021-2021 term, among which include:

- "Advocate to achieve justice for all children, youth and families to have their essential needs met"; and
- "Advocate for shared power and belonging for all children, youth and families to address the impacts of systemic and institutionalized injustice."

(<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fs3.amazonaws.com%2Fdownloads.capta.org%2FaboutPTA%2FOrganizational%2BGoals%2B2021-23.pdf&data=04%7C01%7Cvflores%40cityofpasadena.net%7Cd21f729205884ba080c608d9efef2148%7C82d9fc002c664402a28fc6bcd32e491%7C1%7C0%7C637804635013352305%7CUnknown%7CTWFpbGZsb3d8eyJWljiMC4wLjAwMDAiLCJQIjoiV2luMzliLCJBTil6lk1haWwiLCJXVCi6Mn0%3D%7C3000&sdata=sFiaojOQN%2BrUsNzx7L7nQOxgqhnYrh sd%2Fgl%2BRrX%2FJas%3D&reserved=0>)

As a result, I encourage our City Council to increasingly view decisionmaking in navigating the pandemic through an equity lens, from the perspective of Pasadena's vulnerable children and multigenerational families living with racial disparities and disabilities.

3.

CALIFORNIA DEPARTMENT OF PUBLIC HEALTH CONTINUED UNIVERSAL INDOOR MASKING REQUIREMENT FOR HIGH-RISK SETTINGS

In light of the above context and highly transmissible Omicron variant, I'm glad the California Department of Public Health reinstated a universal indoor masking requirement during the winter season to decrease community transmission.

I'm also glad that CDPH's update to its Guidance for the Use of Face Masks' effective this Wednesday February 16, 2022 continues to require universal indoor masking for high-risk settings, such as on public transit, indoors in K-12 schools, healthcare settings, homeless shelters, and senior care facilities.

(<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.cdph.ca.gov%2Fprograms%2FCID%2FDCDC%2FPages%2FCOVID-19%2FGuidance-for-face-coverings.aspx&data=04%7C01%7Cvflores%40cityofpasadena.net%7Cd21f729205884ba080c608d9efef2148%7C82d9fc002c664402a28fc6bcd32e491%7C1%7C0%7C637804635013352305%7CUnknown%7CTWFpbGZsb3d8eyJWljiMC4wLjAwMDAiLCJQIjoiV2luMzliLCJBTil6lk1haWwiLCJXVCi6Mn0%3D%7C3000&sdata=wbANR9bNh2THwMqx76p9Rph1yTRYJ6PWPUGzXPv0%3D&reserved=0>)

The CDPH's update also increased its recommendation of in-door use of surgical masks or higher-level respirators (eg N95s, KN95s, KF94s) for such high-risk settings from "recommend[]" to "highly recommend."

4.

IMPORTANCE OF CALIFORNIA DEPARTMENT OF PUBLIC HEALTH CONTINUED UNIVERSAL INDOOR MASKING REQUIREMENT FOR HIGH-RISK SETTINGS

The State's updated masking guidance is in recognition of the fact that universal masking has been essential in reducing the risk of COVID-19 transmission, enabling high-risk settings like schools to remain open:

"The masking requirement in California schools has allowed us to keep schools open when compared to other parts of the country. California accounts for roughly 12% of all U.S. students, but accounted for only 1% of COVID-19 related school closures during the Omicron surge. Nationally during the Delta surge in July and August 2021, jurisdictions without mask requirements in schools experienced larger increases in pediatric case rates, and school outbreaks were 3.5 times more likely in areas without school mask requirements."

(<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.cdph.ca.gov%2Fprograms%2FCID%2FDCDC%2FPages%2FCOVID-19%2FGuidance-for-face>

coverings.aspx&data=04%7C01%7Cvflores%40cityofpasadena.net%7Cd21f729205884ba080c608d9efef2148%7C82d9fc002c664402a28fc6bcdc32e491%7C1%7C0%7C637804635013352305%7CUnknown%7CTWFpbGZsb3d8eyJWljoIMC4wLjAwMDAiLCJQIjoiV2luMzliLCJBTiI6IjEhaWwiLCJXVCi6Mn0%3D%7C3000&sdata=wbesANR9bNh2THwMqx76p9rEph1yTRYJ6PWPUgZXPv0%3D&reserved=0)

The State's updated masking guidance is also in recognition of the fact that maintaining masking requirements in high-risk settings like K-12 schools "continues to be consistent with CDC recommendations and allows us to protect our most vulnerable populations and the workforce that delivers critical services in these settings."

The State's updated masking guidance for schools is also in line with the recommendations of the American Academy of Pediatrics for safe schools and promotion of in-person learning.

5.

CONTINUED IMPORTANCE OF ACHIEVING A HIGH VACCINATION RATE, INCLUDING BOOSTER DOSES, FOR HIGH-RISK SETTINGS

Importantly, our City's Pasadena Public Health Department health guidance notes the importance of achieving a high COVID-19 vaccination rate in conjunction with layered measures for risk reduction, in high-risk settings such as K-12 schools:

"Achieving a high vaccination rate, including booster doses, on your school campus is the most effective way to lower risk of infection and transmission at your school, greatly decrease risk of severe illness, hospitalization and death in those who are fully vaccinated, and provide an additional layer of protection for those who cannot be fully vaccinated, are immunocompromised, or have underlying health conditions.

It is also the most effective way to prevent lost in-person instructional days, disrupted operations, and staffing shortages.

Schools should reference the helpful examples of layered measures for risk reduction described in the US Centers for Disease Control and Prevention's (CDC) Guidance for COVID-19 Prevention in K-12 Schools."

(<https://www.cityofpasadena.net/public-health/wp-content/uploads/sites/32/Schools-K-12-Reopening-Protocol.pdf?v=1629210534046>)

This is in line with the California State PTA's position in support of vaccines, which released the following statement in response to Governor Newsom's October 2021 announcement of a new vaccination mandate for students and school employees expected to go into effect by July 1, 2022, after the US Food and Drug Administration (FDA) fully approves COVID-19 vaccines for those 12 and older:

"California State PTA supports the use of vaccines to protect the health and safety of children and families across California. The state of California has required student vaccinations in public schools for years and PTA has long-held positions on vaccine requirements to protect our most vulnerable children.

"Vaccination is an important tool to ensure our schools remain open for in-person instruction while protecting the health and safety of our students, staff, and entire communities.

6.

THANK YOU FOR CONTINUING TO FOLLOW THE EXPERTISE OF OUR PUBLIC HEALTH EXPERTS AND EPIDEMIOLOGISTS!

I understand that people are very tired of the pandemic. However, the way to get back to normal is to follow the expertise of our public health experts and epidemiologists, whose expertise is in the branch of medical science that deals with the incidence, distribution, and control of disease in populations.

As epidemiologist William Hanage, co-director of the Center for Communicable Disease Dynamics at Harvard University, states:

"[U]nfortunately, the more you assert the return to get back to normal by acting normal, the more abnormal things will be, because there will be more opportunities for the virus. Perhaps the most damaging thing over the last few years has been the determination of some folks to look at this and pretend it doesn't exist. That's the reason places have struggled so much. There have been many failures of leadership in places, and some of them can be excused. But what should not be excused is the failure to learn from your mistakes. In a pandemic, it is never too late to do better. Even though we are much closer to the end of the pandemic than the start, we should remember that we are still at a point where we can be saving lives by boosting. We can be saving lives by making sure that people who would have been severely ill and died do not get infected before they can be boosted. We can be saving lives by preparing for any future variants and preparing vaccine programs and understanding what we will do if something bad happens. Hope for the best, prepare for the worst."

(<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fvnexplorer.net%2Fharvard-epidemiologist-william-hanage-pandemics-dont-have-an-official-endpoint-with-cheers-and-fireworks-et20224832776.html&data=04%7C01%7Cvflores%40cityofpasadena.net%7Cd21f729205884ba080c608d9efef2148%7C82d9fc002c664402a28fc6bcdc32e491%7C1%7C0%7C637804635013352305%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzliLCJBTiI6Iik1haWwiLCJXVCi6Mn0%3D%7C3000&sdata=SX%2FhGWLD%2FNpWSpxh6ffjXKWaZspdf18LyhnknDgCo%3D&reserved=0>)

Thank you again for your service to our City,

For the sake of our Pasadena families and communities, I encourage the Council's continued efforts to further our City's timely adherence to the requirements set forth by the California Department of Public Health and city health department in navigating the pandemic.

Such efforts are critical to collectively protect the health and well-being of all Pasadenans; keep our schools open for in-person instruction; and allow Pasadena's economy to remain open and thrive.

Kind regards,

~ Una Lee Jost, Resident of Pasadena, District 4

TRANSLATE



English ▾

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OP-ED: 10 THINGS CALIFORNIA STATE PTA RECOMMENDS FOR THE SAFE REOPENING OF SCHOOLS ([HTTPS://CAPTA.ORG/LISTEN-UP-10-THINGS-WE-NEED-TO-DO-TO-REOPEN-SCHOOLS-SAFELY/](https://capta.org/listen-up-10-things-we-need-to-do-to-reopen-schools-safely/))

Posted on February 8, 2021 (<https://capta.org/listen-up-10-things-we-need-to-do-to-reopen-schools-safely/>)

It's been almost a year since California closed school campuses. And you know who is counting? Parents, teachers, and students are counting each day with growing frustration. The California State PTA shares that angst.

Not only are children falling behind academically but the social isolation and fears of illness and death are taking an enormous toll on their emotional health.

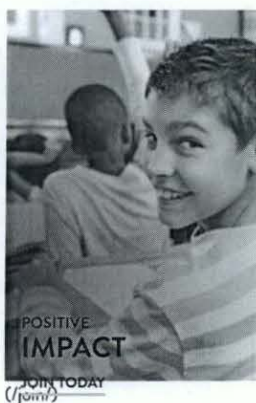
Since the start of the pandemic, the Governor and the Superintendent of Public Instruction have included the California State PTA in discussions dealing with the pandemic. We thank them for including the input of parents. This includes representation on the Community Vaccine Advisory Committee, the school reopening task force, statewide testing plans committee, as well as meetings with state officials. PTA held statewide listening sessions to gather the thoughts of parents throughout the state on pandemic related issues, and we continue to hear from parents, students and teachers across California.

Ten Recommendations

We urge the Legislature and the Governor to adopt 10 recommendations for the timely and safe reopening of schools:

- 1. Coordinate Efforts** The Legislature and the Governor must agree on a coordinated approach to reopening schools as quickly as safely possible.
- 2. Equitable Sufficient Funding** There must be sufficient funding to cover the additional costs related to opening schools in person. And it must be equitable. All students should generate the same base funding grant with an LCFF adjustment that recognizes the impacts of the pandemic on disadvantaged students. Opening schools will require social emotional support for students and staff, and services to meet students' and families' needs including safe transportation for students.
- 3. Extra Funding for Health-Related Costs** Funding to pay for testing, vaccines, contact tracing, and other COVID-related health costs should not be from Proposition 98 funds. Every Proposition 98 dollar spent on non-instructional costs is one less dollar to educate our children.
- 4. Protect the Health and Wellbeing of Students, Staff and Families** The Governor, the Legislature and local governments must prioritize vaccinations for school staff, early childhood educators and childcare staff, especially those who are already working in-person.
- 5. Parent Communication and Input** School districts must provide opportunities for robust input and feedback as they prepare and execute reopening plans. They must ensure parents representing the diversity of the community are included in decision-making.
- 6. In-Person Attendance** Parents and families should be able to choose whether a child returns to school in-person depending on the health of the child and their family situation.
- 7. Mental Health Matters** Support the mental health and wellbeing of our students and staff by providing adequate resources to support their individual needs. To protect student health and well-being, middle schools should not start before 8:00 am and high schools before 8:30 am.
- 8. Expanded Learning and Learning Loss** Afterschool, summer school and childcare programs need to be available, fully funded and coordinated with the school day. All schools should develop programs to address learning loss and meet the needs of the whole child.
- 9. Follow Health Guidelines** Schools should not open in person unless it is safe for students and staff. School districts should adhere to the requirements set forth by the California Department of Public Health and county health departments regarding the reopening of schools.
- 10. Realistic Timeline** Any timeline for the reopening of schools should consider the needs of parents and teachers and respect the most accurate health guidelines. This includes making sure the school facility is safe for re-opening.

Schools need to open as soon as practically possible while protecting the health and well-being of students, staff and families. California's students are counting on the Legislature and the Governor to come up with a realistic school reopening



plan that meets the needs of all our school communities.

These 10 recommendations were adopted by the California State PTA Board of Managers on February 20, 2021 and revised on February 26.

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CALIFORNIA STATE PTA STATEMENT ON THE NEW VACCINATION MANDATE FOR CALIFORNIA STUDENTS AND SCHOOL EMPLOYEES IN 2022

SACRAMENTO, OCTOBER 1, 2021 – California State PTA has released the following statement in response to Governor Gavin Newsom's announcement (https://www.gov.ca.gov/2021/10/01/california-becomes-first-state-in-nation-to-announce-covid-19-vaccine-requirements-for-schools/?_cldee=Z25pZWxzZW5AZGNqZXNkLnVz&recipientid=contact-a3a56957a6e1e61180f0005056b02a09-b4969f3c40ac4ce4b0d72f41dd2bb379&esid=e362f3a0-eb22-ec11-814a-005056b02a09) today of a new vaccination mandate for students and school employees. The state mandate is expected to go into effect by July 1, 2022, after the U.S. Food and Drug Administration (FDA) fully approves COVID-19 vaccines for those 12 and older. Additional details are expected in the coming weeks and months.

"California State PTA supports the use of vaccines to protect the health and safety of children and families across California. The state of California has required student vaccinations in public schools for years and PTA has long-held positions on vaccine requirements to protect our most vulnerable children.

"Vaccination is an important tool to ensure our schools remain open for in-person instruction while protecting the health and safety of our students, staff, and entire communities.

"Throughout the pandemic, California State PTA has been working with state leaders including the California Surgeon General, the Superintendent of Public Instruction, the California Education Coalition, and various equity groups to advocate for children and families – and we will continue to do so. We look forward to working with parents and families, the governor, and policymakers to ensure students and families are involved in the rollout of this new regulation."

###

About California State PTA: California State PTA connects families, schools, and communities. We are part of the foundation of our public education system and a trusted messenger to millions of members, parents, families, educators, and allied agencies throughout the state. PTA is the nation's largest volunteer-led child-advocacy association working to drive improvements in the education, health, and well-being of all children and families. For more information, visit www.capta.org.

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COVID-19 Guidance for Safe Schools and Promotion of In-Person Learning

One of the most critical lessons of the last two years is the importance of in-person school for children and adolescents. Remote learning exacerbated existing educational inequities and was detrimental to the educational attainment of students of all ages and worsened the growing mental health crisis among children and adolescents. The AAP has called for safe in-person learning since its original COVID-19 school guidance released on June 24, 2020. Schools do not significantly increase community transmission, especially when guidance outlined by the World Health Organization (WHO), United Nations Children's Fund (UNICEF), and Centers for Disease Control and Prevention (CDC) is followed.^{i,ii} Transmission of SARS-CoV-2 in schools can still occur. The risk may be greater for individuals and families who have chosen not to be vaccinated or are not eligible to be vaccinated. However, schools and school-supported programs are fundamental to child and adolescent development and well-being. Schools provide our children and adolescents with academic instruction; social and emotional skills, safety, reliable nutrition, physical/occupational/speech therapy, mental health services, health services, oral health care and opportunities for physical activity, among other benefits.ⁱⁱⁱ Families rely on schools to provide a safe, stimulating and enriching space for children to learn; appropriate supervision of children; opportunities for socialization; and universal support to cope with crisis and loss associated with the pandemic.

In Order to Keep Children and Adolescents in School the Following Must Happen:

All federal, state and local policies must prioritize children

and schools

- Schools need adequate federal, state and local funding and resources so they can continue to implement all the COVID-19 mitigation and safety measures required to protect students and staff.
- Temporary school closures may occur due to a school outbreak or community surge in COVID-19. (Children cannot learn effectively if there are not enough healthy adults in the building to adequately supervise and teach them.) Such closures should be as brief as possible, and funding to support virtual learning and provide needed resources should continue to be available for communities, schools and children facing limitations implementing these learning modalities in their home (ie, socioeconomic disadvantages). School district should stay in communication with local health agencies and testing sites to coordinate and streamline responses if possible.
- School staff, teachers and administrators should be supported as they continue to navigate in person learning during the pandemic. They have had to work through new guidelines from various sources, funding issues, COVID-testing availability, school board changes and public backlash in order to provide our children and adolescents with the educational and socio-emotional support they need to learn and thrive.
- School leaders should recognize that staff, in addition to students and families, will benefit from sufficient time to understand and adjust to changes in routine and practices. This can be difficult when rapid changes are happening during the pandemic and the public health response continues to evolve. However, during a crisis, people benefit from clear and regular communication from a trusted source of information and the opportunity to dialogue about concerns and needs and feel they are able to contribute in some way to the decision-making process. Change is more difficult in the context of crisis and when predictability is already severely compromised.

School policies should follow mitigation measure strategies in order to not spread the virus

- The AAP recommends COVID-19 vaccination for all children and adolescents 5 years of age and older who do not have contraindications using a COVID-19 vaccine authorized for use for their age. Teachers and staff should also be vaccinated against COVID-19 as per CDC guidelines. Vaccination of all eligible individuals in schools is the single best strategy

to protect students and staff from severe disease, hospitalization and death and to maintain in-person learning.

- Stay home when sick, with new symptoms, and isolate.
- Get tested if possible, following CDC guidelines. This will require providing adequate testing of students, teachers and staff.
- Wear well-fitting masks, especially during times of high community prevalence.
 - In-school transmission has been observed more often in school districts that did not enact mask requirements.^{iv,v}
 - All students older than 2 years and all school staff should wear well-fitting **face masks** at school (unless medical or developmental conditions prohibit use), regardless of vaccination status. **The AAP currently recommends universal masking in school, with an emphasis on indoor masking.**
 - An added benefit of universal masking is protection of students and staff against other respiratory illnesses that would take time away from school.
- Improve ventilation in school buildings.^{vi}
 - Ventilation helps reduce exposure to SARS-CoV-2 as it helps dilute the viral load by reducing virus-containing aerosols in the air.^{vii} The allocation of funds by the Department of Education to facilitate resources to improve ventilation in US schools acknowledges the importance of proper ventilation in preventing the spread of COVID-19.
 - Besides increasing the flow of clean outdoor air when conditions permit, other simple measures to improve ventilation, such as properly placed fans, use of portable HEPA units (properly sized for the room) or creation of directional airflow, can help improve the indoor air quality.^{viii ix}
 - Certain previous sought-after strategies are not recommended. (ie, the use of ozone-generating devices, the use of plastic or plexiglass dividers or desk shields). These are not helpful in reducing spread and may serve as fomites.
- Use outside spaces and/or spread students out, especially during times where masks may be down such as lunch (if climate and space permit).
- Provide adequate and consistent opportunities for hand washing and appropriate school cleaning techniques.

School policies should protect the students, school staff and teachers using science as a guide

- COVID-19 vaccination and boosters as recommended by the CDC. Vaccination has proven to lessen transmission as well as severity of disease including death. Adequate and timely COVID-19 vaccination resources for the whole school community must be available and accessible.
- Ensure that school administration and medical staff (ie, school RNs and nurse aides) are given ample training and funding to better understand the latest recommendations around mitigation, testing and therapeutics.
 - School nurses and school health personnel should not be the default to provide school-based COVID-19 testing (particularly routine asymptomatic testing) or contact tracing. School nurses and other school health services staff are responsible for the direct care of acutely ill and injured students, safety planning for students with chronic and life-threatening conditions, medication administration and skilled nursing services, screening, implementation of school wellness plans and many more critical functions that must continue. These functions cannot be conducted safely if testing and contact tracing are added to their scope of work, especially with limited staffing and underfunding of school health prior to the pandemic. If nurses are required to conduct testing in their schools, resources must be made available to provide additional support.
 - School districts must be in close communication and coordinate with state and/or local public health authorities, school nurses, local pediatric practitioners and other medical experts including widely sharing district COVID-19 related policies.
- The AAP strongly recommends that school districts promote racial/ethnic and social justice by promoting the well-being of **all** children in any school COVID-19 plan, with a specific focus on ensuring equitable access to educational support for children living in under-resourced communities.
 - Schools can play a critical role in addressing racial and social inequity.
 - Schools should monitor the attendance of all students daily inclusive of in-person and virtual settings. Schools should use multi-tiered strategies to proactively support attendance for all students, as well as differentiated strategies to identify and support those at higher risk for absenteeism.

- Special considerations and accommodations to account for the diversity of youth should be made, especially for populations facing inequities, including those who are medically fragile or complex, have developmental challenges or have disabilities. Children and adolescents who need customized considerations should not be automatically excluded from school unless required in order to adhere to local public health requirements or because their unique medical needs would put them at increased risk for contracting COVID-19 during current conditions in their community.
- School policies should be guided by supporting the overall health and well-being of all children, adolescents, their families and their communities and in addition to creating safe working environments for educators and school staff. **This focus on overall health and well-being includes addressing the behavioral/mental health needs of students and staff.**
- These policies should be consistently communicated in languages other than English, when needed, based on the languages spoken in the community, to avoid marginalization of parents/guardians of limited English proficiency or who do not speak English.

January 14, 2022

Current State Update

The AAP agrees with the CDC's current revision of isolation standards. But, with the current variant and high community transmission rates, the AAP recommends the following as practical strategies to keep children in school during this current stage recognizing the

need to ease burden to school staff and families.

- The AAP recommends COVID-19 vaccination for all children and adolescents 5 years of age and older who do not have contraindications using a COVID-19 vaccine authorized for use for their age.
- Universal masking
- Continue to modify **mealtime school spaces** to reduce the risk of spreading COVID-19, especially during periods of high transmission. Face masks should be worn during mealtimes except when eating.
- Reinforce quick identification of COVID-like symptoms and isolation for 5 days (per CDC). In these circumstances testing can be offered through schools or the **medical home**. In the absence of tests, isolate for 5 days and then return (on day 6) with proper and consistent use of face masks for an additional 5 days.
- With the federal provision of tests to schools, see **CDC guidance** for practical use of these tests.

Visit the **CDC COVID-19 Prevention Strategies** for additional information on mitigation

measures including physical distancing, symptomatic and asymptomatic testing, contact tracing, quarantining, isolation (calculating quarantine & isolation), ventilation and cleaning and disinfecting.

General Principles for School Recovery

In the following sections, some general principles regarding school recovery are reviewed that policy makers and school administrators should consider as they plan for in-person school as well as for before- and after-school programs. Several other documents produced by the CDC, the US Department of Education, the National Association of School Nurses, the National Academy of Sciences, Engineering, and Medicine can be referenced as well. For all of these, engagement of the entire school community, including families, teachers and staff, regarding these measures should be a priority.

Special considerations for school health during the COVID-19 pandemic

School Attendance and Absenteeism

The best way to reduce absenteeism is by closely monitoring attendance and acting quickly once a pattern is noticed. During the 2021-22 school year, daily school attendance should be monitored for all students, including students participating in in-person and distance learning. Schools should use multi-tiered strategies to proactively support student attendance for all students. Additionally, schools should implement strategies to identify and differentiate interventions to support those at higher risk for absenteeism. Local data should be used to define priority groups whose attendance has been most deeply impacted during the pandemic. Schools are encouraged to create an attendance action plan with a central emphasis on family engagement throughout the school year.

In an evaluation of Connecticut's attendance data from school year 2020-21, rates of chronic absenteeism were highest among predominantly remote students compared with students who were primarily in person; that gap was most pronounced among elementary and middle school students. Chronic absence was more prevalent among Connecticut students who received free or reduced-price lunch, were Black or Hispanic, were male or identified as English learners or having disabilities. x 29 National pre-pandemic chronic absenteeism data mirror several of these demographic trends. xi

Students with Disabilities

The impact of loss of instructional time and related services, including health services, as well as occupational, physical and speech/language therapy during the period of school closures and remote learning is significant for students with disabilities. All students, but especially those with disabilities, may have more difficulty with the social and emotional aspects of transitioning out of and back into the school setting because of the pandemic. As schools continue in-person learning with bouts of remote learning (as needed because of staffing shortages, etc), school personnel should plan to ensure a review of each child and adolescent with an IEP to determine the current needs of each student, as well as the needs for compensatory education and services to adjust for lost instructional time and disruption in other related services. There is a continued need to advocate for adequate funding to support these services. Many school districts require adequate instructional effort before determining eligibility for special education services. However, virtual instruction or lack of instruction should not be reasons to avoid starting services such as response-to-intervention (RTI) services, even if a final eligibility determination is delayed.

Each student's IEP should be reviewed with the parent/guardian/adolescent yearly (or more frequently if indicated). All recommendations in the IEP should be provided for the individual child no matter which school option is chosen (in person, blended or remote). See the **AAP Caring for Children and Youth with Special Health Care Needs During the COVID-19 Pandemic** for more details.

Additional COVID-19 safety measures for teachers and staff working with some students with disabilities may need to be in place to ensure optimal safety for all. For certain populations, the use of face masks by teachers may impede the education process. These include students who are deaf or hard of hearing, students receiving speech/language services, young students in early education programs and English language learners. There are products (ie, face coverings with clear panels in the front) that may be helpful to use in this setting. Adjustments to the nursing care plans for students may also be required to optimize safety of the students as well as staff caring for the students. These adjustments may include clear plans for suctioning, tube feedings and toileting.

Adult Staff and Educators

Universal use of well-fitting **face masks** should be required of all staff, including staff and educators who are up to date on their COVID-19 vaccination. School staff working with students who are unable to wear a face mask or who are unable to manage secretions, who require high-touch (hand over hand) instruction and who must be in close proximity to these students should consider wearing an N95 or KN95 mask and eye protection. All staff and

educators should have access to appropriate testing in order to ensure adequate staffing for in-person learning.

School health staff should be provided with appropriate medical **PPE** to use in health suites. This PPE should include N95 masks, surgical masks, gloves, disposable gowns and face shields or other eye protection. School health staff should be aware of CDC guidance on infection control measures.

On-site School-Based Health Services

On-site school health services, including school-based health centers, should be supported if available, to complement the pediatric medical home and to provide pediatric acute, chronic, preventive and behavioral health care. Collaboration with **school nurses** is essential, and school districts should involve school health services staff and consider collaborative strategies that address and prioritize immunizations and other needed health services for students, including behavioral health, vision screening, hearing, dental and reproductive health services. Plans should include required outreach to connect students to on-site services regardless of remote or in-person learning mode. School-based health centers (SBHCs) may want to serve as COVID-19 immunization sites for students and staff at their schools and in the surrounding communities. Public health agencies can provide support and technical assistance for SBHCs to assist them in establishing immunization clinics for all vaccines including COVID-19.

Routine Immunizations

Pediatricians should work with schools and local public health authorities to promote childhood vaccination messaging throughout the school year. It is vital that all children receive recommended vaccinations on time and get caught up if they are behind as a result of the pandemic. The capacity of the health care system to support increased demand for vaccinations should be addressed through a multifaceted, collaborative and coordinated approach among all child-serving agencies including schools.

Existing school immunization requirements should be discussed with the student and parent community and maintained. In addition, **although influenza vaccination is generally not required for school attendance, it should be highly encouraged for all students and staff.** The symptoms of influenza and SARS-CoV-2 infection are similar and taking steps to prevent influenza will decrease the incidence of disease in schools and the related lost educational time and resources needed to handle such situations by school personnel and families. School districts may consider requiring influenza vaccination for all staff members.

Schools should collaborate with state and local public health agencies to ensure that teachers and staff have access to the COVID-19 vaccine, and that any hesitancy is addressed as recommended by the **Advisory Committee on Immunization Practices (ACIP) of the CDC**. Pediatricians should work with families, schools and public health authorities to promote receipt of the **COVID-19 vaccine and address hesitancy** as the vaccine becomes available to children and adolescents.

In order to vaccinate as many school staff, students and community members as possible, **school-located vaccination clinics** (partnered or through SBHCs) should be a priority for school districts. Schools are important parts of neighborhoods and communities and serve as locations for community members after school hours and on weekends. These clinics should be conducted in collaboration with students' medical homes.

Vision Screening

Vision screening practices should continue in school whenever possible. Vision screening serves to identify children who may otherwise have no outward symptoms of blurred vision or subtle ocular abnormalities that, if untreated, may lead to permanent vision loss or impaired academic performance in school. Furthermore, there is some evidence that myopia has increased among children during the pandemic .^{xii,xiii} Personal prevention practices and environmental **cleaning and disinfection** are important principles to follow during vision screening, along with any additional guidelines from local health authorities.

Hearing Screening

Safe hearing screening practices should continue in schools whenever possible. School screening programs for hearing are critical in identifying children who have hearing loss as soon as possible so that reversible causes can be treated and hearing restored. Children with permanent or progressive hearing loss will be habilitated with hearing aids to prevent impaired academic performance in the future. Personal prevention practices and environmental **cleaning and disinfection** are important principles to follow during hearing screening, along with any additional guidelines from local health authorities.

Oral Health

Oral health programs should continue in schools whenever possible. During the COVID-19 pandemic, risk factors for dental decay increased as access to dental services declined dramatically. School-based oral health programs are designed to address barriers to access for children at high risk to prevent dental decay and improve overall health and academic success. Using a preventive frame, these programs can provide oral health education, promotion of

healthy school nutrition, oral health screening and dental sealants in school buildings through drop-in services, including mobile vans operating on school grounds, through SBHCs and/or in the community but school linked.,xiv, School districts and school-based oral health providers should collaborate with state and local public health agencies to promote the safe continuation or restart of school-based oral health programs. School-based programs should ensure adherence to **CDC guidance for the operation of dental facilities** and **school sealant programs** during the COVID-19 pandemic.

Children with Chronic Illness

Certain children with chronic illness may be at risk for hospitalization and complications with SARS-CoV-2. These youth and their families should work closely with their pediatrician and school staff using a shared decision-making approach regarding options for return to school, whether in person, blended, home schooling or remote. See the **AAP Caring for Children and Youth with Special Health Care Needs During the COVID-19 Pandemic** for more details.

Behavioral Health/Emotional Support for Children and Adolescents

The COVID-19 pandemic has created profound challenges for communities, families and individuals, leading to a range of **emotional and behavioral** responses. There are many factors unique to this pandemic (ie, grief/loss, uncertainty, rapidly changing and conflicting messages, duration of the crisis and need for quarantine) that increase its effects on emotional and behavioral health (EBH). Populations with a higher baseline risk, such as historically under-resourced communities, children and youth with developmental disabilities and other special health care needs and children with pre-existing depression, anxiety and other mental health conditions, may be especially vulnerable to these effects., The impact of the pandemic is also compounded by isolation and an interruption in the support systems families utilize.

Schools are a vital resource to continue to address and provide resources for a wide range of mental health needs of children and staff. The emotional impact of the pandemic, grief because of loss, financial/employment concerns, social isolation and growing concerns about systemic racial inequity—coupled with prolonged limited access to critical school-based mental health services and the universal support and assistance of school professionals—demand careful attention and supports in place during all modes of learning, whether remote or in person. Schools should be prepared to adopt an approach for mental health support, and just like other areas, supporting mental health will require additional funding to ensure adequate staffing and training to address the needs of the students and staff in the schools.

Schools should consider providing training to classroom teachers and other educators on how to talk to and support children during and after the COVID-19 pandemic including how to support **grief** and loss among students. The United States has already accumulated more than 850,000 deaths from COVID-19; on average, it is estimated that each of these deaths impacts 9 people – many of these 7.5 million grieving individuals are children. Bereavement has a significant impact on the short- and long-term adjustment of children, their developmental trajectory, academic learning, psychosocial functioning and emotional adjustment and behavior. Students experiencing significant personal losses can be referred to school and community-based bereavement support programs, centers and camps, as well as to their **pediatrician or other pediatric health care provider**. Students with additional mental health concerns should be referred to school mental health professionals.

Suicide is the second leading cause of death among adolescents or youth 10 to 24 years of age in the United States. Schools should develop mechanisms to evaluate all students, whether or not they are attending in-person class, whenever concerns about a risk of suicide are voiced by educators or family members. Schools should also establish policies, including referral mechanisms for students believed to be in need of in-person evaluation, even before they resume in-person instruction.

School mental health professionals should be involved in shaping messages to students and families about the response to the pandemic and the changing school learning plans based on a variety of community SARS-CoV-2 factors. Communicating effectively is especially critical, given potential adaptations in plans for in-person or distance learning that need to occur during the school year because of changes in community transmission of SARS-CoV-2.

Schools need to incorporate academic accommodations and support for all students who may still be having difficulty concentrating or learning new information because of stress or family situations that are compounded by the pandemic. It is important that school personnel do not anticipate or attempt to catch up for lost academic time through accelerating curriculum delivery at a time when students and educators may find it difficult to even return to baseline rates. These expectations should be communicated to educators, students, and family members so that school does not become a source of further distress.

Mental Health of Staff

The personal impact on educators and other school staff should be recognized. In the same way that students need ongoing support to process the information they are being taught, educators cannot be expected to be successful at teaching and supporting children without having their mental health needs supported. The strain on educators, as they have been asked

to teach differently while they support their own needs and those of their families, has been significant. Additional challenges with staff shortages, illness and safety fears for themselves and their families, changing learning modalities and prolonged duration of the crisis are continuing to present additional challenges and further impact teachers and school staff. Resources such as Employee Assistance Programs and other means to provide support and mental health services should be prioritized. The individual needs and concerns of school professionals should be addressed with accommodations made as needed.

Food Insecurity

According to the United States Department of Agriculture, in 2020, 38.3 million people, including 12 million children, lived in a household with food insecurity. We also know that disparities with food insecurity exist, with Black and Latinx adults being twice as likely as white adults to report their households did not get enough to eat.³⁴ School planning must consider the many children and adolescents who experience food insecurity already (especially at-risk populations and those living in poverty) and those who will have limited access to routine meals through the school district in the event of school closure or if a child is ill. The short- and long-term effects of food insecurity in children and adolescents are profound. Schools can partner with community resources including federal and state food programs to mitigate the effects of food insecurity on children and families. More information about how families can access federal nutrition programs can be found in the [AAP/FRAC Food Insecurity Toolkit](#).

Housing Insecurity

Like food insecurity, housing insecurity is a significant and sometimes overlooked issue that affects many families and will impact children's ability to return and re-engage with school. With pandemic-associated job losses, there have been significant numbers of families with children who have been evicted or will soon be evicted from their homes. According to the US Census Bureau data, as of September 2021, 11.9 million adults living in rental housing are not caught up on rent; the percentage is higher for Black, Latinx and Asian renters compared with white renters. For renters with children, 1 in 5 is not caught up with last month's rent. Housing insecurity impacts a child's education directly through missed school days and through transferring to a new school, which is associated with a 4 times higher risk of chronic absenteeism, lower grades and test scores and increased risk of dropping out of school. Housing insecurity also impacts education indirectly by impacting a child's overall physical and mental health, which can have negative consequences for educational achievement. Children who experience homelessness are at increased risk for malnutrition, asthma, **obesity**, and dental, vision, emotional, behavioral and developmental problems. In addition, the increased

toxic stress children experience when they live in unstable housing situations can contribute to anxiety and other mental health conditions that interfere with a child's education. The interconnectedness of employment, housing, health and education and the disproportionate impact this has had on communities of color because of structural racism must be considered as children return to school. Schools are encouraged to partner with community agencies to address the effects of housing insecurity and mitigate the impact this will have on the education of children.

Digital Divide

The digital divide has been a known disparity for decades, contributing to the “homework gap”—the gap between school-aged children who have access to high-speed internet and adequate devices at home and those who do not. According to a Pew research study in 2015, 35% of lower-income households with school-aged children did not have a broadband internet connection at home. According to the Pew Research Center, 1 in 5 teenagers are not able to complete schoolwork at home because of a lack of a computer or internet connection. This technological homework gap disproportionately affects Black families living in poverty.⁹ With the transition to virtual learning during the pandemic, this divide was highlighted as families struggled to adapt to school from home. In April 2020, **59% of parents** with lower incomes who had children in schools that were remote because of the pandemic said their children would likely face at least 1 of 3 digital obstacles to their schooling, such as a lack of reliable internet at home, no computer at home or needing to use a smartphone to complete schoolwork. Gains have been made over this past year with creative local and state solutions working toward providing improved access to both technology devices and internet connections for students, but a significant gap still exists, particularly for students living in poverty or in temporary housing. **This digital divide is a critical component to be addressed in schools even as children return to in-person learning as they navigate the increasing digital learning environment, academic recovery and extended home learning materials. Access to both reliable high-speed internet and adequate devices beyond a smart phone are critical to promote equity and support academic success.** Long-term sustainable funding is needed to support school districts in providing universal internet access and technology for all students; this should remain a priority after the pandemic.

Organized Activities

The **AAP Interim Guidance on Return to Sports** helps pediatricians inform families on how best to ensure safety during sports and physical activity participation. Preparticipation evaluations should be conducted in alignment with the **AAP Preparticipation Physical**

Evaluation Monograph, 5th ed, and state and local guidance, with particular attention to considerations for students who have a history of COVID-19. In addition, the CDC provides recommendations on screening and testing of students and adults participating in school sports and other extracurricular activities based on the activity's risk for COVID transmission and the level of community transmission.

Additional Information:

- AAP HealthyChildren.org: Staying Safe in School During COVID-19
- Guidance for COVID-19 Prevention in K-12 Schools (CDC)
- COVID-19 Resources for Schools, Students, and Families (US Dept of Education)
- COVID-19 Testing in Schools (National Education Association)
- Using Social Stories to Support People with I/DD During the COVID-19 Emergency
- Social Stories for Young and Old on COVID-19

References



Interim Guidance Disclaimer: The COVID-19 clinical interim guidance provided here has been updated based on current evidence and information available at the time of publishing. Guidance will be regularly reviewed with regards to the evolving nature of the pandemic and emerging evidence. All interim guidance will be presumed to expire on June 30, 2022 unless otherwise specified.

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Source American Academy of Pediatrics

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Jomsky, Mark

From: Lisanne Kern
Sent: Friday, February 11, 2022 10:45 AM
To: Jomsky, Mark
Subject: We Are Going on Two Years- End the Mandates

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Re: We Are Going on Two Years- End the Mandates

Dear Mr. Jomsky,

I am writing on behalf of my child to ask that the Pasadena Public Health Department (PPHD) follow recent and accurate scientific data and allow our students to return to normalcy without harmful and unnecessary policies like mandatory masking indoors and out, excessive quarantining, and ineffective routine asymptomatic testing. All of these policies have kept thousands of Pasadena students from attending and fully participating in classroom instruction for two years.

The PPHD must stop looking at public health from the singular lens of eliminating COVID-19 cases and weigh the consequences of public health restrictions on healthy innocent children who have suffered immensely as a result of harmful school closures, masking and other needless restrictions.

There is significant evidence that children do not need to wear masks. Kids are plainly the least likely to be struck ill by COVID-19 and probably are the least likely to spread it. Studies have shown masks provide little to no benefit in stopping the spread of viruses and can obviously be counterproductive when not worn properly. At the same time, our city has ignored that children living in mask-mandate states have had essentially identical COVID-19 fatality rates as kids living in mask-free states.

With teachers, staff and kids all having had the opportunity to be fully vaccinated, the perceived risk of death, hospitalization and severe illness to school communities has been alleviated. There is now no public health justification for forcing children to wear masks in school. When balanced against the physical, mental and emotional harm that is now becoming evident, it is clear that masks do more harm than good. Studies have found that masks cause anxiety and depressive feelings, and impair a child's social development and ability to communicate. Masks should never be considered the new normal for our children.

PPHD must start following the current scientific data that shows that current requirements for masks, quarantines and testing are outdated and overcautious. PPHD must also weigh the physical, mental and academic harm to students from these policies that unnecessarily deny students their fundamental right to a thriving and proper education.

I am calling on my local elected representative and health agency to discontinue these harmful policies and act in the best interest of our children. If we can host the Super Bowl in California, we are not in a state of emergency. Please let my child finally return to normalcy.

Sincerely,
Lisanne Kern

Jomsky, Mark

From: Kristine kesh
Sent: Saturday, February 12, 2022 1:35 PM
To: Jomsky, Mark
Subject: Stop Masking Kids

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Re: Stop Masking Kids

Dear Mr. Jomsky,

In recent days, governments across the US and around the world have rolled back their restrictive Covid 19 mandates. They have done this for a variety of reasons – covid numbers are rapidly declining, scientists are openly questioning the lack of science supporting the efficacy of the mandates - as well as the real-world realization that they just aren't working, and citizens are expressing frustration over the mixed messaging and outrage after witnessing the toll mandates have taken on our communities and especially our children.

On Monday, Governor Newsom announced the end of indoor mask mandates in California as of February 15th. That is, of course, except for children, who must continue to wear masks in school and day care, all day, every day, likely indefinitely. School children and masking are not even part of the discussion when it comes to ending these harmful mandates. This is outrageous for so many reasons but mainly because the LEAST at risk population are being forced to protect anxious adults and they are suffering immeasurably for it. The United States is uniquely aggressive in masking children as young as 2 years old, against the recommendation of the WHO. According to Vinay Prasad, oncologist at UCSF, Jonathan Darrow of Harvard University and Ian Liu of the University of Colorado, "We are well past the emergency phase of this pandemic, and it should be well-known by now that wearing cloth face coverings or surgical masks, universal or otherwise, has a very minor role to play in preventing person-to-person transmission. It is time to stop overselling their efficacy and unrealistic expectations about their ability to end the pandemic."

The argument that students must wear masks all day at school seems to be that they must protect teachers and vulnerable people in their homes. With vaccinations available to teachers and those vulnerable relatives, why do students need to wear masks? We have made this unforgivable decision to shift the anxieties of adults onto the youngest members of society that count on us to defend their interests before our own. Kids don't protect adults! Vaccines and masks protect the individual that chooses to take and wear them. We can no longer place the burden of protecting the vulnerable on our children. They have suffered enough. NO one needs "normal" more than children.

Sincerely,
Kristine kesh

Pasadena, CA 91107 Constituent

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