

TALKING POINTS FROM PERK ZOOM CALL

Amy: Welcome to the Call: Introduction to PERK, purpose of the call

- Who are the decision makers? State (California Department of Education & State Health Department) and County (Triad: County supervisors, County Health Department, School District Board).

Kris: How to get involved?

- Create your letter and talking points. Determine what concerns you want addressed and what you think is ideal for your child. Consider approach and tone. Call or email your principal and express your concerns.
- Find your School District School Board website.
- Find dates of next meeting (LAUSD and CVUSD iis June 2nd).
- Find out how to sign up for public comment (See instruction for public comment).
- Find school board members contact information. Email etc.
- Send emails or mail letter to board members including the Superintendent, board members, and your school principal.
 - We have provided sample letters on our FB page in the file folder. (can be used to support your comments during meeting)
- Gather other parents to do the same (power in numbers)
- Attend meetings (may only be by zoom or phone at this time)
- Find board members on social media. - express concerns, time for a conversation

Darlene: Social Distancing/CDC guidelines problematic for childhood development (social cues, body language)

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- <https://www.iflscience.com/health-and-medicine/loneliness-is-as-bad-for-your-health-as-smoking-15-cigarettes-a-day/> "Loneliness and social isolation are damaging our health, both mentally and physically. Being cut off from social interaction is not only a problem for the elderly but also younger people, and the impact it has on our bodies is thought to be equivalent to smoking over a dozen cigarettes a day."
- <https://www.dailymail.co.uk/news/article-8339837/amp/Government-scientist-says-2m-social-distancing-rule-based-fragile-evidence.html?fbclid=IwAR25rnWa48Hj4srp-ZiekIB9Yg9GCx33Yxb3VBITbTrWbvCXIbiwiet71OQ>
- Children may develop xenophobia and social emotional agnosia, as children will be deprived of the ability to learn and use social cues.
- Social Learning Theory (Albert Bandura) emphasizes the importance of interaction with peers and being able to see, understand, interpret, and utilize facial expressions as well

as develop a healthy sense of how we share space and interact through play and socialization. Social Learning is imperative in the school setting.

- Attachment Theory (John Bowlby) emphasizes psychological connectedness through relationship attributes between a child and his caregiver. Such drastic changes to the school setting would destroy a child's ability to develop strong and healthy connections.
- The educational impact on mask wearing: the need to see mouths. **Darlene**
- Early childhood education focuses on language development, requiring children to be able to see how their teachers speak, pronounce, and enunciate as well as requiring teachers to see how children use their mouth to produce letter sounds, blending, and speech.
- ESL learners, immersion programs, and foreign language classes will find masks a huge concern.

Kris: Disability Challenges with new guidelines

CDC/Public Health Department guidelines neglected to take special needs students into account. Those students with Autism or other cognitive impairment will not be able to adhere to social distance and masks rule. There are 18,582 special needs kids in Ventura County.(1,949 in CVUSD) We must consider allowing for ADA, LRE and FAPE regulations. These students that do not have the mental or physical ability, as well as other children who will have difficulty wearing a mask, will have an extremely difficult time adhering to a mask requirement.

- Masks will be a problem for children with sensory issues. Special Needs students may not understand when to remove a mask if they are having breathing issues. They have been learning to take social cues from facial expressions. Which will be gone from everyone wearing masks. Masks may also be frightening to some of these children. Fear = increased behaviors (acting out, self injury, injuring others).
- Social Distancing can't work with children that need 1:1 aides in the classroom. These children don't comprehend boundaries and need their support aide.
- Schools will not be able to comply with IEP's and therapy support under these restrictions. These guidelines will need to be relaxed.
- Distance learning does not work for this population and it can't supply the support needed to comply with IEP's.
- These guidelines also did not take children who are hard of hearing or have speech/language delays into account. Children who are deaf depend on learning to read lips and facial expressions, which would be impossible to do when everyone must wear a mask.
- Minimizing changes in the school setting is necessary for optimal personal development of our children. Having children return to school where they can no longer see faces,

touch or be in proximity of others, feel connected to teachers, interact casually, play, etc. will be detrimental for their development.

- We need to ask. CDC states “as feasible” in their guidelines. Are these guidelines feasible for this population? How will you comply and accommodate those with special needs? Will you be able to relax or exempt guidelines? If schools cannot, then they would not be able to comply with IEP and necessary supports. If a child with special needs can't comply with proposed guidelines are they going to be barred from campus? Will they be forced to distance learning? If so, the school district will not be able to comply with the child's IEP and necessary support system.
- If a student is not able to wear a mask (if mandated) he/she may be a target of violence, fear, hatred and bullying. (Which we are currently seeing in our society) These guidelines should only be recommendations not mandated.

Heather: Pediatric Population and Problems with masks

- Masks should be worn if sick or caring for someone that is sick
- Oxygen intake reduced by 20%. Breathing in CO₂
- Even in a hospital setting doctors and nurses do not wear masks at all times. How can we expect that of teachers and young children who need to exercise, engage in activities, learn and practice language, and conversate throughout the day?

There is a reason why the CDC uses the word “encourage” regarding children wearing masks: there are actually a lot instances where masks for children actually puts them at risk. Because the CDC is aware of the many risks, even they will only at most ENCOURAGE mask wearing for children. There are too many risks involved in requiring mask wearing for children.

Amy Cohn: Budgetary Issues. Addressing Public, Private, and Charter requirements verses recommendations. (Licensing and liability.)

- Costs of modifications, staff requirements to accommodate smaller class sizes, mental health support, school maintenance and maintenance supplies. Will masks be provided by districts for teachers, staff and students daily and as needed?

Amy Cohn: Important questions to ask? Practicality of implementation?

- When will masks need to be replaced? Every time it falls on the floor, every time it touches a contaminated surface or hand, once it is damp.
- For children who do not have the mental or physical ability, as well as other children who will have difficulty wearing a mask can easily be subjected to shaming, discrimination, and taunting.
- If a child needs comfort, is crying, needs help with school work, or help with the bathroom, how can staff and/or peers help? How will interactions look in a new setting?

- Children may not identify physiological signs, such as a hard time breathing, lightheadedness, dizziness, headaches that tell them they need to take off the mask.
- Imagine it's your child's first school experience. OR imagine your child suffered anxiety during the quarantine. OR imagine you have a child who is slow to warm up and it's the new school year in a new classroom with a new teacher and set of peers. On the first day of school you walk into a classroom where everyone is wearing a mask. You can't see any faces. You aren't allowed to get near anyone. You can only touch certain things. You are leaving a daily routine of high contact with loving caregivers to get dropped off to this. How might this affect a child's sense of security, trust, and motivation to participate?
- How will teachers be able to enforce this without interrupting instruction time?

Mike Bohn: Teenagers, Effective Teaching, and Communication

- It does not take a degree to know that 1) 80% of all effective communication is NON-verbal, thus 80% of teacher communication in a mask is not effective communication.
- 2) Deaf/hard of hearing read teacher's lips
- 3) Small group assignments, in super close proximity is proven, via Liberal Arts College studies, as the most effective learning form.
- 4) According to many studies, only 30-35% of all US kids are auditory learners. In other words, more than 70% of the kids' learning style is stopped through these CDC guidelines-
<http://kidslearninghq.com/learning-tips/learning-styles-visual-auditory-kinesthetic/>
- Teenagers and Effective Teaching require proximity and interaction with students. These guidelines do not promote effective or thriving environment for teacher/student relationships.

Michelle: Disadvantaged communities, how will this impact them?

Lori: Be respectful in your tone, how you say it, messaging to influence, channel your "fighting energy"

- Many people are actually still scared and people like all of the measures because it makes them feel safe.
- Consider that the district staff and school administration may not understand what we know. It would be important to use an approach of enlightening and informing as an alternative to being oppositional, aggressive, or threatening.
- Reading the room and knowing your audience.
- We should stick with points that can not be debated and avoid the ones that can be debated. This means that downplaying the seriousness of Covid-19 should not happen. Also, the safety of masks. There are plenty of other problems with masks that can be addressed.

- It is important to come off as reasonable and relatable so we are not just written off as extremists the way that protestors are written off.

Stephanie: Solutions to fight this: Use talking points, get on the advisory committee, call/email/ reach out now to the school board and superintendents, put a petition or letter with direct pressure on CA Department of Education (Tony)

- It will be impossible and impractical to implement all guidelines by CDC, CDPH, due to budget cuts (not enough teachers to implement smaller classrooms) and too large of a student population to adhere to social distancing. The impractical and improbability of elementary students to be able to keep masks on. As well as detrimental effects to health (prolonged wearing of masks and impaired oxygen intake) and mental health (social development impairment). I suggest two options.
- Schools can either open up to normal activities without restrictions and the families and teachers not comfortable coming back can opt for distancing learning. The schools can step up to daily cleaning of schools (even though its shown can't spread from surfaces). Schools can also improve, enforce, and practice good hygiene (covering coughs and sneezes and frequent hand washing: when entering a room/space, after touching face, before and after eating. Schools can push to allow children and staff taking sick days or precautionary days if there is reason to believe a child may be getting sick without fear of truancy. Schools should push the state to allow more sick leave for teachers so they don't feel they must work if they are under the weather.
- (This may be difficult bc as a requirement they must follow state, cdc, and licensing requirements. We can ask them to consider whatever county did in becoming a sanctuary county and become a sanctuary school district.
- We may get a better response in asking districts to only adhere to what **must be enforced** and make what is "encouraged" and "as feasible" as **recommendations**. We can encourage districts to inform the state and cdc reasons their guidelines are not feasible, practical, and developmentally appropriate)
- Ask the district to bring these concerns to county officials and the health department
- Schools remain closed and continue distance learning. Until the state lifts all restrictions.
- Pulling our children out of district and finding alternative schooling options

Amy: Questions from the attendees on zoom call

Amy: Closing with thanks, petition, donate to perk

OTHER TALKING POINTS AND RESOURCES

- Ensuring children have a safe and developmentally appropriate learning environment post quarantine.

- Need to enlighten people with the reality of measures: potential impacts on children's learning and development.
- Truth about the virus.
- Mortality rate
- Risk group categories
- Probability of asymptomatic carriers, positive aspects of being an asymptomatic carrier (low viral load, not sneezing and coughing into environment because not displaying symptoms, viral load is so low the person isn't even showing symptoms of illness, viral load is so low it is extremely difficult to infect others)
- Recovery rate
- MSM scare tactics vs. reality

Show excerpts from source articles.

Show excerpt from CDC guidelines PDF. appendix F page 45.

https://www.cdc.gov/coronavirus/2019-ncov/downloads/php/CDC-Activities-Initiatives-for-COVID-19-Response.pdf?fbclid=IwAR05N6q821Cd-uPrXIUvcZ1bvp59JEnx_OUdbQLnfIN4w6UnTUgbLxaOOoA

Show CDC School Reopening Decision Tree

Show sample letters

Risk and Transmission in Children

Pages 7-10

Page 18 School Reopening Considerations

Page 23 Conclusion

https://www.centerforhealthsecurity.org/our-work/pubs_archive/pubs-pdfs/2020/200515-reopening-schools.pdf?fbclid=IwAR1SZpQZGyHnbmAqxUIO3CTgxf0Ni47UFB6sVOz5dNqzqsa9tFm_wA3oh4