MODIFIED MEETING PROCEDURES FOR JULY 13, 2020:

As per Executive Order N-29-20 from Governor Newsom, the Orange County Board of Education meetings will move to a virtual/teleconferencing environment using Zoom. The purpose of the Governor's executive order is to control the spread of Coronavirus (COVID-19) and to reduce and minimize the risk of infection by "limiting attendance at public assemblies, conferences, or other mass events." The Governor's executive order on March 12, 2020, already waived the requirement for a majority of board members to physically participate in a public board meeting at the same location.

The intent is not to limit public participation, but rather to protect public health by following the Governor's Stay at Home executive order and the Orange County's Safer at Home order. Members of the public will be permitted to attend this meeting in person, but due to social distancing there is limited seating. Once the meeting room is at capacity, no one will be admitted.

Individuals with disabilities in need of copies of the agenda and/or the agenda packet or in need of reasonable modification or accommodations, consistent with the Americans with Disability Act, may request assistance by contacting Darou Sisavath, Board Clerk at (714) 966-4012. Complaints regarding requests for reasonable modifications or accommodations will be swiftly addressed.

Instructions for observing the meeting and making public comments via virtual/ teleconference

To observe the board meeting use the following information:

- At the start time for the meeting, click on this link https://ocde.zoom.us/j/84092280768 or
- Go to www.Zoom.us and enter the Meeting ID: 840 9228 0768 or
- Connect via phone (audio only) 1 (669) 900-6833 and enter the Meeting ID: 840 9228 0768.

If you wish to make a public comment at the July 13, 2020 meeting, please follow these instructions:

1. Submit a speaker card attached with your public comments to ocbe@ocde.us. Only comments received by 10:00 a.m., July 13, 2020 will be read during the meeting by a staff member. Comments received after 10:00 a.m. but prior to discussion of an item on the agenda will be added to the official transcript but not read into the record. The time limit for public comments outlined in board policy still applies. Public Comments will be read in the order received.
2. Speakers will fill in their name and select if they wish to address the board regarding a specific agenda item or during General Public Comments.
3. Speakers are asked to attend the board meeting virtually through the Zoom invitation link at the top of the agenda.
4. When it is time for Public Comments, their name will be identified and the comment will be read into the transcript.
5. As with all meetings, once discussion begins on an agenda item, anyone who wishes to submit a public comment may do so during the meeting, but these will not be read. Public comments received during the meeting will be added to the official transcript.

REQUEST TO ADDRESS THE
ORANGE COUNTY BOARD OF EDUCATION
Speaker Card

Please Print

Date_____

Agenda Item # _____ or General Topic_____

_____
Name

_____
Home Address City Zip

_____
School District(s) of Residence

Do you have school age children? Yes _____ No _____

Do your children attend public schools? Yes _____ No _____

Timer Information

GREEN
Start with 3 minutes

YELLOW
1 minute remaining

RED
Time is up

Members of the public may address the Board of Education regarding any agenda and/or off-agenda items within the subject matter jurisdiction of the Board of Education provided that NO action may be taken on off-agenda items unless authorized by law. Comments shall be limited to 3 minutes per person per meeting and 45 minutes for all comments. 30 minutes of Public Comments will be heard prior to Board Business and 15 minutes will be heard prior to adjournment.

Please complete and submit this card along with any handouts to the Recording Secretary prior to speaking.

Thank you!

Item: Agenda – July 13, 2020
[X] Emailed [ ] Distributed at meeting

SPECIAL MEETING
July 13, 2020
6:00 p.m.
Location:
The public meeting will be conducted onsite with limited seating at 200 Kalmus Drive, Costa Mesa, CA 92880 and via virtual/ teleconferencing (www.Zoom.us, ID: 840 9228 0768 (https://ocde.zoom.us/j/84092280768) or phone: 1 (669) 900-6833, ID: 840 9228 0768

ORANGE COUNTY BOARD OF EDUCATION
Special Board Meeting
AGENDA

CALL TO ORDER — STATEMENT OF PRESIDING OFFICER: For the benefit of the record, this Special Meeting of the Orange County Board of Education is called to order.

ROLL CALL

(*)AGENDA — Special Meeting of July 13, 2020 – adoption

WELCOME

INVOCATION

PLEDGE OF ALLEGIANCE

INTRODUCTIONS

PUBLIC COMMENTS — (30 minutes)
Individuals watching the board meeting on the zoom line may submit public comments that will be included in the official transcript of the July 13, 2020 meeting. Public comments received by 10:00 a.m. Monday, June 13, 2020 will be read into the transcript during the 30-minute public comment period, time permitting.

BOARD RECOMMENDATIONS

(*) 1. BOARD ACTION ON RESOLUTION

Resolution On Payment For Special Interim Legal Counsel and Disbursement of Funds Allocated in Board Special Purpose Fund Pursuant to Education Code §1621(c) (Williams)

(*) 2. BOARD ACTION ON ADOPTION OF WHITE PAPER

White Paper from June 24th Special Community Forum on Reopening Schools (Williams)

(*) 3. BOARD ACTION ON RESOLUTION

Resolution in Support of Law Enforcement (Barke)

(*) 4. BOARD ACTION ON RESOLUTION

Resolution to Support State School Funding for School Districts and Charter Schools with Growing Enrollment in 2020-2021 (Williams)

INFORMATION ITEMS

EXECUTIVE COMMITTEE REPORT

1. DISCUSSION OF FINANCIAL ASSISTANCE FOR OCBE APPROVED CHARTER SCHOOLS (Barke)

2. SCHOOLS LEGAL SERVICE LETTER DATED JULY 7, 2020- Discussion on Department of Health recommendations regarding Summer Sports Camps/Programs/Conditioning (Williams)

BOARD MEMBER COMMENTS

ANNOUNCEMENTS

PUBLIC COMMENTS (15 minutes)
Individuals watching the board meeting on the zoom line may submit public comments that will be included in the official transcript of the July 13, 2020 meeting. Public comments received by 10:00 a.m. Monday, June 13, 2020 will be read into the transcript during the 15-minute public comment period, time permitting.

ADJOURNMENT

Nina Boyd
Assistant Secretary, Board of Education

Next Regular Board Meeting: Wednesday, August 5, 2020 at 4:00 p.m. The meeting will be held via virtual/ teleconferencing environment.

Individuals with disabilities in need of copies of the agenda and/or the agenda packet or in need of auxiliary aides and services may request assistance by contacting Darou Sisavath, Board Clerk at (714) 966.4012.

(*) Printed items included in materials mailed to Board Members

Item: Board Recommendations #1
July 13, 2020
[X] Emailed [ ] Distributed at meeting

ORANGE COUNTY BOARD OF EDUCATION

BOARD AGENDA ITEM

DATE: July 13, 2020

TO: Nina Boyd, Associate Superintendent

FROM: Ken Williams, D.O., Board President

SUBJECT: Resolution #11-20

RECOMMENDATION:

Board action on Resolution On Payment For Special Interim Legal Counsel and Disbursement of Funds Allocated in Board Special Purpose Fund Pursuant to Education Code §1621(c)

Resolution On Payment For Special Interim Legal Counsel and Disbursement of Funds Allocated in Board Special Purpose Fund Pursuant to Education Code §1621(c)

ORANGE COUNTY BOARD OF EDUCATION

July 13, 2020

WHEREAS, on September 12, 2018, at its regular board meeting, the Orange County Board of Education ("Board") voted to retain the services of Gregory J. Rolen ("Mr. Rolen") of Haight Brown & Bonesteel LLP as interim special counsel to the Board; and

WHEREAS, since September 12, 2018, Mr. Rolen has provided ongoing legal advice to the Board Executive Committee on matters including, but not limited to Board Governance, budgetary issues, budget litigation, Charter schools, the Brown Act, the Public Records Act, the Chino Valley Unified School District Establishment Clause litigation, inter-District transfer appeals, and expulsion appeals; and

WHEREAS, at the direction of the Board, Mr. Rolen has made presentations to the Board and public concerning the Board/Superintendent respective budget authority, gift of public funds and periodic legal updates;

WHEREAS, Mr. Rolen attended each and every Board meeting (open session and closed session) from September 12, 2018 to July 1, 2020, but for the Board meeting on March 4, 2020. This is approximately 30 Board meetings; and

WHEREAS, at Board meetings dated April 10, 2019, July 17, 2019, September 11, 2019, November 6, 2019, January 8, 2020, and July 1, 2020, the Board voted to approve Haight Brown & Bonesteel LLP's legal invoices for legal services performed; and

WHEREAS, at Board meetings dated December 12, 2018 March 6, 2019, May 8, 2019, and July 1, 2020, the Board passed public resolutions directing the Superintendent of Schools, Dr. Al Mijares ("Superintendent"), to issue payment to Haight Brown & Bonesteel LLP for the above referenced special interim General Counsel services; and

WHEREAS, on or about July 25, 2019, the retained legal counsel in the Case No. 30-2018-01023385-CU-MC-CJC, Jonathan Brenner, and the legal counsel for the Superintendent; appeared before Orange County Superior Court Judge Crandall, and a bench ruling was made ordering Superintendent to pay Mr. Rolen for all of his legal services he provided to the Board since September 2018; and

WHEREAS, the Superintendent rendered payment to Haight Brown & Bonesteel LLP in the amount of $119,131.4 3. Haight Brown & Bonesteel LLP received this payment on September 9, 2019; and

WHEREAS, the Superintendent has refused to pay any Haight Brown & Bonesteel LLP's invoices from September 9, 2019 to the present; and

WHEREAS, California Education Code Section 1621(c) provides that the annual budget *"may contain a fund balance designated for any specific purpose as determined by the County Board of Education. Those funds shall be available for appropriation by majority vote by members of the County Board of Education*."; and

WHEREAS, on or about May 13, 2020, during the Budget Study Session, the Board directed Associate Superintendent Renée Hendrick to create a separate budgetary line item pursuant to California Education Code Section 1621(c) and input $350,000 for the board to access by majority vote; and

WHEREAS, on May 13, 2020, the Board passed a Resolution regarding the 2020-2021 budget which provides in relevant part, "… *The Board has determined that the 2020-2021 annual budget should include a fund balance item an additional object codes and/or spending categories as set forth in the resolution below. (1) That the 2020-2021 annual budget include a fund balance in the amount of $350,000, along with an accompanying budget code in category, for the appropriation by the Board for the purpose of receiving and paying for special and/or other legal services, as well as special and/or other professional services rendered, or to be rendered by the Board, as determined by a majority vote of the members of the Board pursuant to Education Code section 1621(c)…*"; and

WHEREAS, the Orange County Department of Education ("Department") created a separate budgetary line item pursuant to California Education Code section 1621(d) including the $350,000 requested by the Board; and

WHEREAS, on July 1, 2020, the Board approved Item 20, the "Annual County School Services Fund Budget of the County Superintendent of Schools" by a vote of 5-0.

THEREFORE, the Board hereby resolves as follows:

1. It is the intent of the Board that Haight Brown & Bonesteel LLP be paid for all services rendered; and

2. It is the intent of the Board that Haight Brown & Bonesteel LLP's invoices shall be paid from the Board's Specific Purpose Fund §1621(c) created by the Department and approved on July 1, 2020; and

3. Passage of this Resolution shall constitute "appropriation by majority vote" of the necessary funds to pay the outstanding invoices of Haight Brown & Bonesteel LLP; and

4. The Board demands that the Department pay the outstanding invoices of Haight Brown & Bonesteel LLP.

Item: Board Recommendations #2
July 13, 2020
[X] Emailed [ ] Distributed at meeting

ORANGE COUNTY BOARD OF EDUCATION

BOARD AGENDA ITEM

DATE: July 13, 2020

TO: Nina Boyd, Associate Superintendent

FROM: Ken Williams, D.O., Board President

SUBJECT: White Paper – June 24th Special Community Forum

RECOMMENDATION:

Board action on adoption of white paper

Orange County Board of Education

Orange County Department of Education
200 Kalmus
Costa Mesa, CA

White Paper

Special Community Forum on "Opening Schools in Orange County"

Recommendations for the Safe and Effective Reopening of Orange County Schools

Adopted and approved by the Orange County Board of Education on July 13, 2020.

Forum Moderator

Will Swaim, President, California Policy Center

Expert Panelists

Steven Abelowitz, M.D., Clayton Chau, M.D., Simone Gold, M.D., Michael Eilbert, M.D., Mike Fitzgibbons, M.D., Mark MacDonald, M.D., Sherry Kropp, Ph.D., Joel Kotkin, Larry Sand, Michael A. Shires, Hon. Don Wagner

Table of Contents

***The OCBE acknowledges and appreciates Mr. Will Swaim assistance and input in the preparation of this document.**

PREFACE

California public schools are critical community institutions with civic responsibilities that often move far beyond teaching. For many families, public schools also provide crucial childcare and recreation needs as well as important mental health care and nutritional needs.

Public school employees frequently function as front-line detectors and reporters of child abuse and neglect issues. The shutdown of our schools has not diminished these risks to children; abuse doesn't stop merely because reporting from teachers is halted. Indeed, as one expert told us, children "are the silent casualties of this lockdown." For too many children, our schools are a refuge from a difficult, even violent world, and now that refuge is closed. Dr. Sherry Kropp stated, "We have hurt hundreds of thousands more children than we have helped." Orange County District Attorney Todd Spitzer predicts, *"One of the things we're going to learn after this pandemic is over is that by having people sheltered at home, we have potentially put children and elderly people closer to their abusers*."

There are reasonable arguments on all sides about whether this is the best and highest outcome for our school system, or why we often fall short of the high education standards we set for ourselves. But this is not the place for that debate. Here, we accept what is: that parents of school-age children – and children themselves – have come to rely on our schools. Deprived of these institutions even for a short time, children have lost valuable instruction. Many American communities have been plunged into social and economic chaos.

Therefore, the Orange County Board of Education concludes that it is not acceptable to delay the opening of public schools as it is not in the best interests of our children and families. Further, it is not clear that an effective cure or a vaccination for *SARS-CoV-2 infection* (Covid-19) will be developed in the near future if at all.

Declaring this in the face of widely held misconceptions and mixed messages about Covid-19 – particularly about its lethality and contagiousness to children – requires fact-finding and courage, as we

move through these uncertainties together. The American Academy of Pediatrics reported the following in late June [1]:

> *"Although many questions remain, the preponderance of evidence indicates that children and adolescents are less likely to be symptomatic and less likely to have severe disease resulting from Covid-19 infection. In addition, children may be less likely to become infected and to spread infection. Policies to mitigate the spread of COVID-19 within schools must be balanced with the known harms to children, adolescents, families, and the community by keeping children at home."*

We recognize that this conclusion is dramatically and significantly different from some common misconceptions about the disease. It was a conclusion that our panelists – and many in the medical community – reached long before the AAP released its recommendations. For that reason, we asked these experts to attend a special June 2020 special community forum at the Orange County Department of Education's Costa Mesa office. Each board member had the opportunity to place an expert of choice on the panel, and the board approved the resulting expert panel at its regular board meeting.

The OCBE special board public meeting on June 24, 2020 on reopening schools in Orange County followed the governor's current guidelines on social distancing. Members of the public were allowed to attend in person on a space-available basis, and we simultaneously made it possible for the public to attend the live-streamed meeting with more than 1,000 attendees. Hundreds of on-line listeners submitted questions and comments for discussion. And though we certainly could not answer all of the questions submitted, the experts' discussion, feedback, and conclusions provided a general response to all.

The board received both support and criticism to the stated mission and purpose of the meeting. Observers of the meeting saw evidence that the public and parents are eager to participate in the conversation on reopening schools. The purpose of the board's public dialogue is to provide transparent, open discussions for interested parents and community members, which are often in contrast with decision-making processes of other federal, state and local government agencies on the same subject. For instance, the board's community public forum and meeting reflected great

[1] https://services.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/clinical-guidance/covid-19-planning-considerations-return-to-in-person-education-in-schools/

transparency in contrast to the county superintendent's task force and meetings. In creating guidelines, this task force utilized community healthcare experts and primarily unelected school administrators in which the public and elected county department trustees were prevented from attending or participating. The subsequently released superintendent task force guidelines on re-opening schools, "Orange County Together" [2], is available for review on-line.

In this white paper, we have done our best to capture the general assessment of the various expert opinions. And, of course, some panelists were careful to say that they were speaking only for themselves and not necessarily for all colleagues or organizations with which they work in their professional capacities (see e.g. Appendix A.).

INTRODUCTION

Our schools were closed in March 2020 in order to meet what state officials said was the short-term goal of "flattening the curve," that is to slow the spread of Covid-19. Many of our panel experts said that decisions made to halt the spread of the virus by federal, state, and local government entities was reasonable at the time, given the general lack of knowledge about this novel infectious disease and evolving epidemic/pandemic. But continuing the shutdown despite new science and data, our experts said, has been a mistake with disastrous implications for children, their families and community. It hardly goes without saying that poorer families with fewer options, and families with special-needs children, have suffered most from the shutdown.

The current knowledge of this virus and its virulence has given science and medicine much information and knowledge to make reasonable public health policy, recommendations, and guidelines. More efficacious data and science will inform our knowledge of Covid-19 over time and guidelines will be continually adapted as we learn more about how to best live in the COVID-19 era.

General recommendations

What we know to date allows us to offer the following guidelines:

[2] https://newsroom.ocde.us/orange-county-together-guide-provides-recommendations-for-safely-reopening-local-schools/

- K-12 children represent the lowest-risk cohort for Covid-19. Because of that fact, social distancing of children and reduced census classrooms is not necessary and therefore not recommended.
- Requiring children to wear masks during school is not only difficult – if not impossible to implement – but not based on science. It may even be harmful and is therefore not recommended.
- Children play a very minor role in the spread of Covid-19. Teachers and staff are in greater danger of infection from other adults, including parents, than from students in their classrooms.
- Participation in any reopening of public education should be voluntary. These guidelines are not "laws" or "regulations" or even "rules." Parents, not government officials, are in the best position to determine the education environment that best suits their children. If a school district is unable or unwilling to provide that education, parents should be allowed to send their children to a district or charter school that will provide that education. Some parents with the means will opt for private schools or home schooling.
- Temperature checks should be performed regularly. As with any illness, ill children, teachers, or staff should be sent home and if identified not allowed to be on campus.
- As always, good hygiene with frequent hand washing and the use of hand sanitizer should be encouraged.
- Classrooms, meeting rooms, transportation vehicles (e.g., busses) and administrative offices should be thoroughly cleaned each night

Our goal is to provide parents, teachers, schools trustees, administrators and other stakeholders with evidence following the CDC's and the Academy of American Pediatrics' simple, common-sense guidelines that will allow us to reopen our schools safely this fall – and that our schools must reopen.

The general use of the U.S. Centers for Disease Control and Prevention (Appendix B-Schools during the Covid-19 pandemic,") and the American Academy of Pediatrics (Appendix C- COVID-19 Planning Considerations: Guidance for School Re-entry) is prudent reference for policy makers.

K-12 children represent the lowest risk cohort for Covid-19. Because of that fact, social distancing and masking of children is unnecessary and therefore not recommended.

There's no question that children generally represent the lowest risk cohort for Covid-19. The American Academy of Pediatrics concludes [3] :

> *SARS-CoV-2 appears to behave differently in children and adolescents than other common respiratory viruses, such as influenza, on which much of the current guidance regarding school closures is based. Although children and adolescents play a major role in amplifying influenza outbreaks, to date, this does not appear to be the case with SARS-CoV-2. Although many questions remain, the preponderance of evidence indicates that children and adolescents are less likely to be symptomatic and less likely to have severe disease resulting from SARS-CoV-2 infection. In addition, children may be less likely to become infected and to spread infection. Policies to mitigate the spread of COVID-19 within schools must be balanced with the known harms to children, adolescents, families, and the community by keeping children at home.*

Similarly, weeks before the Pediatric Academy's publication, the *Journal of the American Medical Association* reported, "*it is important to emphasize that the overall burden of COVID-19 infection in children remains relatively low compared with seasonal influenza*." [4]

As of June 24, 2020 the Orange County Healthcare Agency reported that residents under the age of 24 (38 percent of the population) accounted for just 15 percent of all Covid-19 cases and no Orange County deaths (Appendix D -"Orange County Covid-19 Cases and Deaths by Age). By contrast, individuals over the age of 75 (just 13.5 percent of the population) accounted for 56 percent of all deaths. As one of our experts on the panel put it, "*This is a disease that kills our most elderly and spares our children. It may sound callous, but would we want it the other way around*?"

The importance of vital social interaction among children is well-documented and is indeed foundational to American K-12 education. Social distancing and mandatory masking have been found to be more harmful to children than previously thought. An American Enterprise Institute working group notes [5]:

> "*The isolation brought about by social distancing can exacerbate children's depression and anxiety. As students return, schools must have counseling support to address the numerous*

[3] https://services.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/clinical-guidance/covid-19-planning-considerations-return-to-in-person-education-in-schools/

[4] https://jamanetwork.com/journals/jamapediatrics/fullarticle/2766037

[5] https://www.aei.org/wp-content/uploads/2020/05/A-Blueprint-for-Back-to-School.pdf

causes of trauma that result from the deaths of friends and family members, economic hardship from a parent losing his or her job, or abuse, violence, or neglect" (Appendix E, "A Blueprint for Back to School,").

Indeed, our expert panelists expressed the same concerns about the lockdown's impact on our children's health. Dr. Sherry Kropp, recently retired superintendent of Los Alamitos Unified School District, summed up the conclusions of many on this issue: In closing our schools, "*we have hurt hundreds of thousands more children than we have helped."*

Our professional educators and other support staff do not need to be reminded when and how to look for signs of psychological or mental health distress, including distress caused by social distancing, among our students and colleagues. Because of the established link between social-distancing and child harm, we cannot support extraordinary efforts aimed at social-distancing at school.

There's a complementary form of social-distancing that's often recommended or even required in other guidelines on school-reopening, that is considered just as unwise as social-distancing itself, i.e., the use of masks by children. The argument that children should wear masks to prevent the asymptomatic spread of the coronavirus to other students or a high-risk teacher or administrator is fallacious and lacks science and data to support this notion.

Requiring children to wear face coverings may even be very harmful to the child. Learning is inhibited and critical social interactions among students and between student and teacher are fractured. Mandatory masks may well lead to a spike in childhood behavior problems such as learning disabilities, anxiety disorders, and depression to name a few.

Responding to guidelines published by our colleagues in the Los Angeles Unified School District, Dr. Alice Kuo, President of the Southern California chapter of the American Academy of Pediatrics, opined [6]:

"*Our concern is that recently issued guidelines for schools re-opening in Los Angeles County are not realistic or even developmentally appropriate for children. For example, wearing masks throughout the day can hinder language and socio-emotional development, particularly for*

[6] http://aapca2.org/wp-content/uploads/2020/06/AAP-CA2-press-release-on-schools-re-opening-6-2-20-Rev.pdf

younger children." (Appendix F)

It's important to note masks that are effective in preventing disease by viral contagions require formal certified instruction and training. Health professionals are generally experienced and fitted properly with personal protective equipment (PPE), and sophisticated masks that are properly fitted to the individual by a thirty minute test and process called "fit testing. " That's not the case with children and adults who currently are using inadequate filtering cloth or medical-surgical grade masks. According to the US. Department of Labor-Occupational Safety and Health Administration [7], "*cloth face coverings are not considered personal protective equipment (PPE)",* and surgical masks "*will not protect the wearer against airborne transmissible infectious agents due to lose fit and lack of adequate seal or inadequate filtration*."

"*Medical-surgical grade masks can be worn to contain the wearer's respiratory droplets (e.g., healthcare workers, such as surgeons, wear them to avoid contaminating surgical sites, and dentists and dental hygienists wear them to protect patients*)." Additionally, medical-surgical masks should be used by infected individuals to decrease the transmission of respiratory infections that spread by large Covid-19 droplets [8]. Pragmatically, as our panel of pediatric and medical experts iterated, the use of mask by children is unnatural and difficult to enforce. Prolong face mask during the schools day use will inevitably contribute to the increase frequency of children touching their faces and constantly adjusting their masks, thereby potentially increasing the rate of contaminating their hands and face coverings.

Future prevention by vaccines that are tested and approved by the FDA will not available for some future undefined time period. The Covid-19 virus will be a global endemic disease for the next generations until herd immunity or a vaccination is available. As the world advances its knowledge and medical science on the Covid-19 virus, we currently do not have any data or evidence of the effectiveness in preventing Covid infections in children and adults by the mandatory use of masks.

[7] https://www.osha.gov/SLTC/covid-19/covid-19-faq.html#testing

[8] Ibid

The only evidence and data available on mask effectiveness against viruses are studies from the analysis of the 2009 pandemic Influenza (H1N1) virus. Cowling in his meta-analysis study [9] of 279 citations and 12 articles found by PubMed search, concluded there is " *limited evidence base supporting the efficacy or effectiveness of face masks to reduce influenza virus transmission*". Likewise, bin-Reza PubMed database search concluded in his meta-analysis study [10] that none of the "*studies reviewed established a conclusive relationship between mask/respirator use and protection against influenza infection*." There is a paucity of studies and data that does not support the use of masks to prevent becoming infected with Covid-19. In the future months and years ahead perhaps meta-analysis studies and data will reveal more information on mask effectiveness in preventing disease.

Future Covid-19 prevention in both adults and children by vaccines that are tested and approved by the FDA will not available for an undefined time period. The Covid-19 virus will be a global endemic disease for the next generations until herd immunity or a vaccination is available. Because children represent such a negligible risk for reasons unknown but with data and science supporting this notion, we cannot recommend masking children or social distancing. Indeed, we would ask those who advocate such requirements to respond to the medical evidence that masks and social distancing actually inhibit learning.

Children play a very minor role in the spread of Covid-19. Teachers and staff are in greater danger from one another – from all other adults, including parents – than from children.

If our neighbors are surprised that children are not vectors for Covid-19, it may come as a greater shock that many nonprofit childcare centers have remained open throughout the pandemic – even in New York City, the nation's hotspot for viral spread. National Public Radio reports [11]:

> "*Throughout the pandemic, many child care centers have stayed open for the children of front-line workers — everyone from doctors to grocery store clerks. YMCA of the USA and New York City's Department of Education have been caring for, collectively, tens of thousands of children since March, and both tell NPR they have no reports of coronavirus clusters or outbreaks. As*

[9] Cowling, BJ., et. al., *Race Masks to Prevent Transmission of Influenza Virus: A Systematic Review*. Epidemiol. Infect. (2010), 138, 489-456

[10] bin-Reza, F., et.al., *The Use of Masks And Respirators to Prevent Transmission Of Influenza: A Systematic Review Of The Scientific Evidence*.

[11] https://www.npr.org/2020/06/24/882316641/what-parents-can-learn-from-child-care-centers-that-stayed-open-during-lockdowns

school districts sweat over reopening plans, and with just over half of parents telling pollsters they're comfortable with in-person school this fall, public health and policy experts say education leaders should be discussing and drawing on these real-world child care experiences."

A researcher from Brown university [12] similarly found as of June 24, 2020, the day of our hearing, that "*916 childcare centers serving more than 20,000 children, just over 1% of staff and 0.16% of children were confirmed infected with the coronavirus*." Thus, indicating preliminary data and observations from childcare centers reflects low transmission capacity by children.

Data increasingly supports the conclusion that children are a very low risk of Covid-19 infection and are also not likely to transmit the disease along to adults. We therefore recommend that adults – including teachers, staff, parents – consider guidelines from the American Academy of Pediatrics (AppendixC)

Participation in any reopening of public education is voluntary. Parents, not government officials or a group of health experts, are in the best position to determine the education that best suits their children. If a school district is unable or unwilling to provide that education, parents will be allowed to send their children to a district or charter school that will provide that education.

Perhaps our most important recommendation is based on the principle of individual choice – both for the families of our students and, to the extent possible, for select employees. Though it is important that we reopen our schools, some parents and some employees may reasonably question their own fitness for a fall return. We understand that multigenerational families, for instance, or families in which children or adults live with maladies that make them more vulnerable might feel safe at home. It's important that school districts accommodate these choices to the best of their ability.

Similarly, parents must be granted the freedom to move – must be assisted in moving – to any other school that serves their interests. Our goal is to see to the continued education of our children, not to produce a top-down, centralized approach that assumes all families make this important decision in the same way.

[12] https://watson.brown.edu/taubman/news/2020/what-parents-can-learn-child-care-centers-stayed-open-during-lockdown-emily-oster-cited

COMMUNITY FEAR AND FUTURE GOVERANCE DECISIONS

Among the many compelling expert arguments for reopening our schools, a number of us were also struck by something different, something we might call advice for adults. Several panelists – policy experts and medical doctors – admonished us to remember that the data is clear, but data should not penetrate fear. Among our greatest responsibilities as adults is our responsibility to model courage and persistence in the face of uncertainty and fear, which is what many families are feeling with the mixed messages and confusion surrounding reopening of schools in the COVID-19 era.

Among these panel experts at the June 24, 2020 special board meeting, Dr. Mark McDonald, a psychiatrist who specializes in children and at-risk youth, may have summed it up best:

> *"Children are not dying from Covid-19. Children are not passing the disease on to adults. So the only question is, "Why are we even having this meeting tonight?" We're meeting because we adults are afraid.*
>
> *As parents, we will face many moments of anxiety: seeing our children off on their first day of kindergarten, their first day of camp, their first year of college. We may want to keep them home to protect them from the world, which can indeed be a frightening place. But let's be clear, when we do that, we are not really protecting our children. We are only attempting to manage our own anxiety, and we do that at their expense. We are acting as negligent parents. We are harming our children. We are failing them.*
>
> *We must agree to make decisions in the best interest of the children. If we do not – if, paralyzed by fear, we continue to act purely out of self-interest – we will ensure an entire generation of traumatized young adults, consigned to perpetual adolescence and residency in their parents' garages, unable to move through life with independence, courage, and confidence. They deserve better — we owe it to them as parents."*

ON DISTANCE LEARNING

While a thorough discussion of distance learning is beyond the scope of this discussion, it's important to note that it appears so far to have been an utter failure. Abandoning the classroom in favor of computer-based learning proved frustrating to all – not just parents and students but teachers, too.

The move has revealed huge class-based disparities in access to technology. It produced irregular attendance by children, and teachers simply (generally through no lack of effort) unable to manage distracted children in multiple locations. Its reliance on parental oversight is also a fatal weakness. With good reason, virtually every major newspaper report has declared the experiment a failure. Here are just a few of the many reports:

- *Los Angeles Times,* "With the coronavirus keeping campuses closed, parents report academic, financial struggles and stress" [13]
- *Sacramento Bee,* "Moving California schools online was difficult. Imagine doing it without fast internet or laptops" [14]
- *San Diego Union-Tribune*, "Some schools are pulling the plug on distance learning" [15]
- *Wall Street Journal,* "The Results Are In for Remote Learning: It Didn't Work" [16]
- *Zocalo Public Square*, "I deserve a 'A' for flunking my kids' distance learning" [17]

Summary

The Orange County Board of Education held a community public forum on reopening schools in Orange County with varied responses from constituents. The board's experts presented evidence that strongly supports opening schools in the fall as it is critical to the well-being of our children, families, and communities. The intent of the board was to demonstrate and provide expert opinions and science-based data that can be considered by local school trustees and superintendents when making policies for reopening schools in their district. K-12 children represent the lowest-risk cohort for Covid-19, and children play a very minor role in the spread of Covid-19 to adults. Evidence shows that teachers and staff are in greater danger of contracting a Covid-19 infection from other adults in the teachers' lounge than from students in their classrooms.

The findings of this forum are reflected in these guidelines:

- Social distancing of children and reduction of classroom size and census may be considered, but not vital to implement for school aged children.
- Requiring children to wear masks during school is not only difficult, but may even be harmful over time.

[13] https://www.latimes.com/california/story/2020-05-18/la-schools-distance-learning-students-survey
[14] https://www.sacbee.com/news/local/education/article241799591.html
[15] https://www.sandiegouniontribune.com/news/nation-world/story/2020-05-14/some-us-schools-are-pulling-the-plug-on-distance-learning
[16] https://www.wsj.com/articles/schools-coronavirus-remote-learning-lockdown-tech-11591375078
[17] https://www.zocalopublicsquare.org/2020/05/12/distancing-learning-covid-19-education-students-parents-broken-system/ideas/connecting-california/

- Participation in any reopening of public education should be voluntary. These guidelines are not "laws" or "regulations" or even "rules." Parents are in the best position to determine the education environment that best suits their children rather than government officials.
- If a school district is unable or unwilling to reopen schools in a manner that resumes a typical classroom environment and school atmosphere, parents should be allowed to send their children to another school district or charter school that will provide that preferred education. In fact, many parents stated they will opt for private schools or home schooling if their child does not have a typical interactive academic classroom environment.
- Temperature checks should be performed regularly. As with any active disease or illness, children, teachers, or staff suspected of having an acute respiratory illness should be sent home and if identified not allowed to be on campus if testing and medical evaluation is performed.
- As always, good hygiene with frequent hand washing and the use of hand sanitizer is encouraged.
- Classrooms, meeting rooms, transportation vehicles (e.g., busses) and administrative offices should be thoroughly cleaned each night.
- Ongoing surveillance and coordination with county public health is encouraged.

Appendix A-Community Forum Expert Panelists

Dr. Steven Abelowitz is past Pediatric Department Chair, Hoag Memorial Hospital Presbyterian. He is board certified in Pediatric Medicine and Medical Director of Coastal Kids Pediatric Medical Group in Newport Beach, Irvine, Laguna Niguel, and Ladera Ranch. Among other credentials and honors, Dr Abelowitz is a fellow of the American Academy of Pediatrics and board certified in Pediatric Medicine.

Dr. Clayton Chau is the director of the OC Health Care Agency, having worked for the agency's Behavioral Health Services team from 1999-2012. He was most recently Chief Clinical and Strategy Officer for Mind OC, the not-for-profit created to support the advancement of Be Well OC. Dr. Chau received his PhD in Clinical Psychology from Chelsea University in 2004, and his medical degree from the University of Minnesota in 1994. He completed his psychiatry residency at the University of California, Los Angeles/San Fernando Valley followed by a fellowship with the National Institute of Mental Health in psychoneuroimmunology focusing on substance use disorder and HIV. Dr. Chau has conducted international trainings in the areas of health care integration, health care system reform, cultural competency and mental health policy.

Dr. Michael Eilbert is a hospitalist and pulmonologist practicing medicine in Newport's Hoag Memorial Hospital Presbyterian. He has been in private practice for more than 20 years in Orange County. In this pandemic, Dr. Eilbert is actively involved in the treatment and care of acute Covid-19 positive patients. He is a member of the Board of Directors of the Orange County Medical Association (OCMA) and president elect to OCMA.

Dr. Mike Fitzgibbons is a hospitalist and an Infectious Disease specialist practicing medicine in central Orange County for over three decades. He is on staff at St. Joseph Hospital in Orange. A graduate of Georgetown Medical School, Dr. Fitzgibbons completed his residency and fellowship at UC Irvine Medical Center. In the current pandemic, Dr. Fitzgibbons is actively involved in the treatment and care of acute Covid-19 -positive patients. He is an expert on infectious pathogens and their associated morbidity and mortality. Dr. Fitzgibbons is a delegate to the California Medical Association and active in public policy on health and medical issues with the Orange County Medical Association.

Dr. Simone Gold is a board-certified emergency physician in Los Angeles, California. She graduated from Chicago Medical School before attending Stanford University Law School to earn her Juris Doctorate degree. She completed her residency in Emergency Medicine at Stony Brook University Hospital in New York. Dr. Gold has had a life-long interest in health policy, and worked in Washington D.C. for the former Surgeon General, as well as for the Chairman of the Labor & Human Resources Committee. She has also worked as a physician advisor determining inpatient or outpatient status, and as a physician-attorney advocate for hospital-clients with Medicare and Medicaid appeals. She is a published author and editor of several magazine and newspaper articles.

Joel Kotkin is the Presidential Fellow in Urban Futures at Chapman University in Orange, California and Executive Director of the Houston-based Urban Reform Institute. He is Senior Advisor to the Kem C. Gardner Policy Institute. Kotkin has recently completed several studies including on urbanism, the future of localism, the changing role of transit in America and most recently California's lurch towards feudalism. He is co-author, with Michael Lind, on a report published in 2018 on the revival of the American Heartland for the Center for Opportunity Urbanism. As director of the Center for Demographics and Policy at Chapman University, he was the lead author of a major study on housing, and recently, with Marshall Toplansky, published a strategic analysis for Orange County.

Sherry Kropp PhD served in Orange County's Los Alamitos Unified School District since 1985 and was superintendent from 2011 until her retirement in 2019. A graduate of Orange County schools, she began her teaching career in 1978 as an English, math, and biology teacher and coach in Washington state before returning to Southern California. Before she was named Superintendent of Los Alamitos Unified School District, Dr. Kropp was a teacher, assistant principal, and interim principal at Los Alamitos High School, a principal at a continuation high school, and a director and assistant superintendent in the district. She has a bachelors degree in English, masters in Educational Administration, and a doctorate in Educational Leadership.

Dr. Mark McDonald is a double board-certified child and adolescent psychiatrist in private practice in Los Angeles. He studied classical cello and world literature at UC Berkeley before beginning medical training at the Medical College of Wisconsin. He completed his adult psychiatry residency at the University of Cincinnati and child psychiatry fellowship at Harbor-UCLA in Los Angeles. He specializes in working with children with autism and trauma, as well as obsessive-compulsive and bipolar disorders. He is a candidate in psychoanalysis at the Psychoanalytic Center of California (PCC).

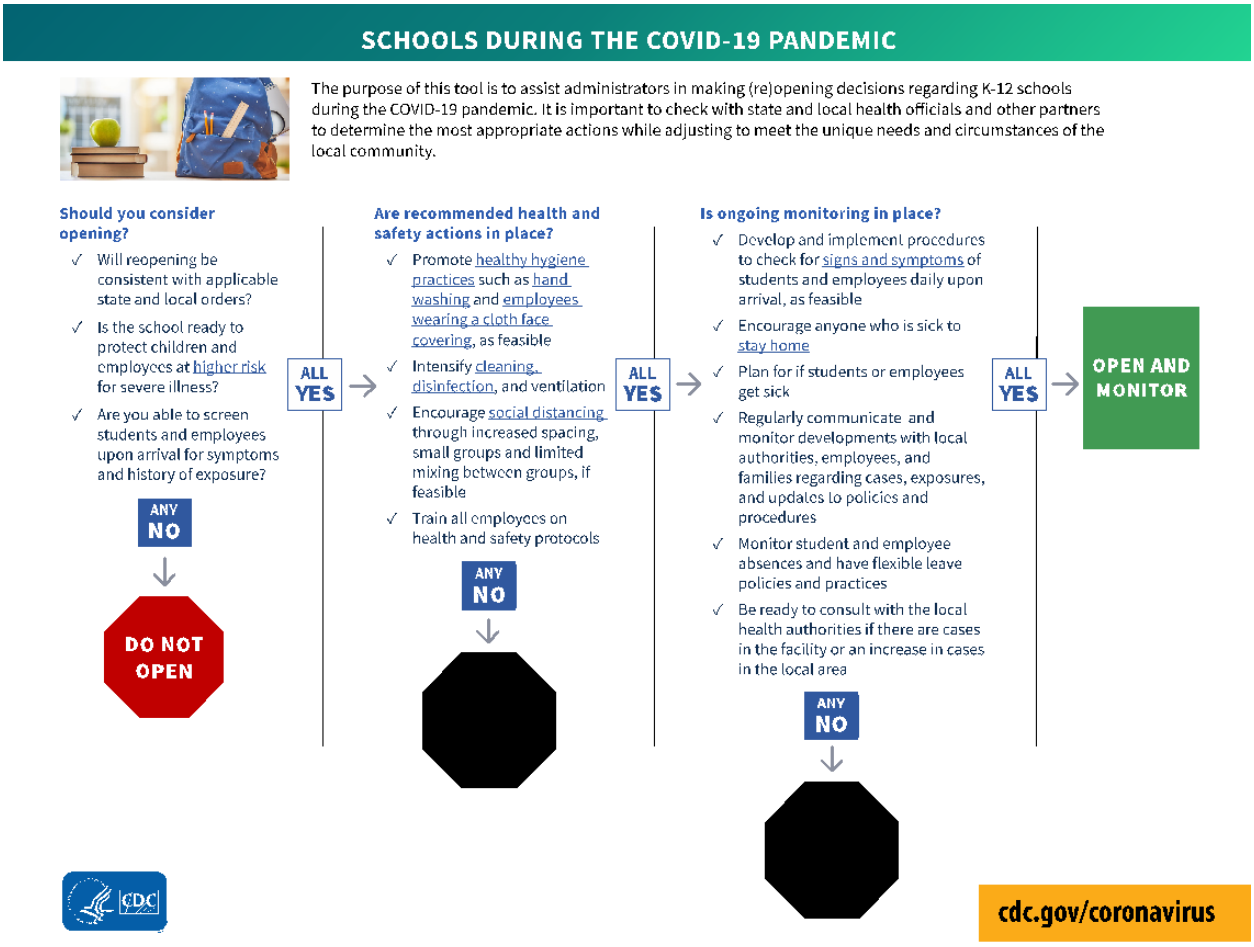
Larry Sand is an education policy expert with an insider's view: he began teaching in New York in 1971, and, in 1985, taught elementary school as well as English, math, history and ESL in the Los Angeles Unified School District, where he also served as a Title 1 Coordinator. Retired but not retiring, he is the president of the nonprofit California Teachers Empowerment Network (CTEN), a nonpartisan group dedicated to providing teachers with reliable and balanced information about professional affiliations and positions on education issues. In 2011, realizing that parents, taxpayers and others frequently receive faulty information from the mainstream media, CTEN expanded its mission to help the general public understand the array of educational issues facing our country today.

Michael A. Shires, Ph.D is associate dean for strategy and special projects and an Associate Professor at Pepperdine University School of Public Policy. Shires has a long record of success finding new strategies and solutions to problems across a wide range of organizations, from small and mid-sized businesses to nonprofit organizations and think tanks to local communities and governments. Over 25 years, he has worked extensively with new organizations with line responsibility for developing management and educational systems. Dr. Shires has published extensively on state and local government finance in California, K-12 education policy and

higher education policy. His research includes not only the nuts and bolts of state and local governance and finance, but also the ethics and politics of decision-making at these levels

Orange County Supervisor Don Wagner was re-elected to the Third Supervisorial district seat in March 2020, and has served as an elected leader in Orange County for over 24 years. He represents nearly 600,000 residents in Orange County's Third District (Anaheim Hills, Irvine, Orange, Tustin, North Tustin, Villa Park, Yorba Linda, and the unincorporated canyons). A practicing attorney, he has also served as a community college district trustee, state legislator, and mayor of Irvine from 2016 – 2019.

APPENDIX B -*U.S. Centers for Disease Control and Prevention-"Schools during the Covid-19 pandemic,"*



APPENDIX C-American Academy of Pediatrics Guidelines

COVID-19 Planning Considerations: Guidance for School Re-entry

Critical Updates on COVID-19 / **Clinical Guidance** / COVID-19 Planning Considerations: Guidance for School Re-entry

The purpose of this guidance is to support education, public health, local leadership, and pediatricians collaborating with schools in creating policies for school re-entry that foster the overall health of children, adolescents, staff, and communities and are based on available evidence. Schools are fundamental to child and adolescent development and well-being and provide our children and adolescents with academic instruction, social and emotional skills, safety, reliable nutrition, physical/speech and mental health therapy, and opportunities for physical activity, among other benefits. Beyond supporting the educational development of children and adolescents, schools play a critical role in addressing racial and social inequity. As such, it is critical to reflect on the differential impact SARS-CoV-2 and the associated school closures have had on different races, ethnic and vulnerable populations. These recommendations are provided acknowledging that our understanding of the SARS-CoV-2 pandemic is changing rapidly.

Any school re-entry policies should consider the following key principles:

- School policies must be flexible and nimble in responding to new information, and administrators must be willing to refine approaches when specific policies are not working.
- It is critically important to develop strategies that can be revised and adapted depending on the level of viral transmission in the school and throughout the community and done with close communication with state and/or local public health authorities and recognizing the differences between school districts, including urban, suburban, and rural districts.
- Policies should be practical, feasible, and appropriate for child and adolescent's developmental stage.
- Special considerations and accommodations to account for the diversity of youth should be made, especially for our vulnerable populations, including those who are medically fragile, live in poverty, have developmental challenges, or have special health care needs or disabilities, with the goal of safe return to school.
- No child or adolescent should be excluded from school unless required in order to adhere to local public health mandates or because of unique medical needs. Pediatricians, families, and schools should partner together to collaboratively identify and develop accommodations, when needed.
- School policies should be guided by supporting the overall health and well-being of all children, adolescents, their families, and their communities. These policies

should be consistently communicated in languages other than English, if needed, based on the languages spoken in the community, to avoid marginalization of parents/guardians who are of limited English proficiency or do not speak English at all.

With the above principles in mind, **the AAP strongly advocates that all policy considerations for the coming school year should start with a goal of having students physically present in school**. The importance of in-person learning is well-documented, and there is already evidence of the negative impacts on children because of school closures in the spring of 2020. Lengthy time away from school and associated interruption of supportive services often results in social isolation, making it difficult for schools to identify and address important learning deficits as well as child and adolescent physical or sexual abuse, substance use, depression, and suicidal ideation. This, in turn, places children and adolescents at considerable risk of morbidity and, in some cases, mortality. Beyond the educational impact and social impact of school closures, there has been substantial impact on food security and physical activity for children and families.

Policy makers must also consider the mounting evidence regarding COVID-19 in children and adolescents, including the role they may play in transmission of the infection. SARS-CoV-2 appears to behave differently in children and adolescents than other common respiratory viruses, such as influenza, on which much of the current guidance regarding school closures is based. Although children and adolescents play a major role in amplifying influenza outbreaks, to date, this does not appear to be the case with SARS-CoV-2. Although many questions remain, the preponderance of evidence indicates that children and adolescents are less likely to be symptomatic and less likely to have severe disease resulting from SARS-CoV-2 infection. In addition, children may be less likely to become infected and to spread infection. Policies to mitigate the spread of COVID-19 within schools must be balanced with the known harms to children, adolescents, families, and the community by keeping children at home.

Finally, policy makers should acknowledge that COVID-19 policies are intended to mitigate, not eliminate, risk. No single action or set of actions will completely eliminate the risk of SARS-CoV-2 transmission, but implementation of several coordinated interventions can greatly reduce that risk. For example, where physical distance cannot be maintained, students (over the age of 2 years) and staff can wear face coverings (when feasible). In the following sections, we review some general principles that policy makers should consider as they plan for the coming school year. For all of these, education for the entire school community regarding these measures should begin early, ideally at least several weeks before the start of the school year.

Physical Distancing Measures

Physical distancing, sometimes referred to as social distancing, is simply the act of keeping people separated with the goal of limiting spread of contagion between individuals. It is fundamental to lowering the risk of spread of SARS-CoV-2, as the primary mode of transmission is through respiratory droplets by persons in close proximity. There is a conflict between optimal academic and social/emotional learning in schools and strict adherence to current physical distancing guidelines. For example, the Centers for Disease Control and Prevention (CDC) recommends that schools "space seating/desks at least 6 feet apart when feasible."

In many school settings, 6 feet between students is not feasible without limiting the number of students. Evidence suggests that spacing as close as 3 feet may approach the benefits of 6 feet of space, particularly if students are wearing face coverings and are asymptomatic. Schools should weigh the benefits of strict adherence to a 6-feet spacing rule between students with the potential downside if remote learning is the only alternative. Strict adherence to a specific size of student groups (e.g., 10 per classroom, 15 per classroom, etc.) should be discouraged in favor of other risk mitigation strategies.

Given what is known about transmission dynamics, adults and adult staff within schools should attempt to maintain a distance of 6 feet from other persons as much as possible, particularly around other adult staff. For all of the below settings, physical distancing by and among adults is strongly recommended, and meetings and curriculum planning should take place virtually if possible. In addition, other strategies to increase adult-adult physical distance in time and space should be implemented, such as staggered drop-offs and pickups, and drop-offs and pickups outside when weather allows. Parents should, in general, be discouraged from entering the school building. Physical barriers, such as plexiglass, should be considered in reception areas and employee workspaces where the environment does not accommodate physical distancing, and congregating in shared spaces, such as staff lounge areas, should be discouraged.

The recommendations in each of the age groups below are not instructional strategies but are strategies to optimize the return of students to schools in the context of physical distancing guidelines and the developmentally appropriate implementation of the strategies. Educational experts may have preference for one or another of the guidelines based on the instructional needs of the classes or schools in which they work.

Pre-Kindergarten (Pre-K)

In Pre-K, the relative impact of physical distancing among children is likely small based on current evidence and certainly difficult to implement. Therefore, Pre-K should focus on more effective risk mitigation strategies for this population. These include hand hygiene, infection prevention education for staff and families, adult physical distancing from one another, adults wearing face coverings, cohorting, and spending time outdoors.

Higher-priority strategies:

- Cohort classes to minimize crossover among children and adults within the school; the exact size of the cohort may vary, often dependent on local or state health department guidance.
- Utilize outdoor spaces when possible.
- Limit unnecessary visitors into the building.

Lower-priority strategies:

- Face coverings(cloth) for children in the Pre-K setting may be difficult to implement.
- Reducing classmate interactions/play in Pre-K aged children may not provide substantial COVID-19 risk reduction.

Elementary Schools

Higher-priority strategies:

- Children should wear face coverings when harms (e.g., increasing hand-mouth/nose contact) do not outweigh benefits (potential COVID-19 risk reduction).
- Desks should be placed 3 to 6 feet apart when feasible (if this reduces the amount of time children are present in school, harm may outweigh potential benefits).
- Cohort classes to minimize crossover among children and adults within the school.
- Utilize outdoor spaces when possible.

Lower-priority strategies:

- The risk reduction of reducing class sizes in elementary school-aged children may be outweighed by the challenge of doing so.
- Similarly, reducing classmate interactions/play in elementary school-aged children may not provide enough COVID-19 risk reduction to justify potential harms.

Secondary Schools

There is likely a greater impact of physical distancing on risk reduction of COVID in secondary schools than early childhood or elementary education. There are also different barriers to successful implementation of many of these measures in older age groups, as the structure of school is usually based on students changing classrooms. Suggestions for physical distancing risk mitigation strategies when feasible:

- Universal face coverings in middle and high schools when not able to maintain a 6-foot distance (students and adults).
- Particular avoidance of close physical proximity in cases of increased exhalation (singing, exercise); these activities are likely safest outdoors and spread out.

- Desks should be placed 3 to 6 feet apart when feasible.
- Cohort classes if possible, limit cross-over of students and teachers to the extent possible.
    - Ideas that may assist with cohorting:
        - Block schedule (much like colleges, intensive 1-month blocks).
        - Eliminate use of lockers or assign them by cohort to reduce need for hallway use across multiple areas of the building. (This strategy would need to be done in conjunction with planning to ensure students are not carrying home an unreasonable number of books on a daily basis and may vary depending on other cohorting and instructional decisions schools are making.)
        - Have teachers rotate instead of students when feasible.
        - Utilize outdoor spaces when possible.
        - Teachers should maintain 6 feet from students when possible and if not disruptive to educational process.
        - Restructure elective offerings to allow small groups within one classroom. This may not be possible in a small classroom.

Special Education

Every child and adolescent with a disability is entitled to a free and appropriate education and is entitled to special education services based on their individualized education program (IEP). Students receiving special education services may be more negatively affected by distance-learning and may be disproportionately impacted by interruptions in regular education. It may not be feasible, depending on the needs of the individual child and adolescent, to adhere both to distancing guidelines and the criteria outlined in a specific IEP. Attempts to meet physical distancing guidelines should meet the needs of the individual child and may require creative solutions, often on a case-by-case basis.

Physical Distancing in Specific Enclosed Spaces

Bussing

- Encourage alternative modes of transportation for students who have other options.
- Ideally, for students riding the bus, symptom screening would be performed prior to being dropped off at the bus. Having bus drivers or monitors perform these screenings is problematic, as they may face a situation in which a student screens positive yet the parent has left, and the driver would be faced with leaving the student alone or allowing the student on the bus.
- Assigned seating; if possible, assign seats by cohort (same students sit together each day).
- Tape marks showing students where to sit.

- When a 6-foot distance cannot be maintained between students, face coverings should be worn.
- Driver should be a minimum of 6 feet from students; driver must wear face covering; consider physical barrier for driver (e.g., plexiglass).
- Minimize number of people on the bus at one time within reason.
- Adults who do not need to be on the bus should not be on the bus.
- Have windows open if weather allows.

Hallways

- Consider creating one-way hallways to reduce close contact.
- Place physical guides, such as tape, on floors or sidewalks to create one-way routes.
- Where feasible, keep students in the classroom and rotate teachers instead.
- Stagger class periods by cohorts for movement between classrooms if students must move between classrooms to limit the number of students in the hallway when changing classrooms.
- Assign lockers by cohort or eliminate lockers altogether.

Playgrounds

Enforcing physical distancing in an outside playground is difficult and may not be the most effective method of risk mitigation. Emphasis should be placed on cohorting students and limiting the size of groups participating in playground time. Outdoor transmission of virus is known to be much lower than indoor transmission.

Meals/Cafeteria

School meals play an important part in addressing food security for children and adolescents. Decisions about how to serve meals must take into account the fact that in many communities there may be more students eligible for free and reduced meals than prior to the pandemic.

- Consider having students cohorted, potentially in their classrooms, especially if students remain in their classroom throughout the day.
- Create separate lunch periods to minimize the number of students in the cafeteria at one time.
- Utilize additional spaces for lunch/break times.
- Utilize outdoor spaces when possible.
- Create an environment that is as safe as possible from exposure to food allergens.
- Wash hands or use hand sanitizer before and after eating.

Cleaning and Disinfection

The main mode of COVID-19 spread is from person to person, primarily via droplet transmission. For this reason, strategies for infection prevention should center around this form of spread, including physical distancing, face coverings, and hand hygiene. Given the challenges that may exist in children and adolescents in effectively adhering

to recommendations, it is critical staff are setting a good example for students by modeling behaviors around physical distancing, face coverings and hand hygiene. Infection via aerosols and fomites is less likely. However, because the virus may survive in certain surfaces for some time, it is possible to get infected after touching a virus contaminated surface and then touching the mouth, eyes, or nose. Frequent handwashing as a modality of containment is vital.

Cleaning should be performed per established protocols followed by disinfection when appropriate. Normal cleaning with soap and water decreases the viral load and optimizes the efficacy of disinfectants. When using disinfectants, the manufacturers' instructions must be followed, including duration of dwell time, use of personal protective equipment (PPE), if indicated, and proper ventilation. The use of EPA approved disinfectants against COVID-19 is recommended (EPA List N). When possible, only products labeled as safe for humans and the environment (e.g., Safer or Designed for the Environment), containing active ingredients such as hydrogen peroxide, ethanol, citric acid, should be selected from this list, because they are less toxic, are not strong respiratory irritants or asthma triggers, and have no known carcinogenic, reproductive, or developmental effects.

When EPA-approved disinfectants are not available, alternative disinfectants such as diluted bleach or 70% alcohol solutions can be used. Children should not be present when disinfectants are in use and should not participate in disinfecting activities. Most of these products are not safe for use by children, whose "hand-to-mouth" behaviors and frequent touching of their face and eyes put them at higher risk for toxic exposures. If disinfection is needed while children are in the classroom, adequate ventilation should be in place and nonirritating products should be used. Disinfectants such as bleach and those containing quaternary ammonium compounds or "Quats" should not be used when children and adolescents are present, because these are known respiratory irritants.

In general, elimination of high-touch surfaces is preferable to frequent cleaning. For example, classroom doors can be left open rather than having students open the door when entering and leaving the classroom or the door can be closed once all students have entered followed by hand sanitizing. As part of increasing social distance between students and surfaces requiring regular cleaning, schools could also consider eliminating the use of lockers, particularly if they are located in shared spaces or hallways, making physical distancing more challenging. If schools decide to use this strategy, it should be done within the context of ensuring that students are not forced to transport unreasonable numbers of books back and forth from school on a regular basis.

When elimination is not possible, surfaces that are used frequently, such a drinking fountains, door handles, sinks and faucet handles, etc., should be cleaned and disinfected at least daily and as often as possible. Bathrooms, in particular, should receive frequent cleaning and disinfection. Shared equipment including computer equipment, keyboards, art supplies, and play or gym equipment should also be

disinfected frequently. Hand washing should be promoted before and after touching shared equipment. Computer keyboard covers can be used to facilitate cleaning between users. practices should be used for indoor areas that have not been used for 7 or more days or outdoor equipment. Surfaces that are not high touch, such as bookcases, cabinets, wall boards, or drapes should be cleaned following standard protocol. The same applies to floors or carpeted areas.

Outdoor playgrounds/natural play areas only need routine maintenance, and hand hygiene should be emphasized before and after use of these spaces. Outdoor play equipment with high-touch surfaces, such as railings, handles, etc., should be cleaned and disinfected regularly if used continuously.

UV light kills viruses and bacteria and is used in some controlled settings as a germicide. UV light-emitting devices should not be used in the school setting, because they are not safe for children and adults and can cause skin and eye damage.

Testing and Screening

Virologic testing is an important part of the overall public health strategy to limit the spread of COVID-19. Virologic testing detects the viral RNA from a respiratory (usually nasal) swab specimen. Testing all students for acute SARS-CoV-2 infection prior to the start of school is not feasible in most settings at this time. Even in places where this is possible, it is not clear that such testing would reduce the likelihood of spread within schools. It is important to recognize that virologic testing only shows whether a person is infected at that specific moment in time. It is also possible that the nasal swab virologic test result can be negative during the early incubation period of the infection. So, although a negative virologic test result is reassuring, it does not mean that the student or school staff member is not going to subsequently develop COVID-19. Stated another way, a student who is negative for COVID 19 on the first day of school may not remain negative throughout the school year.

If a student or school staff member has a known exposure to COVID-19 (e.g., a household member with laboratory-confirmed SARS-CoV-2 infection or illness consistent with COVID-19) or has COVID-19 symptoms, having a negative virologic test result, according to CDC guidelines, may be warranted for local health authorities to make recommendations regarding contact tracing and/ or school exclusion or school closure.

The other type of testing is serologic blood testing for antibodies to SARS-CoV-2. At the current time, serologic testing should not be used for individual decision-making and has no place in considerations for entrance to or exclusion from school. CDC guidance regarding antibody testing for COVID-19 is that serologic test results should not be used to make decisions about grouping people residing in or being admitted to congregate settings, such as schools, dormitories, or correctional facilities. Additionally, serologic test results should not be used to make decisions about returning people to the workplace. The CDC states that serologic testing should not be used to determine

immune status in individuals until the presence, durability, and duration of immunity is established. The AAP recommends this guidance be applied to school settings as well.

Schools should have a policy regarding symptom screening and what to do if a student or school staff member becomes sick with COVID-19 symptoms. Temperature checks and symptom screening are a frequent part of many reopening processes to identify symptomatic persons to exclude them from entering buildings and business establishments. The list of symptoms of COVID-19 infection has grown since the start of the pandemic and the manifestations of COVID-19 infection in children, although similar, is often not the same as that for adults.

School policies regarding temperature screening and temperature checks must balance the practicality of performing these screening procedures for large numbers of students and staff with the information known about how children manifest COVID-19 infection, the risk of transmission in schools, and the possible lost instructional time to conduct the screenings. Schools should develop plans for rapid response to a student or staff member with fever who is in the school regardless of the implementation of temperature checks or symptom screening prior to entering the school building. In many cases, it will not be practical for temperature checks to be performed prior to students arriving at school. **Parents should be instructed to keep their child at home if they are ill.** Any student or staff member with a fever of 100.4 degrees or greater or symptoms of possible COVID-19 virus infection should not be present in school.

In lieu of temperature checks and symptom screening being performed after arrival to school, **methods to allow parent report of temperature checks done at home may be considered.** Resources and time may necessitate this strategy at most schools. The epidemiology of disease in children along with evidence of the utility of temperature screenings in health systems may further justify this approach. Procedures using texting apps, phone systems, or online reporting rely on parent report and may be most practical but possibly unreliable, depending on individual family's ability to use these communication processes, especially if not made available in their primary language. Although imperfect, these processes may be most practical and likely to identify the most ill children who should not be in school. School nurses or nurse aides should be equipped to measure temperatures for any student or staff member who may become ill during the school day and should have an identified area to separate or isolate students who may have COVID-19 symptoms.

COVID-19 infection manifests similarly to other respiratory illness in children. Although children manifest many of the same symptoms of COVID-19 infection as adults, some differences are noteworthy. According to the CDC, children may be less likely to have fever, may be less likely to present with fever as an initial symptom, and may have only gastrointestinal tract symptoms. A student or staff member excluded because of symptoms of COVID-19 should be encouraged to contact their health care provider to

discuss testing and medical care. In the absence of testing, students or staff should follow local health department guidance for exclusion.

Face Coverings and PPE

Cloth face coverings protect others if the wearer is infected with SARS CoV-2 and is not aware. Cloth masks may offer some level of protection for the wearer. Evidence continues to mount on the importance of universal face coverings in interrupting the spread of SARS-CoV-2. Although ideal, universal face covering use is not always possible in the school setting for many reasons. Some students, or staff, may be unable to safely wear a cloth face covering because of certain medical conditions (e.g., developmental, respiratory, tactile aversion, or other conditions) or may be uncomfortable, making the consistent use of cloth face coverings throughout the day challenging. For individuals who have difficulty with wearing a cloth face covering and it is not medically contraindicated to wear a face covering, behavior techniques and social skills stories (see resource section) can be used to assist in adapting to wearing a face covering. When developing policy regarding the use of cloth face coverings by students or school staff, school districts and health advisors should consider whether the use of cloth face coverings is developmentally appropriate and feasible and whether the policy can be instituted safely. If not developmentally feasible, which may be the case for younger students, and cannot be done safely (e.g., the face covering makes wearers touch their face more than they otherwise would), schools may choose to not require their use when physical distancing measures can be effectively implemented. School staff and older students (middle or high school) may be able to wear cloth face coverings safely and consistently and should be encouraged to do so. Children under 2 years and anyone who has trouble breathing or is unconscious, incapacitated, or otherwise unable to remove a face covering without assistance should not wear cloth face coverings.

For certain populations, the use of cloth face coverings 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. Although there are products (e.g., face coverings with clear panels in the front) to facilitate their use among these populations, these may not be available in all settings.
Students and families should be taught how to properly wear (cover nose and mouth) a cloth face covering, to maintain hand hygiene when removing for meals and physical activity, and for replacing and maintaining (washing regularly) a cloth face covering.

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 the CDC guidance on infection control measures. Asthma treatments using inhalers with spacers are preferred over nebulizer treatments whenever possible. The CDC recommends that nebulizer treatments at school should be reserved for children who cannot use or do not have access to an inhaler (with spacer or spacer with mask). Schools should work with families and health care providers to assist with obtaining an inhaler for students

with limited access. In addition, schools should work to develop and implement asthma action plans, which may include directly observed controller medication administration in schools to promote optimal asthma control.

If required while waiting for a student to be picked up to go home or for emergency personnel to arrive, when using nebulizer or a peak flow meter, school health staff should wear gloves, an N95 facemask, and eye protection. Staff should be trained on proper donning and doffing procedures and follow the CDC guidance regarding precautions when performing aerosol-generating procedures. Nebulizer treatments should be performed in a space that limits exposure to others and with minimal staff present. Rooms should be well ventilated or treatments should be performed outside. After the use of the nebulizer, the room should undergo routine cleaning and disinfection.

School staff working with students who are unable to wear a cloth face covering and who must be in close proximity to them should ideally wear N95 masks. When access to N95 masks is limited, a surgical mask in combination with a face shield should be used. Face shields or other forms of eye protection should also be used when working with students unable to manage secretions.

On-site School Based Health Services

On-site school health services should be supported if available, to complement the pediatric medical home and to provide pediatric acute and chronic care. Collaboration with school nurses will be essential, and school districts should involve School Health Services staff early in the planning phase for reopening and consider collaborative strategies that address and prioritize immunizations and other needed health services for students, including behavioral health and reproductive health services.

Education

The impacts of lost instructional time and social emotional development on children and adolescents should be anticipated, and schools will need to be prepared to adjust curricula and instructional practices accordingly without the expectation that all lost academic progress can be caught up. Plans to make up for lost academic progress because of school closures and distress associated with the pandemic should be balanced by a recognition of the likely continued distress of educators and students that will persist when schools reopen. If the academic expectations are unrealistic, school will likely become a source of further distress for students (and educators) at a time when they need additional support. It is also critical to maintain a balanced curriculum with continued physical education and other learning experiences rather than an exclusive emphasis on core subject areas.

Students With Disabilities

The impact of loss of instructional time and related services, including mental health services as well as occupational, physical, and speech/language therapy during the period of school closures is significant for students with disabilities. Students with

disabilities may also have more difficulty with the social and emotional aspects of transitioning out of and back into the school setting. As schools prepare for reopening, school personnel should develop a plan to ensure a review of each child and adolescent with an IEP to determine the needs for compensatory education to adjust for lost instructional time as well as other related services.

Schools can expect a backlog in evaluations; therefore, plans to prioritize those for new referrals as opposed to re-evaluations will be important. 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 postponed.

Behavioral Health/Emotional Support for Children and Adolescents

Schools should anticipate and be prepared to address a wide range of mental health needs of children and staff when schools reopen. Preparation for infection control is vital and admittedly complex during an evolving pandemic. But the emotional impact of the pandemic, 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 support and assistance of school professionals — demands careful attention and planning as well. Schools should be prepared to adopt an approach for mental health support.

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. Students requiring mental health support 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. In the event distance learning is needed, schools should develop mechanisms to evaluate youth remotely if concerns are voiced by educators or family members and should be establishing policies, including referral mechanisms for students believed to be in need of in-person evaluation, even before schools reopen.

School mental health professionals should be involved in shaping messages to students and families about the response to the pandemic. Fear-based messages widely used to encourage strict physical distancing may cause problems when schools reopen, because the risk of exposure to COVID-19 may be mitigated but not eliminated.

When schools do reopen, plans should already be in place for outreach to students who do not return, given the high likelihood of separation anxiety and agoraphobia in students. Students may have difficulty with the social and emotional aspects of transitioning back into the school setting, especially given the unfamiliarity with the changed school environment and experience. Special considerations are warranted for students with pre-existing anxiety, depression, and other mental health conditions;

children with a prior history of trauma or loss; and students in early education who may be particularly sensitive to disruptions in routine and caregivers.

Students facing other challenges, such as poverty, food insecurity, and homelessness, and those subjected to ongoing racial inequities may benefit from additional support and assistance.
Schools need to incorporate academic accommodations and supports for all students who may still be having difficulty concentrating or learning new information because of stress associated with the pandemic. It is important that schools 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 are going to need support to effectively return to school and to be prepared to be ready to process the information they are being taught, teachers cannot be expected to be successful at teaching children without having their mental health needs supported. The strain on teachers this year as they have been asked to teach differently while they support their own needs and those of their families has been significant, and they will be bringing that stress back to school as schools reopen.

Resources such as Employee Assistance Programs and other means to provide support and mental health services should be established prior to reopening. The individual needs and concerns of school professionals should be addressed with accommodations made as needed (e.g., for a classroom educator who is pregnant, has a medical condition that confers a higher risk of serious illness with COVID-19, resides with a family member who is at higher risk, or has a mental health condition that compromises the ability to cope with the additional stress). Although schools should be prepared to be agile to meet evolving needs and respond to increasing knowledge related to the pandemic and may need to institute partial or complete closures when the public health need requires, they should recognize that staff, students, and families will benefit from sufficient time to understand and adjust to changes in routine and practices. 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.

Food Insecurity

In 2018, 11.8 million children and adolescents (1 in 7) in the United States lived in a food-insecure household. The coronavirus pandemic has led to increased unemployment and poverty for America’s families, which in turn will likely increase even further the number of families who experience food insecurity. School re-entry planning must consider the many children and adolescentswho experience food insecurity

already (especially at-risk and low-income populations) and who will have limited access to routine meals through the school district if schools remain closed. The short- and long-term effects of food insecurity in children and adolescents are profound. **Plans should be made prior to the start of the school year for how students participating in free- and reduced- meal programs will receive food in the event of a school closure or if they are excluded from school because of illness or SARS-CoV-2 infection.**

Immunizations

Existing school immunization requirements should be maintained and not deferred because of the current pandemic. In addition, although influenza vaccination is generally not required for school attendance, in the coming academic year, it should be highly encouraged for all students. School districts should consider requiring influenza vaccination for all staff members. Pediatricians should work with schools and local public health authorities to promote childhood vaccination messaging well before the start of 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.

Organized Activities

It is likely that sporting events, practices, and conditioning sessions will be limited in many locations. Preparticipation evaluations should be conducted in alignment with the AAP Preparticipation Physical Evaluation Monograph, 5th ed, and state and local guidance.

Additional Information

If you need a print version of this guidance, use the Print icon at the top of the page or download a pdf here.

- Information for Parents on HealthyChildren.org: Returning to School During COVID-19
- Guidance Related to Childcare During COVID-19
- Guidance on Providing Pediatric Well-Care During COVID-19
- List of latest AAP News articles on COVID-19
- *Pediatrics* COVID-19 Collection
- COVID-19 Advocacy Resources(Login required)
- Centers for Disease Control and Prevention: Considerations for Schools
- Centers for Disease Control and Prevention: School Decision Tree
- Centers for Disease Control and Prevention: Activities and Initiatives Supporting the COVID Response

Resources

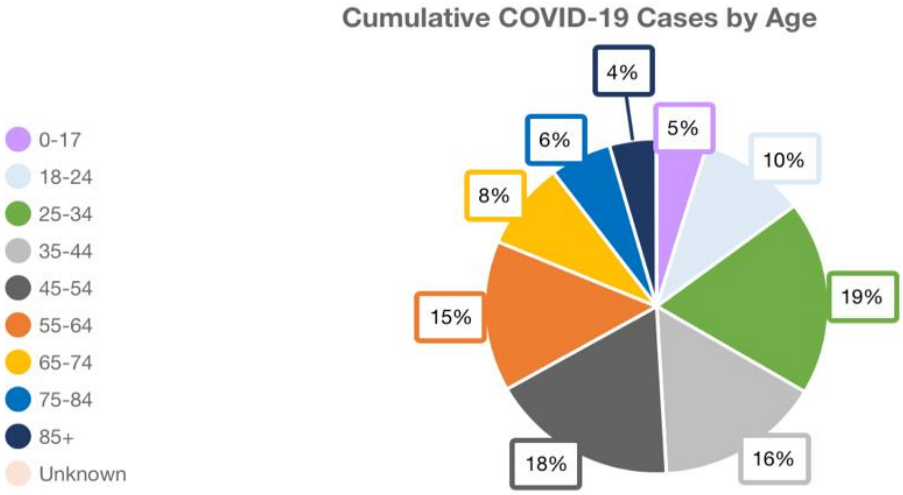
- Coalition to Support Grieving Students
- Using Social Stories to Support People with I/DD During the COVID-19 Emergency
- Social Stories for Young and Old on COVID-19

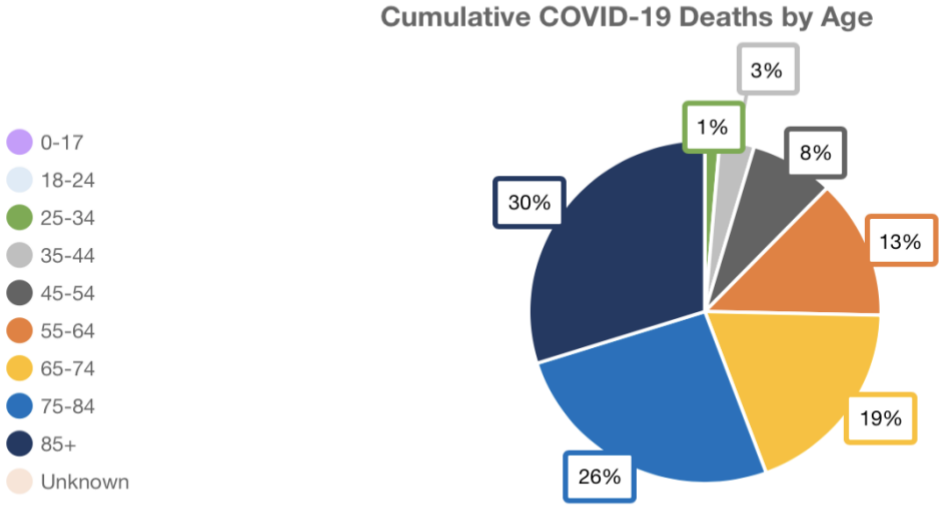
Interim Guidance Disclaimer: The COVID-19 clinical interim guidance provided here has been updated based on current evidence and information available at the time of publishing. Guidance will be regularly reviewed with regards to the evolving nature of the pandemic and emerging evidence. All interim guidance will be presumed to expire in December 2020 unless otherwise specified.

Last Updated

06/25/2020

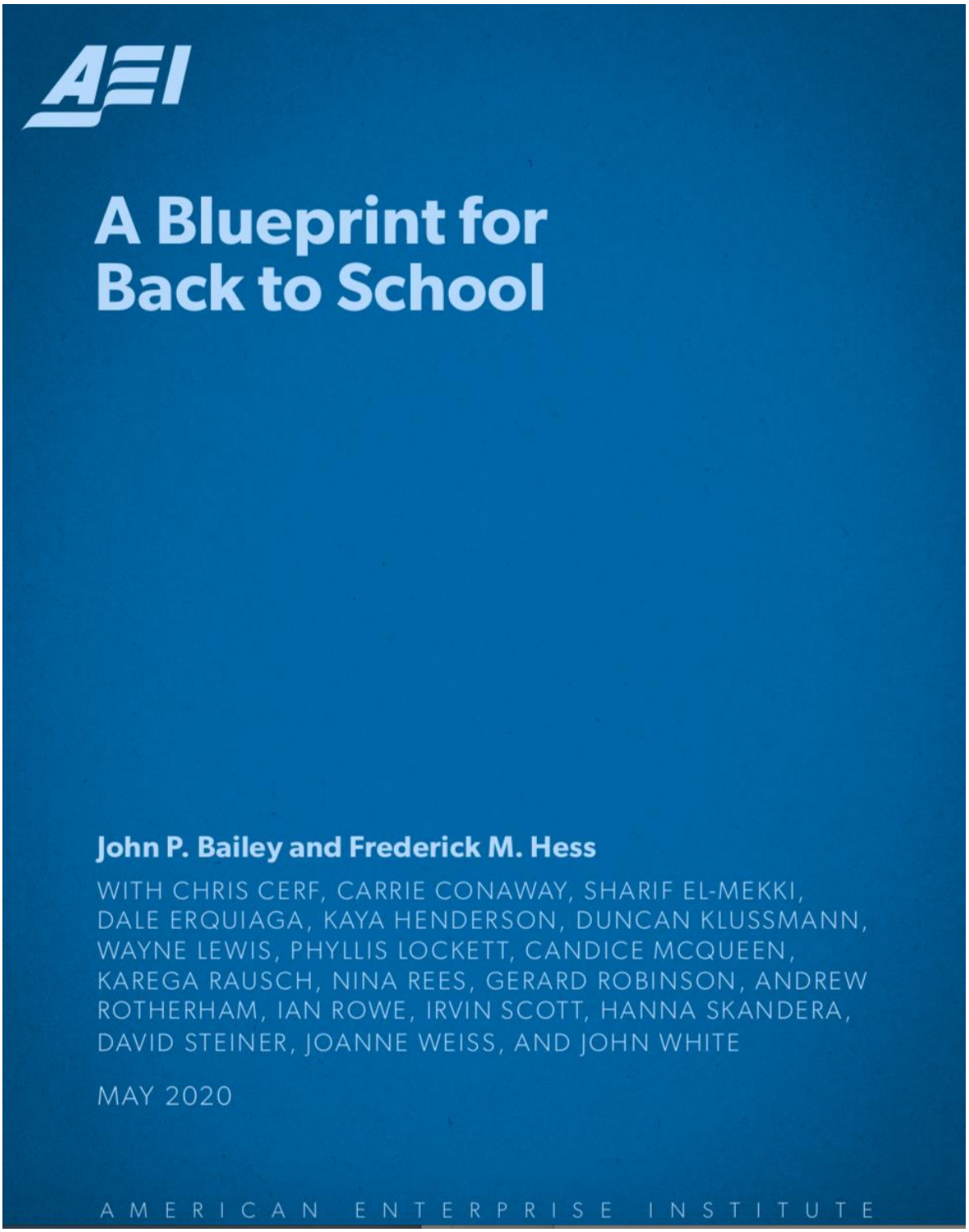
APPENDIX D- Orange County Covid-19 Cases and Deaths by Age





Source: Orange County Healthcare Agency, June 16

Appendix E- A Blueprint for Back to School. The American Enterprise Institute



APPENDIX F- Statement: Southern California Chapter-American Academy of Pediatric

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN™

Southern California Chapter – Los Angeles, Central Coast and Inland Empire

Press release

Local Pediatricians Urge Collaborative Decision-Making About Reopening Schools

PASADENA, CA (June 2, 2020)

As pediatricians, our top priority is the health and safety of our children. We urge those in public health and education to work together to strike the right balance between preventing the spread of COVID-19 and providing children with the education, nutrition, physical activity, and mental health benefits provided through the reopening of schools.

The risk of COVID-19 transmission among groups of children has not been well-studied, but current research suggests that the risk is much lower than the adult population. The negative effects of missing in-person educational time as children experience prolonged periods of isolation and lack of instruction, however, is clear. Children rely on schools for multiple needs, including but not limited to education, nutrition, physical activity, socialization, and mental health. Special populations of students receive services for disabilities and other conditions that are virtually impossible to deliver online. Prolonging a meaningful return to in-person education would result in hundreds of thousands of children in Los Angeles County being at risk for worsening academic, developmental and health outcomes.

Because of the nature of COVID-19 and of Los Angeles County, we cannot implement a one-size- fits-all set of rules for reopening schools. Los Angeles County covers more than 4,700 square miles and has a population of more than 10 million. Schools must have the flexibility to implement intermittent closures, phased reopenings, and isolation protocols that are appropriate for their specific areas and their specific populations.

“Our concern is that recently issued guidelines for schools re-opening in Los Angeles County are not realistic or even developmentally appropriate for children,” says Dr. Alice Kuo, President of the Southern California chapter of the American Academy of Pediatrics. “For example, wearing masks throughout the day can hinder language and socio-emotional development, particularly for younger children.”

“The guidelines need to be flexible for different age groups within a school district,” says Kuo. “They also need to take into account what is feasible for the most number of students to return to in-person education, including practical spacing measures.”

The AAP encourages collaborative decision-making among school districts and local and state public health departments to balance the academic needs of students with minimizing the risk of transmission of COVID-19. Pediatricians want to be involved in these discussions as experts on children’s health and development. The national AAP recommendations for return to in-person education in schools can be found on our website at:

https://services.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/clinical-guidance/covid-19-planning-considerations-return-to-in-person-education-in-schools/

The Southern California chapter of the American Academy of Pediatrics is an organization of 1,500 primary care pediatricians, pediatric medical subspecialists and pediatric surgical specialists dedicated to the health, safety and well-being of infants, children, adolescents and young adults.

AAP Southern California Chapter 2 (AAP-CA2) Chapter2@aap-ca.org (818) 422-9877
www.aapca2.org

Item: Board Recommendations #3
July 13, 2020
[X] Emailed [ ] Distributed at meeting

ORANGE COUNTY BOARD OF EDUCATION

BOARD AGENDA ITEM

DATE: July 13, 2020

TO: Nina Boyd, Associate Superintendent

FROM: Mari Barke, Board Vice President

SUBJECT: Resolution #12-20

RECOMMENDATION:

Board action on resolution #12-20 in Support of Law Enforcement

Orange County Board of Education
Resolution in Support of Law Enforcement

July 13, 2020

WHEREAS, the Orange County Board of Education (OCBE) is committed to the concept of law and order, community policing and law enforcement; and

WHEREAS, the Orange County Sheriff's Department operates under a set of values that prioritize public safety and policing efforts with dignity, excellence, and integrity, as Sheriff Don Barnes has created multiple community councils to inspire dialogue and transparency, and to build community trust; and

WHEREAS, the Orange County Sheriff' Department as well as other law enforcement agencies work under extreme conditions where they often put their lives at risk to protect the lives and property of American citizens, and the overwhelming majority of law enforcement officers do their job admirably and professionally and deserve the utmost respect and support from the community they serve; and

WHEREAS, the residents of Orange County and the OCBE feel anguish and anger at the inhuman treatment of Mr. George Floyd in Minneapolis, Minnesota, that resulted in his tragic death; and

WHEREAS, we stand with all people of color in our community, with all those who have been marginalized and disenfranchised, and with all people of good will throughout the entire County of Orange; and

THEREFORE, the Orange County Board of Education promotes continued dialogue about intolerance of racism and proclaims its solidarity with those who protest peacefully against injustice, racism, and hate in Orange County; and

FURTHERMORE, every life matters and we stand together with our neighboring counties and communities and with law enforcement in Orange County.

Item: Board Recommendations #4
July 13, 2020
[X] Emailed [ ] Distributed at meeting

ORANGE COUNTY BOARD OF EDUCATION

BOARD AGENDA ITEM

DATE: July 13, 2020

TO: Nina Boyd, Associate Superintendent

FROM: Ken Williams, D.O., Board President

SUBJECT: Resolution #13-20

RECOMMENDATION:

Board action on resolution #13-20 to Support State School Funding for School Districts and Charter Schools with Growing Enrollment in 2020-2021

Resolution to Support State School Funding for
School Districts and Charter Schools with Growing Enrollment in 2020-2021

Whereas, the California Legislature and Governor Gavin Newsom adopted and enacted a State budget on June 30, 2020 for the 2020-2021 fiscal and school year which provides and caps funding for school districts and charter schools based on their 2019-2020 Average Daily Attendance;

Whereas, School districts and charter schools have always received per pupil funding by tracking Average Daily Attendance for all students, including new students, enrolled in their schools during each fiscal and school year;

Whereas, Many school districts and charter schools planned on increases in student enrollments for the 2020-2021 school year based on anticipated housing pattern increases or the addition of school facilities, grades, classes and courses;

Whereas, The school districts and charter schools with growing enrollment located in the County of Orange have already constructed, financed or leased facilities, hired teachers and other staff, and purchased equipment and materials based on the anticipated per pupil funding to accommodate and serve the increases in student enrollment for the 2020-2021 school year;

Whereas, School districts and charter schools with growing enrollment in the County of Orange will receive no additional per pupil funding based on the recently enacted State budget for enrollment increases due to planned or anticipated growth during the 2020-2021 school year;

Whereas, Students enrolled in school districts or charter schools with growing enrollment in the County of Orange will be negatively impacted by the cap on funding based on the 2019-2020 Average Daily Attendance since no additional per pupil funding will be provided and school districts or charter schools will need to serve all students with less funding or decide not to add the new school facilities, grades, classes or courses for the 2020-2021 school year;

Whereas, Governor Gavin Newsom committed to addressing the funding for school districts or charter schools with growing enrollment by issuing a signing statement enacting the State budget for the 2020-2021 fiscal and school year; now therefore be it

Resolved, That the Board of Education for the County of Orange supports additional per pupil funding for its school districts and charter schools with growing enrollment, and encourages Governor Gavin Newsom and the California Legislature to prioritize addressing this matter expeditiously so school officials have as much certainty about their budgets for the 2020-2021 school year.