

REGULAR BOARD MEETING AGENDA

Date: Tuesday, September 1, 2020
Time: 7:30 pm
Location: Teleconference

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Preamble

Good evening Chair Iantomasi, members of the Board of Trustees, Director Daly and Board staff. Thank you for this opportunity to make a presentation on this important and timely issue.

My name is Jacob Moore. I am a 23-year-old software engineer and constituent living in Burlington. I will be outlining my computer simulation of the proposed secondary school quadmester timetable that indicates the need to modify the timetable to reduce indirect and direct student contacts. I am qualified to perform this work given that I have a Bachelor of Software Engineering from the University of Waterloo and have nearly three years of industry experience developing a wide range of software programs.

My interest in this issue stems from the fact that I am currently living with my parents and brother in Burlington due to the COVID-19 pandemic, and that my father will be returning to the classroom as a secondary teacher with the Board. I am concerned for the health and safety of my father, who will turn sixty this year, and my mother who is the same age and has a number of underlying health conditions. Should either contract the virus that causes COVID-19, I fear they may not do well, may end up in ICU or may die. Through my exposure to this issue and beyond my selfish interests, I have become aware of the significantly increased risk that the proposed timetable poses for all students, staff and their families in the Board and believe that my analysis has the potential to reduce illness and possibly prevent deaths by reducing the risk of virus transmission.

Following the presentation of the HCDSB quadmester timetable at the Special Board Meeting on August 18, and the publication of the quadmester timetable being proposed by the Halton District School Board (HDSB) on August 20, work began on an analysis to assess the contact networks produced by these timetables. Other possible timetables were considered, one of which will be described here.

As shown in figure 1, in the *Guide to reopening Ontario's schools* the Ministry of Education requires school boards to develop timetables that limit indirect and direct student contacts to approximately 100 students in the school, over a 1- to 2-week period in order to reduce the risk of virus transmission and support contact tracing. This is the standard against which the three timetables considered here will be evaluated.

Figure 1 - Excerpt from *Guide to reopening Ontario's schools*, Ontario Ministry of Education

Timetabling and cohorting

Ontario's 880 secondary schools have enrolments that range from under 50 students to over 2000.

All school boards are encouraged to adopt secondary timetabling methods that emphasize cohorting of students as much as possible, to limit the number of student-to- student contacts.

In order to reduce risk of transmission and to support contact tracing, school boards are to develop timetables that over a 1- to 2-week period:

- Limit indirect and direct student contacts to approximately 100 students in the school; and
- Are encouraged to keep secondary school students in a maximum of two in- person class cohorts

Following preliminary analysis, it became clear that the proposed HCDSB quadmester timetable produces a complex and fast-growing network of student contacts, owing to frequent course switching, and that statistical methods would be needed to quantify the number of indirect and direct student contacts. The analytical mathematics needed to produce a closed form solution to the problem are outside my area of expertise, therefore I decided that a computer simulation using statistical methods would be the best approach to enable analysis.

Computer Simulation

Given my limited time, I will only be able to provide a brief overview of the model and methodology used.

The simulation was implemented in the Python programming language. The source code has been posted to GitHub and can be accessed at this link: <https://github.com/jaemoore/class-simulation>

The simulation takes a number of parameters as shown in table A1.

Table A1 – Chosen Simulation Parameters	
Simulation Parameter	Parameter Value
Number of high schools (unique trials)	20
Number of students in a high school	1200
Percentage of students opting for in-person learning	75%
Number of students per high school attending in-person classes	900
Number of courses running per period	44
Number of periods	2
Maximum number of students per in-person cohort	15
Probability of a grade 9 student taking a grade 10 course	0
Probability of a grade 10 student taking a grade 9 or grade 11 course	1/30
Probability of a grade 11 student taking a grade 10 or grade 12 course	2/30
Probability of a grade 12 student taking a grade 11 course	2/30

An arbitrary number of 20 trials were run, representing 20 high schools with 1200 students in each high school. It was assumed that one quarter of students would opt for online learning. This value was not known at the time of writing. The result is that 900 students per high school attend in-person classes. These students are assigned to 44 period 1 classes and are evenly assigned to either Cohort 1A or 1B. The maximum number of students in a cohort is limited to 15. Students are then randomly assigned to a period 2 course in their grade with equally-sized cohorts (2A or 2B), except that a small number of students may switch grades in the period 2 course; the assumptions regarding grade switching are stated in the table. The simulation also takes the three timetables as parameters. These are as shown in tables 1 through 3 that follow.

The simulation outputs a .csv file with the average number of indirect and direct contacts for a student in each school after each day of a given timetable. The averages are calculated over all students signed up for in-class instruction. These files were opened in Excel and averages across all twenty schools were calculated to produce the tables and graph.

It is possible to run the simulation with different parameters, and this can be done with simple modifications of the source code.

Results

As shown in table 1, the currently-proposed HCDSB quadmester timetable does not meet the Ministry limit of approximately 100 student contacts over a 1- to 2-week period. After one week, the simulated timetable produces 264 indirect and direct student contacts. By the end of the second week, the number of contacts has grown to 751.

Table 1 - HCDSB Timetable: Average Indirect and Direct Contacts
After Each In-person Attendance

	Monday	Tuesday	Wednesday	Thursday	Friday
Week 1	1A	2A	1A	1B	2B
# Contacts*	5	32	93	159	264
Week 2	1A	2A	1B	1B	2B
# Contacts*	387	538	659	659	751
Week 3	1A	2A	2A	1B	2B
# Contacts*	818	858	858	880	891
Week 4	1A	2A	2B	1B	2B
# Contacts*	897	898	899	899	899

* average number of indirect and direct contacts per student

yellow indicates that number of contacts exceeds Ministry limit of approximately 100 indirect and direct contacts over a 1 - to 2 - week period

By comparison, the timetable published by the HDSB shown in table 2 meets the Ministry limit in the simulation by limiting indirect and direct student contacts to 10 by the end of the first week and 102 by the end of the second week.

Table 2 - HDSB Timetable: Average Indirect and Direct Contacts
After Each In-Person Attendance

	Monday	Tuesday	Wednesday	Thursday	Friday
Week 1	1A	1A	1A	1B	1B
# Contacts*	5	5	5	10	10
Week 2	2A	2A	2A	2B	2B
# Contacts*	57	57	57	102	102
Week 3	1A	1A	1A	1B	1B
# Contacts*	221	221	221	337	337
Week 4	2A	2A	2B	2B	2B
# Contacts*	459	459	577	577	577

* average number of indirect and direct contacts per student

A third timetable is proposed as shown in table 3. This four-week timetable uses biweekly course switching, producing simulated contacts of just 11 at the end of the first and second weeks, rising to 103 by the end of the third and fourth weeks.

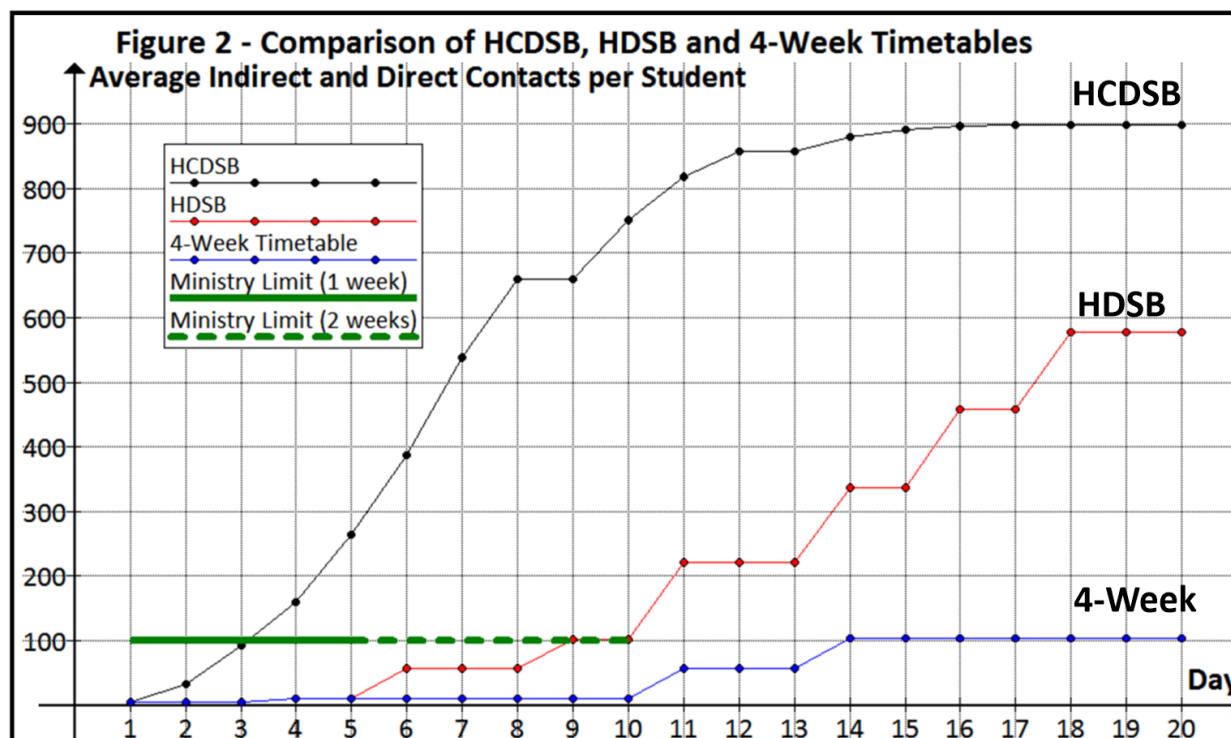
Table 3 - Four Week Timetable: Average Indirect and Direct Contacts
After Each In-Person Attendance

	Monday	Tuesday	Wednesday	Thursday	Friday
Week 1	1A	1A	1A	1B	1B
# Contacts*	5	5	5	11	11
Week 2	1A	1A	1B	1B	1B
# Contacts*	11	11	11	11	11
Week 3	2A	2A	2A	2B	2B
# Contacts*	58	58	58	103	103
Week 4	2A	2A	2B	2B	2B
# Contacts*	103	103	103	103	103

* average number of indirect and direct contacts per student

This timetable produces the smallest contact network and therefore provides the lowest transmission risk of the three timetables considered here.

Figure 2 shows a graph comparing all three timetables over a four week period in terms of indirect and direct contacts per student. The Ministry limit of approximately 100 indirect and direct student contacts over a 1- to 2-week period is shown as the green horizontal line on the graph.



It can be seen that the number of indirect and direct contacts produced by the HCDSB timetable, shown as a black line on the graph, exceeds the Ministry limit by Day 4 – that is Thursday of the first week. By the end of the second week, the HCDSB timetable exceeds the ministry limit by sevenfold. Before four weeks have passed, the HCDSB timetable connects all students to all other students in the school.

The HDSB timetable, shown as a red line on the graph, meets the Ministry requirement using the simulation parameters chosen here. Note that under other conditions, such as larger schools or fewer students opting for online learning, this timetable may fail to meet the Ministry limit by the end of the second week.

The proposed four-week timetable, shown as a blue line on the graph, fully meets the Ministry limit over the 1- to 2-week period, and could be expected to do so under a broad range of actual conditions. This timetable limits the contact network to just a student's immediate classmates, producing no indirect contacts over a 2-week period. This is ideal given the incubation period of the virus and time required for testing, detection and contact tracing.

Conclusions and Recommendation

The currently-proposed HCDSB timetable does not meet the Ministry limit of approximately 100 indirect and direct student contacts over a 1- to 2-week period using the simulation parameters chosen here.

It is recommended that the Board adopt the four-week timetable in which the frequency of course switching is significantly reduced, or at the very least one similar to the HDSB timetable that has weekly course switching.

The four-week timetable could be expected to meet the Ministry limit under all practical conditions. The four-week timetable provides by far the lowest transmission risk of the three timetables considered here, and should therefore be considered to lower risk of infection for all students and staff. As the result of smaller contact networks within the incubation period of the virus, the four-week timetable also improves the ability of public health authorities to perform contact tracing, reduces the size of any necessary quarantines in the case of outbreaks, and lowers the risk of school closures.

Proposed Resolution:

Whereas,

it has been shown through computer simulation that the quadmester timetable currently proposed for use in our secondary schools carries a much higher risk of virus transmission than alternative timetables, including the quadmester timetable adopted by our coterminous board, due to the fact that the proposed timetable significantly exceeds the Ministry of Education limit on indirect and direct student contacts under typical conditions in our high schools,

be it resolved that

Halton Catholic District School Board shall immediately adopt a revised secondary school quadmester timetable that meets the Ministry of Education limit of approximately 100 indirect and direct student contacts over a 1- to 2-week period, thereby reducing the risk of virus transmission and potential illness for our students, staff and families, by setting the minimum period that a student shall attend in-person classes in a single cohort with the same group of 15 or fewer students, without attending an in-person class with any other cohort/group of students, at two (2) calendar weeks.

This concludes my presentation. I will be happy to answer any questions. Thank you.

- Jacob Moore

Hello, my name is Steven Rodriguez and I am a resident of Milton with a young child attending St. Anthony of Padua Elementary School in Milton. I am speaking to you today in regards to my concerns regarding the mandating of face masks for all grades. The script I am reading is based on my online change.org petition which currently has over 1900 supporters and growing. **Please, take a moment and let that number sink in. One thousand and nine hundred.**

Since creating this petition, another petition was created by a parent wishing for the masks to remain mandatory. After one week, that petition has stalled out with only 24 supporters.

My petition
<http://chnq.it/6zFQRdds>

The other petition
<https://www.change.org/p/parents-of-school-aged-children-keep-masks-mandatory-for-all-grades-in-school>

This suggests that a large number of parents want this motion reversed for any number of reasons. I implore you to take the time to read some of reasons people have posted for supporting this petition.

There was recently a motion that another trustee put on the agenda (I do not recall the matter) and Ms. Guzzo attempted to stop it by saying it wasn't appropriate as ratepayers had not been given advance notice of the motion and therefore not had a chance to have their voices heard on the issue. She specifically mentioned parents not having an opportunity to delegate on the issue before it was decided. It is therefore ironic that she then brought this very controversial motion forward with no advance notice to the community or opportunity for feedback.

During the August 19th meeting, the board voted on making face masks mandatory for all grades, including very young children in JK through Grade 3. It is very disturbing that they made this decision which did not follow the Provincial & Sick Kids recommendation of them being optional, but encouraged. Further, they did not wait to hear from Halton Public Health for their recommendation first, whom in the week prior Dr. Meghani stated the following in a YouTube video.

<https://www.youtube.com/watch?v=PyDcwIDgelU>

0:54
*"For our part we provide guidance, **in line with the provincial plan** around implementing appropriate infection prevention and control measures."*

Dr. Meghani went on to say:

1:12
We will continue to work with our schools to ensure measures are taken to protect our students, including:

Having older children wear face coverings

The motion was ultimately passed in a vote of 4-2 in favor with one abstained, by people who are not medical experts. This was quite simply a matter of personal opinions, with no scientific backing. This is not how health related policies should be implemented.

During the Halton Public Health webinar on August 25th, Dr. Meghani made the following statement:

<https://www.youtube.com/watch?v=Diyla3xZcbU>

9:35
Overall, the evidence to date suggests that children are not significant transmitters of COVID-19

At no time during the webinar did Dr. Meghani agree with or support the HCDSB's decision to mandate masking for all grades. I will state again that this means the decision to do so was made by the board of trustees, who are not medical experts. This suggests that should any harm (mental or physical) come to a child as a direct result of being forced to wear a face mask, the board of trustees and senior staff could be held liable.

The following statements were made by the trustees:

Ms. Guzzo made the following statement:

"I have received several concerns from parents of students in JK through Grade 3."

My response is that Ms. Guzzo did not elaborate as to what these concerns were (for or against), nor did she quantify what she meant by "several". This is rather vague and in contrast we have a documented list of over 1900 petitioners expressing their concerns **against** the mandating of masks for this age group.

Ms. Guzzo also made this statement:

"I would hope that we don't want the teachers to spend their days trying to re-adjust, if it's not working, it's not working. We're going to do the best we can."

My response is, that this is one reason why the Provincial Government suggested that they be optional, but encouraged. Having to enforce such a policy would almost certainly disrupt the classroom.

Mr. Daly made the following statement:

"The direction we received for re-opening on July from the ministry in regards to masks for students is that all students in grades 4 to 12 would be required to wear non-medical or cloth masks. Students in JK to grade 3 would be encouraged but not required to wear masks."

Mr. Daly also made this statement:

"The ministry would support boards if they were looking to make a change, like the changes on the table, as long as their local public health officials were in agreement"

My response is, as explained previously, the board did not wait to hear from Public Health before making this decision. Further Dr. Meghani did not expressly agree with or support the HCDSB's decision during the August 25th webinar.

Mr. Murphy made the following statement:

"I'm very concerned that this would lead to disciplinary actions, I'm very concerned that we would now have our teachers and our ECE's spending all of their time adjusting peoples masks as opposed to teaching or getting on with their lesson plan."

My response is, it is no secret that Ontario teachers are already overworked. Having this type of monitoring added on to their daily routine will only exacerbate the situation.

Ms. Agnew made the following statement:

"I'm wondering if there is an opportunity for us here to make an amendment where we do put right into the motion that this would be without disciplinary measures for those anger students."

Ms. Agnew also made this statement:

"I'm wondering again if there is an opportunity for us to put something in the motion that addresses that there wouldn't be disciplinary measures or strict enforcement for those younger grades."

My response is, we are aware that the board only introduces a policy and that it is up to the senior staff and superintendents to build the structure of how to enforce it. The problem is, the senior staff also does not consist of medical experts and as such they should not be the ones to suggest courses of action that can affect the health of a child. I therefore feel that is yet another reason why this policy was unnecessary as it would suggest that the Provincial recommendation of making them optional, but encouraged was the right choice to begin with.

Ms. Agnew also made this statement:

If you look at anyone that lives in the Region of Halton, for the ages of 3 and up they are required to wear a mask when they enter a public space.

My response is, that is an over simplification. When in indoor public spaces, these children are often with their parents who can ensure the mask is worn properly, and if not, quickly address it. A teacher and ECE with a room of 30 kids will not be able to offer this kind of 1 on 1 attention. Further, it is a big difference to wear a mask for a short duration, such as a grocery store visit. A 6 or potentially as long as 8 hour day with before and after school programs is simply not a valid comparison. The Municipal bylaw also lists the following exemption, yet no such specific exemption exists in the HCDSB guidelines.

<https://www.halton.ca/Repository/By-law-No-47-20>

Section 6.4

...that the person may experience a negative impact to their emotional wellbeing or mental health;

It is not feasible for a small child to wear a mask appropriately for this long. They constantly touch their ears, eyes, face, nose and put their hands in their mouth making them almost completely ineffective. They may even decide to "trade" masks with other children as part of a game. These masks could also easily and repeatedly come loose and/or fall on the ground causing more contact, picking up more germs.

I understand the desire to have a uniform masking policy across all grades, but the reality is that COVID-19 does not infect or transmit uniformly. Several medical organizations such as the CDC, WHO and Sick Kids have repeatedly stated that children under the age of 10 are at the lowest risk of infection and transmission.

Parents with children that are already comfortable wearing masks are free to have them do so; they are not being told their children cannot wear masks. It is unfair not to apply the same logic to parents with children in the opposite situation.

In closing I would to thank you for taking the time to hear my concerns and consider rescinding the motion mandating the masks for young children in JK through Grade 3.

August 27, 2020

VIA E-MAIL TO:

Dear Halton Catholic District School Board Trustee -

My name is Leah Leochko and I am a resident of Burlington, ON where two of my four children would be attending Sacred Heart of Jesus Catholic School this month. I am speaking to you today regarding my concerns of mandating of face masks for all grades this school year.

As I wrote this letter, my four children and husband were asleep; I'm a busy mom. In addition, I work full-time in the Medical Device industry as a Senior Manager of Market Access. I am proficient in reading clinical studies/public health data but also blessed to work closely with our local and national doctors. I am not however able to adequately educate my children, so I happily give my hard-earned dollars to support our educational system. I was born and raised in the United States where I experienced sometimes less than par education based on my family's socioeconomic-status. With Burlington being one of the best places to live in Canada, you better believe I want my children to return to school however two of my four children are at risk of not attending due to the changes in the current environment. One child will be starting his very first year of school and he hardly knows how to wipe his own bum, let alone follow the mask rules. My other child will enter 6th grade struggles with seasonal allergies. These masks would cause significant physical and mental struggles for both of my boys. With less than a month before school starts, I am deeply concerned about the lack of: transparency; consideration of the efficacy and long-term impact of non-medical face masks; and consideration of the local epidemiological data.

On August 21st, 2020, the WHO issued it's "Q&A: Children and masks related to COVID-19 questions" document ([Reference 1](#)). The takeaway is: *no masks for children under 5, and ages 6-11 should only be based on local epidemiology with consideration for specific circumstances*. It is not feasible for a small child to wear a mask appropriately for this long. Whether playing "trade" masks with other children or constantly touch their ears, eyes, face, nose and putting their hands in their mouth, these masks will be completely ineffective and presenting more harm than good. What if my child is struggling to breathe like I do when I make my big grocery run each week? I start to feel dizzy, lightheaded, parched and "out of it" – Isaiah will not know how to care for himself. Have you considered the legalities of this? The school board is responsible for the safety and well-being of children in their presence. Children with speech delays, disabilities, allergies, anxiety, etc. will all suffer greatly. Children will be forced into isolation as masks not only remove a person's identity and humanity; social development will be hindered. They will be missing the normal social aspect of school and the joy has now completely been removed. Furthermore, God divinely designed our bodies to build immunity in our younger years to be able to fight off disease as we age. Have you considered the research on the efficacy and long-term effects of non-medical mask wearing?

My understanding is that those voted for the mandate have no training in medicine, I do not either aside from my career however clinical data does not lie. A study by MacIntyre et al ([Reference 2](#)) concluded that penetration of cloth masks by particles was almost 97% (in cloth masks) and medical masks 44%. This study is the first randomized-controlled trial (RCT) on cloth masks and the results caution against the use of cloth masks. Moisture retention, reuse of cloth masks and poor filtration can result in increased risk of infection such as pulmonary staph infections. I don't want this for any child's body. Children should not be experimented with this way. It hinders on child abuse. It should be a choice. No one knows the long-term effects of this mandate. Published in May 2020, the CDC performed a systematic review ([Reference 3](#)) that "identified 10 RCTs that reported estimates of the effectiveness of face masks in reducing laboratory-confirmed influenza virus infections in the community. In a pooled analysis, we found no significant reduction in influenza transmission with the use of face masks."

As of today ([Reference 4](#)), there are 22 active cases in Halton Region with 6 active cases in Burlington. These numbers aren't static, they have been decreasing. For months, the regional death toll has remained at 25 fatalities and 7 fatalities for Burlington; 48% of which were due to institutional outbreaks. The crude rate for Halton is 14.7 compared to 24.0 for Ontario which we know is severely skewed by Ottawa and Toronto. Since the beginning of the pandemic, as a region we have yet to hit 1,000 for a region that is almost 600,000 people ([Reference 5](#)). Besides a very high recovery rate (over 99%) the likelihood of contracting the disease is extremely low. If we look at the numbers from a local epidemiological standpoint, there should be no reason why our children can't return to school to resume a normal, full-time classroom unless you have made your decision based on the fear and paranoia of other

parents? If parents are afraid, then they can keep their children home; my children shouldn't have to suffer at the expense of someone else's fear and wishes.

Many parents are very upset with the most recent decision and some have signed a petition on change.org "HCDSB no mandatory masks for children in JK – Grade 3" which have almost 1,700 signatures and counting to date. How will our voice be heard? How can this be undone now and how long will this be in effect?

This will negatively impact an entire generation's education in addition to potentially causing unnecessary physical sickness and mental illness. Mental illness is on the rise due to the fear imposed on us early on in this pandemic. There are even free government programs created and funded due to the mental illness created from this. Given the information I have presented above as well as the other delegates, I am asking that you allow us parents to choose whether we send our children to school with masks or not with no judgment. Please reverse the requirement of mandatory masks for children in Halton Catholic schools as you are only harming innocent children whom have already had their lives severely displaced. Thank you.

Sincerely Yours in Christ,

Leah M. Leochko

[REDACTED]
[REDACTED]

References:

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My name is Sofia Bilbao and I am a parent of 5 children between 5 months and 8 years old, with the 3 oldest enrolled in one of the Oakville Halton Catholic District School Board (HCDSB) schools.

I am extremely concerned about the Motion presented and approved by the trustees in the last Board meeting on Aug 19th. I believe there is evidence that this motion passed based on opinions of these non-medical professionals which went against the recommendations of medical experts, Doctors and Professors by making the NMM's mandatory for grades K-3. **The word MANDATORY is the KEY point of my delegation**. Since this was mandated for all age groups, this motion has created division between parents, students and teachers. This should be taken in consideration in order to have a safe and non-toxic environment in the upcoming school year.

From what I've read in the recommendations from the Province, Sick Kids Hospital studies and World Health Organization (WHO) there are concerns about the correct use of a face covering in young children and how the risk increases if we force them to wear these masks. There is a lack of evidence (as per Sick Kids) of their efficiency and they can easily put our children at an increased risk of exposure to the virus by the incorrect manipulation of the mask. By consequence, this would increase the risk of infection to other students, teachers and staff. I had the opportunity to discuss this topic with some trustees and they

expressed their concerns about the Teacher's health which I agree has to be taken in consideration as well, but what the studies say is that if a mask is not manipulated in a correct way it increases the risk for everyone. Not just the child.

As a Primary Teacher and a Mother of 5 I could share my opinion about how it would be impossible to have a young child wearing a mask in a proper way. It also negatively influences their mental health and disrupts the calm learning environment by putting students under pressure. I could tell you how anxious my children already are with the correct usage of masks and how they are afraid of going back to school in this situation. But that's only my experience as an Educator and a Parent and that would be just one more opinion in Ontario in 2020. - *We need to understand the studies that have been released by medical experts in order to make decisions.*

At first the HCDSB stated they would follow provincial recommendations of encouraging the usage of a face mask on grades K-3, leaving the decision to the parents based on their specific child to send them with their face covered or not. This situation would make the masks efficient for those children who are comfortable and know how to wear them properly all day in school, while not increasing the risk of being infected or infecting others, developing stress, anxiety and/or mental related problems.

Prior to passing this motion, the HCDSB was in line with the same plan as many other countries and other Provincial School Boards such as Waterloo Catholic, Halton Public, Durham, York Catholic and CSC MonAvenir who are following the recommendations from Sick Kids Studies, WHO and UNICEF i.e.:

"The use of NMMs in the school setting should be driven by local epidemiology with age-specific considerations (agree 94%, neutral 3%, disagree 3%)." (SickKids)

"When transmission in the community is low, the use of NMMs throughout the entire school day should not be mandatory for elementary, middle or high school students returning to school. But, NMM use should always be respected if a student chooses to wear one" (SickKids)

How can the Board make them Mandatory if we have such low numbers in Halton Region?

"Given the current epidemiology, the use of NMMs is not recommended for elementary school students (agree 61%). A significant minority supported the use of NMMs when physical distancing was not possible (agree 33%)."(SickKids)

I believe this was one of the arguments that some Trustees used to vote in favor of this NMMs for all grades. Only 33% among the contributing paediatric care providers agree with you, a significant minority as it appears in the consensus Guidance statement.

"Children aged 5 years and under should not be required to wear masks. This is based on the safety and overall interest of the child and the capacity to appropriately use a mask with minimal assistance." (WHO and UNICEF)

WHO and UNICEF advise that the decision to use masks for children aged 6-11 should be based on the following factors (first 2 points):

- **Whether there is widespread transmission in the area where the child resides**
(Which again is not the case of Halton Region)
- **The ability of the child to safely and appropriately use a mask** *(Only a parent and a family doctor (not a trustee) can decide on this specific point depending on each individual child.*

Based on this information I urge you to vote on rescinding this motion and be clear with the recommendations based on age-specific considerations for the health and safety of the students, teachers and staff in the HCDSB Schools by removing the word “**mandatory**” from your guides for grades K-3.

This is my proposal based on the studies from Sick Kids, WHO, UNICEF and Halton Health System:

JK-SK - Not required

Grades 1,2 and 3 - Encouraged / Recommended

Grades 4+ - Required/Mandatory

I thank you for your time.

In prayer,
Sofia Bilbao

Thank you for providing me the time to speak to the Board and have an audience to express my concerns and provide evidenced based information in the hopes you reconsider the masking mandate for Haltons school children.

I am a Mother with 2 young children in the Halton Catholic School Board system and have grave concerns about the masking mandate, especially for the JK- grade 3 cohorts. I originally wrote to Mr. Daly and various members of the board on July 29th with a very detailed message about my concerns as both a mother, and primary healthcare provider with 15 years experience working with a large pediatric population. I was disappointed to have received not a single reply from any of the recipients. I reached out again August 20th after the mandatory masking of JK-grade 3 motion was passed, to only receive a short reply from Mr. Daly to thank me for the research I had done and the many scientific resources I provided, but that the mandates were based on the Halton Chief Medical Officer and Ministry of Educations recommendations. The masking mandate for HCDSB cannot in fact be based on their recommendations as both have only *recommended* masking for JK-grade 3, at the discretion of the parent/guardian.

I am in favour of and support the position of many childcare experts in the fields of medicine & psychology who strongly recommended, based on a combination of their expertise, experience and ***real time Canadian data***, that children return to school full time without social distancing or masking.

I cannot in good conscious send my children back to an experimental learning environment that is harmful to their physical emotional, mental and spiritual health; the recommendations for masking, social distancing, cohorts and bubbles and the removal of many everyday activities that children REQUIRE for balanced social, physical, emotional and spiritual health (e.g. singing, mingling freely with other students, affection) will do just that- damage their development in unknown and untold ways, as this approach to learning and development has NEVER been implemented or studied. Unlike the elected city, provincial and federal officials, I trusted the board to make decisions based on science and data and not politics or public opinion polls. I also trusted that your decisions were reasonable, fair and in accordance with the municipality of Halton's SARS-CoV-2 statistics for children and adults.

It is critical your response to SARS-CoV-2 in schools in regards to masking and distancing be measured, reasonable, and supported by demonstrable evidence, not just hearsay passed down the chain of command because "they told you so". The bottom line, as you will see from the references I included is that masking of a healthy population of children and adults carries risks and more importantly, there is **no scientific evidence to support the use of masking to prevent transmission or infection of SARS-CoV-2 in healthy, asymptomatic people in a general public setting.**

I am writing to express my strong objection to masking in school for anyone (be it students, teachers, or staff) but especially for the very young children for several reasons:

1. **Although it is difficult to believe as it has become such a strongly worded message, masking to prevent viral transmission is not evidence based. It may be shocking to learn that masking of a healthy population, including children, has NEVER been proven to be effective. Ever.** Not only do medical masks not prevent viral transmission but cloths masks fare even worse when looking at the percentage of viral particles transmitted through its barrier. The existing scientific literature is clear that the wearing of a cloth mask does not effectively prevent viral transmission or infection with the outcome of reducing viral illness.

I trust you carefully considered the answers to the questions below, that I forwarded to the Board July 29th and that eventually you will make your findings and references used available in a public forum, as it would not be in good faith to make a recommendation, policy or mandate for something of which you have no proof or substantial evidence. I have asked repeatedly for the evidence the board based their decision on and transparency has been evaded and responsibility passed along to someone else, always higher up the chain of command.

Considerations and Thoughtful Questions for a Risk Assessment

- Does the prolonged use of a mask become a source of enhanced transmission for the wearer and others?
- Do masks become collectors and retainers of pathogens that the mask wearer would otherwise avoid when breathing without a mask?
- Are viral droplets captured by a mask atomized or aerosolized into breathable components?
- Can virions escape an evaporating droplet stuck to a mask fiber?
- What are the dangers of bacterial growth on a used and loaded mask?
- How do pathogen-laden droplets interact with environmental dust and aerosols captured on the mask?
- What are the long-term health effects, such as headaches and skin rashes including staph, arising from impeded breathing on a daily basis?
- Are there negative social consequences?
- Are there negative psychological consequences to wearing a mask, as a fear-based behavioural modification?
- What are the environmental consequences of mask manufacturing and disposal?
- Do the masks shed fibres or substances that are harmful when inhaled?
- If SARS-CoV-2 is highly transmissible on surfaces where are the biohazard waste receptacles for safe disposal?

- What are the effects of prolonged masking in vulnerable populations including elderly, compromised lung function, pregnancy and children?

I have attached additional references to support masking is not effective in preventing transmission of SARS-CoV-2 in a general public setting. I trust you and your board members read these carefully when I first provided them a month ago to make an evidenced informed decision on behalf of the parents and students that you are responsible for. You will note below that even ONTARIO PUBLIC HEALTH does not recommend masking for asymptomatic people; this should lead you to ask the question why has mandatory masking bylaws passed if even Ontario public health recognizes it is not effective for the purposes it has been mandated for? (Please refer to bullet point #3 in the picture).



Coronavirus Disease 2019 (COVID-19)

When and How to Wear a Mask

Recommendations for the General Public

Wearing a mask can help to prevent the spread of some respiratory illnesses, but it can also become a source of infection if not worn or discarded properly. If you need to wear a mask, you should also be sure to clean your hands frequently with soap and water or alcohol-based hand sanitizer.

Wear a mask if:

- You have symptoms of COVID-19 (i.e., fever, cough, difficulty breathing, sore throat, runny nose or sneezing) and are around other people.
- You are caring for someone who has COVID-19.
- Unless you have symptoms of COVID-19, there is no clear evidence that wearing a mask will protect you from the virus, however wearing a mask may help protect others around you if you are sick.



How to wear a mask:

- Before putting on your mask, wash your hands with soap and water for at least 15 seconds or use alcohol-based hand sanitizer.
- Secure the elastic loops of the mask around your ears. If your mask has strings, tie them securely behind your head.
- Cover your mouth and nose with the mask and make sure there are no gaps between your face and the mask.
- Do not touch the front of the mask while you wear it. Wash your hands with soap and water for at least 15 seconds or use alcohol-based hand sanitizer if you accidentally touch your mask.

The WHO also confirms that evidence from 14 randomized controlled trials of [hand hygiene and masks] did not support a substantial effect on transmission of laboratory-confirmed influenza”. (see reference list).

I am asking and am now at the point of begging for an answer as to why Halton, and soon to be all of Ontario’s children attending school, are to be masked when the highest level of ‘public health’ officials aka the WHO and UNICEF jointly state *“children 5 years and younger should not be required to wear masks. “This advice is based on the safety and overall interest of the child and the capacity to appropriately use a mask with minimal assistance,”*. Additionally they state “for ages 6-11 mask usage should be based on:

- ✓ Whether there is widespread transmission in the area where the child resides; Halton has zero children that been hospitalized or died as a direct result of SARS-CoV-2

2. Have you considered the potential harm of masking? Even health care professionals do not wear masks for prolonged periods of time nor are they intended to prevent transmission of viral particles to the patient. Please see the references below that show if masking is ineffective in health care settings, it is certainly ineffective in public spaces and schools, with individuals that do not don and remove masks properly. I trust you have thoroughly researched the harms of masking, as you are tasked with choosing to implement not just policies, but mandates, that affect thousands of families, but a short summary follows here:

- Detrimental psychological effects for those affected by a developmental and/or cognitive disability
- Detrimental psychological effects for those affected by anxiety and/or depression
- Difficulties arising in those wearing corrective lenses and fogging. Adjusting a mask if lenses are fogging will contaminate the face covering.
- Difficulty teaching small children language skills with a face covering
- Difficulty teaching ESL where a visual of the mouth and face is important for word formation
- Carbon dioxide recirculation
- Headaches due to reduction in blood oxygenation (hypoxia) or an elevation in blood CO₂ (hypercapnia).
- Those with lung diseases, such as asthma, chronic bronchitis, COPD, emphysema, or pulmonary fibrosis are especially prone to unnecessary dangers when wearing a facial covering of any kind
- A mask may very well put you at an increased risk of infections if improperly used leading to a hyperreplication of microorganisms that otherwise would have been expelled through the air

- Rapid breathing, shortness of breath, rapid heart rate, dizziness, muscular weakness, emotional upsets, and fatigue.
3. If COVID is so transmissible and deadly you will need to implement strategies to subvert infection in the schools and buses, should this mandate stand. It is logical then that the following be implemented:
 - a) Biohazard waste disposals installed throughout all entry and exits of the school for safe and disposal of biohazard waste. It may be considered irresponsible and may cause further harm and unnecessary infections to students, staff and teachers if proper waste disposal receptacles are not provided. Proper disposal of biohazard waste will eliminate the transfer of contaminants from school to bus, school to car, car to school, room to room etc.
 - b) Medical grade masks are provided daily to all students, teachers, staff and visitors. Masks are to be single use and of medical grade; cloth masks are shown to be even less effective at blocking viral particles and can not be considered effective for the purposes of this mandate of protecting children and keeping them safe from SARS-CoV-2 infections. This will be the only way families can be assured maximum protection and that particulates are not being transferred from school to home, home to school, car to school, bus to school etc.
 - c) A cost-benefit analysis should be provided to parents that outlines how the costs of single use medical masks will be covered WITHOUT tax payer dollars, seeing as this is mandated and not a choice.
 - d) Training of donning and removing a mask will take place and be made available for every student, staff and teacher in Halton with appropriately trained medical personnel to ensure there is no contamination of the mask from incorrect use or misuse (e.g. touching the outside of the mask, playing with the mask, chewing on the mask, using the mask as a toy or fidget item etc).

4. Violation of human rights To impose a practice such as mandatory masking on healthy children and adults is a significant infringement upon individual rights and freedoms, something that is deserving of every Canadian. I recognize that governments may enact laws and pursue policies that limit Charter rights and freedoms, but the onus is on the government and this School Board to prove that the mandate is a reasonable reaction; with zero deaths in children 0-19 years old in all of Canada this mandate to mask young children does not seem justifiable. Given the above scientific review of masking, there is no justifiable reason to force masking on children, in a school setting.

I trust you will be taking responsibility and accepting liability if any of the teachers, students or staff experience any of the beforementioned negative health effects of mandated masking. Halton families should be free to use or not use a mask as per their individual free will, risk assessment and conscious choice. Anything less is overly authoritarian and contributes to a culture where the systemic violation of our freedoms is accepted and tolerated.

I am again requesting accountability for your recently passed motion to mask ALL children when Ontario Public Health and the WHO state masking is both ineffective in a general public setting for asymptomatic people. I am anxiously awaiting your scientifically sound resources that have found Public Health, The World Health Organization, UNICEF and Sick Kids recommendations lacking. I am also requesting accountability for the decision to mask all Halton children when other countries, provinces and municipalities have not. These inconsistencies speak to the fact that these decisions are not medically or scientifically based but rather based on opinion, polls, and politics.

What is different about Halton's Catholic children compared to other municipalities across the province and country that requires masking? The data has been clear, as again outlined in my prior email: 1) Ontario children are accounting for a very small percentage of positive cases (and even smaller now that the Associate Minister of Health announced and confirmed testing gives a 50% FALSE POSITIVE rate); 2) children DO NOT carry SARS-CO-2 to others and infect them; 3) and there have been ZERO FATALITIES in children across the country.

The WHO has CONFIRMED that asymptomatic spread of COVID-19 is RARE. It has also been confirmed globally and in our community that children are NOT super spreaders of COVID, symptomatic or otherwise, nor are they at risk of serious consequences or death; therefore to use these as justification for masking in the name of 'public health' in school is untrue, unfair and an injustice to the public. It has been confirmed that transmission requires a sustained period of contact of at least 30+ plus minutes with a SYMPTOMATIC person, most often with those in the personal household, not in a public or school setting. A recent large study took place over a 3 month period in Wuhan (the epicentre of the pandemic) and has found that overall transmission rates of SYMPTOMATIC people are 4%. Secondary transmission rates were 10% for those sharing the same household and 1% to healthcare workers. "This supports the view of the World Health Organization that asymptomatic cases were not the major drivers of the overall epidemic dynamics," the authors write. Let's be truthful and authentically represent the data and call asymptomatic or pre-symptomatic individuals what they really are, healthy.

Should the Halton Catholic Board continue to enforce the unfair, unreasonable, and unjust restrictive measures, I know many Halton Catholic school parents will

find a healthier alternative learning environment for their children. I have removed my children from the school board due to the masking mandates but will continue to fight for the freedoms of other children, teachers and my community at large. My belief to “first do no harm” as I swore when I became a Doctor, will allow me to accept no less than what my conscious stands for.

You have the power to make a difference for our children and help them move forward with more normalcy by rescinding the motion for mandated masking.

Risk of Secondary COVID-19 Transmission Low in Most Settings<https://www.medscape.com/viewarticle/935758>

<https://www.sickkids.ca/PDFs/About-SickKids/81407-COVID19-Recommendations-for-School-Reopening-SickKids.pdf>

<https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/cloth-face-cover-guidance.html>

https://wwwnc.cdc.gov/eid/article/26/5/19-0994_article

<http://ocla.ca/wp-content/uploads/2020/04/Rancourt-Masks-dont-work-revwew-scwence-re-COVID19-polwcy.pdf>

<https://bmjopen.bmj.com/content/bmjopen/5/4/e006577.full.pdf>

<https://ahtribune.com/world/covid-19/4138-masks-respirators.html>

<https://www.acpjournals.org/doi/10.7326/M20-1342>

<https://www.bmj.com/content/369/bmj.m1422>

<https://pubmed.ncbi.nlm.nih.gov/19216002/>

<http://ocla.ca/ocla-recommends-civil-disobedience-against-mandatory-masking/>

https://www.nejm.org/doi/full/10.1056/NEJMp2006372?query=TOC&fbclid=IwAR1AOfX8OHm2RZPdei98JAPkBOs2XrnCBGSeeQ_uAp7aPibkXS71AUAUIJA#.XtG3r1Bvb_w.facebook

<https://pubmed.ncbi.nlm.nih.gov/32513410/>

Good evening Trustees. My name is John Krmencik and I am here today to discuss the motion that was put forward and passed on August 19th with regards to the mandated mandatory masks for JK to Grade 3 students. First off I would like to thank Director Daly and Chairperson Mr. Iantomasi for giving me the opportunity to address this board.

A motion was passed on August 19th to make it mandatory for all students to wear masks (NMM's) for the duration of the school day. This motion is in direct conflict with the recommendations from the Sick Kids experts as expressed in the Guidance for School Opening Report as well as the Halton Region Public Health Recommendations for School Reopening Report section point 11.7 which I have attached for your review. The authors and co-authors of the Sick Kids report are the most qualified people in the medical and scientific community when it comes to providing guidelines to prevent Covid 19 infections in the school settings. I am sure we can all agree that not one person on this board has more education or work experience in paediatrics, infectious diseases, infection prevention and control, school health, psychiatry and mental health than the authors of this report. For this reason alone I find it alarming and dangerous for this board to go against the recommendation of both reports. I have highlighted some sections from the Sick Kids Report below for your review.

- On page 11 the report states **“However, in order to be effective, NMMs would need to be worn correctly, which for many otherwise healthy children and youth will be difficult to do for a full school day; even more significant barriers exist for children and youth with underlying medical, developmental and mental health conditions.”** It is my understanding that the school board is going to be introducing periods called mask breaks, where students can take off and store their mask for a specific amount of time. On page 13 of the attached report it states that **“Elementary school-aged children, in particular, would need assistance to follow appropriate procedures for putting on and taking off the NMM (e.g. during meal times, snack times). In addition, during these times when the NMM is removed, the NMM would need to be stored appropriately to prevent infection spread.”** The school board needs to determine what Appropriate Storage is for masks not in use. Director Daly, will the school board be providing the appropriate containers for students to store their masks when not in use?
- On page 13 the report states **“If worn incorrectly (e.g. touched frequently, not covering mouth and nose, removed and placed back without hand hygiene), NMMs could lead to increased risk of infection.”** As a first responder who has experience in wearing PPE I can guarantee that younger kids especially in the JK/SK setting will be not able to wear a mask correctly for the duration of the school day. This brings up my next point.
- On page 13 the report states **“While teaching and training children and youth on appropriate NMM's use may overcome some of the limitations of NMM use, studies have shown that it is difficult for health-care workers to wear a mask for prolonged periods in the hospital setting and it is therefore anticipated that it would be difficult for children as well.”** If wearing NMM's for prolonged periods is difficult for adult health care workers who are trained, how do you expect young children to do it? I can tell you from experience that my kids constantly adjust their mask. The point of NMM's is to introduce source control, it also reminds us not to touch our face. In order to properly remove your mask your hands should be sanitized first. Then the

mask should be stored in an appropriate container until it is ready to be used again. This prevents self-contamination.

- On page 13 of this reports it states **“The addition of NMMs may increase anxiety, interfere with the therapeutic learning environment, and increase inattention or distraction in children and youth, particularly for those who may already struggle with attention, such as those with attention deficit hyperactivity disorder (ADHD) or other developmental disorders”**. Has the board consulted a child psychologist with regard to what mental repercussions the wearing of NMM’s for a full day might have in young, developing children?

Furthermore 94% of the authors and co-authors of this report agree **“that the use of NMMs in the school setting should be driven by local epidemiology with age-specific considerations.”** I want to be clear in this that this panel chose to go against a consensus of 94% of the authors of the attached report as they did not introduce age specific considerations and made it mandatory for all. Also the epidemiology of Halton was not taken into account. The 7 day rolling average of cases in Halton is 2.14 as of August 24th.

A point was made that school mask policy should be based on local bylaws. Please refer to page 14 of the report where it states **“Similarly, some jurisdictions have mandated that persons over 2 years wear masks in indoor spaces. Again, this is a time-limited scenario where they can be monitored by their parents/caregivers and should be differentiated from the school setting”**

Based on these facts and the attached medical reports I am requesting that a motion be put forward immediately and a policy created that aligns with the medical and scientific community. Also I believe that the four Trustees that voted against the medical experts recommendations owe the parents an explanation on why they chose to ignore the medical reports created by experts for a safe return to school and what factors drove their decision to put forward this motion.

In the attached report it is clear that the medical experts are not recommending the wearing of masks (NMM’s) in young children, also they warn that masks (NMM’s) in younger children could lead to increased risk of infection due to self-contamination. Has this board considered the liability risk that they are putting on themselves and the School Board by choosing to ignore these recommendation/guidelines?

In closing I would like to address a recent news article that the Nurses are in support of mask use for all students in the school setting. I want to explain that this is not the view of the thousands of nurses in Ontario but the position of an advocacy group the RNAO, specifically Doris Grinspun their CEO. Membership in this interest group is optional and they do not represent or speak for all of the RN’s across this great province. As a parent I am not willing to accept the medical recommendation for my children from any Union, advocacy group or their executive members that are not qualified to make these decisions. Please review page 22 and page 23 of the Sick Kids Report. These are the people I trust to make decisions for my kids when it comes to their wellbeing and health. I encourage every single parent to read the attached reports prior to sending their child to school this coming September. This is a scary and uncertain time for all but let us remember **“Be strong and steadfast; have no fear or dread**

of them, for it is the LORD, your God, who marches with you; he will never fail you or forsake you.
Deuteronomy 31:6

Halton Region Public Health Recommendations for School Reopening 2020-2021

This resource is intended to support the safe reopening of schools and improve their overall preparedness and management of COVID-19. It includes considerations for the development of policies and procedures, adherence to infection prevention and control practices, and appropriate response planning to ensure the health and safety of school staff, students, parents/guardians and essential visitors.

This supplementary resource is to be used in conjunction with Ministry of Education, Ministry of Health, and Public Health directives, guidelines, and recommendations as well as other guidance documents. This document does not replace guidance from the Province, and it is subject to the staged and regional approach to reopening in the [Framework for Reopening](#).

Please note that this resource was designed to support the conventional full day and the modified/adaptive school day reopening models. All items in this resource should be considered and discussed, but may not always be appropriate or applicable for your setting or school.

For additional information please refer to [Halton Region](#) website.

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SCHOOL/SCHOOL BOARD RECOMMENDATIONS

1.0 GENERAL MEASURES/POLICIES	
1.1	<p>COVID-19 related policies/procedures/protocols are developed and include:</p> <ul style="list-style-type: none"> • Screening/Exclusion • Daily attendance records • Drop-off and pick-up • Visitor restrictions • Cohorting and staffing • Physical distancing • Enhanced cleaning and disinfection • Use of PPE • Protocol is in place if a student, parent/guardian, visitor or staff experiences symptoms and/or is exposed to COVID- 19 (e.g., School Board 2020-2021 Reopening Plan) <p>Staff are trained in all policies and procedures and staff completion of training is documented.</p>
1.2	A copy of the COVID-19 related policies and procedures and School Board 2020-2021 Reopening Plan is accessible to all staff, parents/guardians and emergency contacts.
1.3	Given the stringent screening, students and staff may spend many more days away from school. Consider how to manage additional student and staff absenteeism.
1.4	Schools are required to follow all existing worker health and safety requirements, as outlined in the <i>Occupational Health and Safety Act</i> (OHSA) and its regulations.
2.0 COMMUNICATION	
2.1	<p>In advance of the school year, parents/guardians receive and are aware of the enhanced COVID-19 related measures, expectations and guidelines:</p> <ul style="list-style-type: none"> • New school protocols • Instructions for screening/exclusion • Drop-off/pick-up procedures • Information on physical distancing and hand hygiene • Protocols for symptomatic student/staff
2.2	Encourage the use of video and telephone calls with parents/guardians in place of in-person meetings.

2.3	<p>Signs are posted at entrances to the school to remind students, staff, parents/guardians and essential visitors about COVID-19 protocols (e.g., screening information, Do Not Enter signage, hand hygiene, physical distancing).</p> <p>Resources:</p> <ul style="list-style-type: none"> • Halton Region Screening poster • Halton Region Protect yourself and others poster
2.4	<p>Parents/guardians have provided an emergency contact that is able to pick up student whenever needed. Emergency contact is aware of all COVID-19 measures for physical distancing, hand hygiene and self-monitoring.</p>
2.5	<p>Some staff and students may be at a higher risk of adverse outcomes from COVID-19. The people at risk for severe outcomes are those who are over 70, or who have chronic diseases like diabetes, high blood pressure, heart disease or cancer. These individuals should work with their healthcare provider to make an informed decision about attending school.</p>
3.0 SCREENING	
3.1	<p>Educate staff, students, parents/guardians and essential visitors on the signs and symptoms of COVID-19.</p> <p>A self-assessment must be completed by all individuals prior to entering the school.</p> <p>Resources:</p> <ul style="list-style-type: none"> • COVID-19 Reference document for symptoms • Ontario's COVID-19 Self-Assessment
3.2	<p>Parents/guardians must perform <u>daily</u> screening of their child(ren) for COVID-19 symptoms BEFORE leaving for school using a self- assessment checklist (refer to 3.1).</p> <p>Direct parents/guardians to:</p> <ul style="list-style-type: none"> • Check their child's temperature (fever $\geq 37.8^{\circ}\text{C}$) • Monitor for signs and symptoms (including atypical symptoms) of COVID-19 • If any signs or symptoms, student and other household members must stay home and school must be contacted. See section 13- Management of Symptomatic persons.
3.3	<p>All staff must complete a <u>daily</u> self-assessment screen for COVID-19 symptoms BEFORE arriving at school (refer to 3.1).</p> <ul style="list-style-type: none"> • Staff must check their own temperature (fever $\geq 37.8^{\circ}\text{C}$) • Monitor for signs and symptoms (including atypical symptoms) of COVID-19 • If any signs or symptoms, staff must stay home and school must be contacted. See section 13 - Management of Symptomatic Persons.

3.5	<p>Anyone with signs/symptoms of COVID-19 or anyone who has come into close contact with a suspected or confirmed case of COVID-19 in the past 14 days should self-isolate and be tested for COVID-19. See section 13 - Management of Symptomatic Persons.</p> <p>Resources:</p> <ul style="list-style-type: none"> • PHO How to Self-isolate • COVID-19 Assessment Centres in Halton
3.6	<p>Hand hygiene stations with alcohol based hand rub (ABHR minimum 60%) are available at all school entrances along with COVID-19 information/signage (e.g., screening information, hand hygiene, physical distancing).</p> <p>Resources:</p> <ul style="list-style-type: none"> • How to clean hands with soap or ABHR
3.7	<p>Daily attendance and records of anyone entering the school setting must be maintained and kept on-site (includes staff, students, parents/guardians and essential visitors). Each record must include:</p> <ul style="list-style-type: none"> • Name • Contact information • Time of arrival and departure • Notation that a screening was completed. <p>Note: Schools must communicate to parents/ guardians that they are responsible for completing the daily screening for their child(ren) prior to leaving for school.</p>
4.0 DROP-OFF AND PICK-UP	
4.1	<p>Identify locations and times for drop-off/pick-up and staffing requirements to support and monitor physical distancing during student's arrivals/departures via private transportation and active travel (e.g., walking, wheeling).</p>
4.2	<p>Create signage or landmarks to make drop-off and pick-up locations easy to identify.</p>
4.3	<p>Drop-off/pick-up procedures should support physical distancing and cohorting using strategies that may include:</p> <ul style="list-style-type: none"> • Only one designated parent/guardian drop-off/pick-up • Separate cohort entrances (if applicable and possible) • Outdoor drop-off/pick-up (unless there is a need for parent/guardian to enter the school) • Staggering entry or limiting the number of people in entry areas • Physical distancing ground markings
4.4	<p>Limit student personal belongings brought to school to include essential items only (e.g., backpack, clothing, sun protection, water bottles, food).</p>

5.0 COHORTING AND STAFFING (to be included if this model is selected)	
5.1	<p>Students should limit contact with only their classmates and a single teacher for as much of the school day as possible (cohort).</p> <p>Cohort group does not mix with other cohort groups.</p>
5.2	<p>All members of a cohort (students/staff) practice physical distancing (including between members of the same cohort) and infection prevention and control practices when possible e.g. hand hygiene and respiratory etiquette.</p>
5.3	<p>Cohorts should remain in the same classroom/space as much as possible.</p> <p>If a different teacher is required, staff should come to the classroom to prevent student movement to other rooms. Measures to protect this educator include: physical distancing, face covering and hand hygiene.</p>
5.4	<p>Ensure a plan is in place to prevent mixing of cohorts in washrooms/change rooms.</p>
5.5	<p>Records should be kept regarding which students/staff are assigned to each cohort. Daily attendance records should be kept within each cohort.</p>
6.0 PHYSICAL DISTANCING	
6.1	<p>Provide as much distance as possible between students, between students and staff, between staff members, and visitors to the school. Physical distancing measures are to be supplemented with other public health measures supported by health and safety strategies, such as screening, adapted school environment, cohorting, hand hygiene, enhanced cleaning and masking.</p> <p>There have been some differing direction in reference documents related to Physical distancing. The Ministry of Education makes reference to the COVID-19 Workplace Safety Plan for further guidance.</p>
6.2	<p>Physical distancing is maintained between and within cohorts in both indoor and outdoor learning and play spaces.</p> <p>The school should have a plan to monitor/enforce physical distancing.</p>
6.3	<p>Physical distancing strategies are incorporated in the school:</p> <ul style="list-style-type: none"> • Increase physical distance of chairs and tables/desks in all rooms (including cafeteria, library, staff areas) • Consider having classes outside if weather permits • Arrange student desks with as much distancing as possible and facing in the same direction • Consider using table top barriers e.g. Plexiglas between students when working at shared spaces • Incorporate more individual activities. Avoid planning activities involving shared

	<p>objects/toys</p> <ul style="list-style-type: none"> • Create designated routes for students/staff to get to and from classrooms • Use markings on floors and walls to promote physical distancing, including for lines/queues (e.g., tape on floors, signs on walls) • Use a temporary, floor to ceiling physical barrier when two cohorts are using the same indoor space (e.g., gym) • Move activities outside to allow for more space • Stagger periods of student movement around school and discourage student congregating in hallways • Stagger student/staff lunch/break times, recess times and use of communal spaces (e.g., library, gym, cafeteria, staff room). <p>Resources:</p> <ul style="list-style-type: none"> • Halton Region Physical Distancing Poster • Halton Region Physical Distancing Video • Physical Distancing Poster
6.4	Close communal spaces where strategies to support physical distancing cannot be implemented.
6.5	<p>Assign staff to dedicated work areas where possible and discourage sharing desks, phones, tools, equipment, etc.</p> <p>If not possible, ensure a plan is developed for cleaning and disinfecting of these spaces between users.</p>
6.6	Set capacity limits for staff rooms and consider establishing virtual staff rooms (e.g. for staff meetings, breaks, socializing) to avoid staff congregating. Post signage re: capacity limits outside the rooms.
6.7	Cancel all large gatherings/assemblies. Consider virtual alternatives where appropriate.
6.8	Limit the number of students/staff/essential visitors gathering in common areas and limit number in an elevator to allow for physical distancing. Consider signage for these areas.
6.9	<p>In shared outdoor spaces, as much distance as possible should be maintained between cohorts and any other individuals outside of the cohort.</p> <p>While close contact may be unavoidable between members of a cohort-general IPAC measures (handwashing, cohorting), and, for older students, physical distancing, should still be maintained where possible.</p> <p>Providing children with opportunities to play and socialize improves overall well-being, supporting social, emotional, physical and intellectual development.</p>

7.0 SHARED ITEMS AND PROGRAMMING	
7.1	<p>Limit personal belongings being brought into school. Any personal items brought to school should be labeled and kept in an area designated for personal use and should not be handled by others. If staff touch any student personal belongings, they should wash hands or use ABHR before and after touching.</p> <p>Cubbies/ lockers should be assigned for individual use. If students do share these spaces, they should be cleaned between users.</p>
7.2	<p>Reviews of inventory should be carried out to determine items to be stored, moved, or removed altogether to reduce handling or the challenges associated with cleaning them (e.g., porous or soft items such as stuffed toys, playdough, area rugs, fabric upholstered seating).</p> <p>Ensure all supplies, toys and equipment used in the classroom are made of materials that can be cleaned and disinfected or are single use and are disposed of at the end of the day (e.g., craft supplies).</p>
7.3	<p>Limit sharing of supplies, equipment, and toys among students.</p> <p>If possible, each cohort should have designated supplies and equipment (e.g., balls, loose equipment).</p> <p>Items should be cleaned and disinfected prior to use by another cohort.</p> <p>Resource:</p> <ul style="list-style-type: none"> • Halton Region Public Health – COVID-19 Guidance for Handling Materials
7.4	<p>Physical distancing is maintained in activities that are part of physical education (PE) classes.</p> <p>Physical education classes should take place outside if possible. Gymnasiums should only be used where physical distancing measures can be followed.</p>
7.5	<p>Clubs and organized sports can be offered if physical distancing is possible and equipment and spaces are cleaned and disinfected between each use.</p> <p>Consider whether certain extracurricular activities can be conducted virtually.</p> <p>High contact sports (e.g., rugby, football, wrestling) should be postponed.</p>
7.6	<p>Play structures/playground equipment can only be used by one cohort at a time. Ideally, high touch surfaces should be disinfected between cohorts using the equipment.</p>
7.7	<p>For all structured and unstructured play (including: recess, playground use, PE classes, extracurricular sports/activities):</p> <ul style="list-style-type: none"> • Students/staff must practice proper hand hygiene before and after play/use of equipment • Clean and disinfect shared equipment between cohort/group use • Activities should take place outdoors where possible • Students must not share personal items (e.g., water bottles, towels)

7.8	<p>Most overall expectations for the Music strand can be met without the use of instruments in both the elementary and secondary Arts curriculum.</p> <p>A variety of delivery options may be considered to meet the music curriculum's overall expectations, which could include fully distanced learning, in-person teaching and instruction with lower-risk creative performance opportunities (e.g., in-school instruction in larger spaces, restricting the type of instruments in a group setting) or in-person teaching and instruction with no live performance.</p> <p>Boards may choose to refer to the Ontario Music Educators' Association resource for suggestions on teaching music in line with current public health recommendations.</p>
8.0 EATING AND DRINKING	
8.1	<p>All staff and students perform proper hand hygiene before and after eating.</p> <p>Stagger student/staff lunch times to accommodate for hand washing or ABHR use at communal stations (e.g., washrooms) and in shared spaces (e.g., cafeterias).</p> <p>See section 9 - Hand Hygiene and Respiratory Etiquette.</p>
8.2	<p>Where possible, students eat in their classroom with their cohort. If weather permits, consideration could be given to having lunch breaks outside.</p>
8.3	<p>Increase physical distance of chairs and tables in cafeterias and staff lunchroom. Encourage staff to eat in classroom and limit numbers in staff room.</p> <p>Clean and disinfect shared eating areas (e.g., cafeterias) between cohort use.</p>
8.4	<p>Students/staff fill water bottle rather than drinking directly from water fountains.</p>
8.5	<p>Ensure students have their own individual meal or snack.</p> <p>Ensure "No sharing" policies and procedures are reinforced. This includes food, water bottles or personal items. Personal items should be clearly labelled with each student's name.</p>
8.6	<p>Remove self-serving food items (e.g., in cafeterias). Microwave use will not be permitted.</p> <p>Guidance related to use of vending machines will come from PH prior to school re-opening.</p>
8.7	<p>Do not plan activities that involve students in preparing or serving food.</p>
8.8	<p>Third party food services/nutrition programs can continue to operate. All surfaces, bins and containers for food must be disinfected prior to and after use. "Grab and Go" format is preferred.</p>

8.9	Faucets that are hands-free or shut off automatically, and hands-free dryers help to prevent recontamination of hands after handwashing. In situations where hands-free taps are not available, Public Health recommends the use of paper towels instead of hand dryers in order to prevent recontamination of hands when turning off taps.
9.0 HAND HYGIENE AND RESPIRATORY ETIQUETTE	
9.1	<p>Staff and students should be provided with targeted, age appropriate education in proper hand hygiene.</p> <p>Encourage proper and frequent hand hygiene practices by staff and students:</p> <ul style="list-style-type: none"> • Soap and water for at least 20 seconds • Upon entering and before exiting the building • At regular time intervals throughout day • Before/after eating food • After using washroom • Before/after outdoor play • Before/after playtime with shared equipment/toys <p>Soap and water is preferred when hands are visibly soiled. ABHR can be used if handwashing is not possible.</p> <p>Resources:</p> <ul style="list-style-type: none"> • Halton Region Wash Your Hands - Stop the Spread of Germs poster • Halton Region Wash Your Hands poster • How to wash hands and use ABHR poster • How to Hand Wash video • How to Hand Rub video
9.2	<p>Hand hygiene products are available in all rooms and at school entrances (i.e., hand wash sink or ABHR).</p> <p>All staff, students and essential visitors conduct proper hand hygiene upon entering the school.</p>
9.3	Staff provides supervision/assistance for student hand hygiene practices when necessary.

9.4	<p>Staff and students should be provided with targeted, age appropriate education in proper respiratory etiquette.</p> <p>Staff and students should practice proper respiratory etiquette. Use education posters at the entrance and in areas where they are likely to be seen.</p> <p>Respiratory etiquette includes:</p> <ul style="list-style-type: none"> • Covering nose and mouth during coughing and sneezing with a tissue or sneezing or coughing into your sleeve or elbow. • Disposing of used tissues into the garbage immediately after use. • Practicing proper hand hygiene immediately after coughing or sneezing or touching one's face. <p>Resources:</p> <ul style="list-style-type: none"> • Respiratory etiquette poster - Cover Your Cough
9.5	Use lined, no-touch waste baskets (i.e., foot pedal-operated, hand sensor, open basket).
10.0 ENHANCED CLEANING AND DISINFECTION	
10.1	<p>Cleaning and disinfecting process, schedule and log are developed and posted.</p> <ul style="list-style-type: none"> • Review existing practices to identify required cleaning enhancements (e.g., locations, frequency, timing, PPE, staffing, signage) • Identify inventory needs
10.2	Only use cleaners and disinfectants that are approved by Health Canada , with a Drug Identification Number (DIN) and follow the manufacturer's instructions for safe use.
10.3	<p>Train staff on enhanced cleaning and disinfecting procedures.</p> <p>Cleaning and disinfecting products are provided and accessible to staff.</p>
10.4	Shared rooms/spaces must be cleaned and disinfected before and after using the space.
10.5	<p>Clean and disinfect common areas and items including high touch surfaces (e.g., door knobs, handrails, light switches, sink and toilet handles, keyboards, touch screens, desks, sports equipment) at least twice daily and as often as necessary.</p> <p>Resources:</p> <ul style="list-style-type: none"> • Halton Region Cleaning practices to prevent the spread of COVID-19 • Cleaning and Disinfecting Public Spaces • Cleaning and Disinfecting for Public Settings • COVID-19 Guidance for Handling Materials
10.6	Shared equipment, supplies and objects (e.g., physical education equipment, play structures, art supplies, toys, games) must be cleaned and disinfected between cohort use.

10.7	Wall posters and other wall hangings should be laminated for wiping and cleaning.
11.0 PERSONAL PROTECTIVE EQUIPMENT (PPE)	
11.1	Risk assessment is conducted to determine PPE required for each task and role.
11.2	See Appendix A: PPE Recommendations for a chart outlining type of PPE that is recommended for various staff roles.
11.3	<p>Staff have completed/reviewed the Public Health Ontario PPE training resources outlined in Appendix A: PPE Recommendations.</p> <p>Resources:</p> <ul style="list-style-type: none"> • Putting On and Taking Off PPE Poster • Putting on Gloves video • Taking off Gloves video
11.4	Medical masks and eye protection (i.e. face shield) will be provided by the Ministry of Education (MOE) for all teachers and other staff of school boards. The MOE has directed that all school-based staff will be required to wear masks, with reasonable exceptions for medical conditions.
11.5	Any visitors to a school should be required to self-screen and to wear a medical mask while on school premises.
11.6	<p>A mask is not a replacement for proven infection control methods such as hand hygiene, respiratory etiquette and physical distancing.</p> <p>Individuals are responsible for the safe use and cleanliness of their mask and its proper disposal:</p> <ul style="list-style-type: none"> • A medical mask or non-medical disposable mask must be discarded when it becomes visibly soiled, damp or damaged. • Non-medical cloth masks should be changed if visibly soiled, damp or damaged or difficult to breathe through • Masks should be stored in a clean bag or container between uses. <p>Resources:</p> <ul style="list-style-type: none"> • Face covering poster • How to wear and wash a cloth mask properly • Halton Region mask video

11.7	<p>Students in Kindergarten to Grade 3 will be encouraged but not required to wear masks in common spaces.</p> <p>Students in Grade 4 to 12 will be required to wear non-medical or cloth masks while indoors at school.</p> <p>Reasonable exceptions to the requirement are to be put in place by schools and school boards.</p> <p>Parents are responsible for ensuring cleanliness of the face covering.</p>
12.0 VENTILATION	
12.1	<p>Implement practices to support adequate air circulation in classrooms and staff rooms:</p> <ul style="list-style-type: none"> • Ensure clean filters • Avoid recirculating air • Use outdoor ventilation when possible (e.g., opening windows, increasing the outdoor air ratio of the HVAC system) <p>If practices are not feasible for whole facility, prioritize higher risk areas (e.g., where crowding may occur).</p> <p>Note: Crowding is to be avoided. Areas that could potentially be crowded should be closed or have occupancy limits posted.</p>
12.2	<p>Minimize use of other air current generating devices (e.g., bladed and bladeless fans, portable air conditioners):</p> <ul style="list-style-type: none"> • Limit use during the day • Place on lowest setting • Adjust placement and positioning to direct airflow upwards away from surfaces and people <p>Practice regular device maintenance:</p> <ul style="list-style-type: none"> • Surface cleaning (including fan blades) • Follow manufacturer's guidelines • Remove moisture/water collected by portable air conditioners
13.0 MANAGEMENT OF SYMPTOMATIC PERSONS	
13.1	<p>Staff are to monitor self and students for signs/symptoms of COVID-19 during operating hours.</p> <ul style="list-style-type: none"> • Staff are provided with information on signs and symptoms of COVID-19 in children. • Staff should encourage students to speak to staff if they are feeling unwell. <p>Resources:</p> <ul style="list-style-type: none"> • COVID-19 Reference Document for Symptoms
13.2	<p>Individuals with signs/symptoms of COVID-19 (further direction will be provided by the Ministry of Health regarding typical/ atypical symptoms) should:</p>

	<ul style="list-style-type: none"> • Stay at home • Self-isolate (household members must also self- isolate) as per COVID-19 Class Order • Be referred for testing for COVID-19 • Remain excluded from school until test results are received • If an individual tests positive for COVID-19, Halton Region Public Health will notify the individual and the school. See 13.9 below. <p>If a student/staff has COVID-19 like symptoms and COVID-19 testing is not done, then there are two options:</p> <ul style="list-style-type: none"> • Follow up with primary health care provider to get documentation that illness is not due to COVID-19 and student/staff can return to school • If no documentation is available from health care provider, then student/ staff must self-isolate for 14 days from symptom onset date and be afebrile (no elevated temperature) • In general- if there are symptoms of any kind- ensure follow up and assessment by health care provider. School attendance must be limited until rationale is received by the school. <p>Resources:</p> <ul style="list-style-type: none"> • COVID-19 Assessment Centres in Halton
13.3	<p>A student with signs/symptoms of COVID-19 should be immediately separated from others and supervised in a designated room/space. Their parent/guardian should be contacted to pick them up immediately. They should not take school or public transit. School Protocol should include procedures for picking up students with signs/symptoms of COVID-19 (e.g. include household siblings)</p> <p>Any staff or essential visitors with signs/symptoms of COVID-19 must go home immediately. If they cannot return home immediately, they must be isolated in a designated room/space until their departure.</p> <p>Any staff or essential visitors with sign/symptoms of COVID-19 should avoid using public transportation.</p> <p>If an individual tests positive for COVID-19, Halton Region Public Health will notify the individual and the school. See 13.9 below.</p>

13.4	<p>A 'kit' should be available for use by the ill individual and staff member attending to them. The kit should contain ABHR, gloves, medical masks, eye protection, and a gown. Instructions on proper use of PPE should be available on the outside of the kit.</p> <p>Tissues should be provided along with guidance on proper disposal of the tissues.</p> <p>A thermometer should be available and a temperature check is recommended if ill individual complains of fever. The thermometer must be covered with single-use protective covers (discarded after each use) or cleaned and disinfected after each use.</p> <ul style="list-style-type: none"> • Thermometers are medical devices and licensed by Health Canada (searchable database is available here). Some thermometers are also included on the list of products authorized under interim order, for use related to COVID-19. • Thermometers must be used and calibrated according to manufacturer instructions. • Personal protective equipment would be needed for staff taking temperatures if a physical distance cannot be maintained, or if they are not separated from the individual by a protective barrier (e.g., Plexiglas).
13.5	Designated staff member providing care to a student, staff member or essential visitor with signs/symptoms of COVID-19 must wear PPE as required, maintain physical distance (if possible), avoid contact with the ill person's respiratory secretions and perform hand hygiene.
13.6	A medical mask is worn by the person with signs/symptoms of COVID-19 (if tolerated).
13.7	<p>Clean and disinfect the designated room/space, and any items touched by the symptomatic individual.</p> <p>Identify contaminated areas and items within the school used by any individual with signs/symptoms of COVID-19 and conduct cleaning and disinfection of these items (refer to 10.0).</p>
13.8	Place any soiled personal items in a securely tied plastic bag and send home with the student's parent/guardian. Soiled items must not be rinsed and/or washed at school.
13.9	<p>As each situation is unique, the school will work closely with Halton Region Public Health on exclusion and isolation requirements for close contacts and other individuals from the same cohort.</p> <p>In the event of a confirmed case of COVID-19, Halton Region Public Health will notify the school and provide further information on contact tracing and outbreak management. Consideration must be given as to how to maintain confidentiality of confirmed COVID-19 cases within the school.</p> <p>See Appendix B: Halton Region Public Health School Outbreak Management</p> <p>A confirmed positive case must have clearance from public health for return to school.</p> <p>If an individual's COVID-19 test results are negative, they may return to school after being symptom free for 24 hours.</p>

13.10	<p>Any instances of occupationally acquired infection shall be reported to WSIB within 72 hours of receiving notification of illness.</p> <p>If the staff member's illness is determined to be work-related, in accordance with the <i>Occupational Health and Safety Act</i> (OHSA) and its regulations, the employer must provide a written notice within four days of being advised that a staff member has an occupational illness, including an occupationally-acquired infection, or if a claim has been made to the Workplace Safety and Insurance Board (WSIB) by or on behalf of the staff member with respect to an occupational illness, including an occupational infection to the:</p> <ul style="list-style-type: none">• Ministry of Labour, Training and Skills Development;• Joint health and safety committee (or health and safety representative); and• Trade union, if any.
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BUSSING TRANSPORTATION RECOMMENDATIONS

1.0 GENERAL MEASURES	
1.1	School bus drivers and parents/guardians of student riders are aware of adapted or new COVID-19 related protocols and enhanced measures.
1.2	<p>School board and transportation consortia develop COVID-19 related communication protocol. Must include:</p> <ul style="list-style-type: none"> • Bus driver notifying employer and school if they screen positive using the daily COVID-19 self-assessment tool. • Bus driver notifying school of any instances of a symptomatic child while riding bus. • School notifying consortia if student develops symptoms while at school and will not be riding bus home.
2.0 SCREENING	
2.1	<p>All bus drivers complete a <u>daily</u> self-assessment screen for COVID- 19 BEFORE arriving at work.</p> <ul style="list-style-type: none"> • Staff must check their own temperature • If any signs or symptoms, staff must stay home and employer and school must be contacted. • Staff who screen positive should be tested for COVID-19 <p>Resources:</p> <ul style="list-style-type: none"> • Ontario COVID-19 Self-Assessment tool • COVID-19 Assessment Centres in Halton
2.2	Students who have symptoms associated with COVID-19 or have been exposed to COVID-19, or in self-isolation due to travel must stay home. They should not use student transportation services.
2.3	If a student develops symptoms while at school, they should not take the school bus home and should be picked up by a parent/guardian. In such instances, the school must notify the transportation provider.
3.0 PHYSICAL DISTANCING	
3.1	Establish designated drop-off/pick-up times and locations for bus transportation that support physical distancing and limit congregation of students.
3.2	Students, parents/guardians and caregivers should maintain physical distancing between people when waiting at school bus stops.

3.3	<p>Bus capacity and seating arrangements support physical distancing between students and driver on the school bus.</p> <p>To support return to school 5 days a week school boards may be required to increase the utilization of buses beyond one student per seat and operate closer to capacity. To the extent that physical distancing may not be possible, the use of non-medical masks for students in Grades 4 to 12 will be required on school vehicles.</p> <p>Strategies can include:</p> <ul style="list-style-type: none"> • One student per seat. Students of the same household are permitted to share seats. • Students of the same cohort sit in the same area. • Consider leaving a gap between each row. • Boarding/Exiting strategies (e.g., fill seats back-to-front for boarding and front- to-back for exiting to reduce student interaction). • Students should be assigned seats and a record of the seating plan should be kept to assist with contact tracing in the case of a student or driver contracting COVID—19.
3.4	Use physical and visual cues on the bus (e.g., signs, seat markers).
3.5	Any physical barrier or modification (e.g., a plexiglass shield between driver and aisle/entrance) should be compliant with all federal and provincial legislation and not interfere with or affect the safe operation of the vehicle.
4.0 ENHANCED CLEANING AND DISINFECTION	
4.1	<p>Alcohol-based hand rub (ABHR) is available at the entrance of the school bus (ABHR minimum 60%).</p> <p>Bus driver should prompt students to use ABHR prior to boarding.</p>
4.2	<p>Enhanced cleaning and disinfecting process is established and must include:</p> <ul style="list-style-type: none"> • Review of existing practices to identify required cleaning enhancements (e.g., frequency, timing, PPE, signage). • Identifying inventory needs and availability on each bus. • Training staff on enhanced cleaning and disinfecting procedures. • A cleaning schedule and log must be posted in each bus and used to track cleaning. • Cleaning and disinfecting frequently touched surfaces between each route/group of riders and at least twice daily (e.g., handrails, seats, seat belts, windows, steering wheel). <p>Resources:</p> <ul style="list-style-type: none"> • Cleaning and Disinfecting Public Spaces • Cleaning and Disinfecting for Public Settings
4.3	Only use cleaners and disinfectants that are approved by Health Canada, with a Drug Identification Number (DIN) and follow the manufacturer's instructions for safe use.

4.4	Implement practices to support adequate ventilation and air circulation (e.g., opening windows).
5.0 PERSONAL PROTECTIVE EQUIPMENT (PPE)	
5.1	<p>Medical masks and eye protection (i.e. face shields) will be provided by the Ministry of Education for school bus drivers, school bus monitors and student aides. Eye protection for drivers should not interfere with the safe operation of vehicles and is intended to protect drivers during close contact with students, such as during boarding and exiting.</p> <p>Reference: Federal Guidance for School Bus Operations During COVID-19 </p>
5.2	<p>To the extent that physical distancing may not be possible, the use of non-medical masks for students in Grades 4-12.</p> <p>Parents may choose to send a face covering (e.g., non-medical mask) for their child(ren) to wear.</p> <p>Parents are responsible for the safe use/compliance during the school day and ensuring cleanliness of the face covering.</p> <p>Reference: Federal Guidance for School Bus Operations During COVID-19 </p>

OTHER REOPENING MODEL CONSIDERATIONS

1.0 EQUITY CONSIDERATIONS	
1.1	<p>Consider how the chosen model will impact students and families in the community inequitably and establish mitigation strategies.</p> <ul style="list-style-type: none"> Does the model further exacerbate social (gender, race, language), economic, ability and other challenges and barriers that children and families in your school or community already encounter? Does the model create new social (gender, race, language), economic, ability and other challenges and barriers for children and families in your school or community?
1.2	<p>Establish guidance and supports for children and families disproportionately impacted by chosen reopening model due to social, economic, ability and other challenges and barriers.</p> <p>Resource:</p> <ul style="list-style-type: none"> Vulnerable Populations and COVID-19
1.3	<p>Tailor COVID-19 prevention and response measures appropriately for students with medical and/or behavioural complexities as appropriate.</p>
2.0 OTHER PUBLIC HEALTH CONSIDERATIONS	
2.1	<p>Consider the physical and mental health impacts of the chosen model on children, family and staff.</p> <ul style="list-style-type: none"> Does the model increase risk of negative mental health or mental illness? Does the model increase risk of chronic disease?
2.2	<p>Review Ministry of Education/Health and Public Health Guidance to proactively establish COVID-19 mitigation strategies and measure risk. These strategies should include public health measures outlined in this checklist (screening, hand hygiene, infection prevention and control and physical distancing, etc) as well as whether community transmission is taking place.</p> <ul style="list-style-type: none"> Is there any additional risk to a daily school model?

APPENDICES:

Appendix A: PPE Recommendations

For non-healthcare settings the use of PPE should be considered based on a risk assessment of the task, the individual and environment. Any Government of Ontario guidance documents for sector-specific job duties should be followed. Public Health Ontario has developed a [Technical Brief](#) outlining minimum expectations for PPE for care of individuals with suspected or confirmed COVID-19.

Key Recommendations:

- N95 respirators are not indicated for use in the school setting (unless otherwise indicated as PPE for protection against workplace hazards)
- Droplet and contact precautions are recommended for the care of someone suspected or confirmed with COVID-19.
- Practice physical distancing as much as possible.
- Consider the use of a face covering when physical distancing is difficult to maintain.
- Practice, and increase the frequency of, proper hand hygiene.

Face Shields are not an appropriate substitution for masks, but may be used in addition to masks for eye protection. Face shields must be assigned to one user. Please refer to the [CDC](#) for more information.

Staff Role	Type of PPE
Teachers, Office administration, Principal, Vice Principal	<ul style="list-style-type: none"> • Practice physical distancing • Medical mask
EAs and specialized staff for students with special needs	<p>Staff who work in close proximity to students must wear:</p> <ul style="list-style-type: none"> • Medical mask • Eye protection (goggles or face shield) • Where direct contact with a student is required, staff must also wear gown and gloves.
Supervision staff (e.g. for various cohorts, before/after school supervision) and Occasional teachers	<ul style="list-style-type: none"> • Practice physical distancing • Medical mask

School staff providing care for a sick child (suspect case of COVID-19)	Droplet and Contact Precautions, including: <ul style="list-style-type: none"> • Medical mask • Eye protection (goggles or face shield) • Gown • Gloves
School staff cleaning up bodily fluids with the risk of splashing/soiling of clothing	Droplet and Contact Precautions, including: <ul style="list-style-type: none"> • Medical mask • Eye protection (goggles or face shield) • Gown • Gloves
Symptomatic student (suspect case of COVID-19)	<ul style="list-style-type: none"> • Medical mask (if tolerated)
Custodial and caretaker staff (no direct care or close contact with students or other staff)	<ul style="list-style-type: none"> • Medical mask • Gloves, as required (as per manufacturer's instructions).
Cook, food handler	<ul style="list-style-type: none"> • Practice physical distancing as much as possible. • Medical mask
Essential Visitors	<ul style="list-style-type: none"> • Practice physical distancing • Medical mask
Maintenance staff	<ul style="list-style-type: none"> • Practice physical distancing as much as possible. • Medical mask
Counsellors/ Child and Youth Workers	<ul style="list-style-type: none"> • Practice physical distancing • Medical mask
Bus driver	<ul style="list-style-type: none"> • Practice physical distancing • Medical masks and eye protection (i.e. face shields) will be provided by the Ministry of Education for school bus drivers, school bus monitors and student aides. Eye protection for drivers should not interfere with the safe operation of vehicles and is intended to protect drivers during close contact with students, such as during boarding and exiting.

Before using PPE, staff should be familiar with how to safely put it on and take it off. Public Health Ontario training videos are available below and should be viewed by all staff:

Topic	Link	Completed
7 Steps of Hand Hygiene	https://www.publichealthontario.ca/en/videos/7-steps-handhygiene	<input type="checkbox"/>
Putting On Gloves	https://www.publichealthontario.ca/en/videos/ipac-gloves-on	<input type="checkbox"/>
Putting On Mask and Eye Protection	https://www.publichealthontario.ca/en/videos/ipac-maskeyes-on	<input type="checkbox"/>
Putting On Full Personal Protective Equipment	https://www.publichealthontario.ca/en/videos/ipac-fullppe-on	<input type="checkbox"/>
Taking Off Mask and Eye Protection	https://www.publichealthontario.ca/en/videos/ipac-maskeyes-off	<input type="checkbox"/>
Taking Off a Gown and Gloves	https://www.publichealthontario.ca/en/videos/ipac-gowngloves-off	<input type="checkbox"/>
Taking Off Full Personal Protective Equipment	https://www.publichealthontario.ca/en/videos/ipac-fullppe-off	<input type="checkbox"/>

Appendix B: Halton Region Public Health School Outbreak Management

Outbreak Definition

The definition of a confirmed COVID-19 outbreak as outlined by the Ministry of Health will be used to determine an outbreak in the school.

Declaring an Outbreak

Upon receiving a positive laboratory result for COVID-19, Halton Region Public Health will take the following actions, which focus on public health measures to manage the outbreak within the school:

1. Review lab results to confirm that they are positive in order to declare an outbreak.
2. Call the case. Case management activities, including identifying close contacts and assessing exposure risk for each contact. This will be done by the Case and Contact Management team to determine:
 - If the case was symptomatic while at school, or in the 48 hours prior to symptom onset.
 - There were any potential exposures within the school.
3. Determine if an outbreak should be declared.
4. Contact the school to notify them of the positive COVID-19 result and start an Outbreak Investigation Form:
 - Students and staff who have tested positive cannot attend school or work.
5. Determine if there are any other symptomatic students or staff within the facility.
6. Define the outbreak area. If the school has clearly cohorted students and has knowledge of where the students were, who the case was in close contact with, and level of exposure risk for each contact, then the outbreak can be limited within the school.
7. Request for school to complete line lists for students and staff. Completed line lists must be faxed to 905-825-1009.
8. Identify staff or students that are contacts and require testing for outbreak management.
9. Public Health will keep track of who needs to be tested.
10. Provide the school with an Outbreak Declaration Letter indicating an outbreak has been declared.
11. Public Health will continue daily contact with the school to manage the outbreak until the outbreak is determined to be closed.
12. The school is responsible for keeping staff, students, and families informed about COVID-19. Public Health will ask the facility to advise when they have notified their staff, students and families.

UPDATED

COVID-19: Guidance for School Reopening

JULY 29, 2020



SickKids

In partnership with

CHEO

Holland Bloorview
Kids Rehabilitation Hospital

Kingston Health
Sciences Centre
Centre des sciences de
la santé de Kingston
Kingston Health Sciences Centre

Children's Hospital
London Health Sciences Centre

McMaster
Children's
Hospital

UNITY HEALTH
TORONTO

Preamble

The main objective of this document is to advocate for the safe return of children and youth to school by emphasizing the importance of school reopening for broader child health, balanced against the potential and important risks of coronavirus disease 2019 (COVID-19).



This living document is meant to provide information to policy-makers by highlighting paediatric-specific considerations based on our collective experience with children and their families/caregivers. The first version of the document was created by a core group of health-care workers at The Hospital for Sick Children (SickKids) and Unity Health Toronto, including those with expertise in paediatrics, infectious diseases, infection prevention and control, school health, psychiatry and mental health.¹ In this updated version, refinements have been made with contributions and endorsements from other Ontario paediatric hospitals (CHEO, Holland Bloorview Kids Rehabilitation Hospital, Kingston Health Sciences Centre, Children's Hospital at London Health Sciences Centre, McMaster Children's Hospital and Unity Health Toronto), epidemiologists, public health physicians, and a volunteer advisory group of teachers and parents. It was also reviewed by physicians from adult infectious diseases.

Given that educators of elementary and secondary school students are best positioned to appreciate the operational and logistical considerations in adapting school and class routines to incorporate new health and safety protocols, the following is not intended as an exhaustive school guidance document or implementation strategy. The safe return to school is the primary responsibility of the Ministry of Education and should include input from several key stakeholders including the Chief Medical Officer of Health, Ministry of Health, Ministry of Labour, public health authorities, teachers, principals, other school-related authorities, parents and children.

It is essential to note that keeping schools open safely will be facilitated by low case burden and community transmission of SARS-CoV-2 and, therefore, it is imperative that interventions to reduce disease prevalence and community transmission be maintained.

The recommendations in this document were drafted and accepted based on consensus of the authors. Areas of disagreement are highlighted. Where evidence exists, it was summarized and used to form the basis of recommendations. However, several statements are made based on expert opinion with the rationale provided and evidence gaps highlighted. We acknowledge the existence of various support documents from other jurisdictions, including but not limited to those referenced herein.²⁻⁴

It is important to note that the recommendations reflect the epidemiology of Severe Acute Respiratory Syndrome-coronavirus-2 (SARS-CoV-2), the causative agent of COVID-19, in Ontario as of July 27, 2020 and may evolve as the epidemiology of SARS-CoV-2 changes and as new evidence emerges. It is essential to note that keeping schools open safely will be facilitated by low case burden and community transmission of SARS-CoV-2 and, therefore, it is imperative that interventions to reduce disease prevalence and community transmission be maintained.

As a society and individuals, we all have a significant role in remaining vigilant and adhering to public health recommendations to keep community transmission as low as possible. As academic clinicians and scientists, we are also committed to the conduct of rigorous academic research that will help generate evidence where there may be gaps, which is of critical importance.

The ability of the public school system to effectively carry out its mission will depend in part on the resources made available to the schools. Personnel considerations include the potential need for trained screeners at school entry, health-care providers working with the schools (e.g. telephone or virtual support, on-site support), additional custodian and cleaning staff, and an expanded number of teachers, guidance counsellors, social workers, psychologists and support teachers. The adaptation of the curricula to permit expanded outdoor education and the development of distance learning options will also presumably require resources. Adequate supplies of personal protective equipment (PPE), hand hygiene supplies (soap and hand sanitizer) and environmental cleaning materials will be needed as well. Addressing structural deficiencies, such as large class sizes, small classrooms and poor ventilation, must be part of any plan to reopen schools.

Lastly, it is imperative that there are rigorous testing and contact tracing strategies in place, with clear roles and responsibilities outlined between schools and public health authorities around case, contact and outbreak management to help mitigate the impact in the event of students or teachers/school staff becoming sick at school and/or testing positive for SARS-CoV-2.

Introduction

In considering the reopening and maintaining the safe opening of schools during the current phase of the COVID-19 pandemic in Ontario, it is critical to balance the risk of direct infection and transmission of SARS-CoV-2 in children and youth, school staff and the community, with the harms of school closure on children's physical health, developmental health, mental health and learning. While school closures were reasonable as part of the early pandemic response,

current evidence and experience support the concept that children and youth can return to school in a manner that maximizes their health and minimizes risks from a public health perspective.⁵⁻⁸ The American Academy of Pediatrics,⁹ the Canadian Paediatric Society¹⁰ and The European Academy of Pediatrics¹¹ have issued statements emphasizing the importance of children and youth returning to school. We also believe education to be absolutely critical for the development of children and youth, a human right and a *sine qua non* for the future well-being of our society.



Maximizing Children's Health

Multiple reports from around the world indicate that children and youth account for less than 5-10% of SARS-CoV-2 symptomatic infections.¹²⁻¹⁴ In Canada, of 114,597 COVID-19 cases reported as of July 27, 2020, 8,747 (7.5%) were in individuals aged 0-19 years.¹⁵ While this may, at least in part, be related to testing strategies and test performance in children and youth as well as early school closure, there is some data to suggest children, particularly those under 10 years of age, may be less susceptible to SARS-CoV-2 infection and potentially less likely to transmit the virus to others.¹⁶⁻²¹ There is also strong evidence that the majority of children and youth who become infected with SARS-CoV-2 are either asymptomatic or have only mild symptoms, such as cough, fever and sore throat.^{12, 13, 22-24} Severe acute disease requiring intensive care admission has been described in a small minority of paediatric cases, particularly among those with certain underlying medical conditions, but the clinical

course is much less severe than in adults, and deaths are extremely rare.^{13, 14, 25, 26} However, it is important to emphasize that children (especially children with complex medical conditions) have largely been isolated, so it is possible that these data may change over time as children attend school and are interacting more with peers and adults. The recently described multisystem inflammatory syndrome in children (MIS-C) is a serious condition, potentially attributable to SARS-CoV-2 infection, for which ongoing surveillance is required; current data suggests MIS-C is rare, potentially treatable with immune modulatory therapies and associated with a low mortality rate of 0-2%.²⁷⁻³²

Thus, the primary impetus for reopening schools is to optimize the overall health and welfare of children and youth, rather than solely to facilitate parent/caregiver return to work or reopening of the economy.

The community-based public health measures (e.g. provincial lockdown, school closures, stay-at-home orders, self-isolation) implemented to mitigate COVID-19 and “flatten the curve” have significant adverse health and welfare consequences for children and youth.³³ Though unintended, some of these consequences include decreased vaccination coverage,³⁴ delayed diagnosis and care for non-COVID-19 related medical conditions,^{33, 35-37} and adverse impact on their social development and mental health.³⁸⁻⁴¹ Increased rates of depression and anxiety have already been observed; increased rates of substance use and addiction, and suicidal behaviour are believed to have occurred. A recent survey by Children’s Mental Health Ontario found one in three Ontario parents reported their child’s mental health has deteriorated from being home from school and more than half of the parents noticed behavioural changes in their child.⁴² These ranged from drastic changes in mood, behaviour and personality, to difficulty sleeping and more. Those with pre-existing mental health issues have been hit particularly hard. Several organizations, including the American Psychological Association (APA) and World Health Organization (WHO), have highlighted concerns about the potential impact of lockdown on family

discord, and family violence including intimate partner violence, and child/youth maltreatment.^{43, 44} Risk factors that may contribute to the increased risk of child/youth maltreatment in this context include the heightened rates of parental/caregiver unemployment, family financial stress, parental mental illness, including increased substance use and lack of social supports. Furthermore, current school closures mean that supervision of at-risk children/youth is reduced as is the identification by teachers and other school personnel of children/youth experiencing maltreatment.⁴⁵ Thus, the primary impetus for reopening schools is to optimize the overall health and welfare of children and youth, rather than solely to facilitate parent/caregiver return to work or reopening of the economy.

As mentioned, it is critical to balance the risk of direct infection and transmission of SARS-CoV-2 in children and youth, school staff and the community with the harms of school closure, which is impacting children and youth’s physical health, developmental health, mental health and learning. Based on the evidence available at the present time and the current epidemiology, it is our view that the adverse impacts of school closure on children and youth significantly outweigh the current benefit of keeping schools closed in order to reduce the risk of COVID-19 in children, youth, school staff and the community at large.

Public Health Implications of Return to School

While the concerns around infection and infectious complications in children and youth appear to be relatively small, it is important to consider the potential role they play in SARS-CoV-2 transmission and disease propagation particularly with respect to teachers, other school staff and families. Children and youth are considered to be efficient transmitters of influenza and other respiratory virus infections and this was one of the rationales for school closures early in the COVID-19 pandemic. However, data from multiple countries suggest that children under 10 years of age are probably less likely to transmit SARS-CoV-2 than older children or adults,^{6, 16, 17, 46-48} although the significance and magnitude of that difference remains uncertain. In addition, there are emerging data suggesting that children 10 years and older may transmit SARS-CoV-2 at rates similar to those of adults.²⁰

Studies focusing on SARS-CoV-2 transmission in the school setting are limited. However, there is some evidence to suggest that schools do not appear to have played a significant role in propagating SARS-CoV-2 transmission.⁵⁻⁸ Even when cases have been identified in schools, contact tracing and testing have not identified a large number of secondary cases in most circumstances.^{5, 6, 49, 50} Furthermore, several countries have reopened schools without demonstrating a significant increase in cases when community rates have been low.^{5, 6, 49-52} Vigilance is nevertheless warranted given the emerging data on transmission from teenagers noted above,²⁰ reports of school-based outbreaks (e.g. Israel⁵³ and Chile⁵⁴) and the high seroprevalence rate observed in a high school in a heavily impacted area in France.⁵⁵ Regarding the post-return to school outbreak that occurred in Israel, it is noteworthy that both index cases had attended school despite pre-existing mild symptoms, class sizes were large (35-38 students) and crowded, and a heat wave necessitated continuous air conditioning and discontinuation of mask use.⁵³ Furthermore, of those with confirmed infection, 57% of children/youth and 24% of teachers had no symptoms, symptoms were mild in those who developed symptoms, and no hospitalizations related to the outbreak were reported.

Despite the overall reassuring, albeit limited, evidence cited above, it is imperative that ongoing surveillance and research be conducted on the role of children and youth who are asymptomatic and symptomatic in propagating SARS-CoV-2 transmission once schools are reopened. It needs to be recognized that it will not be possible to remove all risk of infection and disease now that SARS-CoV-2 is well-established in many communities. Mitigation of risk, while easing restrictions, will be needed for the foreseeable future. The mitigation strategies implemented for school reopening have varied from country to country,⁵⁶ in part depending on local epidemiology. While outbreaks have been reported in schools in some countries (e.g. Israel⁵³ and Chile⁵⁴), the risk mitigation strategies appear to have been largely successful in the majority of other countries when community transmission is low.^{5, 6, 49-52}

Minimizing Individual and Public Health Risks

Return to school has generally been associated with an increase in cases of community-associated seasonal respiratory viral infections. As a result, it is anticipated



that there may be an increase in cases of COVID-19 and other seasonal respiratory viral infections with similar symptoms upon the resumption of school and appropriate measures should be proactively put in place to mitigate the effects of such an increase. It will be critical to monitor the impact of school reopening on SARS-CoV-2 transmission and thresholds should be identified that would trigger re-evaluation of mitigation strategies as well as the school model. However, given the significant adverse health and social implication of school closure on children, youth and families, and the likelihood that other social factors/clusters (e.g. other congregate settings and large social gatherings) will be the primary drivers of case increases, school closure should be a last-resort intervention; public health measures should prioritize closure of all other non-essential congregate settings prior to school closures. To prevent premature school closing, robust public health interventions, including readily available rapid-turnaround testing and contact tracing, should be prioritized and pre-specified thresholds for implementing more intensive mitigation strategies should be developed. It will be important to thoroughly investigate outbreaks to determine their causes and, specifically, to investigate the role of children and youth versus adults in order to better understand SARS-CoV-2 spread dynamics in general and to be able to improve mitigation strategies.

Public health measures should prioritize closure of all other non-essential congregate settings prior to school closures.

School Delivery

The Ontario Ministry of Education has released guidance around the return to school and identified several options for education delivery, including remote, hybrid/adapted and daily in-person.⁵⁷ Potential advantages and disadvantages of various school models are summarized in Appendix 1. In our view, given the current epidemiology, a daily school model is best as it allows for consistency, stability and equity regardless of the region in which children and youth live. Though full-time remote learning would diminish the

Our recommendation from an overall health perspective is that children and youth return to a daily school model with risk mitigation strategies in place.

likelihood of SARS-CoV-2 transmission, it almost certainly would be insufficient to meet the needs of Ontario children and youth. A hybrid/adapted model would also likely be inferior (especially in elementary school) to a daily school model in terms of educational outcomes, would be problematic for working parents and caregivers, and it may not lead to reduced risk of SARS-CoV-2 spread because of the potential need for families to find care on off days (e.g. many families may engage grandparents or high-school students as babysitters or combine resources with other families). Irrespective of the chosen model, educators should prepare for transition from one model to another depending on local SARS-CoV-2 epidemiology. For example, temporary transition to hybrid or full-time distance learning may be needed if a large-scale school-based outbreak were to occur.

Emerging evidence indicates that the social and economic burden of COVID-19 disproportionately impacts racialized communities and those with less wealth.⁵⁸ This is likely related to a variety of factors, including more crowded living spaces, reduced access to health care, PPE or testing, and, for some, frontline work with increased exposure risk.⁵⁸ Distance learning further disadvantages children and youth living in higher-burden COVID-19 areas where socioeconomic and language barriers limit access to quality online learning. The effect on these children's and youth's education has already been substantial and further delays of return-to-school will almost certainly compound educational disparities.

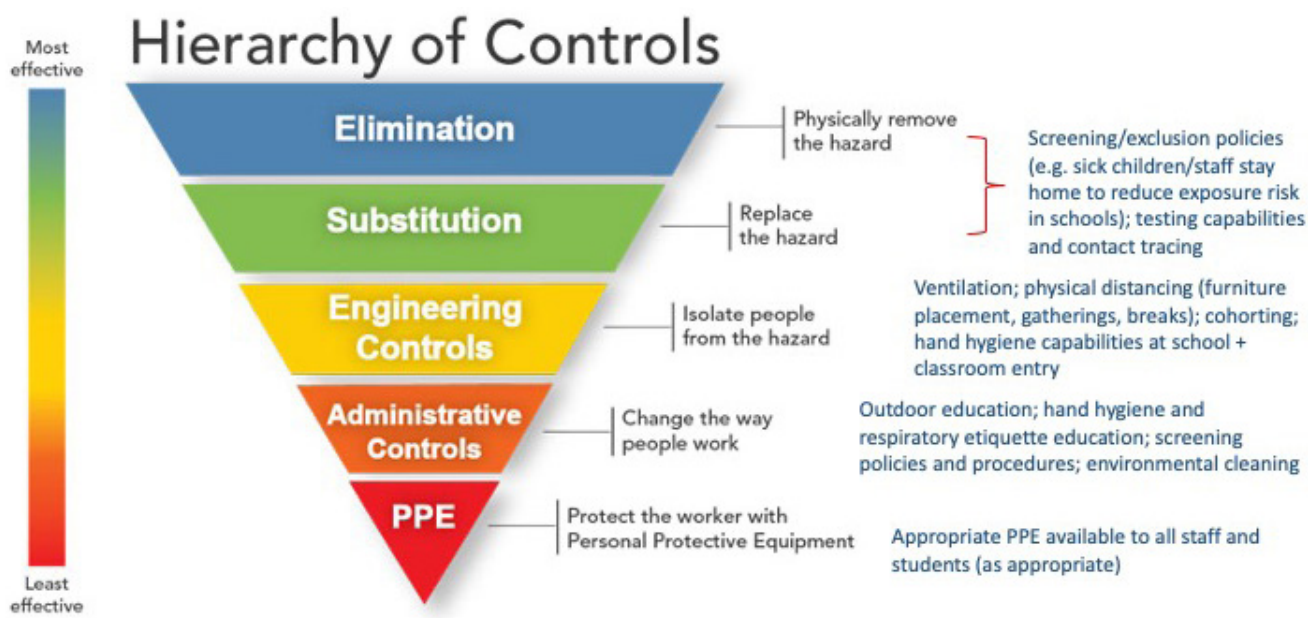
Our recommendation from an overall health perspective is that children and youth return to a daily school model with risk mitigation strategies in place. Educators must be consulted to provide input on each model from a learning impact lens. It is important to acknowledge that there is not one specific measure that will prevent infections from occurring in schools, but rather a bundle of infection prevention and control measures that need to be put into

place to help reduce infection risks (Figure 1, Hierarchy of controls; adapted from CDC, available at: <https://www.cdc.gov/niosh/topics/hierarchy/default.html>).⁵⁹ Equity of resources and management/auditing of these risk mitigation strategies will be critical, and policy makers must ensure that an ethical framework with transparent rationale is provided to the public to ensure buy-in and trust in the decisions made.

At the same time, it is important that the new normal in school is designed to optimize learning and social development, while ensuring that the health and safety of teachers and school staff remain a top priority. With this in mind, the following sections of the document summarize the considerations for school reopening based on the available evidence, as well as expert opinion, organized into the categories that follow. Where appropriate, recommendations have been provided for elementary school (Grade K-5), middle school (Grades 6-8) and high school (Grades 9-12) classes/students.

1. Screening to prevent symptomatic individuals from entering the school
2. Hand hygiene
3. Physical distancing
4. Non-medical and medical face masks for students
5. Cohorting
6. Environmental cleaning
7. Ventilation
8. Mitigation of risk for students at higher risk for severe disease
9. Special considerations for children and youth with medical, physical, developmental and/or behavioural complexities
10. Mental health awareness and support for all children
11. Protection of teachers and school staff
12. Protection of at-risk persons or families
13. Management of suspected and confirmed SARS-CoV-2/COVID-19 cases and their contacts
14. Communicating about COVID-19 to children, youth and parents/caregivers
15. Opportunities to improve evidence-based decision making
16. Additional considerations

Figure 1. Hierarchy of Controls (Adapted from CDC)⁵⁹



1. Screening to prevent symptomatic individuals from entering the school

In order to prevent the spread of SARS-CoV-2 infection, students, teachers and other employees who have signs/symptoms of COVID-19 (according to Ministry of Health and local public health guidance) must stay home and decisions about testing and return to school should be guided by provincial public health guidance. In addition, return to school decisions for those who have had an exposure to SARS-CoV-2 should be in accordance with local public health recommendations.

Guidance Statement(s):

- It is essential that strict screening and exclusion policies are in place for students and employees who are symptomatic or have been exposed to SARS-CoV-2 and directed to self-isolate by public health.
- Teachers and principals should be provided with information on symptoms of COVID-19 in children⁶⁰ so that appropriate action can be taken if children develop symptoms during the day.
- Screening students for signs and symptoms of SARS-CoV-2 infection could occur prior to arrival at school, on site (i.e. at the school) or a combination.
 - Daily screening on site provides reassurance that the screening has been completed, however, it could result in increased lines (resulting in crowding and mixing between children, youth and parents/caregivers) and is likely not practical without significant staggering of start times. It is also not reasonable to expect teachers or other school staff to perform routine screening in addition to their regular work tasks.
 - We would strongly recommend that parents and caregivers be empowered to play an active role in daily screening of their children and youth prior to them leaving for school. A standard checklist should be provided for parents/caregivers/older students for this purpose (language and literacy considerations will be important). Parents/caregivers may require access/support from a health-care provider and/or local public health unit when they are unsure. This is especially the case for children and youth with underlying medical conditions and chronic symptoms.
 - Provision of an attestation of completion of the daily screening (either virtual, such as a cell phone app, or

paper for those unable to do so virtually) would add extra assurance, but consideration should be given to ensure that the process is not onerous such that it disadvantages groups with limited technological supports.

- Parents/caregivers should be educated around the importance of providing truthful information both for their child and others' safety. This has been the approach taken by public health for other communicable disease.
- If screening students as they enter the school is selected as a strategy, additional staff and infrastructure resources would be required and appropriate training provided to them to effectively complete the task.
- On-site temperature measurement or pulse oximeter checks are not recommended because fever and hypoxia are not consistent symptoms in children and youth (present in only a minority of cases)⁶¹ and would result in lines and delayed school entry, and has not been shown to be an effective screening strategy to date.
- Employers and the government play a critical role in supporting parents/caregivers who need to stay at home with their child because their child is sick or in isolation due to SARS-CoV-2 infection or exposure. This support is essential to reduce the burden on parents/caregivers and reduce the likelihood parents/caregivers will need to send their child/youth to school with symptoms (e.g. paid sick days available for workers).
- Virtual learning or other forms of structured learning should be put in place for children and youth who are required to stay home because they are sick or in isolation due to SARS-CoV-2 infection or exposure, or if parents/caregivers choose to keep their child/youth home from school. It will be important to continue to work to identify options for students who have limited internet availability or other barriers to online learning.

2. Hand hygiene

SARS-CoV-2 and other respiratory viruses are primarily spread by respiratory droplet transmission and should be the focus of preventative measures. As a result, and because virus shedding may occur prior to symptom onset or in the absence of symptoms, routine, frequent and proper hand hygiene (soap and water or hand sanitizer) is critical to limit transmission.⁶² Proper hand hygiene is one of the most

effective strategies to prevent the spread of most respiratory viruses, including SARS-CoV-2, alongside respiratory etiquette, particularly during the pre-symptomatic phase of illness.

Guidance Statement(s):

- Children and youth should be taught how to clean their hands properly (with developmentally and age-appropriate material)⁶³ and taught to try and avoid touching their face, eyes, nose and mouth as much as possible. This should be done in a non-judgmental and positive manner.
- Respiratory etiquette; children and youth who have symptoms of a respiratory tract infection must stay home and should be reminded to sneeze or cough into a tissue followed by hand hygiene, or their elbow/sleeve if no tissue is available.
- There should be age-appropriate signage placed throughout the school to remind children and youth to perform proper hand hygiene.
- Students and staff should perform hand hygiene upon entering and before exiting the building, after using the washroom, before and after eating, and before and after playtime with shared equipment/toys. In addition, a regular schedule for hand hygiene, above and beyond what is usually recommended, is advised. Possible options would be to have regularly-scheduled hand hygiene breaks based on a pre-specified schedule. For practical reasons and to avoid excess traffic in the hallways, the preferred strategy for these extra hand hygiene breaks would be hand sanitizer unless sinks are readily available in the classroom.
- If masks are worn, students and staff should be instructed to perform hand hygiene before putting on and after touching or removing their mask.
- Access to hand hygiene facilities (hand sanitizer dispensers and sinks/soap) is critical with consideration for ensuring accessibility for those with disabilities or other accommodation needs (See Section 9 for additional considerations). Hand sanitizer (60-90% USP grade alcohol, not technical grade alcohol) should be available in all classrooms. Safety precautions to avoid toxic exposure (e.g. ingestion) from hand sanitizers should be in place.
- Adequate resources and a replenishment process need to be in place to ensure supplies are available to perform hand hygiene frequently. Liquid soap and hand sanitizer

will need to be replenished and tissues available for drying. No-touch waste receptacles should be available for disposal of materials.

3. Physical distancing

The objective of physical distancing is to reduce the likelihood of contact that may lead to transmission and has been a widely used strategy during the pandemic.⁶⁴ In the school setting, several control measures can be put in place to encourage physical distancing, especially when prolonged exposure is expected (e.g. in the classroom). However, while physical distancing and its role in the prevention of infection transmission should be discussed with students of all ages, it is likely not practical to enforce strict physical distancing in elementary school children, especially during periods of play. Cohorting (discussed in Item #5) is an additional strategy that can be used to facilitate close interactions, while minimizing the number of potential exposures. Interaction, such as playing and socializing, is central to child development and should not be discouraged.

Current distancing recommendations in Canada and the United States are 2 metres and 6 feet, respectively. However, it is recognized that a 1 metre (or approximately 3 feet) separation also provides protection⁶⁴ and may approach the benefits of 2 metres (approximately 6 feet) in the school setting where children should be asymptomatic,⁹ and especially for younger children as they are likely less efficient transmitters of SARS-CoV-2.^{6, 16, 17, 46, 47} In middle and high school students, physical distancing is an important strategy, especially during periods of prolonged exposure indoors (e.g. the classroom), and they are more likely able to adhere to distancing recommendations. We emphasize that distancing is not an all-or-nothing proposition and optimizing distancing in as many indoor school settings as possible will likely diminish SARS-CoV-2 transmission substantially.

It is also acknowledged that transmission of the virus will likely be attenuated in outdoor settings and outdoor play and learning have many benefits for children and youth. School boards and educators should therefore incorporate outdoor learning activities into the curriculum.

Guidance Statement(s):

Education:

- The role of physical distancing to prevent infection transmission should be discussed with elementary, middle and high school students.
- All students should be informed about how physical distancing has been implemented in the school (e.g. desks separated, expected behaviours) and the expected practices in the school environment.
- Physical distancing will likely be difficult to strictly enforce in elementary school children, but developmentally and age-appropriate education can emphasize the importance of hand hygiene, avoiding body fluid exposure, avoiding putting toys in their mouth good respiratory etiquette and avoiding close contact especially for long periods of time (e.g. touching, hugging, hand holding).



Classrooms

- When students are in the classroom, efforts should be made to arrange the classroom furniture to leave as much space as possible between students,⁶⁵ with seats facing the same direction, where possible.
 - For elementary and middle school students, a 1 metre (3 foot) separation between desks in the classroom may be a reasonable balance to achieve beneficial effect from distancing and to practically accommodate children in the classroom. For desks that are configured in a manner that makes this

impractical, a 1 metre separation between students can be considered. However, further data on age-related transmission risks may help to refine this recommendation.

- For high school students, a separation of 2 metres between students is preferred given the transmission risk may be higher in this age group.
- Smaller class sizes should be a priority strategy as it will aid in physical distancing and reduce potential spread from any index case. Several jurisdictions have reopened schools with maximum class sizes ranging from 10-15.⁵⁶ However, there is limited evidence on which to base a pre-specified class size. Decisions should take into account the available classroom space in addition to the number of exposures that would occur should a student or staff test positive.
- Where needed, the use of non-traditional spaces should be explored to accommodate smaller classes in order to allow daily school attendance. This may necessitate additional teacher/educational resources.
- Educators should be asked to assess and incorporate outdoor learning opportunities as weather permits. This will likely require specific programming and resources to optimize learning activities.

Large gatherings/assembly

- Large gatherings/assemblies should be cancelled for the immediate future. Any gathering size should be in accordance with local public health guidance.
- Choir practices/performance and band practices/performance involving wind instruments may pose a higher risk of transmission.^{66, 67} As such, it is recommended that these be cancelled for the immediate future. When the situation allows, special consideration should be given to safely resuming such activities (depending on local epidemiology and performance venue).
- When and if band practices/performance involving wind instruments resume, ideally instruments should not be shared between students. If sharing is required due to limited supply of instruments, it is essential that the instruments be thoroughly cleaned and disinfected between use.

Lunch and recess breaks

- Stagger break and lunch times (or have lunch in classrooms) to reduce larger crowds in cafeteria settings and keep groups of students together (see cohorting below).
- Hand hygiene should be performed prior to and after lunch breaks, with easy access to hand sanitizer.
- If weather permits, lunch and nutrition breaks should be held outside.
- Shorter lunch breaks with more frequent nutrition breaks may help reduce the length of less supervised interactions.

Outdoor and other activities

- During outdoor activities, such as recess, physical distancing should not be strictly enforced especially in elementary school children. A cohorting strategy (see Section #5) is preferred.
- All students should perform hand hygiene before and after sports activities/outdoor play/playground use.
- Sports and physical education classes should be encouraged and continue with risk mitigation strategies in place. It is advisable to delay restarting close contact sports (e.g. wrestling, rugby, football), as well as indoor team sports (e.g. basketball). When the situation allows (e.g. based on local epidemiology), special consideration should be given to their safe restart. We note that physical education classes will be much easier to have outside on a regular basis than other pedagogic activities.
- Hand hygiene is critical prior to and after all sports or physical activities.
- Sports equipment (e.g. balls, hockey sticks etc.) should be cleaned at the conclusion of the activity.
- Sharing of personal sports equipment should not occur.
- Schools should endeavour to offer as many of their usual clubs and activities as possible. Most clubs and activities, with the exception of choir/band, should involve less crowding than regular classes, and so should be feasible inside or outside.

4. Non-medical and medical face masks for students

The use of non-medical cloth masks/face coverings (NMMs) in the school setting is a complex and nuanced issue. Unfortunately, current evidence does not provide clarity on the optimal approach and needs to consider the broad range

of student ages and developmental levels, the varying ability to practice physical distancing indoors, as well as the dynamic level of risk associated with community spread at any particular time and within specific communities. Based on current public health guidance recommending or mandating the use of NMMs in indoor public settings, we are currently recommending the use of masks for high school students (with consideration for middle school students) whenever physical distancing cannot be maintained (provided there is no contra-indication for developmental, medical or mental health reasons). It is important to try to find periods in the day where NMMs can be safely removed. However, given that there has been considerable disagreement among the authors around this issue, it will be critical to assess the use of masks on an ongoing basis throughout the school year and adjust accordingly based on the development of further evidence, changes and epidemiology. The following paragraphs highlight some of the important complexities of using masks in children, in particular as it relates to elementary school students.

The benefit of NMMs and medical masks is that they may reduce transmission from individuals who are shedding the virus, as they may help to prevent the respiratory droplets from the wearer from coming into contact with others.⁶⁸ While NMM use has been recommended and/or mandated for use by public health authorities in Ontario in indoor spaces,⁶⁹ it is important to note that their use is recommended primarily for source control (i.e. preventing infectious particles from spreading from the wearer), not as PPE. In children and youth, there are limited data on the effectiveness of NMM use for source control, but there remains a theoretical benefit especially for older children and youth. However, in order to be effective, NMMs would need to be worn correctly, which for many otherwise healthy children and youth will be difficult to do for a full school day; even more significant barriers exist for children and youth with underlying medical, developmental and mental health conditions.

In some countries, particularly in Asia where masking culture is more ingrained and longstanding, children have worn NMMs upon return to school. However, several European countries have had children successfully return to school without NMMs.⁶ Evidence specific to children and youth on NMMs is lacking.

Until there is definitive evidence, decisions around NMM use in schools should take into consideration the benefit from source control (which may vary by age) balanced with the negative consequences/risks (e.g. increased facial touching, false sense of safety) of NMM use. As noted above, the practicality of wearing a NMM for prolonged periods of time is an important consideration. Other factors to consider include availability of other risk mitigation strategies, local epidemiology and community public health directives. Finally, given this uncertainty, we feel that the perspective of educators on the front lines has to be taken into account when deciding on policy and implementation considerations relating to masking. Preferences in this regard might well vary across jurisdictions in relation to local epidemiology and perceived risks.

There was not full agreement among contributors on the need and role of NMM use in children in different circumstances. The guidance statements below reflect the consensus (preferred) recommendation and the percentages indicate the level of agreement among the contributing paediatric care providers (n=36).

Consensus Guidance Statement(s):

- The use of NMMs in the school setting should be driven by local epidemiology with age-specific considerations (agree 94%, neutral 3%, disagree 3%).
- When transmission in the community is low, the use of NMMs throughout the entire school day should not be mandatory for elementary, middle or high school students returning to school. But, NMM use should always be respected if a student chooses to wear one. Safe masking practices (e.g. proper wearing/storage/removal) should be reinforced with educational materials provided to parents, students and teachers (agree 78%, neutral 11%, disagree 11%).
- Given the current epidemiology, the use of NMMs is not recommended for elementary school students (agree 61%). A significant minority supported the use of NMMs when physical distancing was not possible (agree 33%).
- Given the current epidemiology, the use of NMMs is recommended for middle school students whenever physical distancing cannot be maintained, provided there is no contra-indication for developmental, medical or mental health reasons (agree 64%). A minority supported the mandatory use of NMMs at all times (agree 8%).
- Given the current epidemiology, the use of NMMs is recommended for high school students whenever physical distancing cannot be maintained, provided there is no contra-indication for developmental, medical or mental health reasons (agree 61%). A minority supported the mandatory use of NMMs at all times (agree 22%).
- As it is difficult to wear a NMM for a prolonged period of time, efforts should be made to ensure distancing in the classroom such that NMMs do not need to be worn constantly (see physical distancing section) (agree 92%, neutral 8%). Otherwise, it is important to try to find periods in the day where NMMs can be safely removed.
- In the setting of high or rising community transmission or school outbreaks (as directed by public health), the role of NMM use should be reassessed.
- Any recommendation or requirement to wear NMMs needs to address issues around equitable access to masks
- School-aged children and youth who are not able to remove their NMM without assistance should not wear a NMM due to safety concerns.⁶⁹ NMMs should also not be worn by children or youth who cannot tolerate a NMM due to cognitive, sensory or mental health issues.
- Rationale should be provided to children and youth to reconcile any differences in guidance between school and other indoor spaces (if public health mandates exist in their region). This could be accomplished by discussing the other safety measures in place (e.g. screening, hand hygiene, physical distancing, cohorting) that are being used to protect students and teacher/staff.
- Face shields as a mitigation strategy are not routinely recommended for elementary school students (agree 86%), middle school students (agree 89%) and high school children (agree 80%). But face shield use should be respected if a student chooses to wear one with or without a NMM.

The following points were considered in developing this guidance:

- Public mask wearing is likely beneficial as source control when worn by persons shedding infectious SARS-CoV-2 virus when physical distancing is not possible in public spaces (e.g. public transit, grocery store).⁶⁸
- There is a lack of evidence that wearing a NMM prevents SARS-CoV-2 transmission in children and youth, though it remains likely, especially for older children and youth. The

benefit for younger children may not be significant both because their baseline infection and transmission risk is probably lower and because of a higher likelihood of improper NMM use.

- It is recognized that high school-aged students and to lesser extent middle school-aged children may be able to wear NMMs for a longer period of time than younger children without close monitoring.
- Children and youth's social development hinges upon their interactions, facial expressions and body language. Though important for all age groups, this is particularly so for younger children.
- If worn incorrectly (e.g. touched frequently, not covering mouth and nose, removed and placed back without hand hygiene), NMMs could lead to increased risk of infection.
- It is impractical to expect most children and youth to wear a NMM properly for the duration of the school day. Elementary school-aged children, in particular, would need assistance to follow appropriate procedures for putting on and taking off the NMM (e.g. during meal times, snack times). In addition, during these times when the NMM is removed, the NMM would need to be stored appropriately to prevent infection spread.
- While teaching and training children and youth on appropriate NMM use may overcome some of the limitations of NMM use, studies have shown that it is difficult for health-care workers to wear a mask for prolonged periods in the hospital setting and it is therefore anticipated that it would be difficult for children as well.
- The NMM may not be tolerated by certain populations with underlying conditions (e.g. asthma, allergies, neurodevelopmental disorders, mental health challenges) and especially during warm/humid weather conditions.
- The addition of NMMs may increase anxiety, interfere with the therapeutic learning environment, and increase inattention or distraction in children and youth, particularly for those who may already struggle with attention, such as those with attention deficit hyperactivity disorder (ADHD) or other developmental disorders.
- Children and youth with expressive communication difficulties (including those with articulation problems, neurologic issues), those who are learning the primary Canadian language of instruction (English or French) as a second language, and many others may be disproportionately adversely affected by having to wear a NMM at school.



- The benefit of NMMs may be attenuated by the repeated and prolonged interactions at school. Children attend school for a significant portion of their waking hours and, as such, interactions are more similar to their home environment compared to brief community interactions where NMMs are recommended.
- It is likely that NMMs will be disposed of improperly throughout the school and potentially lead to increased risk by children playing with them. It is acknowledged that while fomite spread is not the predominant mode of transmission,⁷⁰ it likely contributes to transmission given evidence demonstrating presence of SARS-CoV-2 in the vicinity of infected individuals and the fact that fomite transmission does occur with other respiratory viruses, including human coronaviruses.⁷¹
- It will be very difficult for teachers and/or school administrators to enforce mandatory masking both in elementary and secondary schools.
- Patients have been required to wear a mask at numerous paediatric health-care facilities. In this context, mandatory masking is typically for a brief and well-defined period of time, when children and youth can be closely monitored by their parents and hospital staff to ensure appropriate mask use. This is also intended to prevent transmission to a population with significant medical comorbidities and/or immune compromise. Similarly, some jurisdictions have mandated that persons over 2 years wear masks in indoor spaces. Again, this is a time-limited scenario where they can be monitored by their parents/caregivers and should be differentiated from the school setting. Furthermore, the school setting is different from most settings where indoor masking is mandated where large numbers of strangers interact (e.g. shopping malls), physical distancing is difficult and contact tracing is not possible.
- Face shields have been suggested by some as an alternative to face masks as they may block aerosolized droplets. This supports its current use as a component of PPE, but there is currently no evidence that face shields alone are effective as source control.⁷²

5. Cohorting

The purpose of cohorting is to limit the mixing of students and staff so that if a child/youth or employee develops infection, the number of exposures would be reduced. It

also allows for more timely case and contact follow-up. For example, a single class in Grade 1 could represent a cohort and they should avoid close mixing with individuals from other classes/grades in confined indoor spaces. Cohorting is likely most beneficial in elementary school children where physical distancing is less practical. For high school students, the need to take different classes may make strict cohorting difficult and, as a result, physical distancing should be emphasized. We recognize that this poses a significant infrastructure challenge for many schools. The benefits of cohorting will be attenuated in many, such as those who require bus transport to school and those who require after-school care; such children could potentially be present in several cohorts (e.g. class cohort, bus cohort, after-school cohort).

Guidance Statement(s):

- To the extent possible, cohorting classes could be considered for the younger age groups and for children and youth with medical and/or behaviour complexities (see Section 9), so that students stay mostly with the same class group and there is less mixing between classes and years. This applies to both indoor as well as selected prolonged outdoor activities with close physical interactions.
- Student well-being and mental health should be prioritized, however, such that class or program switching should not be denied on the basis of cohorting.
- Cohorting and mixing should take into consideration the number of children/youth that would be exposed should a student or staff test positive for SARS-CoV-2 with the goal of minimizing the number of contacts.

6. Environmental cleaning

SARS-CoV-2 has been detected on a variety of surfaces⁷³ and survival depends on the type of surface. It is possible that infection can be transmitted via fomites by touching contaminated surfaces and then touching mucous membranes (i.e. mouth, nose, eyes).⁷⁴ While fomite transmission is not the predominant mode of transmission,⁷⁰ environmental cleaning and disinfection are important to reduce the risk of transmission of SARS-CoV-2 and other infections in schools.

Guidance Statement(s):

- A regular cleaning schedule, using Health Canada-approved disinfectants,⁷⁵ should be used with emphasis on high-touch surfaces and washrooms.
- Efforts should be made to reduce the need to touch objects/doors (no-touch waste containers, prop doors open).
- Policies to ensure there is “no sharing” of food, water bottles or cutlery should be enforced as a priority.
- The importance of hand hygiene to children after contact with any high-touch surface (such as door handles) should be reinforced.
- When possible, toys and class equipment that can be cleaned and disinfected by staff and/or students (as appropriate) should be used.
- School closures during school hours for the purpose of more intensive cleaning may carry more harm (in the form of missed instruction time) than benefit.

7. Ventilation

It is expected that environmental conditions and airflow influence the transmissibility of SARS-CoV-2. Adequately ventilated classroom environments (e.g. open windows with air flow, improved airflow through ventilation systems and reduction in recirculated air) are expected to be associated with less likelihood of transmission compared with poorly ventilated settings.

Guidance Statement(s):

- Attention should be paid to improving classroom ventilation (e.g. optimizing ventilation system maintenance and increasing the proportion of outside air brought in through these systems) in consultation with experts in physical plant design and modification.
- The use of outdoors or environments with improved ventilation should be encouraged (e.g. keeping windows open, weather permitting).

8. Mitigation of risk for students at higher risk for severe disease

Some children may be at higher risk of adverse outcome from COVID-19 due to underlying medical conditions, such as immunocompromised states or chronic medical

conditions, including cardiac and lung disorders and neuromuscular disorders.^{26, 76, 77} Children and youth who have medically complex conditions, particularly those with medical technological supports associated with developmental disabilities and/or genetic differences, are also in a potentially higher risk category.²⁶ At the present time, there is no convincing evidence to suggest the level of medical risk to these children and youth from SARS-CoV-2 is different from other respiratory viruses. As a result, given the unintended consequences associated with not attending school, attending school is recommended for the majority of these children and youth (see Section 9 for more details pertaining specifically to medically and behaviourally complex children and youth). Nevertheless, we recognize that the data pertaining to this group of children and youth is limited as they have likely been following isolation rules even more stringently than healthy children and, therefore, it is essential that ongoing monitoring take place so that adjustment of the school model and preventive interventions can be made according to emerging evidence.

Guidance Statement(s):

- The majority of children and youth with underlying medical conditions should be able to safely attend school provided that the appropriate enhanced safety measures are in place. However, it is recommended that parents/caregivers discuss this with the child's health-care providers so that they can make an informed decision based on individual circumstances. This is particularly relevant for children with newly diagnosed illnesses requiring the first-time use of new or augmented immunosuppression.
- In the event that such children/youth have a documented exposure to SARS-CoV-2, in addition to involvement of the local public health unit, it is recommended that the child's/youth's parent/caregiver(s) contact the child's/youth's health-care provider for further management if they have concerns.

9. Special considerations for children and youth with medical, physical, developmental and/or behavioural complexities

Return to school will present unique challenges to children and youth with medical, developmental and/or behavioural complexities and their families. This includes children

requiring intensive supports for activities of daily living and/or medical conditions, such as feeding, toileting or breathing supports. Many of these families have had a prolonged period of time in home isolation compounded by a lack of respite and/or homecare supports. In particular, the challenges for families and children/youth with neurodevelopmental disorders, such as autism spectrum disorder, caused by cessation of school during the pandemic have been identified.⁷⁸ Transitioning medically and behaviourally complex children and youth back to school requires specific focus and should be prioritized as many of these children/youth and families have been disproportionately impacted by the pandemic response and are already in crisis mode.⁷⁹ Consultation with their parents and families to better understand their individual circumstances and needs is recommended.

Children and youth with medical, physical, developmental and/or behavioural complexities often have educational assistants (EAs) and nursing support in the school environment who may assist children/youth with toileting, suctioning, cough assist and G-tube feeds. These individuals require additional consideration with regards to measures to help mitigate their personal infection risk and infection transmission to others.

Guidance Statement(s):

- Parents/caregivers may consider scheduling appointment(s) with their health-care provider(s) for a return to school consultation(s) if they think their child's/youth's complexities and medical status warrant this.
- Parents/caregivers and school staff should liaise to accommodate a more individualized return to school to ensure smoother transitions. Equitable access to school is essential.
- Children and youth with neurodevelopmental disorders/behavioural challenges should be allowed modified transition back to school. Optimally, this would involve the option to visit the school prior to general school opening. Difficulties with transitioning back to school should not be used to exclude children and youth from school and any delayed transition plans need weekly reassessment.
- Behaviour/ASD school board teams need to be involved in transition planning prior to school re-entry for children and youth who are likely to have significant challenges. More resources may need to be devoted to these teams due to increased demand.
- In cases where therapists (both internal and external to the school board) are supporting a child/family, active communication between the school, parents and therapist are encouraged to develop transition plans.
- Ensure that those families who choose not to send their child/youth to school receive remote learning opportunities and do not lose access to in-home supports, including home care and respite supports.
- Ensure that students continue to receive access to therapy and nursing services while in the school. Maximize continuity among those providing services and/or use virtual care for service provision, to decrease exposures. If in-school rehabilitation supports are delayed, accommodations should be made to ensure that their rehabilitation needs are being met either at home or in person at their local children's treatment centre.
- Provide environmental (e.g. smaller class size) and classroom supports (e.g. teacher aides) for those children and youth who may need assistance with hygiene measures.
- Guidelines for children and youth with complex respiratory needs, including ventilation/tracheostomy, are currently being developed by respiratory medicine specialists and the team from Holland Bloorview Kids Rehabilitation Hospital in consultation with public health.
- Policies and procedures should be in place for the cleaning of specialized equipment.
- EAs and nursing staff who support activities of daily living and cannot physically distance require appropriate PPE. Ideally, EAs should be assigned to a single classroom (if appropriate) and every effort should be made to minimize sharing of EAs between classrooms.
- The additional resource requirements to facilitate safe return to school should not be a barrier to return to in-person education for children and youth with medical, developmental and/or behavioural complexities.

10. Mental health awareness and support for all students

A proactive approach to school reopening is important in order to minimize the adverse mental health impact on children/youth.³³ Where foreseeable, schools and school boards should make every effort to address known sources of distress and extend flexibility within existing administrative processes.

For example, many children and youth enrolled in transition years (Grades 6, 8, 12) during the 2019-2020 school year were required to make decisions regarding special education programs, school registration, or other specific educational programming in the absence of usual sources of information, including school visits or meetings. Every effort should be made to allow program flexibility in this regard during the first months of the school year, in the event that children/youth and parents realize they have made an incorrect program or school choice. It can be anticipated that rigidity would likely lead to increased stress, anxiety, depression and school refusal that could be otherwise avoided.

Similarly, children and youth can be anticipated to return to school at different academic levels even within a classroom. It will be critical to provide opportunities for early identification of learning needs and academic support to ensure that children and youth neither become overwhelmed nor bored in the school setting, as these are frequent antecedents to school refusal and mental health problems.

It can be anticipated that some children and youth may experience increased stress and anxiety related to the COVID-19 pandemic or to the implementation of risk mitigation strategies in their school environment.^{39, 80} In addition, children and youth may have pre-existing mental health conditions, such as anxiety, depression, ADHD and substance abuse, which may have been exacerbated by lockdown measures, including school closures, and may experience symptom escalation on return to school. Educators should have adequate guidance and information about possible signs of mental health struggles and parents and educators should be encouraged to engage with their associated school-based health centre where available or encourage families to seek support from the child's/youth's physician.

Guidance Statement(s):

- Flexibility in program and/or school enrolment should be provided for children and youth who have transitioned to a new program or school for the 2020-2021 school year. Students who are particularly anxious about attending a new school should be offered the opportunity to visit the school in the week prior to the first day of school.
- Increased and timely in-school educational support should be provided to students and classroom teachers

to enable early identification and remediation of learning gaps that some students will have incurred during the school closures.

- Teachers should be vigilant to potential child maltreatment situations given current concerns regarding possible elevated risk of child maltreatment that may have been undetected during the period of school closures.
- Children and youth with mental health concerns may or may not require graduated transition back to school; where required, active communication between the school, parent, youth and therapist should be undertaken on a regular basis to ensure continued progress toward full-time return to school.
- Accessible mental health support services adapted for diverse groups and at-risk populations should be provided, ideally in collaboration with educators, mental health professionals, and paediatricians.



11. Protection of teachers and school staff

Although this document is focused on school-aged children and youth, we believe the safety of school staff is paramount, with the goal of having teachers and school staff, at a minimum, as safe in the classroom as they would be in other community or work environments. We recognize the tremendous challenge that teachers face from a personal, health perspective, as well as from an operational lens. Risk mitigation for teachers and other school staff should take into account situations where close contact and possible body fluid exposure (i.e. saliva, respiratory secretions) may occur. We have provided several considerations, but detailed recommendations are beyond the scope of this document.

Guidance Statement(s):

- Physical distancing of school staff from children/youth and other staff should be emphasized. Teachers should maintain a distance of 2 metres (~6 feet) from students and other staff as much as possible, recognizing that distancing will not be feasible in classrooms with the youngest children.
- Staff lounges and common areas should be restructured (as needed) to ensure physical distancing, and staff should be reminded of the importance of distancing from other staff. Whenever physical distancing cannot be maintained, whether in the classroom or other parts of the school building, we recommend the wearing of a face mask/covering.
- Facial expression is a critical part of communication, particularly for younger children, children for whom English/French is a second language, and children with certain underlying conditions such as hearing impairment or speech delay. Facial expression is also critical to teacher-student connection, which is an important factor in teacher effectiveness. This should be taken into consideration when developing NMM and PPE strategies for teachers.
- Depending on community infection rates, if close prolonged contact with others cannot be avoided, the use of personal PPE is recommended with input from experts in occupational health and safety and the Ministry of Labour. However, if used in the classroom, the teacher should explain the rationale to the children/youth in a developmentally appropriate manner.
- It is acknowledged that some teachers and other school staff may choose to regularly wear NMMs or other PPE. This is a personal choice and should not be discouraged.
- Staff may need to use enhanced PPE, including medical masks, face shields, gowns and gloves, in specific situations (e.g. the child who becomes ill at school and needs close physical attention). Such PPE should be readily available together with the training and policies/procedures to deal with this situation. Having designated staff trained in PPE use may facilitate preparedness and comfort among staff.
- Policies and procedures need to be developed in consultation with individuals with occupational health and safety expertise for **all** staff, in particular staff workers that have increased risk of severe outcomes/complications from COVID-19 (e.g. high-risk

immunocompromised persons, such as those post-organ transplant, advanced age).

- To the extent possible, consideration should be given to assigning supply teachers to one school for as long a period of time as possible in order to minimize exposures both for their own safety and for the safety of other teachers and students. A minimum two-week interval between assignments would help reduce the risk of infection transmission from one school to another if there is a need for supply teachers to change schools.

12. Protection of at-risk persons or families

With regards to children and youth's home environment, it would be appropriate to consider the risk posed by potentially infected children/youth and school staff to household members (e.g. children, siblings, parents, grandparents, roommates). The risk posed by SARS-CoV-2 likely varies in relation to socioeconomic status, household overcrowding and the presence of other children/youth and adults at increased risk of severe COVID-19 at home.

Guidance Statement(s):

- A separate document is being prepared by SickKids in collaboration with others to provide guidance to families on how to mitigate risks in the home environment, especially where there is a sibling, parent or older adult with underlying conditions that put them at increased risk for more severe disease reside in the same home.

13. Management of suspected and confirmed SARS-CoV-2/COVID-19 cases and their contacts

It is anticipated that there will be cases of symptomatic and asymptomatic SARS-CoV-2 infection identified at schools and it is important that public health authorities and schools be prepared to respond to cases involving both students and staff. This includes the need for readily available testing and contact tracing, which is critical for the timely detection and avoidance of outbreaks. Parents and caregivers need to be empowered by their employers to be able to take paid sick days and/or work remotely if their children/youth are not able to attend school. We recognize that neither laypeople nor health-care providers will be able to reliably distinguish between COVID-19 and other respiratory viral illnesses on a clinical basis (i.e. without a diagnostic test).

Parents and caregivers need to be empowered by their employers to be able to take paid sick days and/or work remotely if their children/youth are not able to attend school.

Guidance Statement(s):

- Staff, families and children/youth should be aware of the symptoms and signs associated with COVID-19. Individuals with symptoms or signs consistent with COVID-19 must stay home. Staff and students who develop symptoms or signs consistent with COVID-19 while at school must be sent home with exposures to others minimized during this process.
- Special awareness is required for those with medical conditions, such as asthma, allergic rhinitis and conjunctivitis, as the symptoms associated with flares may overlap with SARS-CoV-2 infectious symptoms. Every effort should be made by parents/caregivers in conjunction with the health-care team to maximize the control of these underlying conditions. In the event of an acute flare, depending on extent, children/youth may need to have nasopharyngeal testing for SARS-CoV-2.
- A process should be in place for the management of symptomatic staff and students who are at school. This process should be clearly documented, prior to the reopening of schools, between local public health authorities and the school boards.
 - This should include separation from other students and staff, masking of the affected person if tolerated, use of PPE for other school staff if close interaction with the affected individual is required, cleaning surfaces the individual has been in contact with and, in the case of symptomatic students, contacting caregivers for pick up as soon as possible.
- There should be clear protocols for management of staff and students who are exposed to a confirmed SARS-CoV-2/COVID-19 case.
- All staff and students who develop signs or symptoms consistent with COVID-19 should undergo testing for SARS-CoV-2 in accordance with public health recommendations. There should be clear testing recommendations by local public health units with information about where testing can be completed.

- Schools should carefully document attendance of students, staff and visitors and ensure up-to-date contact information to facilitate public health management should a case be identified in the school. Schools should have a rapid method to contact students/families with information.
- Rapid involvement of public health for any confirmed SARS-CoV-2/COVID-19 cases in the school setting is essential in order to perform timely contact tracing and followup. There should be clear testing recommendations for contacts with information about where testing can be completed.
- There needs to be clear guidance from public health for return to school for those who test negative, test positive, and for those who do not get tested.
- Educational materials targeted to school staff, children/youth and parents should be developed for those who are exposed, which are culturally sensitive and clearly delineate subsequent management.
- Consideration must be given as to how to maintain confidentiality of confirmed SARS-CoV-2/COVID-19 cases within the school. Strategies should be put in place to manage potential issues when students return (e.g. stigma, bullying).

14. Communicating about COVID-19 to children, youth and parents/caregivers

It is acknowledged that clear, age and developmental stage-appropriate communication about COVID-19 and what to expect when children and youth return to school should occur in advance of school reopening. In addition, it will be important that regular updates be provided to children and their parents/caregivers throughout the school year.

Guidance Statement(s):

- Parents/caregivers, children/youth and the community at large should be educated that SARS-CoV-2 is likely to persist and circulate like other respiratory viruses in the future. It is unlikely that herd immunity will be achieved in Ontario (by vaccination or natural infection) in the near term, and so the operationalization of school in the context of COVID-19 will likely be an issue for a prolonged period.
- Parents/caregivers should be made aware that SARS-CoV-2 causes mild disease in the majority of children,

youth and young adults. The best overall strategy for these cohorts and the population at large, taking into account the massive secondary adverse health and well-being implication of the lockdown, is to return to school with enhanced safety measures in place.

- Parents/caregivers and children/youth and the community at large should be provided with up-to-date information on local COVID-19 epidemiology and other emerging evidence pertaining to COVID-19. It is felt that provision of such information will aid in reducing anxiety in parents/caregivers and children/youth.
- Ensuring up-to-date childhood immunizations, as well as annual influenza vaccination, should be promoted as a strategy to reduce the circulation of a common infectious agent circulating in fall/winter and thus limit, where possible, other preventable infections.

15. Opportunities to improve evidence-based decision making

Decisions about reopening schools in the safest way possible for students, families, teachers and other school staff are of unprecedented complexity especially given the existing gaps of evidence-based data relating to SARS-CoV-2 transmission and effectiveness of mitigation strategies in children. As schools begin to reopen over the coming months, this represents an opportunity to conduct rigorous research that will help close

the knowledge gap and will therefore continue to improve and inform decision-making during the school year. Priority areas of research include but are not limited to the following:

- Understanding optimal surveillance strategies for schools in areas of low and higher community transmission. Considerations include evaluating the use of non-testing-based data (e.g. absenteeism, screening) and testing-based strategies for students and teachers (including serology and PCR testing) for surveillance.
- Utility of innovative technologies for screening and contact tracing in the school setting (e.g. cellphone technologies).
- Assessing the effectiveness and consequences of risk mitigation strategies such as masking, face shields, physical distancing (1 metre versus 2 metre distance) and cohorting, on learning, health and mental health outcomes for children of different ages in schools within the context of existing school infrastructures.
- Investigation of school outbreaks to determine their causes and, specifically, to investigate the role of children and youth compared to staff/adults in order to better understand SARS-CoV-2 spread dynamics in general and to be able to improve mitigation strategies in the school setting.
- In order to facilitate the development of testing-based surveillance and monitoring strategies for SARS-CoV-2, there are various areas of research that require attention:



- The evaluation of point-of-care testing strategies, and contact tracing strategies for surveillance and management of potential outbreaks in schools.
- Development of new testing methodologies that are more comfortable, feasible, with rapid return compared to nasopharyngeal swabs. Experience from our academic hospitals has shown that children who require frequent nasal swabbing develop anxiety for the testing, which in many cases has led to test refusal. Examples for alternative sampling could include, anterior nares (front of the nose) nasal testing, buccal swab testing, saliva sampling, as well as swabs of the throat/oral cavity. Additionally, testing is being evaluated by some groups in an attempt to detect the urinary excretion of SARS-CoV-2.

16. Additional considerations

It is recognized that there are other school support staff, in addition to teachers, who may have significant exposure to students and other staff. Guidance for their safe return to work should be developed in collaboration with occupational health and safety and public health groups. In particular, bus drivers and transportation to school is an important consideration that will need detailed recommendations, including bus scheduling options, addressing bus capacity, and other safe operational considerations.

Guidance for parents/caregivers and children/youth on alternative travel options should be developed. One potential concern is that more parents/caregivers will drive their children/youth to school, either because of reduced school bus capacity (related to public health measures for buses) or because they feel it is safer, which could increase traffic congestion and risk of pedestrian injury. Strategies to accommodate such a scenario could include enhanced safety supervision and education, and expanding drop-off and pick-up locations near the school. For children and youth who do not live far from school, walking or cycling/scooter should be encouraged, weather permitting. Expanded facilities for storage of bicycles and scooters may be needed.

Summary

This document is intended to provide guidance for a safe return to school and highlight the harms caused by prolonged

school closure. It should not be viewed as a comprehensive guide to the precise mechanics of school reopening. As discussed, the risks of severe illness from SARS-CoV-2 infection in children, which appears to be relatively small, need to be balanced with the harms of school closure and the public health risks of disease transmission. Current evidence suggests that young children are less likely than teenagers or adults to transmit SARS-CoV-2 and, with few exceptions, school reopening with various implementations of infection prevention and control measures has been successful and not usually associated with outbreaks when community transmission is low. On balance, therefore, given the current epidemiology in Ontario, it is recommended that children and youth return to school and that the messaging around this clearly articulates the rationale for the recommendations outlined in this document in order to help reduce the fear and anxiety in parents and children/youth. It will also be critical to ensure that safety and wellness of teachers and school staff is prioritized.

In our view, a daily school model is best as it allows for consistency, stability and equity regardless of the region in which children live. An important factor to consider in this respect is emerging evidence indicating inequalities in the social and economic burden of COVID-19, which may further disadvantage children/youth living in areas with higher infection burden where educational inequality and barriers to online learning may be more pronounced.⁵⁸ Therefore, return to school and implementation prioritization decisions should be based on the principle of equity for all children and youth. The public school system is uniquely positioned to address some of the inequities that disproportionately impact Black, Indigenous, People of Colour and other disadvantaged groups in Ontario. In addition, we appreciate that the living conditions for children/youth vary across socioeconomic groups and, therefore, recommend that further work be done to develop guidance and identify supports needed for situations where children/youth reside within the same home as individuals with underlying conditions that put them at increased risk of more severe disease. Finally, it is important to note that these recommendations reflect the evidence available at the present time and are likely to evolve as new evidence emerges and as information is gathered from other jurisdictions that have reopened schools already.

Principal authors

- **Michelle Science MD, MSc, FRCPC**, Division of Infectious Diseases, The Hospital for Sick Children, Assistant Professor, Department of Paediatrics, University of Toronto
- **Sean (Ari) Bitnun MD, MSc, FRCPC**, Division of Infectious Diseases, The Hospital for Sick Children, Professor, Department of Paediatrics, University of Toronto

Co-authors (listed alphabetically by institution and last name)

The Hospital for Sick Children (SickKids)

- **Upton Allen OOnt., MBBS, MSc, FAAP, FRCPC, Hon FRCP (UK), FIDSA**, Chief, Division of Infectious Diseases, The Hospital for Sick Children, Professor, Department of Paediatrics and The Institute of Health Policy, Management & Evaluation, University of Toronto
- **Catherine Birken MD, MSc, FRCPC**, Senior Scientist, Child Health Evaluative Sciences, Staff Paediatrician, The Hospital for Sick Children, Professor, Department of Paediatrics, University of Toronto
- **Eyal Cohen MD, MSc, FRCP(C)**, Program Head, Child Health Evaluative Sciences, Staff Physician, Complex Care Program, The Hospital for Sick Children, Professor, Paediatrics and Health Policy, Management & Evaluation, University of Toronto, Co-Director, Edwin S.H. Leong Centre for Healthy Children
- **Ronald Cohn MD, FACMG**, President and CEO, The Hospital for Sick Children, Professor, Department of Paediatrics and Molecular Genetics, University of Toronto
- **Jeremy Friedman MBChB, FRCPC**, Associate Paediatrician-in-Chief, Staff Paediatrician, The Hospital for Sick Children, Professor, Department of Paediatrics, University of Toronto
- **Ian Kitai MB BCh, FRCPC**, Division of Infectious Diseases, The Hospital for Sick Children, Professor, Department of Paediatrics, University of Toronto
- **Daphne J Korczak MD, MSc, FRCPC (Paediatrics), FRCPC (Psychiatry)**, Director, Children's Integrated Mood and Body (CLIMB) Depression Program, Associate Scientist, Neuroscience and Mental Health, Research Institute, Psychiatrist, Department of Psychiatry, The Hospital for Sick Children, Associate Professor of Psychiatry, Faculty of Medicine, University of Toronto
- **Jeff Mainland MBA**, Executive Vice-President, The Hospital for Sick Children

- **Shaun Morris MD, FRCPC**, Division of Infectious Diseases, The Hospital for Sick Children, Associate Professor, Department of Paediatrics, University of Toronto
- **John Nashid MBA**, Project Manager, The Hospital for Sick Children
- **Stanley Read MD, PhD, FRCPC**, Division of Infectious Diseases, The Hospital for Sick Children, Professor, Department of Paediatrics, University of Toronto
- **Rachel Solomon MPH**, Chief Data Officer, The Hospital for Sick Children
- **Laurie Streitenberger BSc, RN, CIC**, Senior Manager, Infection Prevention and Control, The Hospital for Sick Children
- **Anupma Wadhwa MD, MSc, FRCPC**, Division of Infectious Diseases, The Hospital for Sick Children, Associate Professor, Department of Paediatrics, University of Toronto
- **Valerie Waters MD, MSc, FRCPC**, Division of Infectious Diseases, The Hospital for Sick Children, Professor, Department of Paediatrics, University of Toronto

Unity Health Toronto:

- **Justine Cohen-Silver MSc (Biostatistics), MD, FRCPC (Paediatrics) MPH (Health Promotion)**, Assistant Professor, Department of Paediatrics, University of Toronto, Paediatrician, St. Michael's Hospital, Unity Health Toronto, Paediatrician, School Clinic Physician Lead, Research Department Chair, St. Joseph's Health Centre, Unity Health Toronto, Investigator, Li Ka Shing Research Institute, St. Michael's Hospital, Unity Health Toronto, Part-Time Emergency Staff Physician, The Hospital for Sick Children
- **Sloane Freeman MD, MSc, FRCP(C)**, Pediatrician, Women's and Children's Health Program, St. Michael's Hospital, Unity Health Toronto, Assistant Professor, Faculty of Medicine, University of Toronto, Associate Scientist, MAP Center for Urban Health Solutions, Li Ka Shing Knowledge Institute, Physician Lead, Model Schools Pediatric Health Initiative
- **Kevin Schwartz MD MSc FRCPC DTM&H**, Division Head, Infectious Diseases, St. Joseph's Health Centre, Unity Health Toronto, Assistant Professor, Dalla Lana School of Public Health, University of Toronto

CHEO (Children's Hospital of Eastern Ontario)

- **Charles Hui MD FRCPC**, Chief of Infectious Diseases, Immunology and Allergy, CHEO, Associate Professor of Paediatrics, Faculty of Medicine, University of Ottawa
- **Lindy Samson MD, FRCPC**, Infectious Diseases Physician and Chief of Staff, CHEO, Associate Professor, University of Ottawa
- **Nisha Thampi MD MSc FRCPC**, Division of Infectious Diseases, Medical Director, Infection Prevention and Control Program, CHEO, Assistant Professor, University of Ottawa

Holland Bloorview Kids Rehabilitation Hospital

- **Dr. Evdokia Anagnostou**, Senior Clinician Scientist and Paediatric Neurologist, Co-lead, Autism Research Centre, Canada Research Chair in Translational Therapeutics in Autism, Dr. Stuart D. Sims Chair in Autism
- **Dr. Darcy Fehlings**, Senior Clinician Scientist, Head, Division of Developmental Paediatrics, University of Toronto, Professor, Department of Paediatrics, University of Toronto
- **Dr. Laura McAdam**, Physician Director, Child Development Program, Clinician Investigator, Paediatrician
- **Dr. Golda Milo-Manson**, Vice-President, Medicine and Academic Affairs, Developmental Paediatrician, Associate Professor of Paediatrics, University of Toronto
- **Dr. Melanie Penner**, Paediatrician, Clinician Investigator, Autism Research Centre, Assistant Professor, Department of Paediatrics, University of Toronto
- **Dr. Sharon Smile**, Developmental Paediatrician, Equity, Diversity and Inclusion Champion, Division of Developmental Paediatrics, University of Toronto
- **Meenu Sikand**, Executive Lead, Equity, Diversity and Inclusion

Children's Hospital at London Health Sciences Centre

- **Michelle Barton-Forbes MD MSc**, Division Chief, Paediatric Infectious Diseases, Department of Paediatrics, Children's Hospital at London Health Sciences Centre, Associate Professor, Department of Paediatrics, Schulich School of Medicine and Dentistry, Western University

- **Michael Silverman MD, FRCPC**, Chair/Chief Division of Infectious Diseases, London Health Sciences Centre and St. Joseph's Health Care, Associate Professor, Department of Medicine, Department of Epidemiology and Biostatistics, Department of Microbiology and Immunology, Western University

McMaster Children's Hospital:

- **Martha Fulford BSc, BEd, MA, MD, FRCPC**, Division of Infectious Diseases, Department of Paediatrics, Associate Professor, McMaster University
- **Sarah Khan MD, MSc, FRCPC**, Division of Infectious Diseases, McMaster Children's Hospital, Associate Medical Director of Infection Prevention and Control, Hamilton Health Sciences, Assistant Professor, McMaster University
- **Dominik Mertz MD, MSc**, Division of Infectious Diseases, Department of Medicine, Associate Professor, McMaster University. Medical Director, Infection Prevention and Control, Hamilton Health Sciences
- **Jeffrey Pernica MD MSc FRCPC DTMH**, Head, Division of Infectious Diseases, McMaster Children's Hospital, Department of Pediatrics, Associate Professor, McMaster University
- **Fiona Smaill, MB ChB FRCPC**, Department of Laboratory Medicine, Hamilton Health Sciences, Professor, Department of Pathology and Molecular Medicine, McMaster University
- **Jacqueline Wong MD MSc FRCPC**, Division of Infectious Diseases, McMaster Children's Hospital, Department of Pediatrics, Assistant Professor, McMaster University

Kingston Health Sciences Centre

- **Kirk Leifso MD, MSc, FRCPC, FAAP**, Staff Physician, Pediatric Infectious Diseases, Department of Pediatrics, Kingston Health Sciences Centre, Assistant Professor, Department of Pediatrics, Queen's University

Physicians of Ontario Neurodevelopmental Advocacy (PONDA):

- **Dr. Alvin Loh MD**, Chair, PONDA Network, Developmental Paediatrician, Medical Chief of Staff, Surrey Place, Assistant Professor, Division of Developmental Paediatrics, University of Toronto

Reviewers/Contributors/Acknowledgements

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This document has been endorsed by Children First Canada and the following leaders in paediatrics:

Allison Eddy, University of British Columbia
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Meredith Irwin, University of Toronto
Angelo Mikrogianakis, McMaster University

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Appendix 1: Potential Advantages and Disadvantages of School Reopening Models ¥

FULL-TIME IN-PERSON SCHOOL WITH BASIC RISK MITIGATION §		
CATEGORY	POTENTIAL ADVANTAGES	POTENTIAL DISADVANTAGES
Educational environment	<ul style="list-style-type: none"> • Most comprehensive and holistic educational environment option for all children, especially those with developmental delays or special educational needs • Maximizes learning potential for all children, including those from families with limited financial, intellectual, or time resources to support schooling children at home • Maximizes teachers' ability to identify children with special needs, including those with cognitive delays or behavioural challenges and the ability to implement individual education plans (IEPs) • Maximizes teachers' ability to recognize mental health issues or social concerns for children including neglect or maltreatment 	<ul style="list-style-type: none"> • A substantial proportion of parents may choose not to let their children return to school because of fear of SARS-CoV-2, which would likely put their children at a disadvantage (with respect to learning, social interaction) • Teachers and other school staff may not feel adequately protected with this approach
Social environment	<ul style="list-style-type: none"> • Maximizes social development (socialization with peers and teachers); this will likely be of particular importance to children with certain underlying conditions, such as autism spectrum disorder • For young children in particular, face-to-face interaction is likely to enhance learning, including non-verbal communication skills, empathy and emotional regulation • Enhances daily routines for children and youth, which can support healthy eating, physical activity, and sleep 	<ul style="list-style-type: none"> • Bullying may be increased (e.g. those who want to wear masks may be bullied)
Health impacts	<ul style="list-style-type: none"> • Reduced risk of anxiety, depression and other mental health disorders related to not being with peers, teachers, and due to home isolation • Reduced impact on mental health and well-being in children with and without underlying mental health disorders related to not being with peers or teachers • Potentially increase physical activity through light exercise, such as walking, and moderate/vigorous activity with resumption of gym class and recess periods • Maximizes opportunity for children to participate in school-based extracurricular activities • Maximizes opportunities for school-based developmental supports (occupational therapy, physiotherapy, speech and language support) • Maintaining up-to-date school-based vaccination rates • Enable school breakfast programs to restart, nutritional programs in schools for families who may not be able to provide healthy meals/snacks 	<ul style="list-style-type: none"> • Potential risk of SARS-CoV-2 infection in school-aged children and school staff, including those with underlying co-morbidities and other risk factors • Potential risk of SARS-CoV-2 infection for other children and adults living in the home (including those at higher risk; e.g. grandparents) if a child or teacher/school staff becomes infected at school • Risk of outbreaks in school leading to disruption of school setup • Children with underlying allergies/chronic cough disorders (e.g. asthma) may be disadvantaged by being inappropriately barred from school attendance due to "symptoms" • Potential increased risk of anxiety or fear related to possibility of SARS-CoV-2 infection • Potentially less impact on school-based SARS-CoV-2 spread than more aggressive strategies outlined below • Potentially less impact on school-based spread of other respiratory viruses (e.g. influenza, respiratory syncytial virus) and some vaccine-preventable diseases (e.g. chickenpox, Streptococcus pneumoniae) especially in populations with reduced vaccination rates • Potential toxic exposure of children to cleaning agents
Family and societal impacts	<ul style="list-style-type: none"> • Minimizes risk of caregiver unemployment, loss of family income and subsequent impacts on health • Maximizes parental/work productivity potential 	<ul style="list-style-type: none"> • A substantial proportion of parents may choose to keep their children at home because of fear of infection • Teachers and other school staff may not feel adequately protected with this approach • Increased overall financial cost to schools and increased garbage volume on the school grounds related to personal protective equipment requirements • Children who do get sick will need to stay home, which could temporarily impact parent/caregiver ability to work

FULL TIME IN-PERSON SCHOOL WITH RISK MITIGATION INCLUDING MANDATORY PERSONAL PROTECTIVE EQUIPMENT †		
CATEGORY	POTENTIAL ADVANTAGES	POTENTIAL DISADVANTAGES
Educational environment	<ul style="list-style-type: none"> • Maximizes teachers' ability to identify those with special needs, including children with cognitive delays or behavioural challenges and the ability to implement individual education plans (IEPs) • Maximizes teachers' ability to recognize mental health issues or child abuse signs • Enhances learning potential for children from under-served communities • Reduces risk of adverse impacts on children from families with limited financial, intellectual, or time resources to support in-home child schooling • Teachers may feel more protected and therefore better able to carry out their teaching tasks 	<ul style="list-style-type: none"> • A proportion of parents may choose not to let their children return to school because of fear of SARS-CoV-2, which may put their children at a disadvantage (with respect to learning, social interaction) • Use of mitigation strategies may be distracting (uncomfortable etc.) for both teachers, other school staff and children, limiting the benefit of the school environment • Loss of opportunity for children to learn from facial expression and non-verbal cues if masking routinely used; this may be particularly problematic for those with developmental delays, special needs, hearing impairments and those for whom English is a second language • The need to use mitigation strategies and enforcement of these strategies may increase fear/anxiety for some children and potentially have long-term psychological impacts
Social environment	<ul style="list-style-type: none"> • Social development supported by being present with peers and teachers with some limited precautions • Enhances daily routines for children and youth, which is important to support healthy eating, physical activity and sleep 	<ul style="list-style-type: none"> • For young children in particular, use of mitigation interventions may to an extent adversely impact interaction and learning, particularly non-verbal communication skills • For children in transition (new to a school), masking may impair their ability to make new friends and connect with new teachers
Health impacts	<ul style="list-style-type: none"> • Potentially reduced risk of anxiety, depression and other mental health disorders compared with online school • Potentially reduced impact on symptoms in children with underlying mental health disorders compared with online school • Potentially increased physical activity through resumption of gym class and recess periods • Some opportunity for children to participate in school-based extracurricular activities • Some opportunities for school-based developmental supports (occupational therapy, physiotherapy, speech and language support) • May (with some restrictions) enable school breakfast programs to re-start, nutritional programs in schools for families who may not be able to provide healthy meals/snacks • Maintaining up-to-date school-based vaccination rates • Potential reduction in school-based spread of SARS-CoV-2 • Potential reduction in school-based spread of other respiratory viruses (e.g. influenza, respiratory syncytial virus) and some vaccine-preventable diseases (e.g. <i>Streptococcus pneumoniae</i>) especially in populations with reduced vaccination rates 	<ul style="list-style-type: none"> • Mitigation interventions may not be reasonable or feasible for many children, especially those who are younger or with underlying conditions • Improper use/application of mitigation interventions could increase the risk of SARS-CoV-2 infection in school age children and school staff infections, including those with underlying conditions • Improper use/application of mitigation interventions could potentially increase risk of SARS-CoV-2 infection for other children and adults living in the home (including those at higher risk; e.g. elderly grandparents) • Improper use/application of mitigation interventions could potentially increase risk of outbreaks in school leading to disruption of school setup • Wearing certain personal protective equipment (i.e. masks) may interfere with physical activity, such as during recess, gym class, and extracurricular sports • Children with underlying allergies/chronic cough disorders (e.g. asthma) may be disadvantaged by being inappropriately barred from school attendance due to "symptoms" • May increase anxiety, feelings of social anxiety for some children, and difficulties with peer or teacher interactions among children with social skills deficits/problems reading social cues (e.g. ADHD) • Potential toxic exposure of children to cleaning agents
Family and societal impacts	<ul style="list-style-type: none"> • Minimizes risk of caregiver unemployment, loss of family income and subsequent impacts on health • Maximizes parental/work productivity potential 	<ul style="list-style-type: none"> • Children who do get sick will need to stay home, which could temporarily impact parent/caregiver ability to work • Increased overall financial cost and garbage volume on the school grounds related to personal protective equipment requirements

HYBRID SCHOOLING APPROACH (ALTERNATING WEEKS OR DAYS AT SCHOOL AND VIRTUAL) WITH RISK MITIGATION OPTIONS AS ABOVE		
CATEGORY	POTENTIAL ADVANTAGES	POTENTIAL DISADVANTAGES
Educational environment	<ul style="list-style-type: none"> • Reduced class size more manageable for teachers • Intermediate ability of teachers to identify special needs, implement IEPs, recognize delays/school challenges • Intermediate ability of teachers to identify and recognize mental health issues or child abuse signs 	<ul style="list-style-type: none"> • Reduced in-class time likely to adversely impact overall learning, disruptive schedule • Concomitant online classes may complicate schools' ability to cover full curriculum equitably • Intermediate ability to identify special needs, implement IEPs, recognize delays/school challenges • Intermediate ability to recognize mental health issues or child abuse signs • May pose a challenge for teachers in measuring learner engagement • Children from low resource settings and rural locations with poor Internet connectivity may fall behind due to lack of access to technology (software/hardware, connectability) • Inequity/disadvantage for families with no financial, intellectual, protected space or time resources to support online learning • Reduced opportunities for special education support (e.g. education assistant) for children with existing learning needs
Social environment	<ul style="list-style-type: none"> • Some socializing in the school environment is better than none 	<ul style="list-style-type: none"> • May heighten fear/anxiety for some children given the frequent changes to schedules, coping with two worlds (social and mental health impacts of this), increased absenteeism • Difficult for all children, most particularly for younger children and those with underlying conditions (e.g. anxiety, autism spectrum disorders etc.) where a routine structure is best • Challenging for children new to a school (e.g. Grades 6, 9) or new to a community as time in school may be too limited or fragmented to consolidate new connections
Health impacts	<ul style="list-style-type: none"> • May reduce risk of SARS-CoV-2 infection for school-aged children and school staff • May reduce risk of SARS-CoV-2 infection for other children and adults living in the home (including those at higher risk; e.g. grandparents) • May, with some restrictions, enable school breakfast programs to restart, nutritional programs in schools for families who may not be able to provide healthy meals/snacks • Potential reduction in school-based spread of SARS-CoV-2 due to enhanced social distancing, including less physical school attendance • Potential reduction in school-based spread of other respiratory viruses (e.g. influenza, respiratory syncytial virus) and some vaccine-preventable diseases (e.g. chickenpox, <i>Streptococcus pneumoniae</i>) in populations with reduced vaccination rates 	<ul style="list-style-type: none"> • Increase risk of anxiety, depression and other mental health disorders • Worsening of symptoms in children with underlying mental health disorders • Increased screen time during "off school" times • Potential risk of online bullying • Decreased physical activity • Children with underlying allergies/chronic cough disorders (e.g. asthma) may be disadvantaged by being inappropriately barred from school attendance due to "symptoms" • Risk of SARS-CoV-2 transmission from mixing of cohorts if parents hire middle school or high school students to care for their children so they can continue to work • Some children may be left unsupervised at home placing them at risk for accidental and non-accidental injury • Risk of child abuse may increase (e.g. may tip the balance in parents at risk of abusive behaviour)
Family and societal impacts	<ul style="list-style-type: none"> • May increase opportunities for parent-child bonding and promote meaningful interaction on off-days from school 	<ul style="list-style-type: none"> • Likely very disruptive to caregiver employment; may predispose to loss of family income; this is likely to disproportionately impact the most economically vulnerable groups (e.g. single-parent households) • Very disruptive to parental/work productivity potential

FULL-TIME ONLINE SCHOOL		
CATEGORY	POTENTIAL ADVANTAGES	POTENTIAL DISADVANTAGES
Educational environment	<ul style="list-style-type: none"> • Beneficial for the minority of children who cannot attend school because they are sick or in isolation due to SARS-CoV-2 infection or exposure, or if parents/caregivers choose to keep their child home from school • Potentially reduced risk of SARS-CoV-2 infection for teachers, which would be beneficial particularly for those at increased risk of severe disease • Teacher cohort capacity likely to be maximized 	<ul style="list-style-type: none"> • Reduction in overall achievement for students, especially those who lack self-regulation or who lack adequate supervision in the home • Teachers may not be adequately trained/prepared for online learning management systems and online curriculum delivery • Reduced ability to identify special needs, implement IEPs, recognize delays/ school challenges • Reduced ability to recognize mental health issues or child abuse signs • Children from low resource settings and rural locations with poor Internet connectivity may fall behind due to lack of access to technology (software/hardware, connectability) • Inequity/disadvantage for families with no financial, intellectual, protected space or time resources to support online learning • Reduced opportunities for special education support (e.g. education assistant) for children with existing learning needs • No opportunities for school-based developmental supports (occupational therapy, physiotherapy, speech and language support) • Home environment may not be conducive to learning because the space is small and shared by many people resulting in multiple distractions • May be difficult for students with poor self-regulation
Social environment	<ul style="list-style-type: none"> • Generally not advantageous; some ability for students to communicate with each other using the chat function of certain learning management systems (i.e. Brightspace) 	<ul style="list-style-type: none"> • Decreased socialization with peers; reduction in social skill development; this is likely to be particularly harmful to those with special needs (e.g. autism spectrum disorders) • Difficult for all children, most particularly for younger children and those with underlying conditions (e.g. anxiety, autism spectrum disorders etc.) where a routine structure is best • Decreased face-to-face interaction leading to reduced pickup of facial expression and social cues
Health impacts	<ul style="list-style-type: none"> • Eliminates risk of school-based SARS-CoV-2 infection for both school age children and school staff • Reduced SARS-CoV-2 infection risk for other children and adults living in the home (including those at higher risk; e.g. grandparents) due to children/school staff having less risk of exposure • Potential reduction in spread of other respiratory viruses (e.g. influenza, respiratory syncytial virus) and some vaccine-preventable diseases (e.g. chickenpox, Streptococcus pneumoniae) in populations with reduced vaccination rates 	<ul style="list-style-type: none"> • Increase risk of anxiety, depression and other mental health disorders • Worsening of symptoms in children with underlying mental health disorders • Increased screen time • Increased risk of online bullying • May expose some children (e.g. teenagers) to potentially dangerous online activity (e.g. watching adult videos, gambling) • Decreased physical activity • Delayed receipt of routine childhood immunizations • Risk of SARS-CoV-2 transmission from mixing of cohorts if parents hire middle school or high school students or other outside the home caregivers to care for their children so they can continue to work • Some children may be left unsupervised at home placing them at risk for accidental and non-accidental injury • Risk of child abuse may increase (e.g. may tip the balance in parents at risk of abusive behaviour)
Family and societal impacts	<ul style="list-style-type: none"> • For some families the increased contact between parents and children may be beneficial 	<ul style="list-style-type: none"> • Adverse impact on caregiver employment and family income • Dramatic reduction in parental/work productivity; many parents will not be able to work • No respite for parents (particularly for those with children of high needs, such as those who are medically complex)

¥ The purpose of this table is to provide general perspectives on potential advantages and disadvantages of the predominant school reopening models currently being contemplated. Some portions are more applicable to kindergarten and elementary school-aged children than older children.

§ Full-time school with basic risk mitigation = limited physical distancing measures, optional- only masking for school staff and students (on an age-appropriate basis and with provision of materials by the school board so as not to disadvantage those with limited resources), hand hygiene protocols, cleaning protocols and outbreak management protocols.

† Full-time school with risk mitigation = robust physical distancing, mandatory masking for school staff and students, hand hygiene protocols, cleaning protocols and outbreak management protocols.

Universal Masking for JK-Grade 12

My background: Registered Respiratory Therapist working for 16 years full time in Adult Critical Care at Hamilton General and 10 years Casual at Brampton Civic with all a patient populations from neonatal to adult. Returned from maternity leave in April when both hospitals were surging with Covid 19 positive patients both on the ward and in ICU where I spend the majority of my time doing patient care with mechanically ventilated patients. I understand the initial message that was given to the public that face coverings were not needed to the message now that they help slow the virus. And I understand that there is a lot of fear surrounding Covid 19 and the media does a great job with emphasizing new infections and deaths while down playing survival numbers.

Problem: We are facing a return to classes after an abrupt stoppage of in person classes that occurred on March 13, 2020. Classes resumed to some success in April via distance using a variety of platforms to all ages with varying success for numerous reasons. Perception is the return to school plan that has no definition is not really well thought out by the provincial government and dumped on the school boards to figure out with limited funds, staff, and time. Currently parents have been asked to basically choose between 2 choices with next to no real practical information, granted decisions made by the board is partially based on parents choosing. As a parent viewing the choices this is how it is perceived.

1. In Class- unsure of actual start date, staggered start and end times for various classes/age groups, unsure of number of kids in each class, unsure of how before/after school programs offered at the school in class space will work both in cleaning and cohorting, bus cohorting how is that working, with no lockers or cubbies how will young kids manage with rain gear/snow gear at their desk (tripping hazard 100%), unsure how learning will happen if kids are sent home for colds, how quickly will Covid 19 testing be for kids as parents can't stay home for days/weeks waiting for results, what happens if there is a positive in the class (teacher/classmate) or sibling is positive in another class (does just that sibling isolate and get tested or the whole class?), and pertaining to my major concern how is **Safe Masking going to occur with young kids?**
2. Choose distance-where there is no in person interaction with their friends (increases risk of mental illness caused by social isolation), learning may be conducted by a teacher at another school, dependent on the child being online from 9am-3pm (give or take 30 minutes) for learning and with young kids this requires an adult to be available to supervise who speaks/understands English (difficult for parents who are working from home to do or grandparents/nannies/home daycares who may not have English as first language or the time to assist).

Major Issues with Universal Masking JK-Grade 3

1. The current thought process is flawed in saying that we need to follow the recommendations where all those over the age of 3 must wear a face covering in public in Burlington. The current recommendation covers those entering a mall/grocery store/place of worship where they are under the direct supervision of a parent/grandparent and are generally there for an hour or less with no snack times/meal times/and more then likely limited trips to public washrooms. I have attached the recommendations from WHO, CDC, Healthy children org, Sick Kids in conjunction with all the children's hospitals in Ontario, as well as Hamilton Health Sciences policy on universal masking regarding kids aged 2-10.
2. My major questions are: A) Where do the kids place their mask for eating/drinking (wearing a mask all day you become parched) to keep the mask from getting dirty? B) What is the social distancing during these times since "we" are making a big deal out of masking? C) What are kids suppose to do with the mask during bathroom breaks? D) What are kids suppose to do if they sneeze into their mask (your nose can get itchy and fall is ragweed season) E) What do kid do with the mask when they go outside for recess/outdoor classroom? F) What happens if the mask gets dirty or wet? G) What happens if the kid gets hot, says they can't breathe, don't want to wear the mask all day especially at the beginning of the year when they are not use to wearing them nearly that long? G) How are you addressing the learning of social cues that kids are suppose to learn in JK/SK by looking at facial expressions? H) And lastly how are you addressing learning for those with hearing issues (masks muffle voices, I know this first hand working 12 hours a day in one) or those learning French in grade one or English as a second language as pronunciation gets muffled in the mask and lip/jaw movement is obscured

Personally, I would have preferred the younger kids wearing shields during instruction time as they could just tilt them back to drink and eat and would not have interfered with emotional/social learning as well as speech. I realize the decision has been made and now I need you "people" to make a good informed decision on implementation and just in time communication to parents prior to the start of the school year. I hope the attached information does that.

Current Recommendations (for Return to School):

www.who.int/covid-19/schools

- WHO:** 1. If you are sick (teacher, staff, kids)- Stay home
2. Schools should enforce regular hand hygiene with water and soap and alcohol-based hand sanitizer

3. Regular cleaning and disinfection of school surfaces
4. Promotion of social distancing (staggering of classes starting/ending, cancelling assemblies/sporting events, desks where possible 1m apart (3 ft), and teach/model avoiding unnecessary touching)
5. Establish Procedures for when students and staff become ill at school as well as a mechanism to share information about disease prevention and control at the school.
6. Establish plans to continue with learning when students must miss school due to symptom control or Covid 19 status.
7. Implement Targeted health education and address Mental/Psychosocial Support needs (fears/stress/physical separation from peers/activities)
8. For Primary school emphasize to kids they have control by focusing on good behaviors like social distancing, proper hand washing, and coughing/sneezing into their elbow.

www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/prepare-safe-return.html

- CDC:**
1. Communicate, educate, and reinforce appropriate hand hygiene and social distancing in developmentally appropriate ways for children, teachers, and staff.
 2. Take into account level of community infection when making decisions.
 3. Repurpose community space to allow for social distancing or using outdoor space where feasible for social distancing
 4. Maintain healthy surfaces (cleaning and disinfecting frequently touched surfaces)
 5. Encourage everyone in the school and community to practice preventive behaviors (including social distancing, masking, hand hygiene, cohorting)
 6. Educate parents/caregivers on monitoring and responding to symptoms of Covid 19
 7. Children tend to have less likely to get sick and less likely to get seriously sick, higher risk in non-Caucasian populations (they quoted Hispanic/Latino, the sick kids group says all ethnic groups). Most transmissions it appears with kids is from an adult family member
 8. Literature reviewed from contact tracing in Ireland, France, and Australia suggest students less likely to transmit illness to classmate's vs household contacts.
 9. **Reopening of schools to in person learning is critical for the wellbeing of children and the community.**

www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/prevention.html

Recommendations to avoid getting sick:

1. Wash hands often

2. Avoid close contact with those outside your home/those who are sick
3. Cover coughs/sneezes
4. Wear a mask**
5. Clean and Disinfect
6. Monitor your health daily

Masks should not be worn by:

Children under 2, anyone with issues breathing, anyone unable to remove the mask without assistance. Difficulties may be had by those deaf or hard of hearing (limit background noise), developmental/intellectual delays, younger children (pre school early elementary)-MAY NOT BE ABLE TO WEAR PROPERLY FOR EXTENDED PERIODS OF TIME. The need to prioritize time when social distancing less possible like pick up/drop off.

www.healthychildren.org/English/health-issues/conditions/COVID-19/Pages/Cloth

The above website provides good info to share on cloth face coverings for children during Covid 19.

www.sickkids.ca

Covid 19: Guidance for School Reopening

In Canada as of July 27th, 2020 only 7.5% of all reported Covid cases were in the age group 0-19. There is preliminary data suggesting those under 10 are less susceptible and probably less likely to transmit the virus to others. Those that do get sick have mostly mild symptoms cough, fever, sore throat and those requiring ICU had underlying medical conditions. Mortality in this age group is somewhere between 0-2%. Although children and youth typically transmit colds and flus very efficiently data from multiple countries is showing children under 10 are less likely to transmit the virus.

General Medical Consensus: Non-Medical Masks when community transmission is low is not recommended for elementary, middle, or high school students but should be supported if they choose to wear one. The consensus based on current infection rates is no masks for elementary school, and masks for middle school and high school when social distancing cannot be maintained. **It is difficult to wear a mask for prolonged periods of time so efforts should be made to decrease the length of time during class that masks must be worn.** (Page 12 of the report.) **IF worn incorrectly non-medical masks can lead to increased risk of infection. And that it is impractical to expect elementary school aged children to wear them for the duration of the school day.** (page 13)

And two last things to ponder, everyone in the media talks about “weathering the Covid 19 storm” until we have a vaccine. A vaccine will not be our saving grace unfortunately if we base it on the wiliness of Canadians to get the flu vaccine. In Ontario only 1/3 of the population over the age of 12 got the flu vaccine in the 2013-2014 flu season. And of those that got it, only 19% were between the ages of 12-44 As per Stats Canada.

<https://www150.statcan.gov.ca/n1/pub/82-624-x/2015000/art>

Hamilton Health Sciences, for which Mc Master Children’s hospital is part of has a corporate policy on universal masking that includes children in an environment where there is sick people everyday.

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While universal masking is mandatory, exceptions to the universal masking policy include:

Children under the age of 2

Children between the ages of 2-10 who are unable to keep a mask on properly.

Ouptatients, and on rare occasions of essential family caregivers (at discretions and authorization of clinical managers) who have documented medical conditions that preclude the use of masks or face coverings for extended periods of time

People who require immediate medical intervention.

Delegation to HCDSB, Sept. 1 Meeting

Good evening Halton Catholic District School Board and trustees. I appreciate you giving me the chance to address tonight's meeting.

My child is a student at a HCDSB school and I am concerned about the Board's recent decision on August 19, 2020 to make masks mandatory for all students, including those in kindergarten to grade 3 who were previously exempt. I am here to ask the board to reverse its decision and make non-medical masks voluntary for grades kindergarten through three.

There are many reasons why this decision should be reversed, and many parents you've heard from have already outlined many of them, so I don't go into detail and repeat those. My main focus is on learning, and how mandatory masks will inhibit language and reading skills at a critical time in a child's development.

Wearing a mask will prevent children from learning crucial language and reading skills because they will not be able to communicate with their teacher clearly and effectively. Teachers will not be able to see children's verbal cues and gestures, and in many cases, they may not even be able to hear students pronounce certain letter and word combinations because their voices are muffled as a result of their masks.

Here's an example of what I mean: When my child was in kindergarten, a good portion of the year was focused on something called PAT (Phonemic Awareness Time). This involved assigning a "letter of the week". Students had to choose an item from home that started with the assigned letter, bring the object to class, and make a presentation about it. They had to pronounce each letter in the word, and try to determine how many sounds and letters were in that word. Then they would try to spell out the word with the class or individually. This was a wonderful exercise that helped children learn to read. My daughter still uses the PAT concept to read difficult words, and she's entering grade two. Trustees, I ask you this: do you truly believe this exercise would be as effective if a student was masked? With several letter combinations such as "th" or "ch", some students might mistake a "th" sound for an "f" sound, for example. In many cases, teachers might not be able to properly assess whether a student can actually make the proper oral gestures to pronounce certain words or letters effectively. This problem would be magnified with students who have English as their second language, or for

students in a French language setting. You simply cannot learn language properly without looking at the movements of the mouth.

Dr. Hamidah Meghani addressed this point when she was asked about the use of masks by Director Pat Daly in last week's webinar. She said, quote: "certainly in younger age groups there is a potential risk related to language and social development in addition to self contamination if individuals touch or move their masks with their dirty hands." When our own Medical Officer of Health acknowledges the risks to learning because of masks, educators and school boards should take notice. This is not a minor or temporary inconvenience. This is a major impediment to learning and a disservice to our students. We will fail our students if we willingly allow this to happen.

Another point I'd like to make is about teachers responding to student needs. Over the course of the year, teachers get to know their students well. They know when they are sad, frustrated and confused. They know this because they look at their students' faces, and they study their mannerisms. If children are masked, teachers might have a difficult time doing this, and they may not be able to respond to students' needs quickly and effectively. How will a teacher know if a child is frustrated if they are wearing a mask? How will a teacher know if a child is quietly crying? A quivering lip is often the first sign of a child crying. Under a mask, a teacher will not be able to see that. This will result in some children not getting the proper attention they need. Some children might feel like they are being ignored because their teacher couldn't see how they were really feeling. Is this how we want the youngest and most vulnerable students in the HCDSB feeling?

There are countless other examples of how masks will affect language development and communication skills, but I do have a limited window to speak, and I will be respectful of everyone's time.

All I ask is that you please take these points into consideration. First and foremost, you are responsible for our children's education. Please make the right choice and reverse the decision to make masks mandatory for students in grades K-3.

Thank you

Roula Kosilos

MINUTES OF THE REGULAR BOARD MEETING

Date: June 2, 2020
Time: 7:30 pm
Location: Catholic Education Centre
802 Drury Lane, Burlington

Board Room Attendance: V. Iantomasi, Chair of the Board
P. Daly, Secretary of the Board
C. Cipriano, Superintendent of Education, Special Education Services
A. Lofts, Superintendent and Treasurer of the Board, Business Services
A. Swinden, Manager, Strategic Communications
R. Di Pietro, Recording Secretary

Trustees:	B. Agnew	H. Karabela
(Electronically)	P. DeRosa	P. Murphy
	M. Duarte, Vice-Chair of the Board	J. O'Hearn-Czarnota
	N. Guzzo	T. O'Brien

Student Trustees:	M. Bhambra	D. Suan
(Electronically)	D. Caratao	

Senior Staff:	S. Balogh	L. Naar
(Electronically)	J. Crowell	J. O'Hara
	C. McGillicuddy	T. Pinelli
	R. Merrick	A. Prkacin

Also Present: M. Carnelos, Curriculum Coordinator (Acting), Curriculum Services
(Electronically) A. Cross, Senior Manager, Financial Services
L. Collimore, Chief Officer, Research and Development Services
K. Davison, Curriculum Consultant, Curriculum Services
R. DeFranco, Creative Design Officer, Strategic Communications
M. Ives, Curriculum Consultant, Curriculum Services
J. Kenney, Curriculum Consultant, Curriculum Services
J. Staples, Curriculum Coordinator, Curriculum Services

1. Call to Order

The Chair called the meeting to order.

1.1 Opening Prayer, National Anthem, and Oath of Citizenship (M. Bhambra)

The meeting opened at 7:30 p.m. with a prayer led by Student Trustee Bhambra.

1.2 Motions Adopted In-Camera

There were no motions adopted in-camera to be read in public session.

1.3 Information Received In-Camera

The following information was received in-camera:

Retirements

Ann Marie Di Leonardo, Kathleen Douthart and Wendy Glinski retiring effective June 30, 2020.

Acting Department Heads

Denise Grighmire and Jessica Maciel appointed as Acting Department Heads effective September 1, 2020 for a period of up to one (1) year.

2. Approval of the Agenda

The following was added to the agenda:

- Notice of Motion – School Generated Funds (P. DeRosa)

#125/20

Moved by: M. Duarte

Seconded by: P. DeRosa

RESOLVED, that the agenda be approved as amended.

The Chair called for a vote on **#125/20** and it **UNANIMOUSLY CARRIED**.

3. Declarations of Conflict of Interest

There were no conflicts on interest declared.

4. Presentations

There were no presentations.

5. Delegations

There were no delegations.

6. Approval of Minutes**6.1 Minutes of the May 19, 2020 Regular Board Meeting**

#126/20

Moved by: T. O'Brien

Seconded by: B. Agnew

RESOLVED, that the minutes of the May 19, 2020 Regular Board Meeting be approved.

The Chair called for a vote on **#126/20** and it **UNANIMOUSLY CARRIED**.

6.2 Minutes of the May 21, 2020 Special Board Meeting

#127/20

Moved by: J. O'Hearn-Czarnta

Seconded by: M. Duarte

RESOLVED, that the minutes of the May 21, 2020 Special Board Meeting be approved.

The Chair called for a vote on **#127/20** and it **UNANIMOUSLY CARRIED**.

7. Business Arising from Previous Meetings**7.1 Summary of Outstanding Items from Previous Meetings**

The Summary of Outstanding Items from Previous Meetings was updated.

8. Action Items**8.1 Financial Reporting & Board Responsibility for Financial Oversight (P. DeRosa)
#128/20**

Moved by: P. DeRosa

Seconded by: H. Karabela

BE IT RESOLVED that the Board of Trustees direct the Secretary of the Board, starting in the fiscal year 2020-2021 to provide the Board of Trustees actual monthly financial results compared to the plan for the same month, and identify the variances with appropriate explanations.

BE IT FURTHER RESOLVED THAT all changes to the approved plan over \$150,000 will be reviewed and approved by the Board.

The following amendment was proposed:

#128/20 (AMENDMENT)

Moved by: M. Duarte

Seconded by: T. O'Brien

BE IT RESOLVED that the Board of Trustees direct the Secretary and Director of the Halton Catholic District School Board to implement monthly financial reporting from fiscal year 2020/2021 by no later than January 2021 and provide the board with a line by line report of variances to budget exceeding \$100,000.

BE IT FURTHER RESOLVED that all changes to the final approved budget in June over \$100,000 will be reviewed and approved by the Board of Trustees before the December budget update to the Ministry.

During discussion, the following motion was proposed:

#129/20

Moved by: J. O'Hearn-Czarnota

Seconded by: M. Duarte

RESOLVED, that Trustees Lay on the Table, agenda item 8.1 – Financial Reporting & Board Responsibility for Financial Oversight.

The Chair called for a vote on **#129/20**:

IN FAVOUR	OPPOSED	ABSTAIN
B. Agnew	P. DeRosa	M. Bhambra (non-binding)
N. Guzzo	M. Duarte	D. Caratao (non-binding)
J. O'Hearn-Czarnota	H. Karabela	D. Suan (non-binding)
	P. Murphy	
	T. O'Brien	

The motion was **DEFEATED**.

The Chair called a vote on **#128/20 (AMENDMENT)**:

IN FAVOUR	OPPOSED	ABSTAIN
D. Caratao (non-binding)	B. Agnew	
P. DeRosa	M. Bhambra (non-binding)	
M. Duarte	N. Guzzo	
H. Karabela	J. O'Hearn-Czarnota	
P. Murphy	D. Suan (non-binding)	
T. O'Brien		

The motion **CARRIED**.

The Chair called for a vote of **#128/20 (AS AMENDED)**:

IN FAVOUR	OPPOSED	ABSTAIN
D. Caratao (non-binding)	B. Agnew	
P. DeRosa	M. Bhambra (non-binding)	
M. Duarte	N. Guzzo	
H. Karabela	J. O'Hearn-Czarnota	
P. Murphy	D. Suan (non-binding)	
T. O'Brien		

The motion **CARRIED**.

8.2 2019-20 Year End Audit Planning Report from KPMG (A. Lofts)

#130/20

Moved by: M. Duarte

Seconded by: T. O'Brien

RESOLVED, that the Halton Catholic District School Board approve the External Auditor's 2019-2020 Year-End Audit Planning Report.

The Chair called for a vote on **#130/20** and it **UNANIMOUSLY CARRIED**.

8.3 Renaming of Jean Vanier Catholic Secondary School - Recommended Names (J. Crowell)

#131/20

Moved by: T. O'Brien

Seconded by: B. Agnew

RESOLVED, that the Halton Catholic District School Board approve the following two school names, ordered in priority, as possible names for Jean Vanier Catholic Secondary School:

Preferred Name: St. Francis of Xavier Catholic Secondary School

Alternate Name: St. Kateri Tekakwitha Catholic Secondary School

BE IT FURTHER RESOLVED, that the Board approved list of possible school names be submitted to His Excellency Bishop Crosby for his consideration and response.

The Chair called for a vote on **#131/20** and it **UNANIMOUSLY CARRIED**.

9. Staff Reports

9.1 STEM and Math/Science - Extra Curricular Engagement (A. Prkacin)

Following discussion, it was agreed to establish a Steering Committee consisting of but not limited to HCDSB staff, Trustees representatives and community partners with the following timelines:

- Draft Terms of Reference for June 2020
- Committee Final Terms for September 2020
- Initial Staff Report back to the Board of Trustees for the October 20, 2020 Regular Board Meeting

A request was made regarding what the costs would be to dedicate staff to this program.

10. Information Items

10.1 Student Trustees Update - Verbal (M. Bhambra, D. Caratao, D. Suan)

The pillars of Achieving, Believing and Belonging were shared.

10.2 Evidence Based Strategies (EBS) Literacy/Numeracy Teams Annual Report and Student-Centered Coaching (A. Prkacin)

Evidence provided regarding the impact of EBS and Student-Centered Coaching on student achievement.

10.3 Halton Student Transportation Services (HSTS) Annual Home to School Transportation Review (A. Lofts)

The review which included changes for the 2020-21 school year was provided.

10.4 Halton Student Transportation Services (HSTS): Annual School Hour Report (2020-21 School Year) (A. Lofts)

Results of the report were provided.

A request was made to receive information regarding route efficiencies.

10.5 Provincial Consolidation of School Board Financial Statements Accountants' Report with Respect to the Seven-Month Period from September 1, 2019 - March 31, 2020 (A. Lofts)

Seven-Month report provided as information.

10.6 2020-21 Budget Estimates Update (Verbal) (A. Lofts)

Trustees informed that Ministry information regarding Grant for Student Needs (GSN) will most likely not be received until the middle or late June.

#132/20

Moved by: M. Duarte

Seconded by: P. DeRosa

RESOLVED, that the meeting move past 10:00 p.m.

The Chair called for a vote on **#132/20** and it **UNANIMOUSLY CARRIED**.

10.7 Extended School Closure and Distance Learning (P. Daly)

The Director updated Trustees on distance learning during the extended closure period. Information included, guidelines principles, phases of school closure and student learning during COVID-19, goals during school closure, mental health supports for students, special education, updates on staff resources and supports for distance learning, supports for staff and school administrators, priorities during the prolonged school closure, graduation, access to schools, summer learning and the plans for school reopening.

#133/20

Moved by: H. Karabela

Seconded by: N. Guzzo

RESOLVED, that the meeting move past 10:30 p.m.

The Chair called for a vote on **#133/20**. The vote was not unanimous, therefore the meeting had to adjourn.

Post Notes:**10.8 Notice of Motion – School Generated Funds (P. DeRosa)**

The following notice of motion was provided to Trustees on Wednesday, June 3, 2020:

BE IT RESOLVED, that the Board of Trustees direct the Secretary and Director of the Halton Catholic District School Board to provide the Board of Trustees with a report on School Generated Funds (SGF) explaining the program and including SGF reports from all schools, with a summary (SGF) report totaling all schools for the years ending 18/19, 19/20 as well as the schools budget for 20/21 at the Sept 22, 2020 Regular Board meeting. The total (SGF) summary report as shown below will show, opening balances at the beginning of the year, revenues and expenses by source for the year and ending balances at the end of the year by category with a description of what is included in each category.

Category	Opening Balance	Year		Ending Balance
		Revenues	Expenses	
<i>Administration</i>				
<i>Athletics</i>				
<i>Clubs & Activity Fees</i>				
<i>Commissions</i>				
<i>Departments</i>				
<i>External Charities</i>				
<i>Fieldtrips/excursions</i>				
<i>Fundraising</i>				
<i>School Council</i>				
<i>Special Events</i>				
<i>Other</i>				
<i>Other Categories as Applicable</i>				
Total				

BE IT FURTHER RESOLVED that a list of cash balances (including a physical count of cash on hand where applicable) as at August 31, 2020 by school, be provided at the September 22, 2020 Regular Board meeting.

11. Miscellaneous Information

11.1 Minutes of the November 19, 2019 Audit Committee Meeting

The meeting was adjourned.

11.2 Minutes of the April 14, 2020 Policy Committee Meeting

The meeting was adjourned.

11.3 Minutes of the April 27, 2020 SEAC Meeting

The meeting was adjourned.

12. Correspondence

The meeting was adjourned.

13. Open Question Period

The meeting was adjourned.

14. In Camera

The meeting was adjourned.

15. Resolution re Absentees

There were no absentees.

16. Adjournment and Closing Prayer (J. O'Hearn-Czarnota)

#134/20

Moved by: J. O'Hearn-Czarnota

Seconded by: M. Duarte

RESOLVED, that the meeting adjourn.

The Chair called for a vote on **#134/20** and it **UNANIMOUSLY CARRIED**.

The meeting adjourned at 10:30 p.m. with a prayer led by Trustee O'Hearn-Czarnota.

Secretary of the Board

Chair

MINUTES OF THE REGULAR BOARD MEETING

Date: June 16, 2020
Time: 7:30 pm
Location: Catholic Education Centre
802 Drury Lane, Burlington

Board Room Attendance: V. Iantomasi, Chair of the Board
P. Daly, Secretary of the Board
A. Lofts, Superintendent and Treasurer of the Board, Business Services
A. Swinden, Manager, Strategic Communications
R. Di Pietro, Recording Secretary

Trustees:	B. Agnew	H. Karabela
(Electronically)	P. DeRosa	P. Murphy
	M. Duarte, Vice-Chair of the Board	J. O'Hearn-Czarnota
	N. Guzzo	T. O'Brien

Student Trustees:	M. Bhambra	D. Suan
(Electronically)	D. Caratao	

Senior Staff:	S. Balogh	L. Naar
(Electronically)	C. Cipriano	J. O'Hara
	J. Crowell	T. Pinelli
	C. McGillicuddy	A. Prkacin
	R. Merrick	

Also Present: L. Collimore, Chief Officer, Research and Development Services
(Electronically) A. Cross, Senior Manager, Financial Services
R. DeFranco, Creative Design Officer, Strategic Communications
J. Mickle, Curriculum Consultant, Curriculum Services

1. Call to Order

The Chair called the meeting to order.

1.1 Opening Prayer, National Anthem, and Oath of Citizenship (D. Caratao)

The meeting opened at 7:30 p.m. with a prayer led by Trustee Caratao.

1.2 Motions Adopted In-Camera

There were no motions adopted in-camera.

1.3 Information Received In-Camera

The following information was received in-camera:

Retirements

Kathleen Berlasso, Barbara Kattis, Kathy Maguire, Marko Mijic and Murielle Weryho retiring effective June 30, 2020.

Anna Prkacin, Superintendent of Education, Curriculum Services effective July 31, 2020.

Department Head

Aaron Consoli appointed as Department Head effective September 1, 2020 for a period of up to four (4) years.

Acting Department Head

John Rivas-Gonzalez appointed as Acting Department Head effective September 1, 2020 for a period of up to one (1) year.

2. Approval of the Agenda

The following was added to the agenda:

Notice of Motion - Board Meetings (J. O'Hearn-Czarnota)

#135/20

Moved by: N. Guzzo

Seconded by: B. Agnew

RESOLVED, that agenda item 8.6 - School Generated Funds (GSN) be moved from an action item to an information item.

The Chair called for a vote on **#135/20**:

IN FAVOUR	OPPOSED	ABSTAIN
B. Agnew	P. DeRosa	
M. Bhambra (non-binding)	H. Karabela	
D. Caratao (non-binding)	P. Murphy	
M. Duarte	T. O'Brien	
N. Guzzo		
J. O'Hearn-Czarnota		
D. Suan (non-binding)		

The motion was **DEFEATED**.

#136/20

Moved by: H. Karabela

Seconded by: P. DeRosa

RESOLVED, that the agenda include discussion on French Immersion for the 2020-21 school year.

The Chair called for a vote on **#136/20:**

IN FAVOUR	OPPOSED	ABSTAIN
M. Bhambra (non-binding)	B. Agnew	
D. Caratao (non-binding)	N. Guzzo	
P. DeRosa		
M. Duarte		
H. Karabela		
P. Murphy		
T. O'Brien		
J. O'Hearn-Czarnota		
D. Suan (non-binding)		

The motion **CARRIED.**

#137/20

Moved by: T. O'Brien

Seconded by: P. DeRosa

RESOLVED, that the agenda be approved as amended.

The Chair called for a vote on **#137/20:**

IN FAVOUR	OPPOSED	ABSTAIN
M. Bhambra (non-binding)	B. Agnew	
D. Caratao (non-binding)	N. Guzzo	
P. DeRosa		
M. Duarte		
H. Karabela		
P. Murphy		
T. O'Brien		
J. O'Hearn-Czarnota		
D. Suan (non-binding)		

The motion **CARRIED.**

3. Declarations of Conflict of Interest

There were no conflicts on interest declared.

4. Presentations

4.1 Math Action Plan Update (A. Prkacin)

The various Math initiatives and projects offered throughout the 2019-2020 school year were highlighted.

5. Delegations

There were no delegations.

6. Approval of Minutes**6.1 Minutes of the June 2, 2020 Regular Board Meeting****#138/20****Moved by:** N. Guzzo**Seconded by:** B. Agnew**RESOLVED**, that the approval of the June 2, 2020 Regular Board meeting minutes be deferred.

The Chair called for a vote on **#138/20** and it **UNANIMOUSLY CARRIED**.

7. Business Arising from Previous Meetings**7.1 Summary of Outstanding Items from Previous Meetings**

The Summary of Outstanding Items from Previous Meetings was received as information.

8. Action Items**8.1 Renaming of Jean Vanier Catholic Secondary School (J. Crowell)****#139/20****Moved by:** P. Murphy**Seconded by:** M. Duarte**RESOLVED**, that the Halton District School Board approve the name St. Francis Xavier Catholic Secondary School.

The Chair called for a vote on **#139/2020** and it **UNANIMOUSLY CARRIED**.

8.2 Policy I-06 Delegation to the Board (N. Guzzo)**#140/20****Moved by:** N. Guzzo**Seconded by:** T. O'Brien**RESOLVED**, that the Halton Catholic District School Board accept the recommendation of the Policy Committee that Policy I-06 Delegation to the Board be approved as amended.

The Chair called for a vote on **#140/2020** and it **UNANIMOUSLY CARRIED**.

8.3 Policy I-28 Electronic Meetings (N. Guzzo)**#141/20****Moved by:** N. Guzzo**Seconded by:** T. O'Brien**RESOLVED**, that the Halton Catholic District School Board accept the recommendation of the Policy Committee that Policy I-28 Electronic Meetings be approved as amended.

The Chair called for a vote on **#141/2020** and it **UNANIMOUSLY CARRIED**.

8.4 Policy IV-02 Outdoor Facility Maintenance & Security (N. Guzzo)**#142/20****Moved by:** N. Guzzo**Seconded by:** T. O'Brien

RESOLVED, that the Halton Catholic District School Board accept the recommendation of the Policy Committee that Policy IV-02 Outdoor Facility Enhancements, Maintenance and Security be approved

The Chair called for a vote on **#142/2020** and it **UNANIMOUSLY CARRIED**.

8.5 Policy V-16 Copyright, Visual Identity and Intellectual Property Protection (N. Guzzo)**#143/20****Moved by:** N. Guzzo**Seconded by:** P. DeRosa

RESOLVED, that the Halton Catholic District School Board accept the recommendation of the Policy Committee that Policy V-16 Copyright, Visual Identity, and Intellectual Property Protection be approved, as amended.

The Chair called for a vote on **#143/2020** and it **UNANIMOUSLY CARRIED**.

8.6 School Generated Funds (SGF) (P. DeRosa)**#144/20****Moved by:** P. DeRosa**Seconded by:** J. O'Hearn-Czarnota

BE IT RESOLVED, that the Board of Trustees direct the Secretary and Director of the Halton Catholic District School Board to provide the Board of Trustees with a report on School Generated Funds (SGF) explaining the program and including SGF reports from all schools, with a summary (SGF) report totaling all schools for the years ending 18/19, 19/20 as well as the schools budget for 20/21 at the Sept 15, 2020 Regular Board meeting. The total (SGF) summary report as shown below will show, opening balances at the beginning of the year, revenues and expenses by source for the year and ending balances at the end of the year by category with a description of what is included in each category.

Category	Opening Balance	Year		Ending Balance
		Revenues	Expenses	
Administration				
Athletics				
Clubs & Activity Fees				
Commissions				
Departments				
External Charities				
Fieldtrips/excursions				
Fundraising				
School Council				
Special Events				
Other				
Other Categories as Applicable				
Total				

BE IT FURTHER RESOLVED that a list of cash balances (including a physical count of cash on hand where applicable) as at August 31, 2020 by school, be provided at the September 15, 2020 Regular Board meeting.

The Chair called for a vote on **#144/20**:

IN FAVOUR	OPPOSED	ABSTAIN
P. DeRosa	B. Agnew	M. Duarte
H. Karabela	M. Bhambra (non-binding)	
P. Murphy	D. Caratao (non-binding)	
T. O'Brien	N. Guzzo	
	J. O'Hearn-Czarnota	
	D. Suan (non-binding)	

The motion **CARRIED**.

9. Staff Reports

9.1 2020-21 Budget Estimates (Verbal) (A. Lofts)

Trustees informed that the Board is awaiting information regarding the GSN.

#144/20

Moved by: P. DeRosa

Seconded by: J. O'Hearn-Czarnota

RESOLVED, that the meeting move past 10:00 p.m.

The Chair called for a vote on **#144/20** and it **UNANIMOUSLY CARRIED**.

10. Information Items**10.1 Student Trustees Update (D. Caratao, M. Bhambra, D. Suan)**

Student Trustees provided their final remarks for the 2019-20 school year.

Trustees thanked the students for all their hard work and dedication serving the students of the Halton Catholic District School Board.

10.1.1 Food Waste Management Practices (D. Suan)

Concerns brought forward about food waste management practices occurring in secondary schools across the Halton Catholic District School Board.

#145/20

Moved by: B. Agnew

Seconded by: N. Guzzo

BE IT RESOLVED, that a staff report be completed and brought to the December 1, 2020 Regular Board meeting with regards to the Board's strategy in combatting food waste in secondary school serveries including details on waste audits and other pertinent information;

BE IT FURTHER RESOLVED, that additional details be provided in the report around investigating the possibility of participation in food donation programs and if the Board is currently involved with same.

The Chair called for a vote on **#145/20** and it **UNANIMOUSLY CARRIED**.

10.2 Construction Report - Assumption Catholic Secondary School, Bishop P.F. Reding Catholic Secondary School, St. Michael Catholic Elementary School (R. Merrick)

Trustees updated on construction projects.

#146/20

Moved by: T. O'Brien

Seconded by: J. O'Hearn-Czarnota

RESOLVED, that the meeting move past 10:30 p.m.

The Chair called for a vote on **#146/20** and it **UNANIMOUSLY CARRIED**.

10.3 Budget Report for September 1, 2019 to May 31, 2020 (A. Lofts)

Trustees provided the 2019-20 Budget Report for the nine months ending May 31, 2020.

10.4 Capital Projects Report as of May 31, 2020 (A. Lofts)

Trustees provided the preliminary costs of capital projects and land as of May 31, 2020.

10.5 Halton Student Transportation Services (HSTS) Annual Report (A. Lofts)

A summary of the year-end results from the 2018-2019 HSTS Annual Report were provided.

10.6 Extended School Closure and September Reopening (P. Daly)

Trustees updated on distance learning during the remainder of the school year, summer learning 2020 and preparing for re-entry to school in September.

#147/20

Moved by: H. Karabela

Seconded by: J. O'Hearn-Czarnota

RESOLVED, that the meeting move past 11:00 p.m.

The Chair called for a vote on **#147/20**. The vote was not unanimous, therefore the meeting had to adjourn.

Post Notes:

10.7 Notice of Motion – Board Meetings (J. O'Hearn-Czarnota)

The following notice of motion was provided to Trustees on Wednesday, June 17, 2020:

BE IT RESOLVED, that the Board of Trustees direct Pat Daly, Director of Education to retain the services of a Parliamentarian (chosen by majority vote of Trustees) to attend (sit in) on 3 Regular Board meetings for September 15th, October 6th and October 20th, 2020.

11. Miscellaneous Information**11.1 Ad Hoc/Standing By-Law Review Committee (P. Daly)**

The meeting was adjourned.

11.2 Minutes of the May 12, 2020 Policy Committee Meeting

The meeting was adjourned.

11.3 French Immersion for the 2020-21 School Year (H. Karabela)

The meeting was adjourned.

12. Correspondence

The meeting was adjourned.

13. Open Question Period

The meeting was adjourned.

14. In Camera

The meeting was adjourned.

15. Resolution re Absentees

There were no absentees.

16. Adjournment and Closing Prayer (M. Duarte)

#148/20

Moved by: H. Karabela

Seconded by: J. O'Hearn-Czarnota

RESOLVED, that the meeting adjourn.

The Chair called for a vote on **#148/20** and it **UNANIMOUSLY CARRIED**.

The meeting adjourned at 11:10 p.m. with a prayer led by Vice Chair Duarte.

Secretary of the Board

Chair

MINUTES OF THE SPECIAL BOARD MEETING

Date: July 8, 2020
Time: 7:30 pm
Location: Catholic Education Centre
802 Drury Lane, Burlington

Board Room Attendance: V. Iantomasi, Chair of the Board
P. Daly, Secretary of the Board
A. Lofts, Superintendent and Treasurer of the Board, Business Services
A. Swinden, Manager, Strategic Communications
R. Di Pietro, Recording Secretary

Trustees:	B. Agnew	H. Karabela
(Electronically)	P. DeRosa	P. Murphy
	M. Duarte, Vice-Chair of the Board	T. O'Brien
	N. Guzzo	

Student Trustees:	M. Bhambra	D. Suan
(Electronically)	D. Caratao	

Trustees Excused: J. O'Hearn-Czarnota

Senior Staff:	S. Balogh	L. Naar
(Electronically)	C. Cipriano	J. O'Hara
	J. Crowell	T. Pinelli
	C. McGillicuddy	A. Prkacin
	R. Merrick	

Also Present: L. Collimore, Chief Officer, Research and Development Services
(Electronically) A. Cross, Senior Manager, Financial Services
R. DeFranco, Creative Design Officer, Strategic Communications

1. Call to Order

1.1 Opening Prayer, National Anthem, Oath of Citizenship (D. Suan)

The meeting opened at 7:30 p.m. with a prayer led by Trustee Suan.

1.2 Motions Adopted In-Camera

The following motion was adopted in-camera:

WHEREAS, the School Boards Collective Bargaining Act (the Act) designates the Ontario Catholic School Trustees' Association (OCSTA) as the employer bargaining agency for every English- language separate district school board with respect to all bargaining units for central bargaining with OECA;

WHEREAS, it is expected that a central table for principals and vice-principals will be again created in order to discuss the renewal/amendment of central terms and conditions of employment for principals and vice-principals;

WHEREAS, the Act does not contain any guidance with regard to the designation of an employer bargaining agency for a central table for principals and vice-principals.

THEREFORE BE IT RESOLVED THAT, Where a central table is established to discuss terms and conditions of employment for principals and vice-principals, the Halton Catholic District School Board hereby authorizes OCSTA to act as employer bargaining agent on its behalf for such central discussions. OCSTA may exercise its role as employer bargaining agent in respect of the principal and vice-principal group (Catholic Principals' Council of Ontario), consistent with the obligations and duties created under the School Boards' Collective Bargaining Act for support staff unionized employees.

And:

RESOLVED, that the Halton Catholic District School Board ratify the attached Memorandum of Settlement between the Board and the Association of Professional Services Personnel (APSSP) to be effective September 1, 2019 and to expire August 31, 2022.

1.3 Information Received In-Camera

The following information was received in-camera:

Toni Pinelli, Superintendent of Education retiring effective August 31, 2020.

2. Approval of the Agenda

#149/20

Moved by: H. Karabela

Seconded by: M. Duarte

RESOLVED, that the agenda be approved.

The Chair called for a vote on **#149/20**:

IN FAVOUR	OPPOSED	ABSENT
B. Agnew		P. DeRosa
M. Bhambra (non-binding)		J. O'Hearn-Czarnota
D. Caratao (non-binding)		
M. Duarte		
N. Guzzo		
H. Karabela		
P. Murphy		
T. O'Brien		
D. Suan (non-binding)		

The motion **CARRIED**.

3. Declarations of Conflict of Interest

No conflicts of interest were declared.

4. Action Items**4.1 2020-21 School Year Calendar (J. Crowell)**

#150/20

Moved by: T. O'Brien

Seconded by: M. Duarte

RESOLVED, that the Halton Catholic District School Board approve the revised 2020-2021 School Year Calendar as presented.

The Chair called for a vote on **#150/20**:

IN FAVOUR	OPPOSED	ABSENT
B. Agnew		P. DeRosa
M. Bhambra (non-binding)		J. O'Hearn-Czarnota
D. Caratao (non-binding)		
M. Duarte		
N. Guzzo		
H. Karabela		
P. Murphy		
T. O'Brien		
D. Suan (non-binding)		

The motion **CARRIED**.

Trustee DeRosa joined the meeting.

5. Information Reports**5.1 Release of the 2020-21 Grants for Student Needs (GSN) and Revenue Update (A. Lofts)**

Trustees provided with information regarding the release of the 2020-21 GSN and an update on forecasted GSN revenues for the 2020-21 budget.

6. In-Camera

#151/20

Moved by: N. Guzzo

Seconded by: T. O'Brien

RESOLVED, that the meeting move in-camera.

The Chair called for a vote on **#151/20**:

IN FAVOUR	OPPOSED	ABSENT
B. Agnew		J. O'Hearn-Czarnota
M. Bhambra (non-binding)		
D. Caratao (non-binding)		
P. DeRosa		
M. Duarte		
N. Guzzo		
H. Karabela		
P. Murphy		
T. O'Brien		
D. Suan (non-binding)		

The motion **CARRIED**.

The meeting moved in-camera at 9:29 p.m.

The meeting moved out of in-camera at 10:43 p.m.

**7. Resolution Re: Absentees
#152/20**

Moved by: P. DeRosa

Seconded by: M. Duarte

RESOLVED, that for personal reasons, Trustee O'Hearn-Czarnota be excused from the meeting.

The Chair called for a vote on **#152/20**:

IN FAVOUR	OPPOSED	ABSENT
B. Agnew		J. O'Hearn-Czarnota
M. Bhambra (non-binding)		
D. Caratao (non-binding)		
P. DeRosa		
M. Duarte		
N. Guzzo		
H. Karabela		
P. Murphy		
T. O'Brien		
D. Suan (non-binding)		

The motion **CARRIED**.

**8. Adjournment and Closing Prayer (P. DeRosa)
#153/20**

Moved by: P. DeRosa

Seconded by: M. Duarte

RESOLVED, that for personal reasons, Trustee O'Hearn-Czarnota be excused from the meeting.

The Chair called for a vote on **#153/20**:

IN FAVOUR	OPPOSED	ABSENT
B. Agnew		J. O'Hearn-Czarnota
M. Bhambra (non-binding)		
D. Caratao (non-binding)		
P. DeRosa		
M. Duarte		
N. Guzzo		
H. Karabela		
P. Murphy		
T. O'Brien		
D. Suan (non-binding)		

The motion ***CARRIED.***

The meeting adjourned at 10:45 p.m. with a prayer led by Trustee DeRosa.

Secretary of the Board

Chair

MINUTES OF THE SPECIAL BOARD MEETING

Date: July 22, 2020
Time: 7:30 pm
Location: Catholic Education Centre
802 Drury Lane, Burlington

Board Room Attendance: B. Agnew
N. Guzzo
V. Iantomasi, Chair of the Board
P. Daly, Secretary of the Board
A. Lofts, Superintendent and Treasurer of the Board, Business Services
A. Swinden, Manager, Strategic Communications
R. Di Pietro, Recording Secretary

Trustees:	P. DeRosa	P. Murphy
(Electronically)	M. Duarte, Vice-Chair of the Board	J. O'Hearn-Czarnota
	H. Karabela	T. O'Brien

Student Trustees:	M. Bhambra	D. Suan
(Electronically)	D. Caratao	

Senior Staff:	S. Balogh	L. Naar
(Electronically)	C. Cipriano	J. O'Hara
	J. Crowell	T. Pinelli
	C. McGillicuddy	A. Prkacin
	R. Merrick	

Also Present: L. Collimore, Chief Officer, Research and Development Services
(Electronically) A. Cross, Senior Manager, Financial Services
R. DeFranco, Creative Design Officer, Strategic Communications

1. Call to Order

1.1 Opening Prayer, National Anthem, Oath of Citizenship (M. Bhambra)

The meeting opened at 7:30 p.m. with a prayer led by Trustee Bhambra.

1.2 Motions Adopted In-Camera

The following motions were adopted in-camera:

A motion regarding property was adopted in-camera.

and

Resolved, that the Halton Catholic District School Board ratify the Memorandum of Settlement between the Board and CUPE Local 3166.01 (Custodial/Maintenance Staff) to be effective September 1, 2019 and to expire August 31, 2022.

1.3 Information Received In-Camera

The following information was received in-camera:

Resignation of Camillo Cipriano, Superintendent of Education, Special Education Services.

2. Approval of the Agenda

#154/20

Moved by: M. Duarte

Seconded by: P. DeRosa

RESOLVED, that the agenda be approved.

The Chair called for a vote on **#154/20** and it **UNANIMOUSLY CARRIED**.

3. Declarations of Conflict of Interest

There were no conflict of interests declared.

4. Presentations

There were no presentations.

5. Delegations

There were no delegations.

6. Approval of Minutes

There were no minutes to approve.

7. Business Arising from Previous Meetings

There was no business arising to review.

8. Action Items

There were no action items.

Trustee Bhambra disconnected from the meeting.

9. Staff Reports**9.1 2020 - 2021 Budget Estimates (Draft) (A. Lofts)**

Trustees provided the draft 2020-21 Budget Estimates.

#155/20

Moved by: H. Karabela

Seconded by: P. DeRosa

RESOLVED, that each program enhancement presented in the 2020-2021 budget estimates be voted on individually.

The Chair for a vote on **#155/20**:

IN FAVOUR	OPPOSED	ABSENT
P. DeRosa	B. Agnew	M. Bhambra (non-binding)
H. Karabela	D. Caratao (non-binding)	
T. O'Brien	M. Duarte	
	N. Guzzo	
	P. Murphy	
	J. O'Hearn-Czarnota	
	D. Suan (non-binding)	

The motion was **DEFEATED**.

Trustee Bhambra reconnected to the meeting.

10. Information Reports

There were no information reports.

11. Miscellaneous Information

There was no miscellaneous information.

12. Correspondence

There was no correspondence.

13. Open Question Period

Question 1

Will Halton Catholic District School Board be publicly supporting the Halton District School Board on their return to work position. As a full-time working mother of elementary students, the full-time return to school is very important to the health and safety of my family. Piecing together daycare for a hybrid model will multiply the exposure of my children and ultimately their peers at school. In the event that the public board opens full time and the Catholic board chooses a different option without a clear plan towards full-time school, I'm sure myself and others may have to consider switching boards.

School Boards are to follow the directives from public health as well as the Ministry of Education.

Need to start conversation on HCDSB plans regarding the guidelines released from the Ministry regarding reopening schools. September reopening is scheduled to be presented at the July 23, 2020 Special Board meeting.

The Chair ruled in favour of a point of order made regarding By-Law 13.4 that the open question period last a maximum of ten (10) minutes.

#156/20

Moved by: N. Guzzo

Seconded by: B. Agnew

RESOLVED, that Trustees appeal the ruling of the Chair.

The Chair for a vote on **#156/20**:

IN FAVOUR	OPPOSED
B. Agnew	M. Bhambra (non-binding)
D. Caratao (non-binding)	P. DeRosa
M. Duarte	H. Karabela
N. Guzzo	T. O'Brien
P. Murphy	J. O'Hearn-Czarnota
	D. Suan (non-binding)

The motion was **DEFEATED**.

The Chair called a five (5) minute recess.

Open question period was extended.

Question 2

If a teacher tests positive for COVID-19 are they required to quarantine for 2-3 weeks? Is their sick leave covered, paid?

The Board will take direction from public health regarding outbreak protocol.

Question 3

If that teacher has 5 classes a day with 30 students each, do all 150 of those students need to then stay home and quarantine for 14 days?

Outbreak protocol would be established in conjunction with public health.

Question 4

Do all 150 of those students now have to get tested? Are tests happening at school? How are the parents being notified? Does everyone in each of those kids' families need to get tested?

Direction will be taken from local public health.

Question 5

What if someone who lives in the same house as a teacher tests positive? Does that teacher now need to take 14 days off of work to quarantine? Is that time off covered? Paid?

Direction will be taken from local public health.

Question 6

Substitutes teachers in multiple schools. What if they are diagnosed with COVID-19? Do all the kids in each school now have to quarantine and get tested?

Teachers and contacts in different classes is being looked at in the HCDSB planning. Outbreak protocol not yet finalized with local public health.

Question 7

What if a student in your kid's class tests positive? What if your kid tests positive? Does every other student and teacher they have been around quarantine? Do we all get notified who is infected and when? Or are parents and teachers just going to get mysterious "may have been in contact" emails all year long?

Once the contact tracing process is finalized with local public health it will be shared with parents.

Question 8

What is this stress going to do to our teachers? How does it affect their health and well-being? How does it affect their ability to teach? How does it affect the quality of education they are able to provide? What is it going to do to our kids? What are the long-term effects of consistently being stressed out?

Wellbeing and mental health a concern for our students and staff. Committees have been established with a focus on staff wellness and student mental health.

Question 9

How will it affect students and faculty when the first teacher in their school dies from this? The first parent of a student who brought it home? The first kid?

Everyone in system would be affected.

Question 10

Educational Assistants are facing the same problem. Often they work at a much closer proximity to the student than even the teacher does and don't get paid enough to actually be able to survive never mind getting infected and then get the 500 a week from CERB.

Physically distancing may be challenging in some cases and would need to consider personal protective equipment.

14. In-Camera

There was no in-camera session.

15. Resolution Re: Absentees

There were no absentees.

16. Adjournment and Closing Prayer (M. Duarte)

#157/20

Moved by: T. O'Brien

Seconded by: P. DeRosa

RESOLVED, that the agenda be approved.

The Chair called for a vote on **#157/20** and it **UNANIMOUSLY CARRIED**.

Secretary of the Board

Chair

MINUTES OF THE SPECIAL BOARD MEETING

Date: July 23, 2020
Time: 7:30 pm
Location: Catholic Education Centre
802 Drury Lane, Burlington

Board Room Attendance: B. Agnew
M. Duarte, Vice-Chair of the Board
N. Guzzo
V. Iantomasi, Chair of the Board
P. Daly, Secretary of the Board
A. Lofts, Superintendent and Treasurer of the Board, Business Services
A. Swinden, Manager, Strategic Communications
R. Di Pietro, Recording Secretary

Trustees:	P. DeRosa	J. O'Hearn-Czarnota
(Electronically)	H. Karabela	T. O'Brien
	P. Murphy	

Student Trustees:	D. Caratao	D. Suan
(Electronically)		

Trustees Excused: M. Bhambra

Senior Staff:	S. Balogh	L. Naar
(Electronically)	C. Cipriano	J. O'Hara
	J. Crowell	T. Pinelli
	C. McGillicuddy	A. Prkacin
	R. Merrick	

Also Present: L. Collimore, Chief Officer, Research and Development Services
(Electronically) A. Cross, Senior Manager, Financial Services
B. Cripps, Senior Manager, IT Services

1. Call to Order

1.1 Opening Prayer, National Anthem, Oath of Citizenship (D. Caratao)

The meeting opened at 7:30 p.m. with a prayer led by Trustee Caratao.

1.2 Motions Adopted In-Camera

There was no in-camera session.

1.3 Information Received In-Camera

There was no in-camera session.

2. Approval of the Agenda**#158/20****Moved by:** M. Duarte**Seconded by:** O'Brien**RESOLVED**, that the agenda be approved and that By-Law 13.4 Opening Question Period - Timing be suspended.The Chair called for a vote on **#158/20**:

IN FAVOUR	OPPOSED	ABSENT
B. Agnew		M. Bhambra (non-binding)
D. Caratao (non-binding)		
P. DeRosa		
M. Duarte		
N. Guzzo		
H. Karabela		
P. Murphy		
T. O'Brien		
J. O'Hearn-Czarnota		
D. Suan (non-binding)		

The motion **CARRIED**.

It was noted that suspension of the By-Law should come forward as a request to add as an action item.

3. Declarations of Conflict of Interest

There were no conflicts of interest declared.

4. Presentations

There were no presentations.

5. Delegations

There were no delegations.

6. Approval of the Minutes

There were no minutes to approve.

7. Business Arising from Previous Meetings

There was no business arising to review.

8. Action Items

There were no action items.

9. Staff Reports

There were no staff reports.

10. Information Reports**10.1 September Reopening (P. Daly)**

The Director of Education provided an update to Trustees and stakeholders on planning and reopening for September 2020.

#159/20

Moved by: N. Guzzo

Seconded by: B. Agnew

RESOLVED, that the meeting go past 10:00 p.m.

The Chair called for a vote on **#159/20**:

IN FAVOUR	OPPOSED	ABSENT
B. Agnew		M. Bhambra (non-binding)
D. Caratao (non-binding)		
P. DeRosa		
M. Duarte		
N. Guzzo		
H. Karabela		
P. Murphy		
T. O'Brien		
J. O'Hearn-Czarota		
D. Suan (non-binding)		

The motion **CARRIED**.

#160/20

Moved by: N. Guzzo

Seconded by: B. Agnew

BE IT RESOLVED, that Trustees, members of SEAC, members of CPIC be allowed to participate in working committees in decisions being made and presented for September plans.

The Chair called for a vote on **#160/20**:

IN FAVOUR	OPPOSED	ABSTAIN	ABSENT
B. Agnew	P. DeRosa	P. Murphy	M. Bhambra (non-binding)
D. Caratao (non-binding)	H. Karabela		
M. Duarte	T. O'Brien		
N. Guzzo			
J. O'Hearn-Czarota			
D. Suan (non-binding)			

The motion **CARRIED**.

Discussion continued. Questions were asked and answered.

#161/20**Moved by:** N. Guzzo**Seconded by:** B. Agnew**RESOLVED**, that the meeting go past 10:30 p.m.The Chair called for a vote on **#161/20**:

IN FAVOUR	OPPOSED	ABSENT
B. Agnew		M. Bhambra (non-binding)
D. Caratao (non-binding)		
P. DeRosa		
M. Duarte		
N. Guzzo		
H. Karabela		
P. Murphy		
T. O'Brien		
J. O'Hearn-Czarota		
D. Suan (non-binding)		

The motion **CARRIED**.

Discussion continued. Questions were asked and answered.

11. Miscellaneous Information

There was no miscellaneous information.

12. Correspondence

There was no correspondence.

13. Open Question Period**QUESTION 1**

Will Halton Catholic District School Board be publicly supporting the Halton District School Board on their return to work position?

*Trustees voiced their position regarding the options provided by the Ministry of Education.***QUESTION 2**

What are you doing to ensure one school doesn't become overcrowded? Especially the schools with maximum number of portables. Are you planning to spread out student population so that there is proper spacing and outdoor spacing available?

At this time, we are not looking at placing students in schools or facilities other than their home school. We will work within the parameters set out by Halton Region Public Health to ensure that health and safety protocols are in place as we implement the instructional delivery determined by the Ministry of Education.

QUESTION 3

Will Air purifiers be installed in portables? Who is ensuring the portables have proper air quality?

Each of our classrooms, including all portables, use mechanical ventilation systems to provide fresh air to classrooms. However, classroom staff may opt to open windows at their own discretion.

QUESTION 4

How will students in portables be able to wash their hands when there is no plumbing inside a portable? Going into the school to do so just causes more touch points of high contact surfaces (doors) on return to the portable so defeating the purpose. Plus it causes crowding at the washroom.

We will be providing hand hygiene stations in all of our classrooms across each of our schools. Any classrooms with a sink will have hand soap and water. For any rooms without sinks (including portable classrooms), we will be providing hand sanitizer in those locations. We will also be providing hand sanitizer stations in other areas such as lobbies and offices across the Board.

QUESTION 5

Agendas going back and forth from home to school?

We are currently considering how best to manage the student agendas to ensure the health and safety of our students, families and staff. We've considered allowing only students to write in the agendas, and teachers using a stamp to inform parents that they have seen the agenda. We've also discussed staff using different mediums of communication when possible. More information will be shared once a final decision has been made.

QUESTION 6

All outside at same time for recess?

We are looking at creating zones in our school yards for different classes to gather and play. Considerations include the type of play, encouraging students to play with peers in their own cohorts to ensure physical distancing, and encouraging hand washing prior to and following all recess breaks.

QUESTION 7

With the proposed reduction in lunch time – it was already a struggle for younger kids to have enough time to eat and now you are reducing that.

We are not reducing the time allocated for students to eat their lunch. The model we are proposing will reduce the time that students will have outside during play.

The feedback we have received from Public Health indicated that reducing the time for outdoor play at large does help support physical distancing and supports case and contact management. That said, we recognize that lunch recess is very important and

valuable time for children and we will be encouraging staff to take students out for their daily physical activity and ensuring that there are opportunities for outdoor play.

QUESTION 8

Why can't older kids wear masks? Grade 5 and up?

There is no reason why older students can't wear masks. We have not come to the determination whether or not students will be required to wear masks.

QUESTION 9

How long do kids signed up for online version have to stick with that option? All year?

For secondary students, it would make sense for them to transition at the end of a natural break (i.e. the end of a credit). In our current model, the end of a credit would be every 5 weeks. The advice received from Public Health recommends giving students at least 48 hours before joining another cohort, but we will look at that in a little more detail and will also be exploring natural breaks in the elementary curriculum as well.

QUESTION 10

What if a kid signs up for in class but then parents change their minds based on rising COVID-19 rates?

As per the Ministry guidelines, if we implement an adaptive instructional model, in-school attendance will be voluntary and is based on parent choice. It would be important for parents to notify their child's school if they make a change in their arrangement so that the school can prepare to offer remote education to that student thereafter.

QUESTION 11

Are masks mandatory for staff? If no, why not?

We will take direction from Halton Region Public Health regarding the wearing of masks for both students and staff. At this time, we have not received any direction.

QUESTION 12

How will work be graded for the online students? Post-March nothing counted.

Students will be assessed and evaluated based on curriculum expectations, and will receive progress reports, report cards, etc.

QUESTION 13

Who will teach online students? Will it be one teacher for several classes or same teacher as the in-school classroom option?

We recognize that some parents will opt to keep their children home if the Ministry mandates an adaptive model. These students will receive remote (distance) instruction at home. At this time, our plan is that these students will be attached to a class and will receive instruction from their classroom teacher and specialist teachers that support that class.

QUESTION 14

What are you doing to ensure online learning is properly done versus the disappointing lack of education delivered in the spring?

We recognize that many students and families were frustrated and disappointed with the distance learning experienced during the period of school closures due to COVID-19 (April - June, 2020). Many of our teachers have been working hard over the summer to increase their own ability to provide more fulsome online instruction. We will continue to offer ongoing professional development opportunities and supports to build capacity for teachers and educators so that we can improve the quality of virtual instruction for students.

QUESTION 15

Why is it acceptable to not provide core French but to continue delivering French immersion? Is this not streaming, and providing to one but not the other?

We have not indicated in any of our models that we are offering one French program over the other.

QUESTION 16

Why has HCDSB made technology investments across so many different platforms: Microsoft 365/Teams, Google Classroom, D2L etc.? As parents I think we need to have the board rationalize the tech costs. Why can't one option be used? Why such a wide investment?

We encourage our teachers to use D2L as a platform. We do know that many teachers use Google Classroom as well. We are hoping to be able to link the two platforms. We had some success using Microsoft Teams for synchronous meetings, so I think we will continue with that because we have access to that as it is a part of the Microsoft Office bundle.

QUESTION 17

Can you please explain the enveloping provision for the "School Board Administration and Governance" funding? More specifically, it was mentioned at the July 22nd meeting that trustees needn't concern themselves with the particulars of this funding as it could not be spent elsewhere, in particular that those funds could not be used for "the classroom".

In the Ministry's technical papers, it states that the "School Board Administration and Governance spending shall not exceed the envelope"; does this not mean that the board can spend less (but not more) than the amount of the funding? Does that not then mean that those additional funds could in fact be spent elsewhere, including in the classroom?

School boards cannot spend funds that are allocated to the classroom on board administration. However, funds allocated for board administration can be spent on the classroom. HCDSB is compliant with the board administration government requirement. The board must complete a data form (82) which is enveloping administration governance, which confirms that HCDSB is compliant with respect to expenditures related

to board administration. In addition to the GSN, other revenues such as portions of the ministry grant can also be allocated to offset the funding deficit.

QUESTION 18

Given the above (spending shall not exceed funding), how has the board budgeted \$11,760,476, when the projected grant is \$10,338,572?

That relates to the additional funding that we can allocate to cover that deficit.

QUESTION 19

The School Board Administration and Governance Grant includes an allocation for parent engagement; what is this allocated amount, what has the board budgeted and how are these funds anticipated to be spent? Is this funding separate from the Parents Reaching Out grant(s)?

The School Board Administration and Governance Grant supports funding for the Catholic Parent Involvement Committee (CPIC) as well as \$500 per school for parent engagement. This is separate from the Parent Reaching Out grant(s).

#162/20

Moved by: N. Guzzo

Seconded by: B. Agnew

RESOLVED, that the meeting go past 11:00 p.m.

The Chair called for a vote on **#162/20**:

IN FAVOUR	OPPOSED	ABSENT
B. Agnew		M. Bhambra (non-binding)
D. Caratao (non-binding)		
P. DeRosa		
M. Duarte		
N. Guzzo		
H. Karabela		
P. Murphy		
T. O'Brien		
J. O'Hearn-Czarnota		
D. Suan (non-binding)		

The motion **CARRIED**.

QUESTION 20

How will the board meet its regulatory requirement to consult with the Special Education Advisory Committee (SEAC) in the annual special education budget process?

At our last SEAC meeting, we had our Finance Department and Superintendent Lofts present the information that was available at that time regarding the current year's budget and how we spend our funds in the different areas of special education within the

board. After our final SEAC meeting, the Ministry released grant for student needs amounts and the budgets. Due to COVID-19, many of the Ministry's announcements (including SEAC budget announcements) have been delayed. This has delayed SEAC processes in reviewing budgets and funding for special education.

We will work with SEAC to present the budget at a SEAC meeting in the fall due to the timing of the funding release.

QUESTION 21

Is the Assumption renovation (inside) now complete? (The last update indicated everything would be complete by early July, although the timeline has continually been pushed out at every update).

We are planning to be cleaning the second and third floor starting on Monday, July 27. The first floor is very close to completion as well.

We are starting to pave the parking lot on Monday, July 27 as well. We are very near completion at Assumption Catholic Secondary School, and the school will be ready for students and staff in September.

QUESTION 22

How many teachers in the board are scared to come back? How will the board address, if a higher number than usual go on leave or the number of sick days jumps up? How many supply teachers can students be exposed to? For bussing, the bus companies are already short each year for bus drivers. How will this be addressed this year? if drivers also call in sick since they are scared to go to work.

We understand that our staff may have a number of concerns around health and safety. The safety and well-being of our staff, students and families is our first priority, and we are working very closely with Halton Public Health, and the Ministry of Labour to ensure we have the necessary measures in place to create safe environments so staff feel comfortable returning to work. If the Ministry of Education directs school boards to implement an adaptive delivery of instruction, we will have a plan in place to address staff absences in a way that ensures we are supporting the learning needs of our students while adhering to Public Health protocols and cohorting requirements.

QUESTION 23

Can the board make masks mandatory? I am thinking more on the teacher side for this, for their own family protection. Halton Public teachers on Facebook were very angry that the union told them this won't be mandatory. I am sure this is a fear for teachers in Halton Catholic. If masks are mandatory, we might have some teachers more motivated to go to work.

We will put processes in place that are based on the advice from Halton Region Public Health to ensure the safety of our staff and students. If mandatory masks are one of the ways to ensure this, then we will do it.

QUESTION 24

How will teachers adapt the curriculum to account for a three month gap in learning to ensure all students are up to speed to start the new year?

As we return to school in September, we will be very focused on determining where student learning gaps may exist and providing supports that students may need in terms of extra help or differentiated instruction.

QUESTION 25

We've heard that the province is allocating 7 cents per day per student for 2020-21 funding. Has the Board developed a proposal and detailed budget outlining the incremental costs associated with the new recommendations for a safe school?

There is an additional \$25 million being allocated for all schools in the province. We will be getting a portion of that funding. As we prepare for return to school, we have already invested \$2.5-3 million dollars of the current year budget through the purchase of hand sanitizers, touchless hand dryers, and a number of other items. We are awaiting more guidance from the Ministry as to what the expectation will be when we return, and will then be in a better position to determine what additional purchases may be needed.

QUESTION 26

Please describe how the Board is proactively planning for the upcoming year in terms of working with local municipalities and private corporations. Has the Board actively reviewed the feasibility of using libraries, community centres and conference centers for learning? Has the Board completed an audit and cost analysis to procure the necessary number of viable spaces that can be adapted for use as satellite schools in 2020-21?

At this time, we are not looking at placing students in facilities other than their home school. We will work within the parameters set out by Halton Region Public Health to ensure that health and safety protocols are in place as we implement the instructional delivery determined by the Ministry of Education.

QUESTION 27

What is the plan for parents with elementary learners who cannot participate in online learning (synchronous or asynchronous) without a parent in attendance during the lesson? Is there a plan to bridge the learning gap when they return to in-class learning (assumes mixed scenario)?

In a blended learning format, we would be hopeful that students would be able to engage online. If it's a case that the student is not able to access to technology or internet, we will have supports in place to ensure the student is equipped to participate in online learning. Where a student may not be able to participate in online learning for other reasons, we will explore other options for program delivery based on the student and family's individual circumstances.

QUESTION 28

What are the plans for childcare?

The Board has 10 separate childcare centres in separate spaces. All will be reopened by September. They follow direction from the Ministry.

QUESTION 29

What is being done for childcare for staff to attend the PA days?

This is not being considered at this time.

14. In-Camera

There was no in-camera session.

**15. Resolution Re: Absentees
#163/20**

Moved by: M. Duarte

Seconded by: H. Karabela

RESOLVED, that for personal reasons, Student Trustee Bhambra be excused from the meeting.

The Chair called for a vote on **#163/20**:

IN FAVOUR	OPPOSED	ABSENT
B. Agnew		M. Bhambra (non-binding)
D. Caratao (non-binding)		
P. DeRosa		
M. Duarte		
N. Guzzo		
H. Karabela		
P. Murphy		
T. O'Brien		
J. O'Hearn-Czarnota		
D. Suan (non-binding)		

The motion **CARRIED**.

**16. Adjournment and Closing Prayer (N. Guzzo)
#164/20**

Moved by: M. Duarte

Seconded by: P. DeRosa

RESOLVED, that the meeting adjourn.

The Chair called for a vote on **#164/20**:

IN FAVOUR	OPPOSED	ABSENT
B. Agnew		M. Bhambra (non-binding)
D. Caratao (non-binding)		
P. DeRosa		
M. Duarte		
N. Guzzo		
H. Karabela		
P. Murphy		
T. O'Brien		
J. O'Hearn-Czarnota		
D. Suan (non-binding)		

The motion **CARRIED.**

The meeting adjourned at 11:20 p.m. with a prayer led by Trustee Guzzo.

Secretary of the Board

Chair

MINUTES OF THE SPECIAL BOARD MEETING

Date: July 29, 2020
Time: 7:30 pm
Location: Catholic Education Centre
802 Drury Lane, Burlington

Board Room Attendance: B. Agnew
N. Guzzo
V. Iantomasi, Chair of the Board
P. Daly, Secretary of the Board
A. Lofts, Superintendent and Treasurer of the Board, Business Services
A. Swinden, Manager, Strategic Communications
R. Di Pietro, Recording Secretary

Trustees:	P. DeRosa	P. Murphy
(Electronically)	M. Duarte, Vice-Chair of the Board	J. O'Hearn-Czarnota
	H. Karabela	T. O'Brien

Student Trustees:	M. Bhambra	D. Suan
(Electronically)	D. Caratao	

Senior Staff:	S. Balogh	R. Merrick
(Electronically)	C. Cipriano	L. Naar
	J. Crowell	J. O'Hara
	C. McGillicuddy	T. Pinelli

Also Present: L. Collimore, Chief Officer, Research and Development Services
(Electronically) A. Cross, Senior Manager, Financial Services
R. DeFranco, Creative Design Officer, Strategic Communications

1. Call to Order

1.1 Opening Prayer, National Anthem, Oath of Citizenship (D. Suan)

The meeting opened at 7:30 p.m. with a prayer led by Trustee Suan.

1.2 Motions Adopted in-Camera

There was no in-camera session.

1.3 Information Received In-Camera

There was no in-camera session.

2. Approval of the Agenda

Trustees in agreement that staff report 9.1 – Milton No. 10 Catholic Elementary School Project Budget and Approval to Proceed with Capital Planning and staff report 9.2 - Milton No. 3 Catholic Secondary School Project Budget and Approval to Proceed with Capital Planning be moved to action.

#165/20

Moved by: M. Duarte

Seconded by: M. Murphy

RESOLVED, that agenda be approved as amended.

The Chair called for a vote on **#165/20** and it **UNANIMOUSLY CARRIED**.

3. Declarations of Conflict of Interest

Trustee DeRosa declared a conflict of interest action item 8.2 - 2020-21 Budget Estimates - Final. Trustee DeRosa informed the Board he would not be voting on the salaries and benefits portion of the budget by virtue of the fact that he has a son and daughter in law who currently work for the Halton Catholic District School Board.

4. Presentations

There were no presentations.

5. Delegations**5.1 HCDSB 2020-2021 Budget (M. Lourenco)**

M. Lourenco presented a delegation regarding the 2020-21 budget.

6. Approval of Minutes

There were no minutes to approve.

7. Business Arising from Previous Meetings

There was no business arising to review.

8. Action Items**8.1 Response to Delegation**

#166/20

Moved by: H. Karabela

Seconded by: B. Agnew

BE IT RESOLVED, that the delegation regarding the Halton Catholic District School Board's Budget be received as information.

The Chair called for a vote on **#166/20**:

IN FAVOUR	OPPOSED	ABSTAIN
B. Agnew		P. De Rosa
M. Bhambra (non-binding)		
D. Caratao (non-binding)		
P. DeRosa		
M. Duarte		
N. Guzzo		
H. Karabela		
P. Murphy		
T. O'Brien		
J. O'Hearn-Czarnota		
D. Suan (non-binding)		

The motion **CARRIED**.

8.2 2020 -21 Budget Estimates - Final (A. Lofts)

#167/20

Moved by: M. Duarte

Seconded by: J. O'Hearn-Czarnota

RESOLVED, that the Halton Catholic District School Board approve the 2020-21 salary and benefits Budget Estimates in the amount of \$353,884,299.

The Chair called for a vote on **#167/20**:

IN FAVOUR	OPPOSED	ABSTAIN
B. Agnew		P. De Rosa (conflict of interest)
M. Bhambra (non-binding)		
D. Caratao (non-binding)		
M. Duarte		
N. Guzzo		
H. Karabela		
P. Murphy		
T. O'Brien		
J. O'Hearn-Czarnota		
D. Suan (non-binding)		

The motion **CARRIED**.

#168/20

Moved by: B. Agnew

Seconded by: N. Guzzo

RESOLVED, that the Halton Catholic District School Board approve the 2020-21 Budget Estimates (excluding salary and benefits) in the amount of \$91,088,665.

The Chair called for a vote on **#168/20**:

IN FAVOUR	OPPOSED	ABSTAIN
B. Agnew		P. De Rosa
M. Bhambra (non-binding)		
D. Caratao (non-binding)		
M. Duarte		
N. Guzzo		
H. Karabela		
P. Murphy		
T. O'Brien		
J. O'Hearn-Czarnota		
D. Suan (non-binding)		

The motion **CARRIED**.

8.3 Milton No. 10 Catholic Elementary School Project Budget and Approval to Proceed with Capital Planning (R. Merrick)

Due to disclosure of confidential information, the Chair asked Trustee DeRosa to disconnect from the meeting.

Trustee DeRosa disconnected from the meeting.

#169/20

Moved by: T. O'Brien

Seconded by: H. Karabela

RESOLVED, that Trustees appeal the ruling of the Chair.

The Chair called for a vote on **#169/20**:

IN FAVOUR	OPPOSED	ABSENT
M. Bhambra (non-binding)	B. Agnew	P. De Rosa
H. Karabela	D. Caratao (non-binding)	
P. Murphy	M. Duarte	
T. O'Brien	N. Guzzo	
	J. O'Hearn-Czarnota	
	D. Suan (non-binding)	

The motion was **DEFEATED**.

#170/20

Moved by: M. Duarte

Seconded by: B. Agnew

RESOLVED, that the Halton Catholic District School Board authorize staff to proceed with the school capital planning process and school construction for the proposed Milton No. 10 Catholic Elementary School project.

The Chair called for a vote on **#170/20**:

IN FAVOUR	OPPOSED	ABSENT
B. Agnew		P. De Rosa
M. Bhambra (non-binding)		
D. Caratao (non-binding)		
M. Duarte		
N. Guzzo		
V. Iantomasi		
H. Karabela		
P. Murphy		
T. O'Brien		
J. O'Hearn-Czarota		
D. Suan (non-binding)		

The motion **CARRIED**.

#171/20

Moved by: N. Guzzo

Seconded by: M. Duarte

RESOLVED, that the Halton Catholic District School Board approve the project budget not to exceed \$18,727,105 for the Milton No. 10 Catholic Elementary School project in the Town of Milton.

The Chair called for a vote on **#171/20**:

IN FAVOUR	OPPOSED	ABSENT
B. Agnew		P. De Rosa
M. Bhambra (non-binding)		
D. Caratao (non-binding)		
M. Duarte		
N. Guzzo		
V. Iantomasi		
H. Karabela		
P. Murphy		
T. O'Brien		
J. O'Hearn-Czarota		
D. Suan (non-binding)		

The motion **CARRIED**.

#172/20

Moved by: M. Duarte

Seconded by: B. Agnew

RESOLVED, that the Halton Catholic District School Board approve the use of available capital sources and the capital reserve in the amount of \$1,500,000 to partially fund the construction of the Milton No. 10 Catholic Elementary School project in the Town of Milton.

The Chair called for a vote on **#172/20:**

IN FAVOUR	OPPOSED	ABSENT
B. Agnew		P. De Rosa
M. Bhambra (non-binding)		
D. Caratao (non-binding)		
M. Duarte		
N. Guzzo		
V. Iantomasi		
H. Karabela		
P. Murphy		
T. O'Brien		
J. O'Hearn-Czarota		
D. Suan (non-binding)		

The motion **CARRIED.**

8.4 Milton No. 3 Catholic Secondary School Project Budget and Approval to Proceed with Capital Planning (R. Merrick)

#173/20

Moved by: B. Agnew

Seconded by: M. Duarte

RESOLVED, that the Halton Catholic District School Board authorize staff to proceed with the school capital planning process and school construction for the proposed Milton No. 3 Catholic Secondary School project.

The Chair called for a vote on **#173/20:**

IN FAVOUR	OPPOSED	ABSENT
B. Agnew		P. De Rosa
M. Bhambra (non-binding)		
D. Caratao (non-binding)		
M. Duarte		
N. Guzzo		
V. Iantomasi		
H. Karabela		
P. Murphy		
T. O'Brien		
J. O'Hearn-Czarota		
D. Suan (non-binding)		

The motion **CARRIED.**

#174/20**Moved by:** P. Murphy**Seconded by:** T. O'Brien

RESOLVED that the Halton Catholic District School Board approve the project budget not to exceed \$47,835,302 for the Milton No. 3 Catholic Secondary School project in the Town of Milton.

The Chair called for a vote on **#174/20**:

IN FAVOUR	OPPOSED	ABSENT
B. Agnew		P. De Rosa
M. Bhambra (non-binding)		
D. Caratao (non-binding)		
M. Duarte		
N. Guzzo		
V. Iantomasi		
H. Karabela		
P. Murphy		
T. O'Brien		
J. O'Hearn-Czarota		
D. Suan (non-binding)		

The motion **CARRIED**.

#175/20**Moved by:** B. Agnew**Seconded by:** M. Duarte

RESOLVED, that the Halton Catholic District School Board approve the use of available capital sources and the capital reserve in the amount of \$6,500,000 to partially fund the construction of the Milton No. 3 Catholic Secondary School project in the Town of Milton.

The Chair called for a vote on **#175/20**:

IN FAVOUR	OPPOSED	ABSENT
B. Agnew		P. De Rosa
M. Bhambra (non-binding)		
D. Caratao (non-binding)		
M. Duarte		
N. Guzzo		
V. Iantomasi		
H. Karabela		
P. Murphy		
T. O'Brien		
J. O'Hearn-Czarota		
D. Suan (non-binding)		

The motion **CARRIED**.

9. Staff Reports

There were no staff reports.

10. Information Reports

There were no information reports.

11. Miscellaneous Information

There was no miscellaneous information.

12. Correspondence

There was no correspondence.

13. Open Question Period**QUESTION 1**

How will professional Psych SLP wait lists be handled in September? Will in person or virtual assessment processes begin to address the pandemic backlog?

The process for assessments will be based on guidance from public health. Staff is confident that the HCDSB will be well poised to begin assessments either virtually or in person.

QUESTION 2

Questions were submitted regarding Health and Safety and Personal Protective Equipment.

The Board will continue to take direction from Halton Public Health and the Ministry.

14. In-Camera

There was no in-camera session.

15. Resolution Re: Absentees

There were no absentees.

16. Adjournment and Closing Prayer (V. Iantomasi)

#176/20

Moved by: N. Guzzo

Seconded by: T. O'Brien

RESOLVED, that the meeting adjourn.

The Chair called for a vote on **#176/20**:

IN FAVOUR	OPPOSED	ABSENT
B. Agnew		P. De Rosa
M. Bhambra (non-binding)		
D. Caratao (non-binding)		
M. Duarte		
N. Guzzo		
H. Karabela		
P. Murphy		
T. O'Brien		
J. O'Hearn-Czarnota		
D. Suan (non-binding)		

The motion **CARRIED**.

The meeting adjourned at 10:00 p.m. with a prayer led by Chair Iantomasi.

Secretary of the Board

Chair

MINUTES OF THE SPECIAL BOARD MEETING

Date: August 12, 2020
Time: 7:30 pm
Location: Catholic Education Centre
802 Drury Lane, Burlington

Board Room Attendance: V. Iantomasi, Chair of the Board
P. Daly, Secretary of the Board
P. DeRosa
M. Duarte, Vice-Chair of the Board
A. Lofts, Superintendent and Treasurer of the Board, Business Services
A. Swinden, Manager, Strategic Communications
R. Di Pietro, Recording Secretary

Trustees:	B. Agnew	P. Murphy
(Electronically)	N. Guzzo	J. O'Hearn-Czarnota
	H. Karabela	T. O'Brien

Student Trustees:	N. Gubert	J. Roshdy
(Electronically)	K. Kelly	

Senior Staff:	S. Balogh	L. Naar
(Electronically)	C. Cipriano	J. O'Hara
	J. Crowell	T. Pinelli
	C. McGillicuddy	A. Prkacin
	R. Merrick	

Also Present: L. Collimore, Chief Officer, Research and Development Services
(Electronically) A. Cross, Senior Manager, Financial Services
R. DeFranco, Creative Design Officer, Strategic Communications

1. Call to Order

Chair Iantomasi welcomed the Student Trustees N. Gubert, K. Kelly and J. Roshdy who will be representing the students of the Halton Catholic District School Board for the 2020-21 school year.

1.1 Opening Prayer, National Anthem, Oath of Citizenship (N. Gubert)

The meeting opened at 7:30 p.m. with a prayer led by Trustee Gubert.

1.2 Motions Adopted In-Camera

There were no motions adopted in-camera.

1.3 Information Received In-Camera

There was no information received in-camera to share publicly.

2. Approval of the Agenda**#177/20****Moved by:** M. Duarte**Seconded by:** T. O'Brien**RESOLVED**, that agenda be approved.

The Chair called for a vote on **#177/20** and it **UNANIMOUSLY CARRIED**.

3. Declarations of Conflict of Interest

There were no conflicts of interest declared.

4. Presentations

There were no presentations.

5. Delegations**5.1 September 2020 Reopening (E. Lourenco Owen)**

E. Lourenco Owen presented a delegation regarding the secondary plan for September 2020.

6. Approval of Minutes

There were no minutes to approve.

7. Business Arising from Previous Meetings

There was no business arising to review.

8. Action Items**8.1 Response to Delegation****Moved by:** H. Karabela**Seconded by:** B. Agnew

RESOLVED, that the Halton Catholic District School Board's adaptive delivery model for secondary students reflect a quadmester model in that students are enrolled in and earning two course credits at a time, while following a timetable that adheres to appropriate health and safety protocols related to COVID-19 and all other Ministry requirements.

The Chair ruled that the vote on the motion would follow Information Report 10.1 – Return to School Planning.

#178/20**Moved by:** N. Guzzo**Seconded by:** B. Agnew**RESOLVED**, that Trustees appeal the ruling of the Chair.

The Chair called for a vote on **#178**:

IN FAVOUR	OPPOSED
B. Agnew	P. DeRosa
N. Gubert (non-binding)	M. Duarte
N. Guzzo	P. Murphy
H. Karabela	T. O'Brien
K. Kelly (non-binding)	J. O'Hearn-Czarnota
J. Roshdy (non-binding)	

The motion was **DEFEATED**.

The vote will take place following Information Report 10.1 – Return to School Planning.

9. Staff Reports

There were no staff reports.

10. Information Reports

10.1 Return to School Planning (P. Daly)

Director Daly provided information which included planning for the 2020 - 21 school year, Ministry direction or reopening schools, supports for students, families and staff, preparing for a safe and healthy return to school and instruction in both elementary and secondary.

#179/20

Moved by: T. O'Brien

Seconded by: B. Agnew

RESOLVED, that the meeting move past 10:00 p.m.

The Chair called for a vote on **#179/20** and it **UNANIMOUSLY CARRIED**.

Discussion ensued. Questions were asked and answered.

#180/20

Moved by: N. Guzzo

Seconded by: B. Agnew

RESOLVED, that the meeting move past 10:30 p.m.

The Chair called for a vote on **#180/20** and it **UNANIMOUSLY CARRIED**.

Moved by: P. DeRosa

Seconded by: P. Murphy

WHERE AS, the uncertainties and safety challenges that COVID-19 still presents, even with the staff's best efforts to mitigate the risks of a return to school in September, students, teachers, custodians, and all other support staff will still be exposed.

A risk that is heightened by an anticipated second wave of COVID-19, a corresponding flu season and still the uncertain impact of a return to stage 3 by the GTA and surrounding communities.

BE IT RESOLVED THAT, subject to a clear directive from the Ministry to the contrary, the Board of trustees directs the Secretary of the Board and Director of Education to amend the current plan for return to school to reflect a limit of 15 students at the elementary level and temporarily delay the return to school in September and continue to deliver distance learning, in the meantime continue to monitor the progress of COVID-19 in the community in consultation with The Halton Health Authorities, Ministry officials and parents, for a timely but safe return.

#181/20

Moved by: P. DeRosa

Seconded by: B. Agnew

RESOLVED, that the meeting move past 11:00 p.m.

The Chair called for a vote on **#181/20** and it **UNANIMOUSLY CARRIED**.

Discussion ensued. Questions were asked and answered.

#182/20

Moved by: N. Guzzo

Seconded by: P. DeRosa

RESOLVED, that the meeting move past 11:30 p.m.

The Chair called for a vote on **#182/20** and it **UNANIMOUSLY CARRIED**.

Discussion ensued. Questions were asked and answered.

#183/20

Moved by: N. Guzzo

Seconded by: P. DeRosa

RESOLVED, that the meeting move past 12:00 a.m.

The Chair called for a vote on **#183/20** and it **UNANIMOUSLY CARRIED**.

Discussion ensued. Questions were asked and answered.

#184/20

Moved by: P. DeRosa

Seconded by: N. Guzzo

RESOLVED, that the meeting move past 12:30 a.m.

The Chair called for a vote on **#184/20** and it **UNANIMOUSLY CARRIED**.

The Chair returned to Action item 8.1 – Response to Delegation.

#185/20

Moved by: H. Karabela

Seconded by: B. Agnew

RESOLVED, that the Halton Catholic District School Board's adaptive delivery model for secondary students reflect a quadmester model in that students are enrolled in and earning two course credits at a time, while following a timetable that adheres to appropriate health and safety protocols related to COVID-19 and all other Ministry requirements.

The Chair called for a vote on **#185/20**:

IN FAVOUR	OPPOSED
B. Agnew	P. DeRosa
N. Guzzo	M. Duarte
V. Iantomasi	N. Gubert (non-binding)
H. Karabela	P. Murphy
K. Kelly (non-binding)	J. O'Hearn-Czarnota
T. O'Brien	J. Roshdy (non-binding)

The motion **CARRIED**.

#186/20

Moved by: M. Duarte

Seconded by: P. DeRosa

RESOLVED, that the meeting move past 1:00 a.m.

The Chair called for a vote on **#186/20** and it **UNANIMOUSLY CARRIED**.

Discussion regarding Trustee DeRosa's motion took place.

#187/20

Moved by: N. Guzzo

Seconded by: P. DeRosa

RESOLVED, that the meeting move past 1:30 a.m.

The Chair called for a vote on **#187/20** and it **UNANIMOUSLY CARRIED**.

Trustee Gubert left the meeting.

#188/20

Moved by: N. Guzzo

Seconded by: J. O'Hearn-Czarnota

BE IT RESOLVED, that the current motion on the floor be postponed and request a staff report for no later than August 19, 2020 which includes information on reducing classes that are above 26 to as close as possible to 25 and the costs associated with such.

The Chair called for a vote on **#188/20:**

IN FAVOUR	OPPOSED	ABSTAIN	ABSENT
B. Agnew	M. Duarte	K. Kelly (non-binding)	N. Gubert (non-binding)
P. DeRosa	H. Karabela		
N. Guzzo	P. Murphy		
T. O'Brien	J. Roshdy (non-binding)		
J. O'Hearn-Czarnota			

The motion **CARRIED.**

#189/20

Moved by: N. Guzzo

Seconded by: J. O'Hearn-Czarnota

RESOLVED, that the meeting move past 2:00 a.m.

The Chair called for a vote on **#189/20:**

IN FAVOUR	OPPOSED	ABSENT
B. Agnew		N. Gubert (non-binding)
P. DeRosa		
M. Duarte		
N. Guzzo		
H. Karabela		
K. Kelly (non-binding)		
P. Murphy		
T. O'Brien		
J. O'Hearn-Czarnota		
J. Roshdy (non-binding)		

The motion **CARRIED.**

11. Miscellaneous Information

There was no miscellaneous information.

12. Correspondence

12.1 VOICE for Deaf and Hard of Hearing Children

Correspondence was shared.

13. Open Question Period

POST NOTES:

QUESTION 1

Experts agree that using sanitizers cannot replace the effectiveness of washing your hands with soap and water. It is unsafe for portable students to be expected to eat meals/snacks without washing their hands. Having multiple portables' students going back and forth to and from the main building also doesn't work. Will there be portable handwashing stations placed for the portable students?

We will be providing hand hygiene stations in all of our classrooms across each of our schools. Any classrooms with a sink will have hand soap and water. Any rooms without sinks (including portable classrooms) will be provided with hand sanitizer. We will also be setting up hand sanitizer stations in other areas such as lobbies and offices across the board.

QUESTION 2

Please explain why HCDSB chose not adopt the Quad-Terms or Quad-Semesters Model for secondary school education as Toronto School Boards have discussed, whereby Toronto students will only have to rotate between two subjects in the physically at school and at home world, significantly simplifying their days and schedules as opposed to the 4 subject full term schedule fit into a day with only 3 periods that is currently proposed by the HCDSB? As a related point, please explain the benefit to students of the 4 course, full semester, 3 period model chosen.

Initially, we proposed this adapted learning model (1 credit every 23 days) because of the benefits of the approach:

- *Allowed students to be only with their single cohort/teacher.*
- *No transitions within the school building.*
- *Allowed for ample time for cleaning at the end of the school day.*
- *Common teacher planning time, which allows for greater collaboration.*
- *Deeper learning opportunities as students can focus on one subject at a time.*
- *Allows for deep relationship building opportunities.*

At the Special Board Meeting on August 12th, 2020, Trustees passed a motion to modify the proposed secondary school plan. We are now working towards implementing a quadmester model for secondary schools.

QUESTION 3

Could lunch be extended to approximately 1 hr to allow enough time to for students to exit the building safely observing social distancing and commute from school to home as well as preparing and eating lunch, going to the washroom (if necessary) and getting ready (including logging into the online portal) for their afternoon online classes? I fear that the current schedule does not allow sufficient time for students like my daughter who have a 20-25 minute commute in

good weather, particularly when you consider additional COVID safety measures and protocols in place in the school and on school transportation.

In the revised secondary schedule, the afternoon portion of synchronous instruction will now take place after teacher planning time. This will give students time to return home and prepare for the second half of the school day.

QUESTION 4

Is there not a way where students could receive physical in class instruction on a more frequent basis rather than what the current HDCSB proposal allows whereby students will be physically in school only 5 days in a two week period for one subject, then exclusively learning from home in that subject for the following 6 weeks (to allow for physical in class courses for subjects 2, 3 and 4 in two week blocks respectively)? As a related question, please explain how physical in class learning absences of 6 weeks at a time for any one course benefits students more than the previously suggested Quad-Semester model where students will cover the material for each of two courses in a fewer number of days, but could conceivably be physically in class with their two teachers without a 6 week gap?

This model has students taking one course at a time in approximately 5-week blocks, alternating between face-to-face learning and learning from home in a given week. Once this 5-week block is over, they then move on to their next course.

The primary benefit is that students are in a strict cohort of only 15 students for the entire 5-week block. In addition, students can concentrate on one course at a time.

At the Special Board Meeting on August 12th, 2020, Trustees passed a motion to modify the proposed secondary school plan. We are now working towards implementing a quadmester model for secondary schools.

QUESTION 5

In the past 2 years there has been sufficient communication regarding the St. Peter construction plan and addition to our school. But those were times where we were not facing a global pandemic. These are different times and the most concerning is the safety and well being of our children. I understand that there are contracts, tenders & commitments in place but we need to focus on the safe return of all students, teachers & staff to St. Peter School in September. There is a lot of anxiety about the return of our children in September and to add this construction issue, makes it even more difficult

We as a council and representatives of our parents of St. Peter School, are asking to please take into consideration the following:

To postpone construction until Halton region enters into Phase 4. To ensure the health & safety of our children, this construction directly limits & interferes with the implementation of the provincial plan. This pandemic was not taken into consideration in the preliminary plan, therefore the plans need to be adjusted according to our current situation and our number one priority, is the safe return of our children and also our teachers administration.

Please note:

Classrooms will not be able to open windows for extra ventilation because of the dust from construction being done during the school hours

Main side entrance & 3 kindergarten door entrances will be unusable due to the construction

There will be workers in and out of the school, when only staff & students are allowed

We are being told that the fencing is only temporary, but is there consideration that the construction workers need to work 2 ft apart? We also need to take their safety into consideration.

We are asking for the construction plan to be reviewed, revised and consider that all guidelines are being followed as per our Provincial Plan, Public Health Officials expectations & HCDSB plan.

There is a large part of the school play ground that has been blocked off. It puts our children at a disadvantage because we are losing valuable playground space not only for our kindergartens but also limiting other grades during recess. We are asking the Town of Milton to extend our playground to Denspey Neighbourhood park (soccer field) and access the basketball courts on the west side of St. Peter school during the whole school year.

Please understand that in normal circumstances, we would not be opposing to this construction, but during these times, the decisions we make regarding the health and safety of our children is of utmost importance. I believe that this is just bad timing on the part of starting this project. We as a school community have been very proud to be part of this school and truly care for each and every family involved. Our council has always worked well with the teachers & administration of St. Peter School.

We are asking to please consider our proposal.

On July 27, 2020, we received final approval to proceed with addition of a child care centre at St. Peter Catholic Elementary School. Construction fencing has been placed on the school site, and work has begun in preparation for the addition. The crews are moving quickly so that the site preparation work can be completed before school begins.

Some important notes about the renovation:

- The current construction zone is actually larger than it will be once school begins. The construction fencing will be relocated from its current positioning once the required site preparation work is completed, and it will cover a much smaller area of the property than what is currently sectioned off.*
- As some of the asphalt area on the school property will be closed off once school begins, we have made arrangements with the Town of Milton for students to use the Dempsey Neighbourhood Park during recess. This will provide for a much larger play area than what the school can currently accommodate.*
- The Kindergarten play area will be closed during the first few weeks of school, as some work is completed. Once the work is completed, the yard will be open and safe for student use.*
- There will be no construction inside the school, and the construction zone will be fully enclosed to protect students, families, staff and community members.*

- *Contractors will remain within the construction zone. Any access to the school will be limited, but when it is necessary, it will be done in accordance with the established procedures.*
- *Every effort will be made to manage noise and minimize any disruption to student learning.*
- *Barring any unforeseen delays, we are hoping this renovation will be completed in March, 2021.*

For more information about this new child care addition, visit the Board website at <https://schoolplanning.hcdsb.org/st-peter-project/>. Construction updates will also be posted on this page as the renovation progresses.

Safety is always our highest priority, and as we prepare to re-open our schools, we will make sure that all families and staff are aware of the health and safety protocols that will be in place to help mitigate and risks related to COVID-19. Our Facility Management Team will be working very closely with your School Principal and Vice-Principal to ensure that all of the safety measures and health protocols will be met while construction is taking place.

Question 6

I have a daughter going into Grade 2 and a son going into Senior Kindergarten in September. Before we can make our decision, I would like more information on the plan for kindergarten. What will the program look like in the fall? Specifically, I would like to know how children will socially distance. Will it still be play-based learning? What modifications are being made to the program?

We will make every effort to adhere to physical distancing guidelines, however, the kindergarten program will remain a play-based program. Classroom materials will include those that can be cleaned easily, and soft materials will be removed during this time.

Question 7

Does the board's current budget reflect all the costs associated with the impact of COVID-19 on the return to school?

The budget that was approved on July 29, 2020 by the Board of Trustees does not reflect all the costs associated with the impact of COVID-19.

Question 8

Can you please clarify the anticipated costs and how they will be funded. The Ministry has indicated additional funding but also that they would be providing PPE etc., to boards directly; can you clarify if the Ministry is providing funds, actual product or both? Also, will the Board receive less funding given that \$2 - \$3 million of last year's budget has already been spent on PPE in anticipation of the next school year and/or will this funding be replenished by the Ministry?

The allocation of funding that HCDSB receives from the Ministry is not impacted by the amount of spending that HCDSB has already done in preparation for the return to school in September. While HCDSB awaits the details of the funding arrangement and PPE

supply, it has proactively purchased PPE for staff and students to ensure that there is sufficient supply for the start of the school year.

Question 9

Is there ANY other school board in Ontario where secondary students will only be taking one credit at a time?

We are aware that the Hamilton Wentworth Catholic District School Board and the Niagara Catholic District School Board are following this model.

Question 10

Did the board give any consideration to the quadmester model that most other boards are doing? What were the reasons for not choosing this model?

Initially, we proposed this adapted learning model (1 credit every 23 days) because of the benefits of the approach:

- *Allowed students to be only with their single cohort/teacher.*
- *No transitions within the school building.*
- *Allowed for ample time for cleaning at the end of the school day.*
- *Common teacher planning time, which allows for greater collaboration.*
- *Deeper learning opportunities as students can focus on one subject at a time.*
- *Allows for deep relationship building opportunities.*

At the Special Board Meeting on August 12th, 2020, Trustees passed a motion to modify the proposed secondary school plan. We are now working towards implementing a quadmester model for secondary schools.

Question 11

Has consideration been given to the impact on students' mental health in this scenario if, for example, a student is struggling in the only course they are taking - if its a course they really don't like, if they don't have a positive relationship with the teacher, if they don't have any friends in the class....or any combination of these factors?

The Secondary model has been modified.

Question 12

How does this model compare to a regular semester (4 courses at a time), or even a quadmester model (2 courses at a time) in terms of student learning and retention?

The primary benefit is that students are in a strict cohort of only 15 students for the entire 5-week block. This model is similar to our successful night school and summer school, as well as our Thomas Merton Adult Day school program.

Question 13

Has the board given consideration to how well this model would continue if, at some point after school starts, schools are shut down and the Ministry mandates full time distance learning again?

Because students are focusing on one course at a time, we believe if we moved to an online format it would be easiest for students to adapt. The adapted model is designed to shift to remote learning at any time.

Question 14

What if the Ministry directs a full return to school at some point after school starts? Will students continue to take one course at a time for the rest of the semester or school year? So they would be physically in the same class all day, every day, for 23 instructional days in a row?

Yes, students would continue in this program as they do in summer school. Regardless of the model chosen, Boards will have to remain in whatever model they choose until the end of the semester.

Question 15

Does the board anticipate that this model would continue into second semester? What would be the factors that would decide if that happens or not?

Public Health and the Ministry of Education will make those determinations – at this time it is unknown.

Question 16

At the July 23rd board meeting, trustees passed a motion that return to school committees would include representatives from SEAC and CPIC, yet those representatives have not yet been involved in any meetings, even as the board is set to finalize its plans. Why has the resolution not been implemented? Doesn't the board have an obligation to implement duly passes motions?

Members of SEAC and CPIC will be invited to meetings.

Question 17

The return to school plan mentions a "school reopening committee" for each school. How and when will those committees be established and how will the board ensure that they are effectively representing and communicating with the entire school community?

The school reopening committee will be compiled of various staff members and parents at the discretion of the School Principal. The committees will be established the week before school.

Question 18

In a recent board meeting senior staff referred to the "success" of its summer school courses. How does the board define success? Have they ever surveyed students for their impressions? Do they measure how students perform in the subsequent course if the summer school course is a pre-requisite? Or do they just measure success by the pass rate?

When staff referred to the model as successful it was based upon student demand for courses (as demonstrated by enrollment) year after year, including a record number of students this year despite the online only format.

Question 19

For phys ed and other "hands on electives", when will students know specific details about how those courses will be offered and will they have an opportunity to opt out and choose a different elective if they wish, based on the alternative delivery of those courses?

The Ministry of Education is requiring that educators teach and report on all aspects of the Ontario Curriculum. It's important to know that Health and Physical Education is a curriculum subject and that there are no alternate electives. Educators will follow Health and Physical Education curriculum expectations while adhering to health and safety protocols and physical distancing guidelines put in place. This will be the same for other subject areas as well.

Question 20

The return to school plan indicates that "classes will not using the library/learning commons"....if that is the case, why did the board recently have a posting for "a number" of librarian positions?

In the past several months, HCDSB had library job openings that hadn't been filled. Some schools also moved from part-time to full-time library support due to increased enrolment numbers.

While our library spaces may look different in the 2020-21 school year, library staff are and will be integral to a successful adjustment as our schools reopen in September. Library staff, along with the myriad of library resources available, are essential to supporting staff and students as they develop their reading skills; enhance their research skills and learn about the ethical use of information when completing projects and assignments.

*Consistent with the activities during the school closures due to COVID-19, and in addition to any additional duties **all** staff will be asked to support, library staff will continue to support staff and students by:*

- Sharing virtual and in-person programming options with students and teachers (ie. read alouds, author visits, etc.)*
- Supporting students and teachers with access to both digital and print resources (ie. database instruction, etc.)*
- Collaborating with school staff to support the use of distance learning technology*

Question 21

Among the recommendations from Sick Kids, the key recommendations include (1) ensuring proper ventilation in the school (classroom) and portables and (2) smaller classes to ensure physical distancing (2m) and (3) proper hand washing. What is the Board doing to align with these recommendations despite what the Min of Ed has stated?

Each of our classrooms, including all portables, use mechanical ventilation systems to provide fresh air to classrooms. Classroom staff may also opt to open windows at their own discretion.

HCDSB will ensure physical distancing between and within cohorts (groups) in both indoor and outdoor learning and play spaces when possible. All schools will have plans in place to monitor/enforce physical distancing dependent on the age of the student, location, etc. Some strategies to support physical distancing will include physical and visual cues such as pylons, barriers to support spacing boundaries, and signage in hallways and classrooms.

To ensure proper handwashing:

- Hand sanitizer wall dispensers will be available by the front door of every school, and at prominent side entrances, and in the main office.*
- Hand sanitizer pump dispensers will be provided in all classrooms without a sink, including portable classrooms.*
- Hand soap will be provided in all classrooms with a sink.*
- All handwashing locations with an automatic faucet will have a hands-free hand dryer or paper towel dispense*
- All handwashing locations with a manual faucet will have a paper tower dispenser.*

Question 22

Will the local school contact families to describe how the Board's plan will be implemented for their specific classes?

Yes. You will be receiving additional information from your home school closer to the first day of school.

Question 23

What are the implications of each option? If parents decide to not send their children to school, will classes (cohorts) be combined to increase the number of students in the class?

Yes, smaller classes may be combined.

Question 24

How will cohorts (bubbles be maintained) if there are rotating teachers going to different classes?

All health and safety protocols put in place by public health will be followed by all teaching staff. Each day, teachers will be required to complete a self-assessment before entering the school building. Teachers will also be required to use PPE and will practice physical distancing.

Question 25

Describe in further details what the distance learning/enhanced online option is? The schedule is provided in the full report but how will this be managed? Will students be grouped with students from the same school or from other schools? Will teachers be from the local school or will the teacher be from another school? How will students be assessed if the online option is chosen?

Students who are choosing to learn online will be part of a Virtual School, where they will be assigned to a classroom teacher and receive instruction synchronously and asynchronously throughout the day, in accordance to the Ministry of Education guidelines.*

Teachers will support students in large and small group instruction throughout the day, and staff will engage in ongoing and regular synchronous 'Check & Connect' with students.

Students will receive timetables outlining weekly schedules for all classes.

** Please note that this may not be a teacher from their school community, depending on the number of students from each school that opt to learn online.*

Question 26

Will it be required that all teachers use a messaging platform (e.g., Remind) to communicate with parents?

Teachers will communicate with teachers via regular means – phone, email, Learning Management System (e.g. D2L)

Question 27

What is the protocol to inform parents if someone in the class tests positive or is in contact with someone who tests positive for COVID 19?

In the event of a confirmed case of COVID-19, Halton Region Public Health will notify the school and provide further information on contact tracing and outbreak management. Public Health will provide additional information and follow-up with individuals confirmed with COVID-19 and will inform their close contacts. In these cases, the Board or School will need to assist in providing contact information. Each school and or work location is responsible for maintaining daily contact and Visitor Protocol Forms for all essential visitors. Schools will maintain a record of classroom and bus seating plans and must ensure that all contact information is continually updated.

Question 28

How will a teacher address and manage a student refusing to wear their mask?

Teachers will work with parents and students to become more comfortable wearing a mask at school.

Question 29

How will families be able to communicate with the SERT at the local school with regards to IEP and IPRC meetings? This came to a halt last March and how do we proceed with this?

The expectation on school special education resource teachers was that they continue communicating with parents. SERTs were expected to continue communicating with parents either virtually, email or by phone regarding IEP development and we even had some IPRC's conducted virtually.

14. In-Camera**#190/20****Moved by:** M. Duarte**Seconded by:** T. O'Brien**RESOLVED**, that meeting move in-camera.The Chair called for a vote on **#190/20**:

IN FAVOUR	OPPOSED	ABSENT
B. Agnew		N. Gubert (non-binding)
P. DeRosa		
M. Duarte		
N. Guzzo		
H. Karabela		
K. Kelly (non-binding)		
P. Murphy		
T. O'Brien		
J. O'Hearn-Czarnota		
J. Roshdy (non-binding)		

The motion **CARRIED**.

The meeting moved in-camera at 2:05 a.m.

The meeting moved out of in-camera at 2:24 a.m.

15. Resolution Re: Absentees

There were no absentees.

16. Adjournment and Closing Prayer (H. Karabela)**#191/20****Moved by:** J. O'Hearn-Czarnota**Seconded by:** T. O'Brien**RESOLVED**, that meeting adjournThe Chair called for a vote on **#191/20** and it **UNANIMOUSLY CARRIED**.

The meeting adjourned at 2:24 a.m.

Secretary of the Board_____
Chair

MINUTES OF THE SPECIAL BOARD MEETING

Date: August 18, 2020
Time: 7:30 pm
Location: Catholic Education Centre
802 Drury Lane, Burlington

Board Room Attendance: V. Iantomasi, Chair of the Board
B. Agnew
P. DeRosa
M. Duarte, Vice-Chair of the Board
N. Guzzo
P. Daly, Secretary of the Board
A. Lofts, Superintendent and Treasurer of the Board, Business Services
A. Swinden, Manager, Strategic Communications
R. Di Pietro, Recording Secretary

Trustees:	H. Karabela	J. O'Hearn-Czarnota
(Electronically)	P. Murphy	T. O'Brien

Student Trustees:	N. Gubert	J. Roshdy
(Electronically)	K. Kelly	

Senior Staff:	S. Balogh	L. Naar
(Electronically)	C. Cipriano	J. O'Hara
	J. Crowell	T. Pinelli
	C. McGillicuddy	A. Prkacin
	R. Merrick	

Also Present: L. Collimore, Chief Officer, Research and Development Services
(Electronically) A. Cross, Senior Manager, Financial Services
R. DeFranco, Creative Design Officer, Strategic Communications

1. Call to Order

1.1 Opening Prayer, National Anthem, Oath of Citizenship (J. Roshdy)

The meeting opened at 7:30 p.m. with a prayer led by Trustee Roshdy.

1.2 Motions Adopted in-Camera

There was no in-camera session.

1.3 Information Received In-Camera

There was no in-camera session.

2. Approval of the Agenda

In order to listen and discuss the staff report on Return to School Planning, Trustees in agreement that Staff Report 9.1 – Return to School Planning be before Action items 8.1 – Response to Delegation and 8.2 – Elementary Return to School Plan.

#192/20

Moved by: T. O'Brien

Seconded by: N. Guzzo

RESOLVED, that agenda be approved as amended.

The Chair called for a vote on **#192/20** and it **UNANIMOUSLY CARRIED**.

3. Declarations of Conflict of Interest

There were no conflicts of interest declared.

4. Presentations

There were no presentations.

5. Delegations**5.1 Secondary Return to School Plan (C. Kalwies)**

C. Kalwies presented a delegation regarding the Secondary Return to School Plan.

6. Approval of the Minutes

There were no minutes to approve.

7. Business Arising from Previous Meetings

There was no business arising to review.

8. Action Items**8.1 Response to Delegation**

This item was deferred to after Staff Report 9.1 – Return to School Planning.

8.2 Elementary Return to School Plan (P. DeRosa)

This item was deferred to after Staff Report 9.1 – Return to School Planning.

9. Staff Reports**9.1 Return to School Planning (P. Daly)**

Director Daly provided a plan to re-open HCDSB Schools in September 2020.

Questions asked and answered.

Director Daly provided Trustees with the estimated costs of reducing elementary class sizes to a maximum of 25 students.

#193/20**Moved by:** N. Guzzo**Seconded by:** B. Agnew**RESOLVED**, that meeting move past 10:00 p.m.

The Chair called for a vote on **#193/20** and it **UNANIMOUSLY CARRIED**.

Discussed ensued. Questions asked and answered.

#194/20**Moved by:** P. DeRosa**Seconded by:** B. Agnew**RESOLVED**, that meeting move past 10:30 p.m.

The Chair called for a vote on **#194/20** and it **UNANIMOUSLY CARRIED**.

Questions asked and answered.

#195/20**Moved by:** N. Guzzo**Seconded by:** H. Karabela**RESOLVED**, that meeting move past 11:00 p.m.

The Chair called for a vote on **#195/20**. The vote was not unanimous, therefore the meeting had to adjourn.

POST NOTES:

10. Information Reports

The meeting was adjourned. There were no information reports.

11. Miscellaneous Information

The meeting was adjourned. There was no miscellaneous information.

12. Correspondence

The meeting was adjourned. There was no correspondence.

13. Open Question Period

The meeting was adjourned.

14. In-Camera

The meeting was adjourned. There was no in-camera session.

15. Resolution Re: Absentees

There were no absentees.

16. Adjournment and Closing Prayer (P. Murphy)**#196/20****Moved by:** N. Guzzo**Seconded by:** H. Karabela**RESOLVED**, that meeting adjourn.The Chair called for a vote on **#196/20**:

IN FAVOUR	OPPOSED
P. DeRosa	B. Agnew
M. Duarte	N. Gubert (non-binding)
	N. Guzzo
	H. Karabela
	K. Kelly (non-binding)
	P. Murphy
	T. O'Brien
	J. O'Hearn-Czarnota
	J. Roshdy (non-binding)

The meeting adjourned at 11:01 p.m. with a prayer led by Trustee Murphy.

Secretary of the Board

Chair

MINUTES OF THE SPECIAL BOARD MEETING

Date: August 19, 2020
Time: 10:00 a.m.
Location: Catholic Education Centre
802 Drury Lane, Burlington

Board Room Attendance: V. Iantomasi, Chair of the Board
P. DeRosa
P. Daly, Secretary of the Board
A. Swinden, Manager, Strategic Communications
R. Di Pietro, Recording Secretary

Trustees:	B. Agnew	H. Karabela
(Electronically)	M. Duarte, Vice-Chair of the Board	P. Murphy
	N. Guzzo	T. O'Brien

Student Trustees:	N. Gubert	J. Roshdy
(Electronically)	K. Kelly	

Trustees Excused J. O'Hearn-Czarnota

Senior Staff:	S. Balogh	A. Lofts
(Electronically)	C. Cipriano	L. Naar
	J. Crowell	J. O'Hara
	C. McGillicuddy	T. Pinelli
	R. Merrick	A. Prkacin

Also Present: L. Collimore, Chief Officer, Research and Development Services
(Electronically) A. Cross, Senior Manager, Financial Services
R. DeFranco, Creative Design Officer, Strategic Communications

1. Call to Order

1.1 Opening Prayer, National Anthem and Oath of Citizenship (N. Gubert)

The meeting opened at 10:00 a.m. with a prayer led by Trustee Gubert.

1.2 Motions Adopted In-Camera

There was no in-camera session.

1.3 Information Received In-Camera

There was no in-camera session

2. Approval of the Agenda

In order to continue discussion on staff report Return to School Planning, Trustees in agreement that Staff Report 9.1 – Return to School Planning be before Action items 8.1 – Response to Delegation and 8.2 – Elementary Return to School Plan.

#197/20

Moved by: P. DeRosa

Seconded by: B. Agnew

RESOLVED, that agenda be approved as amended.

The Chair call for a vote on **#197/20** :

IN FAVOUR	ABSENT
B. Agnew	K. Kelly (non-binding)
P. DeRosa	J. O'Hearn-Czarnota
M. Duarte	J. Roshdy (non-binding)
N. Gubert (non-binding)	
N. Guzzo	
H. Karabela	
P. Murphy	
T. O'Brien	

The motion **CARRIED**.

3. Declarations of Conflict of Interest

There were no conflicts of interest declared.

4. Presentations

There were no presentations.

5. Delegations

There were no delegations.

6. Approval of Minutes

There were no minutes to approve.

7. Business Arising from Previous Meetings

There was no business arising to review.

8. Action Items**8.1 Response to Delegation of August 18, 2020**

This item was deferred to after Staff Report 9.1 – Return to School Planning.

8.2 Elementary Return to School Plan

This item was deferred to after Staff Report 9.1 – Return to School Planning.

9. Staff Reports

9.1 Return to School Planning (P. Daly)

Discussion ensued. Questions asked and answered.

#198/20

Moved by: N. Guzzo

Seconded by: B. Agnew

WHEREAS student safety is paramount in the return to school planning;

WHEREAS distancing challenges may arise;

WHEREAS we want to be consistent with the messaging we send to our students regarding masking;

WHEREAS students are required to wear masking in any other public forums within the Region of Halton; and;

WHEREAS consistency for students is key in the success of re-entry;

BE IT RESOLVED that all students (JK- 12) be required to wear non-medical masks/ face coverings with the exception of students with exemptions.

The Chair call for a vote on **#198/20**:

IN FAVOUR	OPPOSED	ABSTAIN	ABSENT
B. Agnew	H. Karabela	P. DeRosa	K. Kelly (non-binding)
M. Duarte	T. O'Brien		J. O'Hearn-Czarnota
N. Gubert (non-binding)			J. Roshdy (non-binding)
N. Guzzo			
P. Murphy			

The motion **CARRIED**.

The Chair returned to action item 8.1 – Response to Delegation.

Trustee Kelly joined the meeting.

#199/20

Moved by: M. Duarte

Seconded by: P. DeRosa

RESOLVED, that the delegation from August 18, 2020 regarding the Secondary Return to School Plan be received as information.

The Chair call for a vote on **#199/20**:

IN FAVOUR	OPPOSED	ABSENT
B. Agnew		J. O'Hearn-Czarnota
P. DeRosa		J. Roshdy (non-binding)
M. Duarte		
N. Gubert (non-binding)		
N. Guzzo		
K. Kelly (non-binding)		
H. Karabela		
P. Murphy		
T. O'Brien		

The motion **CARRIED**.

Trustee Roshdy joined the meeting.

The Chair returned to action item 8.2 – Elementary Return to School Plan.

Trustee DeRosa provided a friendly amendment to his motion of August 12, 2020.

#200/20

Moved by: P. DeRosa

Seconded by: P. Murphy

WHEREAS, the uncertainties and safety challenges that COVID-19 still presents, even with the staff's best efforts to mitigate the risks of a return to school in September, students, teachers, custodians, and all other support staff will still be exposed;

WHEREAS, this is a risk that is heightened by the anticipated second wave of COVID-19, in conjunction with a corresponding flu season and still the uncertain impact of a return to stage 3 by the GTA and the surrounding communities;

BE IT RESOLVED THAT, until such time that the Board received a clear directive from the Government to the contrary, the Board of trustees directs the Director of Education to amend the current plan for return to school to reflect the approved government standard for physical distancing of 2 meters, which currently results in approximately 15 to 20 students per class depending on the size of the classroom to a cap of 25 per class at the elementary level;

BE IT FURTHER RESOLVED, that the Board of Trustees also directs the Director of Education to plan and begin a staggered return to school for all students starting September 8, 2020 with a full return to classes no later than the end of the 3rd week of September.

BE IT FURTHER RESOLVED, in the interim staff will continue to the effort of reducing class sizes organically by reallocating existing resources where possible and while continuing to monitor the progress of COVID-19 in the community in consultation with Halton Health, Government, parents, and labor groups so as to insure a safe return.

#200/20 (AMENDMENT)**Moved by:** T. O'Brien**Seconded by:** M. Duarte

WHERE AS, the uncertainties and safety challenges that COVID-19 still presents, even with the staff's best efforts to mitigate the risks of a return to school in September, students, teachers, custodians, and all other support staff will still be exposed;

This is a risk that is heightened by the anticipated second wave of COVID-19, in conjunction with a corresponding flu season and still the uncertain impact of a return to stage 3 by the GTA and the surrounding communities;

BE IT RESOLVED THAT, ~~until such time that the Board received a clear directive from the Government to the contrary, the Board of trustees directs the Director of Education to amend the current plan for return to school to reflect the approved government standard for physical distancing of 2 meters, which currently results in approximately 15 to 20 students per class depending on the size of the classroom to a cap of 25~~ **per class in elementary schools;**

BE IT FURTHER RESOLVED, that the Board of Trustees also directs the Director of Education to plan and begin a staggered return to school for all students starting September 8, 2020 with a full return to classes no later than the end of the 3rd week of September.

BE IT FURTHER RESOLVED, in the interim staff will continue to the effort of reducing class sizes organically by reallocating existing resources where possible and while continuing to monitor the progress of COVID-19 in the community in consultation with Halton Health, Government, parents, and labor groups so as to insure a safe return.

The Chair call for a vote on **#200/20 (AMENDMENT)**:

IN FAVOUR	OPPOSED	ABSENT
B. Agnew	P. DeRosa	J. O'Hearn-Czarnota
M. Duarte	H. Karabela	
N. Gubert (non-binding)	P. Murphy	
N. Guzzo		
K. Kelly (non-binding)		
T. O'Brien		
J. Roshdy (non-binding)		

The amendment **CARRIED**.

#200/20 (AS AMENDED)**Moved by:** P. DeRosa**Seconded by:** P. Murphy

WHERE AS, the uncertainties and safety challenges that COVID-19 still presents, even with the staff's best efforts to mitigate the risks of a return to school in September, students, teachers, custodians, and all other support staff will still be exposed;

This is a risk that is heightened by the anticipated second wave of COVID-19, in conjunction with a corresponding flu season and still the uncertain impact of a return to stage 3 by the GTA and the surrounding communities;

BE IT RESOLVED THAT, until such time that the Board received a clear directive from the Government to the contrary, the Board of trustees directs the Director of Education to amend the current plan for return to school to reflect the approved government standard for physical distancing of 2 meters, which currently results in approximately 15 to 20 students per class depending on the size of the classroom to a cap of 25 per class in elementary schools;

BE IT FURTHER RESOLVED, that the Board of Trustees also directs the Director of Education to plan and begin a staggered return to school for all students starting September 8, 2020 with a full return to classes no later than the end of the 3rd week of September.

BE IT FURTHER RESOLVED, in the interim staff will continue to the effort of reducing class sizes organically by reallocating existing resources where possible and while continuing to monitor the progress of COVID-19 in the community in consultation with Halton Health, Government, parents, and labor groups so as to insure a safe return.

The Chair call for a vote on **#200/20 (AS AMENDED)**:

IN FAVOUR	OPPOSED	ABSTAIN	ABSENT
M. Duarte	P. DeRosa	B. Agnew	J. O'Hearn-Czarnota
N. Gubert (non-binding)	N. Guzzo		
T. O'Brien	H. Karabela		
J. Roshdy (non-binding)	K. Kelly (non-binding)		
	P. Murphy		

The motion was **DEFEATED**.

10. Information Reports

There were no information reports.

11. Miscellaneous Information

There was no miscellaneous information.

12. Correspondence

There was no correspondence.

13. Open Question Period

QUESTION 1

Will online learning be with children from the same school?

Students may be allocated to a teacher from a different school.

QUESTION 2

Will online learning be regular class sizes or smaller?

This is dependent on how many students opt for remote learning.

QUESTION 3

Is the board looking at delaying the start of the school year?

We have not anticipated staggered entry.

QUESTION 4

If my children are sent home sick, will they be provided with school work for the 14 days?

We will ensure that students that are isolated will be caught up on their curriculum.

QUESTION 5

Will the children be allowed back with a doctor's note (before the 14 days)?

If a medical practitioner clears the student to come back to school before 14 days, they can come back to school.

QUESTION 6

If in class learning becomes more detrimental to the child, could a family pull their child out and be provided with some kind of schooling?

Parents would have the opportunity to move from in-class instruction to remote learning. This was also part of the presentation from the August 18th Special Board Meeting.

QUESTION 7

Hamilton board is allowing reentry points throughout the semester. Will the board be considering that?

Yes. We will have those multiple re-entry points as well.

QUESTION 8

I see that the board is hiring many more custodians. Will they be there during the day? Washrooms/doors be sanitized frequently?

The intent is that any additional custodial staff we'll be hiring will be involved in enhanced cleaning procedures. This includes washrooms, doors and multiple touch points that will be sanitized throughout the day

QUESTION 9

If my child starts in-class at school, and I decide, I need to switch to online learning, will this be allowed and in a reasonable time frame? Before second term, a reasonable waiting period (one to two weeks)

Yes. There will be multiple re-entry points throughout the year.

QUESTION 10

If I come to find out my child is in a class that is 25+ students and we no longer feel comfortable with the in-class arrangement, can we switch to online learning in a timely manner?

Yes.

14. In-Camera

There was no in-camera session.

15. Resolution Re: Absentees

#201/20

Moved by: P. DeRosa

Seconded by: T. O'Brien

RESOLVED, that Trustee O'Hearn be excused for personal reasons.

The Chair call for a vote on **#200/20**:

IN FAVOUR	OPPOSED	ABSENT
B. Agnew		J. O'Hearn-Czarnota
P. DeRosa		
M. Duarte		
N. Gubert (non-binding)		
N. Guzzo		
K. Kelly (non-binding)		
H. Karabela		
P. Murphy		
T. O'Brien		
J. Roshdy (non-binding)		

The motion **CARRIED**.

16. Adjournment and Closing Prayer

#202/20

Moved by: P. DeRosa

Seconded by: T. O'Brien

RESOLVED, that the meeting adjourn.

The Chair call for a vote on **#202/20**:

IN FAVOUR	OPPOSED	ABSENT
B. Agnew		J. O'Hearn-Czarnota
P. DeRosa		
M. Duarte		
N. Gubert (non-binding)		
N. Guzzo		
K. Kelly (non-binding)		
H. Karabela		
P. Murphy		
T. O'Brien		
J. Roshdy (non-binding)		

The motion **CARRIED**.

The meeting adjourned at 12:53 p.m. with a prayer led by Chair Iantomasi.

Secretary of the Board

Chair

BUSINESS ARISING FROM PREVIOUS MEETINGS

DATE OF THE BOARD MEETING	AGENDA ITEM	ACTION REQUIRED	RESPONSIBILITY	STATUS
November 5, 2019	Math Action Plan	BE IT RESOLVED , that in December 2020, the Board of Trustees receive a staff report on the progress made toward achievement of the goals of the Math Action Plan with measurable outcomes using qualitative and quantitative data.	Curriculum	December 2020
November 19, 2019	Response to Delegations	WHEREAS , the Board of Trustees give direction to the Director of Education and Secretary of the Board to present a comprehensive plan to eliminate the waiting list, meet future demand and growth of French Programming for the 2020/2021 school year. BE IT FURTHER RESOLVED , that the Board of Trustees further direct that the Multi year French Teacher Recruitment Plan include those schools identified in the delegation, including but not limited to Laurentian, Sherbrook, Bishops, Concordia, University of Quebec, etc.	Senior Staff	
March 31, 2020	Math & Science Extra Curricular Engagement – Past/Present Initiatives and Future Opportunities	BE IT RESOLVED , that the Board of Trustees give instructions to its Secretary and Director of Education to prepare and present to the Board of Trustees on May 5, 2020 a detailed report outlining the current co-curricular and extra-curricular events being conducted in elementary and secondary math and science. The report should include the level of student participation in local, regional, university, national and international competitions for the past academic year.	Curriculum	It was agreed to establish a Steering Committee consisting of but not limited to HCDSB staff, Trustees representatives and community partners with the following timelines: Draft Terms of Reference for June 2020 Committee Final Terms for September 2020 Initial Staff Report back to the Board of Trustees for the

		BE IT FURTHER RESOLVED , that subject to the May 5, 2020 report a plan be presented to the Board for review which includes the initiatives that support and encourage participation in local, regional, university, national shows and competitions in math and science, along with STEM initiatives moving forward.		October 20, 2020 Regular Board Meeting A request was made regarding what the costs would be to dedicate staff to this program.
March 31, 2020	Update to Board Room Technology	WHEREAS , the boardroom located in the Halton Catholic District School Board's Catholic Education Centre offices, is also the location where public meetings are held and in keeping with Section 208.1 sub sections 1, 2, 3 and 4 of the Education Act which states that access to proceedings be allowed from remote locations to Trustees; and, WHEREAS , current audio, video and data transfer equipment is antiquated and unsatisfactory BE IT RESOLVED , that the Board gives instruction to the Secretary of the Board to investigate and provide at least three (3) costed reports at a regular board meeting, for the purpose of upgrading the current communication system and replace the same so as to allow seamless remote access with the latest technology (such as: speech timing, floor queuing, live streaming, recording, screen sharing, document comparing, etc..) that has the capability of allowing a minimum of 25 remote users by no later than the May 5, 2020 Regular Board meeting; and that this technology be capable of relocation to any board office if required.	A. Lofts	Trustees in agreement that a staff working committee be struck in the Fall of 2020.
June 16, 2020	HCDSB Procedural By-Laws	Ad Hoc/Standing By-Law Review Committee	P. Daly	

June 16, 2020	School Generated Funds	<p>BE IT RESOLVED, that the Board of Trustees direct the Secretary and Director of the Halton Catholic District School Board to provide the Board of Trustees with a report on School Generated Funds (SGF) explaining the program and including SGF reports from all schools, with a summary (SGF) report totaling all schools for the years ending 18/19, 19/20 as well as the schools budget for 20/21 at the Sept 15, 2020 Regular Board meeting. The total (SGF) summary report as shown below will show, opening balances at the beginning of the year, revenues and expenses by source for the year and ending balances at the end of the year by category with a description of what is included in each category.</p> <p>BE IT FURTHER RESOLVED that a list of cash balances (including a physical count of cash on hand where applicable) as at August 31, 2020 by school, be provided at the September 15, 2020 Regular Board meeting.</p>	A. Lofts	September 15, 2020
June 16, 2020	Food Waste Management Practices	<p>BE IT RESOLVED, that a staff report be completed and brought to the December 1, 2020 Regular Board meeting with regards to the Board's strategy in combatting food waste in secondary school serveries including details on waste audits and other pertinent information;</p> <p>BE IT FURTHER RESOLVED, that additional details be provided in the report around investigating the possibility of participation in food donation programs and if the Board is currently involved with same.</p>	R. Merrick	December 1, 2020

OUTSTANDING POLICY ITEMS

DATE OF THE BOARD MEETING	AGENDA ITEM	ACTION REQUIRED	RESPONSIBILITY	STATUS



Regular Board Meeting

Action Report

Board Meetings	Item 8.2
Tuesday, September 1, 2020	

The following *Notice of Motion* was presented at the June 16, 2020 Regular Board meeting:

<p>Moved by: J. O'Hearn-Czarnota</p> <p>Seconded by:</p> <p><i>BE IT RESOLVED</i>, that the Board of Trustees direct Pat Daly, Director of Education to retain the services of a Parliamentarian (chosen by majority vote of Trustees) to attend (sit in) on 3 Regular Board meetings for September 15th, October 6th and October 20th, 2020.</p>



Regular Board Meeting

Information Report

Return to School Planning	Item 10.2
September 1, 2020	

Alignment to Strategic Plan

This report is linked to the strategic priorities:

Achieving: Meeting the needs of all learners

Believing: Celebrating our Catholic faith & aspiring to be models of Christ

Belonging: Embracing relationships & sustaining safe, welcoming schools

Purpose

The purpose of this report is to update Trustees on planning for the reopening of school in September 2020.

Background Information

On July 30, 2020 the Ministry of Education released its proposed framework and program delivery model for reopening of schools in September 2020. The Ministry has directed school boards to start the school year in a conventional delivery at the elementary level which would see all elementary students returning to school for 300 minutes of instructional time, five days per week, with enhanced health and safety protocols in place.

At the secondary level the Ministry has directed the Halton Catholic District School Board (HCDSB) to reopen in an adapted delivery where students will attend school on alternate days. The choice for students to access their schooling remotely remains an option at both the elementary and secondary level.

Intent to Return Survey

The *Intent to Return Survey* was developed by HCDSB Research and Development Services to gather feedback from parent/guardian regarding their children's learning in 2020-2201. The data is being used to support return to school planning including staff allocation, transportation, device and internet access. Two separate surveys (Elementary and Secondary) were made available to



parents/guardians from August 20, 2020 until August 26, 2020. There were 18,463 elementary responses (79% of elementary enrolment) and 9,773 secondary responses (76% of secondary enrollment).

Survey data showed that of the responses received from elementary parents, **20% of elementary students will not physically attend** school. Elementary schools may require some reorganization prior to September 8. Given the significant number of students learning remotely, the Board will need to allocate Educators, Administrators and other supports to our remote learning option. While students will not have the same teacher online as they would in person, we are continuing to explore ways in which they will be able to connect with their physical home school.

Of the responses received from secondary parents approximately of **15% of secondary students** who responded **will not physically** attend school.

The *Intent to Return Survey* also asked parents to identify what might be of concern to them as their children return to school. At both the elementary and secondary levels parents identified physical distancing as a primary concern.

Physical Distancing

As much distancing as possible between all individuals will be promoted at all times. Physical distancing measures will be supplemented with other public health measures supported by health and safety strategies, such as screening, adapted school environments, cohorting, hand hygiene, enhanced cleaning and masking.

Distancing should be maintained between and within cohorts in both indoor and outdoor learning and play spaces when possible. The school will have plans in place that are site-based to monitor/enforce physical distancing.

Physical distancing strategies that will be incorporated in school include:

- Increased physical distance of chairs and tables/desks in all rooms (including cafeteria, library, and staff areas).
- Classes will be held outside as much as possible, when weather permits.
- Student desks will be arranged with as much distancing as possible and facing in the same direction.
- Staggered periods of student movement around school and students will be discouraged from congregating in hallways.
- Staggered student/staff lunch/break times, recess times and use of communal spaces (e.g., library, gym, cafeteria, staff room).



Masking

When the Ontario Ministry of Education released its' *Approach to Reopening Schools for 2020 – 2021 School Year*, the Guidance Document indicated that students in Grades 4 to 12 would be required to wear cloth masks, and all educators would be required to wear a medical grade mask.

All HCDsB students (K- 12) will be required to wear non-medical masks/ face coverings at school. Reasonable exceptions to this requirement will be put in place. The Board believes that the mandatory use of masks will provide another layer of protection for our students and staff. We are working with Halton Region Public Health to provide age-appropriate mask education/information for families.

Return to School Dates – Gradual Return

Information from the Ministry of Education and other sources has evolved throughout the summer, contributing to our own understanding of COVID19 and health & safety protocols. To help us prepare for a safe school year and adjust to new school routines, the first day of school will be different than in previous school years. Rather than all students returning on one day, Elementary students will gradually return to school in smaller groups from September 9-11. Secondary students are already organized into smaller class sizes of 15 students. In both elementary and secondary schools, this will provide staff with an opportunity to rehearse health and safety protocols and adapt their practices to ensure an organized transition for students.

Staff will focus on measures such as:

- Well Being, Welcome Back
- Entry and dismissal routines
- Movement in and around the school, signage
- Transition times
- Expectations on masking and how to properly wear a mask
- Hand Hygiene & Respiratory Etiquette
- Eating lunch, snacks



What Will This Look Like?

Grades 1-8

Wednesday, September 9	Only students in Grades 1 – 8 with surnames beginning with the letters A-F will come to school.
Thursday, September 10	Only students in Grades 1 – 8 with surnames beginning with the letters G- N will come to school.
Friday, September 11	Only students in Grades 1 – 8 with surnames beginning with the letters O-Z will come to school.
Monday, September 14	ALL students in Grades 1 - 8 attending in-class instruction will come to school. Remote learning will begin for students learning from home.

Kindergarten Students

Parents of children attending Kindergarten (Year 1 and 2) will receive updated communication directly from their school with information about the staggered entry process for Kindergarten students. Year 1 and 2 orientation will take place on Tuesday, September 8th, and Wednesday, September 9th. Year 2 students will begin on Thursday, September 10th. Year 1 staggered entry will take place on Friday, September 11th, and Monday, September 14th, and will be further communicated to parents by the Kindergarten educator team.

All Kindergarten students will begin instruction with their full class on **Tuesday, September 15, 2020**.

Special Education

Students in the self-contained Community Living, Essential Skills, and Structured Teaching special education classes in our elementary schools will begin in-class instruction on Wednesday, September 9 and attend daily thereafter.

At the elementary level, students with special education needs will attend school after September 8 on the designated alpha day with their peers. If the student would benefit from daily attendance, and/or further time to support transitions, they can attend on additional days in consultation with their school.



Secondary Schools

At the secondary school level, the first day of school will be delayed by one day for all students, except for students in the self-contained special education Life Skills class.

As secondary students will be returning to an adapted instructional model, in cohorts of 15 or less, a gradual return will already be in place. Secondary schools will start in their Week 1 schedule, with the first day of instruction taking place on Wednesday, September 9, 2020.

Tuesday, September 8	<p>Delaying the first day of school by one day will allow staff to rehearse the new health and safety protocols and adapt their practices to ensure an organized transition for students. It will also facilitate the set-up of the learning management systems and resources for remote learning.</p> <p>Life Skills classes at secondary will start on Tuesday, September 8 and attend daily thereafter.</p>
Wednesday, September 9	<p>All grades - Period 1 Class Cohort A will attend in-school instruction, as per schedule.</p>

Next Steps

Staff are currently assessing new funding announcements to determine how we can further enhance our plans for such items as smaller class sizes, more caretakers, additional cleaning for schools and school buses and additional technology to support student learning.

Conclusion

As always, our goal for our return to school will continue to be focused on:

- Ensuring **protocols are in place** so that students and staff are **healthy and safe**.
- Provide an **enhanced online/distance learning** experience for students who continue to learn from home.
- Maintain a focus on **mental health supports for students and staff** returning to school and those who will continue to learn and work from home.



Report Prepared &
Submitted by:

Pat Daly
Director of Education and Secretary of the Board

Report Approved by:

Pat Daly
Director of Education and Secretary of the Board



Regular Board Meeting

Information Report

Variance between Board Approved 2020-21 Budget and Ministry of Education Budget Submission	Item 10.3
September 1, 2020	

Alignment to Strategic Plan

This report is linked to our strategic priority of **Foundational Elements**: Optimizing organizational effectiveness.

Purpose

To provide the Board with an update on the 2020-21 Budget Estimates online Education Finance Information System (EFIS) forms submission.

Background Information

- 1) Action Report 8.2, "2020-21 Budget Estimates – Final" from the July 29th, 2020, Special Meeting of the Board.
- 2) Staff Report 9.1, "2020-21 Budget Estimates (Draft)" from the July 22nd, 2020, Special Meeting of the Board.
- 3) Information Report 5.1, "Release of the 2020-21 Grants for Student Needs (GSN) and Revenue Update" from the July 8th, 2020, Special Meeting of the Board.
- 4) Information Report 10.7, "2020-21 Budget Consultation Survey Results" from the March 31st, 2020, Regular Meeting of the Board.
- 5) Information Report 10.3, "2020-2021 Budget Estimates - Schedule and Consultation" from the February 4th, 2020, Regular Meeting of the Board.

Comments

This report serves to provide the Board of Trustees with an update on the 2020-21 Budget Estimates Ministry reporting submission. The Ministry released the online Education Finance Information System (EFIS) forms, 2020-21 Priorities and Partnerships Fund (PPF) funding allocations and the 2020-21 Technical Paper on Friday, June 19th, 2020, from which Staff developed a draft of the budget for the upcoming school year. The deadline to submit the EFIS forms for the 2020-21 Budget Estimates was August 19th, 2020.



At the Special Board Meeting held on July 29th, 2020, the Halton Catholic District School Board (HCDSB) approved the 2020-2021 Budget Estimates in the total amount of \$444,972,694.

At the time of the July 29th, 2020 Special Meeting of the Board, additional COVID-19 funding announcements and reporting requirements were expected, but not released. As a result, HCDSB had only included \$200,000 in revenue and expenses related specifically to COVID-19 for funding previously announced.

On July 30th, 2020, the Ministry of Education announced its school reopening plan for the 2020-21 school year, including providing additional resources worth \$309 million to school boards. On August 4th, 2020, the Ministry of Education issued Memorandum 2020:B11 *Investments to Support School Reopening in Response to the COVID-19 Outbreak*. Included as an appendix to the memo was HCDSB's funding allocation:

Additional Staffing Support (Custodians)	\$ 918,415
Health and Safety Training for Occasional Teachers and Casual EWs	\$ 163,895
Additional Support for Special Education	\$ 163,760
Additional Mental Health Supports	\$ 150,000
Allocation for Technology – related costs	\$ 267,246
Allocation for Mental Health Supports	\$ 150,000
Enhanced Cleaning Allocations – Previously Announced Funding	\$ 71,037
	<u>\$1,884,353</u>

On August 5th, 2020, HCDSB received further direction from the Ministry of Education on how to report this additional funding as part of the 2020-21 Budget Estimates EFIS submission. School boards were instructed to report the additional funding as part of revenue on EFIS Schedule 9 and to report COVID-19 related expenses as a provision for contingencies on Schedule 10.

The impact of this resulted in HCDSB submitting EFIS schedules that are different than what was approved by the Board on July 29th. The differences are as follows:

	Approved 2020-21 Estimates	Required 2020-21 EFIS Submission	Difference
Revenue	\$452,485,383	\$454,169,736	\$1,684,353
Expenses	\$444,972,694	\$446,657,047	\$1,684,353
Surplus/(Deficit)	\$7,512,689	\$7,512,689	-



Conclusion

While both revenue and expenses reported through EFIS are \$1,684,353 higher than what the Board approved on July 29th, 2020, the impact to HCDSB's 2020-21 annual surplus, after including the additional COVID-19 related funding and the corresponding expenses as required by the Ministry, is nil.

Report Prepared by:

A. Cross
Senior Manager, Financial Services

Report Submitted by:

A. Lofts
Superintendent, Business Services and Treasurer of the Board

Report Approved by:

P. Daly
Director of Education and Secretary of the Board

MINUTES OF THE SPECIAL EDUCATION ADVISORY COMMITTEE MEETING

Date: May 11, 2020
Time: 6:30 pm
Location: Microsoft Teams

Members Present	B. Agnew (Chair)	J. Lim
	M. Arteaga	A. Louca-Ricci
	D. Bardon	M. Lourenco
	R. Barreiro	P. Moran
	M. Duarte	M. Murphy
	N. Guzzo	R. Quesnal
	D. Hotopeleanu	D. Rabenda
	H. Karabela	T. Veale

Staff Present

- A. Bator, Special Education Consultant
- C. Bauman, Special Education Consultant
- G. Brown, Chief of Mental Health Programming
- C. Cipriano, Superintendent of Special Education Services
- P. Codner, Chief Social Worker
- P. Daly, Director of Education
- A. Flis, Special Education Consultant
- O. Foese, Chief of Psychological Services
- A. Jones, Manager, Educational Assistants
- D. Kollee, Chief of Speech Language Pathologist
- K. McCarthy, Special Education Consultant
- J. O'Reilly, Special Education Consultant
- W. Reid-Purcell, Special Education Coordinator
- S. Teremy, Manager, Educational Assistants
- J. Thompson, Special Education Consultant
- L. Vacca, Special Education Consultant

Members Excused

Members Absent

- T. Beattie
- C. Parreira
- Y. Taylor

Recording Secretary A. Hughes

1. Call to Order

The Chair called the meeting to order.

1.1 Opening

The meeting opened at 6:30 p.m. with a prayer led by the Chair.

2. Presentations

3. Actions to be taken

No actions.

4. Declarations of Conflict of Interest

No conflicts of interest were declared.

5. Business Arising from Previous Meetings

No updates.

6. Special Education Board Policy Review

6.1 Policy No. II-13 Psycho-Educational/Psychological Assessment of Individual Students

B. Agnew reviewed the policy and the proposed changes that will be presented at the Policy meeting on May 12, 2020. Feedback was provided and there was a discussion on recommendations raised at the April 27th SEAC to bring to the policy meeting. Some of the suggestions from the last SEAC meeting were incorporated into the policy for example revised statements and the wait-time monitoring was moved to the Principles section of the policy. A reference to the Special Education Plan is in the policy and procedure. A recommendation will be taken to the Policy meeting to reference page numbers in the Special Education Plan. Wait times will be reported to SEAC three times a year and will be added to Special Education Plan. B. Agnew will take the changes and feedback to the Policy meeting on May 12th.

7. Action and Information Items

7.1 Special Education Plan Review (pages 1 to 22)

Hardcopies of the Special Education Plan were distributed at the February meeting and a link to the plan was also sent by email in order to provide members with an opportunity to review the plan prior to the meeting.

B. Agnew reviewed the process for seeking feedback from SEAC on the Special Education Plan. The meeting was specific to providing input by a page by page review over multiple meetings. Members reviewed the plan page by page to provide feedback on each area to help ensure that required elements are in the plan. Comments were made and adjustments were identified for pages 1 to 22.

The Special Education Plan review will continue at the May 25, 2020 SEAC meeting.

8. Communications to SEAC

9. SEAC Discussion

10. Next Agenda: Meeting Monday, May 25, 2020

The agenda will include continued Special Education Plan review.

11. Adjournment

The meeting adjourned at 9:34 p.m.

MINUTES OF THE SPECIAL EDUCATION ADVISORY COMMITTEE MEETING

Date: May 25, 2020
Time: 6:30 pm
Location: Microsoft Teams

Members Present	B. Agnew (Chair)	D. Hotopeleanu
	M. Arteaga	J. Lim
	D. Bardon	M. Lourenco
	R. Barreiro	P. Moran
	T. Beattie (Vice Chair)	R. Quesnal
	M. Duarte	D. Rabenda
	N. Guzzo	T. Veale

Staff Present

- A. Bator, Special Education Consultant
- G. Brown, Chief of Mental Health Programming
- C. Cipriano, Superintendent of Special Education Services
- P. Codner, Chief Social Worker
- P. Daly, Director of Education
- O. Foese, Chief of Psychological Services
- A. Jones, Manager, Educational Assistants
- D. Kollee, Chief of Speech Language Pathologist
- K. McCarthy, Special Education Consultant
- J. O'Reilly, Special Education Consultant
- W. Reid-Purcell, Special Education Coordinator

Members Excused

- H. Karabela
- A. Louca-Ricci
- M. Murphy
- Y. Taylor

Members Absent

- C. Parreira

Recording Secretary

- A. Hughes

1. Call to Order

The Chair called the meeting to order.

1.1 Opening

The meeting opened at 6:35 p.m. with a prayer led by the Chair.

1.2 Approval of Agenda as Amended

Moved by: D. Rabenda

Seconded by: R. Quesnal

RESOLVED, that the agenda be accepted as revised.

CARRIED

2. Presentations

3. Actions to be taken

3.1 Minutes of the April 27, 2020 SEAC Meeting

Moved by: T. Beattie

Seconded by: R. Barreiro

RESOLVED, that the minutes of the April 27, 2020 SEAC Meeting be approved as presented.

The Chair called for a vote and the motion **CARRIED**.

4. Declarations of Conflict of Interest

No conflicts of interest were declared.

5. Business Arising from Previous Meetings

A. Bator provided information on the virtual IPRC process during distance learning. C. Cipriano will share the document that outlines the process with members of SEAC. This document has been shared with all schools and Special Education Resource Teachers.

M. Lourenco discussed the MACSE letter. Sending the letter was put on hold due to the current situation. A discussion occurred on all the vacancies that exist on MACSE. The letter will be redrafted to address more concerns regarding the Minister's Advisory Council on Special Education's (MACSE) gaps/vacancies and shared with SEAC for feedback at a later date.

6. Special Education Board Policy Review

7. Action and Information Items

7.1 Special Education Plan Review (pages 23 to 51)

B. Agnew reminded members of the process for seeking feedback from SEAC on the Special Education Plan. Members conducted a page by page review of the Special Education Plan and continued to provide feedback, changes or comments on sections of the plan. Suggestions included improving the flow of the plan, providing more explanation and parent friendly/perspective.

The Special Education Plan review will continue at the June 15, 2020 SEAC Meeting.

7.2 2020-2021 SEAC Meeting Dates

SEAC meeting dates were reviewed, the March meeting date originally scheduled for March 29th was moved to March 22. Dates for the 2020-2021 SEAC meetings will be:

- Monday September 28, 2020
- Monday October 26, 2020
- Monday November 30, 2020
- Monday December 14, 2020
- Monday January 25, 2021
- Monday February 22, 2021
- Monday March 22, 2021
- Monday April 19, 2021
- Monday May 31, 2021
- Monday June 14, 2021

8. Communications to SEAC

8.1 Superintendent's Report

C. Cipriano provided updates on:

Educational Assistant Allocation Process: was completed this week. Staff ran the algorithm and completed the SIP additions as well as the narratives. Principals were given their allocations. The EA Managers will connect with Principals to work out the details related to staffing.

External Assessment Reports: we are in the process of collecting all of the external reports for our incoming secondary students from other school boards for staff to review. Current elementary school assessments have been collected for staff to review.

Virtual Open Houses Gifted Regional Classes: there is one for Burlington on May 27th at 11:00 am and one for Oakville on May 27th at 1:00 pm. ABC representatives will be in attendance.

Structured Teaching Class and Essential Skills Class Virtual Open Houses: were held on May 12th and 19th.

Community Living Class and Structured Teaching Class Virtual Meetings: were held on May 21st and 25th in Oakville.

The Essential Skills Class Open House for St. John Paul II: is scheduled for May 26th at 2:00 pm.

Denise Kollee, Chief Speech Language Pathologist: will be co-presenting “Launching Telepractice in a Canadian School Board SLP Department” at the 2020 International eHealth Pediatric Summit.

LEARNStyle Coaching Sessions: We have partnered with LEARNStyle to offer live virtual coaching sessions for students who had unfinished coaching sessions prior to March Break. These sessions will take place on HCDSB Teams Platform, delivered by the LEARNStyle technology coach and a SERT and/or classroom teacher will be in attendance so they can support the student following the sessions. Jen Thompson, SEA Consultant, met with every school individually to review eligible students, to discuss appropriateness of the training and review the process.

LEARNStyle Staff Sessions: will be running staff (SERT) training sessions for a deeper dive into Read and Write so staff can support students at home. These sessions will include a Beginner, Intermediate and Advanced Level.

Child and Youth Counsellors: deployment for 2020-2021 school year has been completed.

Child and Youth Counsellors: continue to engage with students and families virtually. Feedback from parents has been positive and both have stated they feel appreciative of the continued connection with their CYC. They are continuing to accept new referrals on a case by case basis. CYCs continue to support teachers in virtual classrooms delivering tier one programs i.e. Kelso's Choice, Zones of Regulation, Healthy Transitions, MINDUP.

Chief of Mental Health: attended meetings for School Mental Health Ontario; continue to share resources; initial conversations and resource planning to support Recovery and Transitioning back to school.

C. Cipriano informed members that the Kindergarten Questionnaire for all parents of new kindergarten students will be sent to members after the meeting.

8.2 Psychological Assessment Wait Time Update

O. Foese, Chief of Psychological Services updated members on psychological assessment wait times before and during COVID-19. The wait time before the pandemic was 9 months. The pandemic has had an impact on the ability to start new assessments. Currently staff are working on collecting data from open assessments.

8.3 Trustee Reports

M. Duarte reported on:

- At the May 19, 2020 Board meeting there was a presentation on Roles and Responsibilities of Itinerants and Consultants in Program Services. The document presented by Special Education Services will be sent to members after the meeting.
- At the May 12, 2020 Policy Committee Meeting, Policy II-13 Psycho-Educational Psychological Assessment of Individual Students which was passed by the Board of Trustees.
- At the May 19, 2020 Board Meeting, Director Daly presented a report on the extended school closure and distance learning covering areas such as Mental Health and Wellness, the Deaf/Hard of Hearing Team, Blind Low Vision Team, SLP/CDA, Psychology, Behaviour Analysts and Educational Assistants.

9. SEAC Discussion

The chair reminded members if anyone was interested in participating on the RFP committee for School Uniforms to submit their name to B. Agnew or A. Hughes. Currently two SEAC members have submitted their names and three are required.

C. Cipriano informed members that we have not received new information regarding the GSN's and that we have not been given new direction on meeting the SEAC requirements. C. Cipriano will request a financial review of the current year for the next SEAC meeting.

A discussion occurred on summer learning opportunities for grade 8 students to earn grade 9 credits over the summer. A determination has not yet been made on if this will be offered.

10. Next Agenda: Meeting Monday, June 15, 2020

The agenda will include a presentation on School Based Rehabilitation Services Update and finalizing the Special Education Plan review.

11. Adjournment**11.1 Resolution re Absentees (Chair)**

Moved by: M. Lourenco

Seconded by: R. Barriera

RESOLVED, that H. Karabela, A. Louca-Ricci, M. Murphy, Y. Taylor be excused.

CARRIED

11.2 Adjournment and Closing Prayer (Chair)

Moved by: M. Duarte

Seconded by: D. Hotopeleanu

RESOLVED, that the meeting adjourn.

CARRIED

The meeting adjourned at 9:01 p.m. with a prayer led by the Chair.

From: [Adriana Cavalcanti](#)

Sent: Friday, August 28, 2020 11:22 AM

To: [Agnew, Brenda](#)

Subject: [<EXTERNAL>] Compliments about mandatory use of mask at HCDSB

Good morning, Ms. Agnew!

I'd like to ask you to read this email out loud to all trustees and board members, a special thank you for reverting the decision about mandatory use of face mask at school.

I'd like to say I'm really proud and supportive of the school board decision! This was the right thing to do and avoid a second wave of this pandemic hitting hard our country! Having half of the kids with no masks during the winter is a perfect recipe to fail.

I just relocated back to Canada from Singapore, a country where COVID is under control and they have been very successful with the school reopening (since May) and face masks or face shields are MANDATORY to all students.

As a volunteer at my kids' school in Singapore, I saw very young kids from JK and even younger wearing masks properly all the time. Kids have a phenomenal gift to adapt and get used quickly. Parents embraced the initiative which was bumpy to adjust as the new norm and most importantly NEVER complained! Coming from Asia, I know how deadly this disease can be and with these measures we felt safe to send our kids back to school... And more important, COVID stayed under control.

This is a health threat to our families, specially for the elderly and others with health issues. We can't be too democratic with this as we are living unprecedented times. Thank God Canada has the situation under control and we can't lower our guards. Let's follow the example of successful countries like Singapore and others fighting brilliantly against COVID.

If the parents believe it's inappropriate, there is always the option to keep their kids home and sign up for online lessons. It is as Simple as that. We can not risk the safety of all for the comfort of a few!!!

Congratulations on this decision!
Cheers!

Adriana Cavalcanti

[REDACTED]
Sent: August 18, 2020 2:45 PM

To: Guzzo, Nancy <GuzzoN@hcdsb.org>

Subject: [<EXTERNAL>] Back to school plan - masking - medically fragile child with multiple exceptionalities

Hello Trustee Guzzo,

First off, I would like to thank you for being such a strong advocate for our children during these uncertain times. I was so impressed with how well you advocated for us all at the most recent Board meeting.

I wanted to voice my concern that the current plan does not address the special circumstances of certain children and also does not create a safe environment for ALL children to return to school if they so choose. While I know I am not the only one, I am speaking specifically about my grade 2 son at St. Vincent elementary school. He has multiple exceptionalities, requires one-on-one EA support at all times during the day for his safety and needs, is on fully modified curriculum, cannot participate or learn in a meaningful way using a computer/iPad, and also has very complex underlying health conditions including a serious immunodeficiency disorder.

My son has every right to attend school in person, and he benefits greatly in many ways by doing so. Yet the current plan is not safe enough for someone with his medical concerns to return. I am specifically concerned about masks not being mandated for children in kindergarten to grade 3. I believe it is an added level of protection for everyone, not just my child, and feel school is not a safe place for him if there are children unmasked. The mere fact that masks are not mandated means I really have no choice but to keep him home. Yet he is also someone who needs to be physically present in school for a variety of reasons and will not be able to partake meaningfully in online learning. If I can teach my son, with his high needs, to wear a mask effectively (which I have) I don't see why others cannot do the same.

If you are able to help advocate for this issue I would be so appreciative (and I know others would be as well). I would like to see HCDSB follow some of the other Ontario school boards in moving towards mandatory masks for all children.

Thank you for your time and for all of your work to benefit our students.

Jane Pustai

Mother of grade 2 child - [REDACTED]
[REDACTED]

August 27, 2020

Dear Halton Catholic District School Board Trustee -

I am writing with regards to the recent passing of a rule that requires all students in HCDSB to wear a non-medical mask while in school.

I am not able to adequately educate my child, so I happily give my hard-earned funds to support our educational system. I wish to send my son to school for the social aspect which has been absent in his life since early March. My son struggles with seasonal allergies. He needs to improve and work on reading and writing. With less than a few weeks before school starts, I am deeply concerned about the lack of: transparency; consideration of the efficacy and long-term impact of non-medical face masks; and consideration for data on our region.

On August 21st, 2020, the WHO issued it's "Q&A: Children and masks related to COVID-19 questions" document ([Reference 1](#)). The takeaway is: *no masks for children under 5, and ages 6-11 should only be based on local epidemiology with consideration for specific circumstances*. It is not feasible for a small child to wear a mask appropriately for this long. Whether playing "trade" masks with other children or constantly touch their ears, eyes, face, nose and putting their hands in their mouth, these masks will be completely ineffective and presenting more harm than good. What if my child is struggling to breath like I do? I start to feel dizzy, lightheaded, parched and "out of it" – children will not know how to care for themselves. Have you considered the legalities of this? The school board is responsible for the safety and wellbeing of children in their presence. Children with speech delays, disabilities, allergies, anxiety, etc. will all suffer greatly. Children will be forced into isolation as masks not only remove a person's identity and humanity; social development will be hindered. They will be missing the normal social aspect of school and the joy has now completely been removed. With all of that said, God designed our bodies to build immunity in our younger years to be able to fight off disease as we age. Have you considered the research on the efficacy and long-term effects of non-medical mask wearing?

A study ([Reference 2](#)) concluded that penetration of cloth masks by particles was almost 97% (in cloth masks) and medical masks 44%. This study is the first randomized-controlled trial (RCT) on cloth masks and the results caution against the use of cloth masks. Moisture retention, reuse of cloth masks and poor filtration can result in increased risk of infection such as pulmonary staph infections. I don't want this for any child's body. Children should not be experimented with this way. It hinders on child abuse. It should be a choice. No one knows the long-term effects of this. Published in May 2020, the CDC performed a systematic review ([Reference 3](#)) that "identified 10 RCTs that reported estimates of the effectiveness of face masks in reducing laboratory-confirmed influenza virus infections in the community. In pooled analysis, we found no significant reduction in influenza transmission with the use of face masks." I don't want this for my kid's health bodies.

As of August 24th ([Reference 4](#)), there are 26 active cases in Halton Region with 5 active cases in Burlington. These numbers aren't static, they have been decreasing. The death roll remains at 25 fatalities total for the region and 7 fatalities for Burlington; 48% of which were due to institutional outbreaks. The crude rate for Halton is 14.7 compared to 24.0 for Ontario which we know is severely skewed by Ottawa and Toronto. Since the beginning of the pandemic, as a region we have yet to hit 1,000 for a region that is almost 600,000 people ([Reference 5](#)). Besides a very high recovery rate (over 99%) the likelihood of contracting the disease is extremely low. If we look at the numbers from a local epidemiological

standpoint, there should be no reason why our children can't return to school to resume a normal, full-time classroom unless you have made your decision based on the fear and paranoia of other parents? Let's be honest, those teachers are never happy. If parents are afraid, then they can keep their children home; my children shouldn't have to suffer at the expense of someone else's fear and wishes.

Many parents are very upset with the most recent decision and some have signed a petition on change.org "HCDSB no mandatory masks for children in JK – Grade 3" which have almost 1,900 signatures and counting to date. How will our voice be heard? Masks discourages talking and communicating. How can this be undone now and how long will this be in effect?

Maybe they are hoping since making masks mandatory that we would react and pull our students out of an in class setting and this will allow for smaller class sizes. The end goal for all. Similar to what they have done to our economy. People aren't going out and spending their money like before. A sneaky tactic. Why don't they just put plexiglass in front of all desks since they are all facing the same way, wouldn't that help?

This will negatively impact an entire generation's education in addition to potentially causing unnecessary physical sickness and mental illness. Mental illness is on the rise due to the fear imposed on us early on in this pandemic. There are even free government programs created and funded due to the mental illness created from this. Given the information I have presented above, I am asking that you allow us parents to choose whether we send our children to school with masks or not with no judgment. Please reverse the requirement of mandatory masks for children in Halton Catholic schools as you are only harming innocent children that have already suffered enough. Thank you.

Sincerely yours,

Carolyn Zaffuto

[Redacted Signature]

References:

1. World Health Organization. Q&A: Children and masks related to COVID-19 questions. https://www.who.int/publications/i/item/WHO-2019-nCoV-IPC_Masks-Children-2020.1. Accessed 24 August 2020.
2. MacIntyre, CR., Seale, H., Dung, TC., et al. (2015). A cluster randomized trial of cloth masks compared with medical masks in healthcare workers. *BMJ Open*. 5(4):e006577. Published 2015 Apr 22. doi:10.1136/bmjopen-2014-006577.
3. Xiao, J., Shiu, E., Gao, H., Wong, J. Y., Fong, M. W., Ryu, S....Cowling, B. J. (2020). Nonpharmaceutical Measures for Pandemic Influenza in Nonhealthcare Settings—Personal Protective and Environmental Measures. *Emerging Infectious Diseases*, 26(5), 967-975. <https://dx.doi.org/10.3201/eid2605.190994>.
4. Halton Region. COVID-19 (2019 Novel Coronavirus). <https://www.halton.ca/For-Residents/Immunizations-Preventable-Disease/Diseases-Infections/New-Coronavirus>. Accessed 24 August 2020.
5. City Population: Halton. <https://www.citypopulation.de/en/canada/ontario/admin/3524halton/>. Accessed 24 August 2020.

Good Afternoon Director Daly and Chair Iantomasi,

I am writing this letter with the request that it be included in correspondence and to please be read aloud at the upcoming Board Meeting on September 1st, 2020.

As an immunocompromised parent of three children in elementary school (grades 3, 5 and 8) within the HCDSB I feel it is important to share why I am grateful for the motion that was put forth in the last Board Meeting with respect to mandatory masking for K-12 students.

For our family, and many other families who have an immunocompromised loved one living in their home (either parent, grandparent or child) the return to school decision has been agonizing. Weighing our children's mental health and need to return to the classroom against the potential risk to my health should a second wave occur has been keeping me up at night for months.

I appreciate that this issue is contentious and some parents are not in favor of masking younger children, however if even 60% of the younger children are able to wear their masks throughout the day, that is better than nothing. Given the lack of proper funding to ensure adequate physical distancing can be implemented within the classrooms, masking all students is the next best way to protect not just our students but our educators as well. It also allows for our medically fragile children or children of immunocompromised parents the opportunity to return to classroom safely.

Understanding that many other Boards have implemented mandatory masking for K-12 students (HDSB, Toronto Catholic & Public, Hamilton Catholic & Public, Dufferin Peel, Waterloo, and Guelph to name a few), I implore our Board not to overturn this motion. We all want our children to return to school as safely as possible. Mandatory masking of all students is the additional layer of security that our children and staff require.

Thank you,
Kristy Dickinson

Dear HCDSB Trustees,

I would like to address the mask mandate that has been voted on by the board, which is that ALL students should be wearing masks. This is even more extreme than the province's plan of having masks mandatory starting from grade 4 and suggesting them for the lower grades and now affects my daughter who is in a lower grade.

While covid-19 has generally had a significant and negative health impact on certain populations including the elderly and those with pre-existing conditions such as diabetes and heart disease, the majority of people will develop mild symptoms, similar to having a cold or flu. Overall, the recovery rate is high, for example, as of August 20, I believe the rate is above 94% in Halton.

I understand that we want to protect the people who are at the most risk from getting seriously ill if they have the virus. I agree with this. However, any policy that is being mandated in support of this notion, should be back by ample scientific support and a sound assessment that the benefits outweigh the risks. I am attaching below several sources summarizing the research with links to the cited trials.

Overwhelmingly, the science indicates that masks, especially cloth masks have a limited impact on lowering COVID-19 transmission. Please note the CIDRAP article below, which assessed a number of studies "we continue to conclude that cloth masks and face coverings are likely to have limited impact on lowering COVID-19 transmission, because they have minimal ability to prevent the emission of small particles, offer limited personal protection with respect to small particle inhalation, and should not be recommended as a replacement for physical distancing or reducing time in enclosed spaces with many potentially infectious people." The limited efficacy is at least due to the size of the virus particle and the filtration limitations of masks for particles that are below a certain threshold.

Now, what are the potential risks to the wearer from wearing a mask. Please note below in studies studying the impact of wearing masks in healthcare workers for example and the rate of headaches and reduced oxygen levels. As we exhale, we are breathing out toxins, which will then be breathed in again. As well, wearing a mask, can actually increase the risk of infection for the wearer.

Additionally, for children's development, especially the younger they are, facial cues and recognition is important, which will be lost with mask wearing.

If there is no adequate scientific evidence to support the reduction in transmission, yet there is evidence to suggest wearing masks could be detrimental, why are we forcing our children to wear masks? After reviewing the available evidence, I fail to see how this is beneficial to our children and the rest of the society, rather the exact opposite. Consider also that we are talking about children wearing masks for hours a day, five days a week.

I implore you to reconsider the mask mandate for the best interests of our children and fellow citizens.

Thank you,

Nicole Deveau

<https://aapsonline.org/mask-facts/>

<https://www.cidrap.umn.edu/news-perspective/2020/04/commentary-masks-all-covid-19-not-based-sound-data?fbclid=IwAR3giqZIhDKdzwFg-dlt-IwBU8Se01nVdSXfL73RJK9R5kVSR2z74NdYgh4>

<https://childrenshealthdefense.org/news/the-risks-vs-benefits-of-face-masks-is-there-an-agenda/>

<https://townhall.com/columnists/tednoel/2020/07/03/masks-will-save-lives-fact-check-mostly-false-n2571817>

<https://vaxxter.com/wp-content/uploads/2020/07/Masks-Final.pdf>

From: arina k <[REDACTED]>
Sent: Friday, August 28, 2020 3:54 PM
To: Dean, Renata <DeanR@hcdsb.org>; Dobbie, Karen <DobbieK@hcdsb.org>; Boulos, Lorraine <BoulosL@hcdsb.org>; Daly, Patrick <DalyP@hcdsb.org>; vlantomasi@hcdsb.org
Cc: Comito, Diana <ComitoD@hcdsb.org>; buloghs@hcdsb.org; DeRosa, Peter <DeRosaP@hcdsb.org>; Guzzo, Nancy <GuzzoN@hcdsb.org>; Karabela, Helena <KarabelaH@hcdsb.org>; effie.trantafilopulos@pc.ola.org; stephen.crawford@pc.ola.org; minister.edu@ontario.ca; stephen.lecce@pc.ola.org; shammond@etfo.org; doug.fordco@pc.ola.org; hamidah.meghani@halton.ca
Subject: [<EXTERNAL>] Request for my correspondence to be part of the Board's Report

Dear Mr. Daly!

Thank you for replying to my email. **I'm kindly requesting that all email correspondence with you personally and the Board be included in the Board's Report for public records.**

I would like to raise my voice against the Board's decision to override the Ministry of Education's and Ministry of Health's recommendations with regards to mask / face coverings for the elementary students. I believe that the Halton District Catholic School Board members have no educational or professional expertise to act as they are qualified "infection control specialists" by refusing to accept recommendations and guidance provided by the above-mentioned Ministries, by Dr. Meghani, our local Medical Officer of Health, and by many other experts in a field of Public Health and Infection Control and Prevention.

As a parent, I have also a right to make decisions as to what I believe is in the best interest of my child. Especially in this situation, I strongly believe my son should **be allowed to attend his school without wearing a mask**. My decision is based on the exemptions provided by the Ministry of Education in consultation with the Minister of Health in the "Operational Guidance During Covid-19 Outbreak – Child Care Re-opening" document.

In my opinion, the Board failed to hear and consider parental voices about this "mask" motion. Like with many other "controversial" motions from the past, the Board has a moral and professional obligation to facilitate an open and transparent dialogue with all stakeholders affected by this decision. I feel that this time, the Board has failed to consult with parents, especially like myself who work full-time and don't understand all the bureaucratic procedures of filing my grievances. Based on my life experience, I have an impression that this decision was rushed in a "Politburo" style with an expectation that all need to abide and follow.

Mr. Daly, you stated in your e-mail: *"All Ontario students that are required to wear masks will face challenges regarding language acquisition"*. However, not many parents and public health professionals believe that such a sacrifice is necessary in order to minimize the Covid-19 transmission. My 6 years old son can't speak proper English and can't stand up for himself but he has a LOVING MOTHER who is willing in a respectful

manner to listen and discuss with the Board members their scientific rationale and facts for passing this mandatory mask decision. I honestly believe that forcing young children in elementary grades to wear **non-medical grade masks** will produce more of life-long **negative** educational, physiological, developmental, social interaction impacts in comparison to **marginal infection control gains** from wearing a **face covering**.

I'm sure that Board members know the Galileo story. He was tried and sentenced by Inquisitors to spend the rest of his life under a house arrest for supporting through his personal astronomical observations a Copernicus' theory claiming that the Earth revolves around the Sun. I don't want my family to be forced by the Board's controversial mandatory mask decision to choose a home schooling for our son because **he loves in person instruction, his teachers and classmates**. In modern days, Galileo has been called the "father of modern physics", the "father of the scientific method", and the "father of modern science". As a mother, I would like to raise an educated, principled, with high morals son who will work hard to ensure that Canada remains a prosperous country. I will be delighted if the Halton Catholic District School Board participates in this process and helps my son to achieve his highest potential.

I'm asking the Board in a humble manner to reverse its decision. I would like to remind the Board members that many people, including our family believe that our society should be governed by the rule of law, scientific evidence, and with a due respect to constitutional freedoms and rights afforded to each Canadian.

Thank you in advance for your consideration and a willingness to resolve this situation in an amicable and respectful way.

Wishing God's best for you and your family members!

Sincerely,

Arina Knorr

On Wednesday, August 26, 2020, 07:14:43 p.m. EDT, Daly, Patrick <dalyp@hcdsb.org> wrote:

Good evening Ms Knorr – thank you forwarding your questions

Our Curriculum staff have been engaged in ongoing dialogue both within our Board and with their counterparts across the province regarding this concern. Oral language depends so much on facial expression and body language, and mandatory masks will indeed pose challenges to second (and multiple) language learners. As you know the minimum Ministry of Education requirements for masks are for grade 4-12 and our Board, like many others, has extended that requirement to the primary grades in order to provide an additional measure that we hope will contribute to a safe learning environment.

All Ontario students that are required to wear masks will face these same challenges regarding language acquisition. Technology is available to us that will assist with pronunciation and visual cues, and our teaching staff will work together to address this for their students. We will continue to work with our teachers to develop creative methods of working within our new circumstances.

Our expectations apply to all students with some reasonable exceptions considered. You can find additional information here: <https://learnathome.hcdsb.org/return-to-school-2/health-and-safety/>

Our staff will work with our students to learn how to properly wear, remove and take care of masks safely and hope that this approach will result in students being more comfortable in meeting this requirement.

Pat Daly

From: arina k [REDACTED]
Sent: Wednesday, August 26, 2020 12:20 PM
To: Daly, Patrick <DalyP@hcdsb.org>; Dean, Renata <DeanR@hcdsb.org>; Dobbie, Karen <DobbieK@hcdsb.org>; Boulos, Lorraine <BoulosL@hcdsb.org>
Cc: Comito, Diana <ComitoD@hcdsb.org>; buloghs@hcds.org; DeRosa, Peter <DeRosaP@hcdsb.org>; Guzzo, Nancy <GuzzoN@hcdsb.org>; Karabela, Helena <KarabelaH@hcdsb.org>; effie.trantafilopulos@pc.ola.org; stephen.crawford@pc.ola.org; minister.edu@ontario.ca; stephen.lecce@pc.ola.org; shammond@etfo.org; doug.fordco@pc.ola.org; hamidah.meghani@halton.ca
Subject: [<EXTERNAL>] French Immersion (Grade 1) school re-opening info request

Hello and Bonjour!

I would like to receive a written reply and explanation from a person in charge for the planning and curriculum development for a French Immersion program at the Halton District Catholic School Board. I was informed that this person's name is Mme Renata Dean.

I'm in the process of making a decision regarding my son's return to school options. I understand that the Halton District Catholic School Board made a decision to exceed the Ontario Ministry of Education use of masks recommendations described in the Operational Guidance During Covid-19 Outbreak, Child Care Re-Opening document. I would like to understand how the French Immersion program will be conducted taking into consideration that teachers and all students are now required to wear a mask during an instruction time. Does this mandatory rule apply to all students, even those who are just beginning to learn English and French?

I have a Bachelor's degree in Education with a major in French. I understand the concepts of teaching and learning foreign languages. I'm proficient in English, French and Russian. I believe that masks will be particularly challenging during phonics and phonemic awareness instruction, especially for children who are not only FSL but also ESL students. I hope you agree with a fact that this group of students will be more heavily affected by not being able to see their teacher's faces during pronunciation lessons, when students need to observe the position of the tongue and lips. Teachers would not be able to model the correct tongue placement and mouth formation when sounding out letters and words. Overall, studying facial expressions is a common practice among anyone dealing with a linguistic barrier. In addition, my son who comes from a culturally and linguistically diverse background will have a bigger challenge of establishing positive, reciprocal visual feedback with his teacher when he is in a mask.

Please advise how the Catholic District School Board is planning to help my son to overcome his challenges and barriers during in-class instruction without sacrificing the quality of education promised by the French Immersion program and the Halton District School Board in general.

Finally, I would like to know what disciplinary actions would you consider for children who may remove their masks or not follow the social distancing rules imposed by the Catholic District School Board?

I would appreciate your prompt reply to ensure that I can make an informed decision in a timely manner.

Thank you in advance for your cooperation and feedback.

Sincerely,

Arina Knorr,



Good Morning,

Let me start by saying - I am not an anti-masking individual, I see the benefit of protecting myself and others but there is a point where other concerns need to be weighed.

As a parent of 2 children who attend Catholic school in Milton I am quite frankly shocked and appalled at what transpired at your meeting on August 19th regarding the motion for children in grades JK to 3 to wear masks for the full school day. I was in shock that a HUGE decision such as this could be introduced and passed with little to no debate, implementation plans, cost considerations, and the biggest issue being the impacts this decision will have to the wellbeing and development of the youngest students. With those being the biggest overarching issues that could be debated for days let alone the hour you spent on them. It is explicitly stated in your Kindergarten curriculum document that "The program promotes the physical, social, emotional and cognitive development of all children." How will this be able to happen now when so much of this is taught and learned through facial expression? Not one of you mentioned mental health or child development, not one of you. This speaks louder to the fact that this decision was more about a few trustees trying to push through their personal perspectives on the matter than it was about the kids. I would have much more respect for my elected officials to have the confidence and conviction in the facts and stand by them versus "towing the line" with other boards for the fear of guilt and persecution by the media.

I was also completely shocked at the lack of professionalism in how the amendment was crafted. This lack of professionalism by Trustee Guzzo who introduced the amendment should not be accepted by any trustee on this Board. It was not presented as a complete proposal that takes into consideration all the details and specifications that need to be considered, it leaves more questions than answers as it is very vague for parents and educators, and to top it all off, there were spelling and grammar errors through the "proposal". It was the equivalent to something being drawn on a napkin in 5 minutes, and somehow several other trustees approved this poorly presented amendment. Some of you asked some good questions, but they seemed to be brushed off with the attitude of "oh we will let the teachers figure it out". All I could think of as I listened to this meeting is if this is how much thought and rigour goes into how you set policy and make decisions for the future of our children, it is incredibly scary. Are you really taking into consideration the larger specific concerns of health care professionals and parents, or are a few of you just pushing your personal beliefs on the matter?

There was little discussion to the fact that the Ontario Government as well as Sick Kids recommended that for students "Mental and Physical wellbeing and development" masks not be mandatory for grades JK-3 but I guess those of you who voted in favour of this proposal know better. To those who voted, I would encourage you to re-read the Sick Kids report and the guidance from WHO, as well as the vast amount of additional details and facts provided in each delegates written content. While I understand that the Sick Kids report also had guidelines on space requirements that can't fully be met in the school, the student's mental well-being and educational development should come first. Additionally, the majority of evidence related

to the contraction rates both to and from young children remains very low. With only 29 active cases out of a population of 550,000 in all of Halton the active case rate in aggregate is incredibly low. I know the counter to that point will be "Well what about the asymptomatic cases?". When you boil down the numbers in terms of the estimated asymptomatic cases across the region and then allocate those numbers down to how many potential cases that could show up in a school it is in the single digits and a rate that is also less than a tenth of a percent.

The one argument made by Trustee Agnew, around the fact children ages 3 and up need to mask in public spaces so they can mask in school is also just ridiculous. Children going with parents to the store are masking for limited periods of time. Not for 6 hours day. It is bad enough that my 3 1/2 year old entering JK will have to deal with the stresses of being the youngest and smallest in the class, with now the added stress of having to wear a mask and figure out when she can and can't take it off. On top of that stress she has a severe peanut allergy. Has any consideration been given to the fact that if she is wearing pants, long sleeve shirt and a mask how the teacher will determine if she is having a reaction? I'm sure you will say "she falls in the exception list and can be exempt from masking", but then she will have to deal with kids singling her out for being one of the few who doesn't have a mask. Again, more stress.

We have fully educated both of our children on Covid, the need to social distance, and why we wear a mask at certain times and they understand all of that. Today, I actually asked the 3.5 year old if she wants to wear a mask in school. She replied No, and I asked why? She then started to cry and didn't want to talk about it anymore. All I did was ask this question, and asked why, and she melted down. This is a microcosm of what's yet to come, so I really hope you are prepared to deal with that, and hopefully with more rigour than you debated this amendment.

I commend the recommendations from Trustee Karabela, O'Brien and Derosa to leave the decision in the hands of the parent as every situation is unique. I am not sure of the perspective of trustee O'Hearn-Czarnota (who was absent and unable to vote), but if she is of a similar belief in terms of allowing parents to decide, it puts this vote at a tie of 4-4. This would require a tie breaking vote and should warrant significant further discussions and the opportunity for a revote.

Quite frankly, after I witnessed how the HCDSB policies are made, which again are scary, I will seriously consider moving my child out of this Board.

Honestly, you have made a rogue decision and taken a poorly constructed proposal from one member who "has heard from several parents" and taken it upon yourself to decide on behalf of the parents. The parents who are paying for their child's education. The parents who should have a say in these matters. The parents who elect you to act on their behalf. The parents who were not consulted on such an important matter.

You should all be seriously reconsidering this matter and having a ROBUST discussion on all the consequences of the actions and motioning for a Re-Vote on the matter. I have read all of the materials submitted by the delegates and there is a plethora of information that you can't ignore. Just remember, 4 of you decided to pass an amendment that will impact thousands of children mental well-being and physical development. I hope that weighs on your conscience and you are ready to live with the long-term consequences of your actions.

Mario Fabiano

While there were MANY great questions submitted by the Delegates a few other questions and points would include;

1. Where are kids placing their mask when they go to the bathroom, have a drink of water, eat their food, are at recess etc. etc.? The risk for transmitting bacteria by taking the mask on and off is far greater than not having it on at all. Are we going to place more effort and time on masking than actual teaching and instruction?
2. When a kid must sneeze, what are they to do? Sneeze in the mask and soil it, and then have to wear it for the full day? Nothing about that sounds healthy or sanitary for a child
3. A huge part of entering school in JK is making new friends. How can these youngest students even know what people look like, or understand facial expressions as they create new relationships?
4. Where exception cases arise and certain children are exempt from masking, how are you going to address the other kids questions around "why do I have to wear one and they don't" and all the unintended segregation and bullying that can arise from that?
5. How do we expect children aged 3-8 to wear masks for close to 6 hours a day when medical professionals in many cases have expressed challenges in doing so? (And don't say "We will give them mask breaks")
6. Are children with a peanut allergy or any allergy with an Epi Pen exempt from masking up until Grade 4? If not, how will you be able to identify if a child is having a reaction with only their hands, eyes and forehead exposed? Especially in the younger grades where a child may not be able to understand or fully identify the symptoms of a reaction? Is this Board willing to take responsibility for being late to recognize and respond to an allergic reaction and the potential need to administer an Epi-Pen?
7. Have you done even a minute of research on the origins of things like Peanut allergies? Likely not, so I would implore you to watch the CBC documentary "The Allergy Fix". These decisions will have long term unintended consequences on immunity health of our children for years to come. In the next 5-10 years we won't be talking about

mandatory masks as the majority of children will need Epi-Pens. Has anyone considered for a moment the need to build a child's natural immune system?

8. Should a classroom actually be large enough to accommodate physical distancing given the number of students in the class, will the children be allowed to demask while at their desk (All Grades)?

From: Cookson, Michelle

Sent: August 31, 2020 1:42 PM

To: Daly, Patrick <DalyP@hcdsb.org>

Cc: Iantomasi, Vincent <IantomasiV@hcdsb.org>; Duarte, Marvin <DuarteM@hcdsb.org>; Agnew, Brenda <AgnewB@hcdsb.org>; Murphy, Patrick <MurphyP@hcdsb.org>; DeRosa, Peter <DeRosaP@hcdsb.org>; Guzzo, Nancy <GuzzoN@hcdsb.org>; Karabela, Helena <KarabelaH@hcdsb.org>

Subject: Masks for all grades

To Whom it May Concern,

I am writing you today as a Kindergarten educator in this board. I strongly am in favour of my students in kindergarten wearing facemasks while they attend school. I understand they may have some difficulties but feel that by wearing a mask it will ensure safety for all people in the school community. I am feeling a little worried about returning to school and hearing about the new rule of masks for all students made me feel safer to return to the classroom. Hearing that this decision is being challenged makes me worry as I have very close contact with these children and by them wearing a mask I will feel more protected while it gives them better protection from others as well.

I would like you to keep the decision for masks for all students in place so that educators like myself feel protected.

Thank you for your time,

M. Cookson

From: Stacy McMillan <[REDACTED]>
Sent: Saturday, August 29, 2020 10:01 AM
To: Agnew, Brenda <AgnewB@hcdsb.org>
Subject: [<EXTERNAL>] K-3 mask policy as an educator perspective

Dear Ms Agnew,

I would like to have my letter read as correspondence at the upcoming September 1, 2020 meeting. I am writing you this evening with the perspective of a Kindergarten Educator and a mother. I have been employed as a DECE with HCDSB for eight years. I have been an ECE for almost 20 years. I know children. I know how they develop and learn and I know they are competent and capable. Children this age are capable to wear masks at school. With proper education, guidance and care from both parents and educators they can be successful. Mask wearing to me is crucial in my safety and the safety of my family. Halton Public Health and many public health agencies across the county have stated that mask wearing protects us all. As a community we need to work together to keep our covid numbers low. Being in a small classroom with 30 children and one other adult does not feel safe. Every September is the same. Our youngest learners come through the door excited and scared. They are often crying and need hugs, want to sit on my lap, or hold my hand. This is all less than one meter of distancing between us. Often all of this is happening at once. Having children wear masks gives us a small amount of safety and piece of mind to know we are protected. With our children and educators wearing masks I am confident I am providing a safe learning space for these children. Please keep the policy of K-3 children wearing masks at school. We all deserve to be safe.

Please call me with any questions,
Stacy McMillan

On Aug 31, 2020, at 8:15 PM, Megan Ramsey <[REDACTED]> wrote:

>

> Hello Mr Iantomasi, Mr Duarte and Mr Murphy,

>

> I hope that you are all doing well.

> My name is Megan Ramsey. My daughter, Sophie, is scheduled to start SK at Holy Rosary in Milton next week.

>

> I have been in touch with Mr Duarte previously about my concerns with the provinces back to school plans.

> I have also tuned in to the meetings via youtube.

>

> Initially I was disappointed with HCDSB's delay in getting started, by the time you had your meeting, most boards had already released their plan. However, when I listened to the meeting, I was very pleased and impressed by the dedication shown by all of you. I honestly felt that you were trying to do what was in the children's best interest.

>

> I was thrilled with the decision to enforce mask wearing for all ages. Without the ability to reduce class sizes and enforce distancing, I truly believe that the masks will provide at least some protection.

>

> After the decision was announced, it helped to confirm my plan to send my daughter back to school. So I was able to confirm with my work that I would be returning. I bought masks. Lot's of them. And I started preparing her, with the promise that all of her friends would be wearing them too. I made plans based on your plan.

>

> I am extremely disappointed to hear that the Board of Trustees is considering reversing that decision.

>

> By reversing the decision you will be sending our children back to an unsafe situation. As an RECE myself, I have worked with young children for 21 years. Including 5 years in the FDK program with HDSB. The children will manage the masks. Even in Kindergarten. They will figure it out and it will become their new routine.

>

> Every year, a new group of JK students start. Many of them don't know how to zip up their coats, put on their shoes, wipe their nose, etc. But they learn. The first week or two may be rough, but they figure it out quickly. Just as they will with the masks.

>

> So to take away this safety precaution, from our youngest learners, seems pointless and reckless.

>

> It is also shows a huge lack of respect towards parents, educators, other school staff and the children.

>

> School is set to start in just over a week. HCDSB was already delayed in this process, and as a result, the schools are scrambling to figure things out and get information to parents. To start making changes now will only add to the confusion and delay the process even more.

>

> Many parents took the mask decision into high consideration while deciding whether or not to send their children back. Giving us a chance to change our decision isn't good enough. We need to put plans into place to support whatever decision we have already made. 1 week isn't enough time. Changing it now will have huge consequences for families. Employment, financial and physical and mental health

consequences. Making drastic changes like this now is very likely to throw numerous families into financial crisis. Not to mention the stress and anxiety it will cause.

>

> Our children have been prepared for this. They have been read stories and shown videos explaining that the masks are needed to keep them safe. So what do we tell them now? That we're not as worried about their health & safety anymore?

>

> This obvious lack of respect and concern for the families is very concerning to me.

> I am extremely disappointed in HCDSB's inability to develop a solid plan, and stick to it.

>

> I am hoping that you can find the time to either email me or call me before the next meeting to explain to me why the mask decision is being reconsidered. I am also very interested to know how each of you feel about masks for the younger grades.

>

> I look forward to hearing from each of you,

>

> Megan Ramsey

[REDACTED]

From: Gowan, Stephanie [REDACTED]
Sent: August 31, 2020 10:58 AM
To: Daly, Patrick <DalyP@hcdsb.org>; Iantomasi, Vincent <IantomasiV@hcdsb.org>
Subject: [<EXTERNAL>] Keep mask protocols for HCDSB staff and students

Dear Sirs,

I am writing in hopes to share my concerns and this correspondence at your upcoming board meeting.

HCDSB parents are currently circulating a petition to remove the requirement that younger students wear masks in school. Many parents, like myself, are concerned about this position. When my husband and I made the decision to send our children back in the classroom this September, it was based on the information that all students would be required to wear a mask. This information played a part in our decision. I know it did for many parents. To retract this position at this point in time would be unfair, weak, and confusing. It would lack leadership and decisiveness. Two critical behaviors we all need right now.

I won't go into the data that demonstrates the efficacy of mask-wearing to prevent COVID-19 infections. We are all fully aware that masks assist with infection prevention; including the seasonal flu. This will be an added benefit for many students and staff.

Being Catholic and Christian, means to walk in the footsteps of Christ. It means putting our needs aside and focusing on our brothers. This could be the staff member who goes home to elderly parents or the student with a sick parent at home. We need to protect them from a potentially deadly virus. Wearing a mask will not kill anyone, but contracting COVID-19 can and will. Now we have an opportunity to demonstrate our Catholic values and put others' needs before our own.

Our job is not to coddle our children. Our job is to give them the tools to be resilient, to handle the obstacles that will come their way. Removing the obstacle is not the answer to building resilience. Let's give our children credit and the opportunity to demonstrate what they are capable of.

On your shoulders rest the health and safety of HCDSB students and staff. We are counting on you to use every resource in your control to protect them this fall. Masks are a cost-effective resource within your control.

With thanks,
Stephanie Gowan

Stephanie Gowan, M.Ed, ACC
[REDACTED]

From: Colleen Jones [REDACTED]
Sent: August 29, 2020 4:05 PM
To: Daly, Patrick <DalyP@hcdsb.org>; Iantomasi, Vincent <IantomasiV@hcdsb.org>; Agnew, Brenda <AgnewB@hcdsb.org>
Subject: [<EXTERNAL>] I support masks for all grades

Pat, Vince, Brenda,

Please include this in your board meeting on September 1.

As a parent of two children in elementary schools within HCDSB I strongly support the requirement for all children to wear masks.

While this solution is far from ideal, I firmly believe it is a practical and necessary measure to promote safety the best we can within our schools.

Children are capable, resilient and great learners. They will adapt. Science has shown us this virus is most likely to be acquired through droplets or aerosols. A mask on an infected child will contain these droplets. Yes, that child may then touch their mask and then touch a shared surface. However, research has shown that transmission from touching a shared surface is significantly less likely than through air. Masks will offer greater protection, even in the event a child is fussing with their mask.

In addition to my strong advocacy for mask use I believe the board should encourage teachers to have children outside as much as possible while the weather permits, to reduce mask use and possibility of contamination. While I understand there are many limiting factors to making this viable I do believe that Principals and Teachers should be encouraged and Empowered to find ways to make this possible wherever they can.

Sincerely,

Colleen Jones

From: [REDACTED]
Sent: August 31, 2020 6:01 PM
To: Iantomasi, Vincent <IantomasiV@hcdsb.org>; Duarte, Marvin <DuarteM@hcdsb.org>; Agnew, Brenda <AgnewB@hcdsb.org>; O'Brien, Timothy <O'BrienT@hcdsb.org>; O'Hearn-Czarnota, Janet <O'Hearn-CzarnotaJ@hcdsb.org>; Murphy, Patrick <MurphyP@hcdsb.org>; Karabela, Helena <KarabelaH@hcdsb.org>; Guzzo, Nancy <GuzzoN@hcdsb.org>; DeRosa, Peter <DeRosaP@hcdsb.org>
Subject: [<EXTERNAL>] Masking children

Dear Trustees,

I am writing with great concern as a parent of two elementary children enrolled in Halton Catholic schools. I strongly disagree with your decision to mask all children from k-12. This decision was made with no medical evidence or government support. Premier Ford advises children in k-3 did not require masks as recommended by Sick kids.

I would rather the board look at smaller class sizes, using community spaces and outdoor education before taking a mask all approach.

I think the Halton Catholic French board got it right and I hope we will follow suit. All staff are required to wear masks and students are required to wear them in common areas and buses but not in the actual class room. I understand there are a lot of people who support masking all and feel this would be an excellent compromise.

Please reconsider the mask all rule.

Sincerely
Yvonne Spellman

From: [REDACTED]
Sent: Monday, August 31, 2020 10:46 PM
To: Daly, Patrick <DalyP@hcdsb.org>
Cc: DiPietro, Rosie <DiPietroR@hcdsb.org>; lantomasi, Vincent <lantomasiV@hcdsb.org>; Duarte, Marvin <DuarteM@hcdsb.org>
Subject: [<EXTERNAL>] Mask Protocol - correspondence

Dear Mr. Daly,

I'm writing to you today to express my opinion on whether students in the HCDSB should be wearing masks this year. It is my hope that the decision that has been made by HCDSB, to mandate masks for all students in K-12, will remain in effect for the following reasons;

- Mask wearing is not impossible to enforce. Will the younger children (i.e. kindergartens) be disciplined if they take off their mask? Of course not. Most of our teachers are parents too; they know its going to take some time to get children used to wearing masks all day. Teachers will work with them to remind them to put it on. In my opinion, any time that is spent with a mask on is better than no time. In addition, there is absolutely no harm in children wearing masks whereas there is potential harm in them not wearing masks. For those quoting various sources that say masks should not be worn by younger children, I would point out that studies can be found to support either position (mask wearing or not mask wearing). And for those who are concerned about special needs, etc., the motion clearly says that reasonable exceptions will be put in place.
- Having only a certain group of students (grade 4-8) wearing a mask will cause confusion within the school setting with respect to who is supposed to have one on.
- We have to consider the health and safety of our teachers. It is not in our benefit if they are exposed and more susceptible to getting sick because students are not wearing masks. Furthermore, it is my understanding that under the Ministry of Labour teachers can refuse to work if they feel their working conditions are unsafe.
- HCDSB is not the only board implementing a policy like this. In fact, many of our surrounding boards, including our conterminous board, are implementing similar policies.
- It is too late to change this decision. Doing so may impact parents decision regarding whether or not they are sending their children to school which in turn may impact the start of school. I chose to send my children to school because masks were mandatory. If this policy were to be reversed, I would opt to keep them home. If a significant number of families feel the same way, classes will need to be juggled yet again.

I am asking as a parent of two children in the HCDSB not overturn the current protocol for mask wearing at HCDSB. It is in everyone's best interests to do everything we can to minimize the spread of COVID.

Thank you

Jennifer Santos

From: Jennifer Bobanovic [REDACTED]
Sent: August 31, 2020 12:13 PM
To: lantomasi, Vincent <lantomasiV@hcdsb.org>; Duarte, Marvin <DuarteM@hcdsb.org>; Daly, Patrick <DalyP@hcdsb.org>
Cc: [REDACTED]
Subject: [EXTERNAL] Email to be read at Board meeting

Good afternoon,

I would like to ask that the mask policy be reconsidered and amended to read that “masks must be worn in common areas, hallways and buses only, masks do not need to be worn in the classroom.” This will allow students to focus more on their studies and spend less time playing with and adjusting their masks. Students are with their designated cohorts in the classroom, and will have their mask off to eat and drink at many times through the day. Also, If a student tests positive, their whole cohort is sent home to quarantine for 2 weeks...wearing a mask within their cohort will not change this. It also is a fair compromise for those in favour and those opposed to masking our students. The French board has recently adopted this policy, please consider this amendment to allow our students to focus on their studies in the classroom with minimal distraction.

Thank you,
Jennifer Bobanovic, RN, BScN
Mother of 3 girls in Catholic Elementary

From: Messom, Lisa <[REDACTED]>
Sent: August 31, 2020 9:47 PM
To: Daly, Patrick <DalyP@hcdsb.org>; Guzzo, Nancy <GuzzoN@hcdsb.org>; Agnew, Brenda <AgnewB@hcdsb.org>
Subject: Mandatory masks

Hello,

I hope this email finds you all well. I know that there is a board meeting tomorrow and the subject of masks being mandatory in primary grades will be addressed. As a primary teacher I'd like to advocate how important it is for my students to know that they are safe while being responsible citizens and ensuring the safety of others. I whole heartedly believe that children are resilient and with teacher support/direction they will do their best learning at school while wearing masks.

Yours in Catholic Education,

Lisa Messom, OCT

To: Comments <Comments@hcdsb.org>; Iantomasi, Vincent <IantomasiV@hcdsb.org>; Duarte, Marvin <DuarteM@hcdsb.org>; Agnew, Brenda <AgnewB@hcdsb.org>; O'Brien, Timothy <O'BrienT@hcdsb.org>; O'Hearn-Czarnota, Janet <O'Hearn-CzarnotaJ@hcdsb.org>; Murphy, Patrick <MurphyP@hcdsb.org>; DeRosa, Peter <DeRosaP@hcdsb.org>; Guzzo, Nancy <GuzzoN@hcdsb.org>; Karabela, Helena <KarabelaH@hcdsb.org>

Subject: [<EXTERNAL>] In Favour to Keep Masking Mandatory For All Students

Dear Sir / Madam,

I am writing to urge you to keep masking mandatory for all grades. I strongly feel this will help keep educators teaching these younger grades safer, as well as provide an additional layer of protection, as Covid19 is an airborne virus.

Educators in many Kindergarten classes have a large number of children (some over 30) crammed into small classrooms, with inadequate ventilation. Some of these classrooms have windows that do not open, making it impossible to provide fresh air. The sheer number of kids and classroom size make it impossible to sustain physical distancing.

Students and Educators face an increased risks for Covid-19 infections due to:

- Crowded constant exposure
- Close Contact over a long duration (ie 6 hour school day)
- Confined and enclosed spaces with poor ventilation

As well, the mandatory masking passed was a major influence in the decision making process to have my children return to in-school learning. In conversation with many other parents in the community, a large majority were also influenced by this decision in sending their children back to face to face learning.

Thank you for your time,
Dan Otterman

On Tue, 11 Aug 2020 at 15:50, J&D Z <[REDACTED]> wrote:

Dear Trustees,

With September quickly approaching I would like to make you aware of some safety concerns with the provincial government's back-to-school plan.

The kindergarten classrooms at schools are small. Many have 20 to 30 students (per class). It will be next to impossible to enforce physical distancing of 2 meters, or even 1 meter with a large number of students. We need to follow the recommendations of the Sick Kids' report and cap each K-8 classroom at 10 to 15 students. Based on the government's plan grocery stores, gyms, restaurants and all indoor areas in the province have more safety protocols than our elementary classrooms will in September.

The fact that the government is not mandating masks for students in grades JK/SK through grade 3, increases the risk for the teachers and educators that work in these classrooms. There are studies published now that young kids are in fact very good at spreading the Covid-19 virus (<https://www.forbes.com/sites/williamhaseltine/2020/07/31/new-evidence-suggests-young-children-spread-covid-19-more-efficiently-than-adults/#453d514119fd>) - not requiring them wearing masks puts everyone at risk, including other children, educators as well as their families. Children can be coached on how to wear masks (there are strategies).

We have students in our classrooms that experience violent, emotional outbursts or become upset because they miss their parents. It will be difficult for all of us to keep physical distancing when they are upset (even holding hands). Some of our younger students enter schools and are not completely toilet trained. How can we help students and maintain physical distancing?

Government's plans on cohorts - students at the elementary level will be mixed with the rest of the school population because of the two rotating planning time teachers, busing, and before/after school care at the school site. We need to have plans to address this to ensure cohorts do not mix and student distance properly.

Supply teachers/educators - they travel to different schools and could pass along the virus unintentionally.

What happens if the teacher is being tested because they have Covid-19 symptoms - is the class notified? Do we have enough sick days to cover the quarantine or to cover the absence due to illness, especially if there are complications?

Kindergarten is a play-based social program - it is not developmentally appropriate for children of this age to sit at the desks for any extended amount of time. They have to be able to use classroom materials and interact with their classmates. How will this be facilitated with a large number of students in the classroom?

Regards,

Joanna Zasiewski, DECE

From: Ciara M De Jong [REDACTED]
Sent: August 31, 2020 1:59 PM
To: Comments <Comments@hcdsb.org>; lantomasi, Vincent <lantomasiV@hcdsb.org>
Subject: [<EXTERNAL>] For this upcoming board meeting on September 1, 2020

Good afternoon Mr. Chair,

For this upcoming board meeting on September 1, 2020.

I would like to enter the following comments:

I am in support of the board's decision to have all children wear masks. I wear a mask to protect you, you wear a mask to protect me. The same concept applies to all children as well. Let's do everything we can to keep everyone protected. This protective decision has been made and we need to move forward.

Debating an already debated and supported by health professionals decision is leaving out other serious inequity issues. In my mind, the issue that has not been address is the fact that HCDSB secondary students are receiving **75 minutes LESS instruction everyday** as compared to the HDSB students. HDSB has a simple schedule everyday: 180 minutes Period 1 in person then 75 minutes for lunch/teacher planning/students to return home then 120 minutes online at home for Period 2. The schedule alternates as which period is in person and which cohort is in person similar to HCDSB. **TOTAL Instruction 300 minutes; 75 minutes non instruction everyday.**

HCSDb, on the other hand, has 180 minutes in person Period 1 then 60 minute lunch then an additional 75 minute planning time/academic support (no instruction) then only 45 minutes online for Period 2 for **a TOTAL Instruction 225 minutes; 135 minutes non instruction everyday.**

HCDSB students will receive 375 minutes LESS instruction EVERY WEEK than their HDSB next door neighbour.

In addition, HCDSB teachers can only teach 6 courses out of 8 courses per year (for example, 2 courses Quad A, 1 course Quad B, 2 Courses Quad C and 1 Course Quad D for 6 total courses). So in the two Quadmesters in which they only teach one course, the teachers will only be instructing for 180 minutes one day and 45 minutes the other day. **45 minutes of TOTAL instruction every other day!** With teachers receiving 75 of planning time every single day, plus having 2 quadmesters in which they teach one course, is there anyway HCDSB could make the instruction time more equitable with HDSB? Can HCDSB reach 300 minutes of instruction per day as well? Keeping in mind that academic support is normally supplied afterschool for those who need it, it is not instructional time. Our students will be short changed 375 minutes every single week.

Thank-you.

-----Original Message-----

From: Sandra DeFelice Thompson [REDACTED]

Sent: August 28, 2020 9:52 PM

To: Iantomasi, Vincent <IantomasiV@hcdsb.org>; Agnew, Brenda <AgnewB@hcdsb.org>; O'Brien, Timothy <O'BrienT@hcdsb.org>

Subject: [<EXTERNAL>] K-Grade 3 Masking Policy

Dear Burlington Trustees,

I want to take a moment to email my support regarding the mandatory masking policy for students K-Grade 3. The multiple delegations listed against this policy on the September 1st agenda have prompted me to voice my support of the policy in favour of protecting our youngest students and our educators.

I fear that a reversal of this policy will force me to change my decision to send my children into school this fall and hope that you will vote to uphold the policy as it stands.

I sincerely thank you for your consideration and hard work during this unprecedented time.

Sincerely,
Sandra Thompson

From: Christina Capone Settimi [REDACTED]
Sent: September 1, 2020 8:49 AM
To: DiPietro, Rosie <DiPietroR@hcdsb.org>
Subject: Re: FW: [<EXTERNAL>] Non-medical Mask wearing for all students.

Dear Trustees,

I am the mother of soon-to-be Grade 4 and Grade 1 students, currently attending St. Mary CES. Both my children will be attending school in person this coming 2020-2021 school year.

I am writing in advance of tomorrow's Board Meeting and the scheduled delegations relating to mandatory masks for all HCDSB students attending in-class learning this coming school year. I would like to ask that my email be read at the meeting.

I am in support of mask wearing for students of all ages and I applaud you for being one of the first, if not the first, Board to pass a motion that all students (K-12) be required to wear non-medical masks/face coverings at school during the Special Board Meeting held on August 19, 2020. It is noteworthy that, since that time, many other school boards have followed suit.

Many parents who are not in favour of a universal mask requirement will cite the Sick Kids and WHO recommendations (amongst others) against mask wearing for young children. I think that it's critical to acknowledge that these recommendations against universal mask wearing for young children are made in conjunction with the broader recommendation that the most important effective infection control mechanism when it comes to COVID-19 is physical distancing of 2m+ between students. In fact, the Sick Kids guidance identifies physical distance and small class sizes as "a priority strategy" for a safe return to school

(see: <https://www.sickkids.ca/PDFs/About-SickKids/81407-COVID19-Recommendations-for-School-Reopening-SickKids.pdf>). However, HCDSB Board Staff have already clearly stated that achieving the recommended level of distancing between students is not possible due to lack of available resources, financial and otherwise. Without the possibility of meaningful physical distancing, masks become one of the most important infection control mechanisms we have against the spread of COVID-19. It is also worth noting that there are other medical and regulatory bodies whose recommendations in favour of universal mask wearing stand in direct contravention to the current Sick Kids and WHO recommendations. For example, the CDC recommends that all children 2 years and older should wear a mask over their nose and mouth when in public settings where it's difficult to practice social distancing

(see: <https://www.cdc.gov/.../children/protect-children.html>). Similarly, a recent study published in the European Journal of Pediatrics concluded as follows: "Universal use of face masks for success against COVID-19 seems necessary also in pediatric age when people have to go out in their everyday lives" (see: <https://pubmed.ncbi.nlm.nih.gov/32388722/>)

The most recent studies suggest that young children are effective silent spreaders of the disease. Harvard-affiliated Massachusetts General Hospital and Mass General Hospital for Children recently published findings from the most comprehensive study done to date in COVID-19 pediatric populations: https://news.harvard.edu/gazette/story/2020/08/looking-at-children-as-the-silent-spreaders-of-sars-cov-2/?utm_source=join1440&utm_medium=email&fbclid=IwAR0p4yZmhPxsBdLPLLrkrcJCqkg7

[Uki_UyIz21EJalhYh-L-2lh6nI-0Z1A](#). The researchers found that children play a larger role in the community spread of COVID-19 than previously thought. The recommendations coming out of the study include not relying on body temperature or symptom monitoring to identify COVID-19 infection in the school setting, and the researchers emphasize the importance of infection control measures including: social distancing, universal mask use (when implementable), effective hand-washing protocols and a combination of remote and in-person learning. It's worth mentioning that, unlike the Sick Kids recommendations, these recommendations are based on an actual study of COVID-19 infected pediatric populations.

Ultimately, COVID-19 is a novel virus. We still don't know a lot about its transmission or the long term implications of the disease. Also, without a vaccine, we have very limited infection control measures when it comes to the virus. Masks have very clearly been shown to be one of the few effective measures we can take to reduce the spread of the disease. I agree that a segment of the student population, including the younger children in particular, will have difficulty with full mask compliance. However, it is equally true that many will adapt and be just fine.

At the end of the day, some masks are better than no masks but, in order to ensure compliance from the most people possible, making masks mandatory for in-class learning is important. If a parent or parents have concerns about mask wearing, the Board is offering them a viable alternative: remote learning.

I strongly urge the Board not to retract its ruling on mandatory masks for the coming year. Masks are for everyone's safety, including the teachers who will be spending their days in classrooms where recommended physical distancing is not possible.

Regards,
Christina Settimi

From: Heather Albertson <[REDACTED]>
Sent: August 30, 2020 10:23 AM
To: Guzzo, Nancy <GuzzoN@hcdsb.org>
Cc: Alex Albertson <[REDACTED]>
Subject: [<EXTERNAL>] Request to keep masks mandatory

Good morning Nancy,

I understand there is a board meeting this week and that mandatory masks for primary classes will be further debated.

I would like to express that I do feel strongly that masks should be required given that class sizes will remain the same, or not the much smaller sizes suggested.

My hope is that the board does not change the decision to make masks mandatory.

Thank you for representing our views.

Heather Albertson
Parent of two St. Dominic students, grade 1 and 6
[REDACTED]

From: Derek Zasiewski [REDACTED]
Sent: September 1, 2020 10:24 AM
To: Duarte, Marvin <DuarteM@hcdsb.org>; lantomasi, Vincent <lantomasiV@hcdsb.org>; Agnew, Brenda <AgnewB@hcdsb.org>; O'Brien, Timothy <O'BrienT@hcdsb.org>; czarnotaj@hcdsb.org; Murphy, Patrick <MurphyP@hcdsb.org>; DeRosa, Peter <DeRosaP@hcdsb.org>; Guzzo, Nancy <GuzzoN@hcdsb.org>; Karabela, Helena <KarabelaH@hcdsb.org>; Daly, Patrick <DalyP@hcdsb.org>; DiPietro, Rosie <DiPietroR@hcdsb.org>
Subject: [<EXTERNAL>] Masks in schools

Hello,

I wanted to express my support for the fact that HCDSB requires all students to wear masks, including kindergarten students. Our province has done a tremendous job so far, which is mostly due to the two factors: social distancing and mask wearing. Currently in Ontario we are required to wear masks, including children older than 2 years, whenever we are in an indoor space – whether it's a store, supermarket, walk-in clinic, hospital or a doctor's office. We should not pretend that kids don't spread COVID19 – numerous studies so far has proven that kids do spread this virus, just as good as adults or perhaps better (due to potential higher viral load). We have already seen numerous outbreaks of COVID19 in other schools – whether it is in US, Germany, Israel and many others countries – where kids are not mandated to wear masks. Due to political pressure some countries/provinces are pretending like kids somehow, magically don't spread that virus. We should listen to scientist who are very clear – whenever social distancing of at least 2 meters cannot be achieved, people of all ages should be wearing masks – to protect not only ourselves but mostly to protect others. We need to ensure that each classroom – no matter the age of kids – can be safe for our children as well as any adults (teachers, ECE, EAs, etc) that work there. Safety should always be our number one priority and we should not given in to hysteria or political pressures. It is my firm belief, based on scientific evidence, that any classroom where masks are not mandatory is a safety hazard for all of us.

Ontario government recently introduced half-measures based on hand-picking guidelines from public health officials, but through the hand picking of only suggestions that fit their agenda, they came up with recommendations that are confusing and are not enough to guarantee safe environments for our children and adults alike. We should ensure that we follow science strictly and not only where it is convenient.

Regards,

Derek Zasiewski

From: Danielle Kuypers
Sent: August-31-20 4:38 PM
To: agnewb@hcdsb.org
Subject: Mandatory Masks for all Students

Good Afternoon Ms. Agnew,

I understand that at tomorrow's (Tuesday, September 1st) board meeting, there are parents who will be trying to overturn the recent ruling on mandatory masks for all students, including students in kindergarten to grade 3. This is deeply concerning and will seriously make me re-evaluate whether I send my son to school next week as a Year 2, kindergarten student at St. Elizabeth Seton in Burlington. Since physical distancing cannot be practiced at all times, I feel much more confident knowing that most students will be protecting themselves and others by wearing a mask as recommended by the CDC (<https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/children/protect-children.html#:~:text=Children%20%20years%20and%20older,difficult%20to%20practice%20social%20distancing.>). I understand that this is not an ideal situation, but in a pandemic, I fully believe that we should all be doing whatever we can to minimize the spread of covid-19.

My son is 5, and yes, sometimes it can be challenging, but we are practicing at home and he has come accustomed to wearing a mask as I think most kids will! We don't give our kids enough credit, they are resilient and eager to learn, they and their teachers deserve to be protected as much as the older students do. If the mask mandate is reversed, is there an option to keep the younger kids who opt to wear masks in the same classroom? I don't think so. If I send my son to school wearing a mask, how do I explain to him that he is wearing a mask to protect others, yet his peers are not showing him the same courtesy? I can't comprehend the other side of this argument. I fully expect that students without a mask will see their friends in tie-dye and super-hero masks, and then go home and ask their parents for one or why they don't have one. Again, please do not vote against the ruling on mandatory masks for all – I breathed a sigh of relief after the last board meeting when the decision was made and felt a little less stress about the return of the school year.

Thank you for your time and all that you do as a trustee,

Danielle Kuypers