

Community Input – November 19, 2020 Board Meeting

Name	Comment
Katie Parenti, MD	Given the current surge of covid 19 in our area, I think it would be reasonable to institute a pause on in-person learning and change to full remote for the 3 weeks following thanksgiving break until winter break. Depending on metrics, the same could be considered for the 2 weeks following winter break as well. Given the holidays and cold weather, community transmission risks will be elevated during this time as families will likely be getting together indoors and possibly traveling. I believe this short term pause could help lower transmission in our community.
Toni Stuller	My name is Toni Stuller, and my son attends Thomas Middle School. I just want to point out the disgusting irony of being sent a letter advising that no one can attend the school board meeting because of the restrictions our state has put into place due to the life-threatening danger our community is in from COVID, specifically that no more than 10 people can be together...as the school district continues with in-person schooling with more than 10 people in rooms, and as the board and Ms. Bein forward the agenda of full in-person schools. Shame on the superintendent, a d shame on the board for putting the lives of our entire community and beyond at risk.
Joe and Lisa Lightcap	We have 3 children in District 25 and are writing to show our support for the teachers. We feel that the Board should strongly consider the teachers' feelings and safety when deciding to what extent there is in-person learning. Please provide teachers the working conditions they feel are appropriate.
Ruth Miller	My family and I thank you and the teachers of District 25 for your continued hard work and dedication. In response to the many comments at the last meeting, I would like to speak for the many other families that support the necessary measures to keep our community safe during these unprecedented times. I know that despite whatever happens this year, my children will continue to thrive and I will do whatever needs to be done at home to ensure that happens. Thank you and stay safe!
Theresa Funk	I'm curious if the school is considering moving to fully remote between Thanksgiving and the New Year given the significant spike in COVID cases?
Michael Kuehl	<p>Dear Dr. Bein and Board Members,</p> <p>I wanted to write this sooner, but I was busy reading the three separate email notifications I received today regarding four individuals at SMS testing positive for the coronavirus.</p> <p>I considered attending the meeting in person to voice my concerns about the pandemic and the seeming lack of care and concern for students and staff, as well as the families of the students and staff, shown at the previous meeting. Unfortunately, DUE TO THE PANDEMIC, you have had to change Thursday's meeting to masked, socially-distant board members only.</p> <p>I apologize for my tone, but as an educator in a district that actually values the safety of its members, I am appalled that you haven't acted sooner to slow the spread. The fact that you are even considering setting a date for coming back to full, in-person, 5 days/week instruction is ridiculous. As Dr. Anthony Fauci famously said, "You don't make the timeline, the virus makes the timeline."</p> <p>Now is not the time for this.</p> <p>Now is the time to show our D25 students the power of kindness and compassion, the value of sacrifice, and the importance of civic duty when acting on behalf of the greater good.</p> <p>Now is the time to initiate an adaptive pause and resume fully remote instruction until the metrics show it is safe to return to a hybrid model, even if a few loud and ill-informed parents disagree. Thank you for your time.</p>
Amanda Bhansali	<p>Dear School Board Members & Dr. Bein,</p> <p>I write to you again to urge you to consider a switch to full remote learning after the Thanksgiving holiday due to the concerning metrics referenced below.</p> <p><u>Please protect your staff. Please protect your students. Please protect our community.</u></p> <ol style="list-style-type: none"> 1. Current hospitalizations for COVID-19 in Illinois have increased by 30% since last week and have now passed the previous peak in April. More people are currently hospitalized in Illinois with COVID-19 than during the spring surge (when schools were closed). 2. Suburban Cook County (as of 11/16) has a +15% positivity rate. This far exceeds the 8% metric that was used to open schools to hybrid instruction.

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	<p>As of November 16, 2020:</p> <div style="display: flex; justify-content: space-around; align-items: flex-start;"> <div style="text-align: center;"> <div style="background-color: #808080; color: white; padding: 10px; border-radius: 5px;"> 107,891 Confirmed Cases </div> <div style="background-color: #FF8C00; color: white; padding: 10px; border-radius: 5px;"> 477 Weekly Case Rate per 100,000 </div> </div> <div style="text-align: center;"> <div style="background-color: #808080; color: white; padding: 10px; border-radius: 5px;"> 2,247 Deaths* </div> <div style="background-color: #FF8C00; color: white; padding: 10px; border-radius: 5px;"> 15.2% Test Positivity Last Week </div> </div> </div> <p>3. The two Arlington Heights Zip Codes (60004 and 60005) used to create the "cases per 100,000" metric are exceedingly high. As of 11/16, the number of new cases per 7-days is +617 out of 100,000 people. This is more than 3.5x the threshold of 175 cases per 100,000 that was used to enter hybrid instruction.</p> <p style="text-align: center;">Data for 11/16/2020 (7-Day)</p> <table border="1" style="margin: auto; border-collapse: collapse; width: 60%;"> <tbody> <tr> <td style="padding: 5px;">Rolling Average Number Tested per Day</td><td style="text-align: center; padding: 5px;">502.0</td></tr> <tr> <td style="padding: 5px;">Rolling Average Number of Positive COVID Tests per Day</td><td style="text-align: center; padding: 5px;">70.7</td></tr> <tr> <td style="padding: 5px;">Rolling Average COVID Positivity Rate</td><td style="text-align: center; padding: 5px; color: red;">14.09 %</td></tr> <tr> <td style="padding: 5px;">Number of new cases (7-day) per 100,000 population</td><td style="text-align: center; padding: 5px;">617.1</td></tr> </tbody> </table> <p>I again urge you please switch to full remote learning for students and staff in District 25 after the Thanksgiving holiday</p>	Rolling Average Number Tested per Day	502.0	Rolling Average Number of Positive COVID Tests per Day	70.7	Rolling Average COVID Positivity Rate	14.09 %	Number of new cases (7-day) per 100,000 population	617.1
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Petra Tietz	<p>I am extremely concerned that the board is giving into pressure by the parents to open up in person learning too soon, especially after we have seen with the hybrid model the number of positive cases coming back with children only in school on specific dates.</p> <p>There is no possible way you can tell me this is safe for any party, when even hospitals are having trouble keeping up with disinfecting areas in order to prevent infection. Now with cold and flu season upon us is in person really necessary, or is the board caving to pressure and worried about not receiving funding?</p> <p>Truthful answers, not political pie crust promise answers (easily made easily broken) would be appreciated. As a working parent I would love to have my kids back full time, but as a person in the medical profession it is honestly, for lack of better word, stupid. Thank you.</p>								
Alexis and Doug Hammond	<p>Dear Board Members of School District 25,</p> <p>If the Governor's Disaster Declaration has deemed it unsafe to hold the November 19th board meeting in person, then it is not safe to have teachers, administration, staff and children at school for hybrid learning. I again implore you to follow the science and the metrics recommended by TAC. Return to full remote learning for the entire district and do not have in person learning until we meet the existing "Return to School Metrics". The hybrid model with 6 feet of distance, masks, and hand hygiene is not enough in the midst of the community positivity rate of 12.9% for the week of November 1-7. The 7-day avg. number of cases for 60004 and 60005 is 617.1 per 100,000. The time to move to remote is now. Don't wait until our schools are super spreaders and the positive cases are at all time highs. The best way to fight this pandemic is to limit community spread until a vaccine is available.</p>								

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	Our entire community's health and well being hinges on the positivity rate and access to medical care. We must protect our teachers, first responders, the immunocompromised, the elderly, and our families. Please, follow the science.
Todd Witherow	<p>Thanks again for your time and commitment.</p> <p>I have put together the attached analysis for your consideration in the school operating model discussion. I am personally very concerned about the District's desire to anchor decision to two metrics that have no relation or correlation to the decision that is being made.</p> <p>In the attached presentation I present data that shows:</p> <ol style="list-style-type: none"> 1. The anticipated impact of COVID is every student and staff was to become infected tomorrow. 2. Examples to try and encourage the district to separate "community transmission" from "school transmission". <ol style="list-style-type: none"> a. School transmission: Only activity the district can control and should be the guiding metric for decisions on remote / in-person as well as too few or too many controls in place. b. Community transmission: District education model will have NO impact on these numbers, and cannot control or influence them. Yet these are the metrics being assessed today for district decisions. 3. Attempts to solve problems that have been referenced or assumed for the district. <p>I thank you in advance for reading the presentation. It would be really good for a presentation like this to be presented. All of the current presentations in my view are either results from a survey or being based on facts that present only one view point. We need to <u>educate</u> the community all of the metrics and decisions that the district can make. See attached presentation.</p>
Holly Furman	<p>Seeing as we will not be back to school in person anytime soon. I would love for sd25 to go with hybrid Mondays beginning upon our return in January. Idea being kids would attend every other Monday with their hybrid group.</p> <p>I'd also like to see an adaptive pause following thanksgiving.</p> <p>Thank you for your time!</p>
Meghan Yarbrough	<p>Dear Board of Education,</p> <p>As a constituent, employee, and parent of two elementary school children who attend D25 schools, I implore you to implement the adaptive pause for our school district until January 19, as many of the surrounding districts have already enacted.</p>
Stacey Tobin	<p>To Dr. Bein and the Arlington Heights School District 25 Board,</p> <p>Thank you for your efforts in working through these difficult public health issues to make decisions regarding the safe return to the classroom. I recognize that it is impossible to please everyone and that you are working within an emotionally charged environment that has made an already challenging decision-making process even more so. I truly appreciate the hard work that you all are doing to get students back into the classroom as safely as possible.</p> <p>I am writing to ask that you now rise above all the emotion and focus instead on the objective public health data on community spread of COVID-19. During the summer, I was encouraged to see that the district had assembled a TAC and that the group offered clear, evidence-based metrics that the superintendent and school board could use to evaluate risk of viral spread and make data-driven decisions about returning to hybrid instruction.</p> <p>Unfortunately, as these metrics have moved in the wrong direction in the past two months, the board has chosen to either question the metrics' validity, choose which metrics best fit their need to get students back in the classroom, or completely abandon the metrics when making decisions about the safety of students and staff in the school buildings.</p> <p>While there was a lot of chaos at the last board meeting, I was particularly alarmed by the board when it questioned whether the TAC metrics can be trusted and how the board might choose which metrics to use. Dr. Bein proposed two metrics and thresholds, and the board discussed how these should be used to determine when it is safe to open schools to full in-person learning:</p> <p>(1) The case positivity rate, given as a percent of tests that were positive out of all the tests given in a particular time frame (a day, a week, two weeks)</p>

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	<p>(2) The number of new cases in a week per the number of people living in a community, given as the number of cases in a particular time frame (a day, a week, two weeks) per 100,000 people living in a particular geographic area (zip code, town, county)</p> <p>First, I want the board to understand that these metrics can be trusted and how they are calculated is incredibly straightforward. Suggesting that the metrics are faulty or unreliable in some way is absolutely disingenuous and does real damage to our community's trust in the data, as well as the district's ability understand the data and how to use it to make decisions. How the math is done can vary—for example, the order that the operations are performed, or the data sources used, or how the data are updated—which can produce slightly, but not completely different numbers. Absolute case numbers change day-to-day as test results are reported and probable cases are verified, so numbers for a particular day might go up or down after the fact. That is why we do not look at daily changes in case count, we instead look at 7-day trends or 14-day trends. It's also why some of the graphs that the IDPH or CCDPH put on their website are a few days behind - they are waiting for all the test results to be verified before they build out their trend lines. Suggesting that there is anything dishonest or undependable about the metrics is not acceptable and does real damage to the board's credibility at a time when the community is trusting them to make public health decisions.</p> <p>Second, I want the board to understand that each metric gives us COMPLETELY DIFFERENT ways to understand the spread of COVID-19 in the community and the risk posed to schools when members of the community (staff and students) enter and leave school buildings each day. The first metric measures how good testing is at catching cases of COVID-19. The other measure looks at how many people in a community have been infected. There is <u>no rational reason</u> to pick one number over the other in order to make decisions about risk. Per the CDC guidelines, these two metrics, in addition the ability to consistently and correctly follow mitigation strategies in schools, should be used TOGETHER to determine how risky it is to have students in the classroom. Is it complicated because you have to consider three metrics simultaneously? Yes. Is it important that all three metrics be used in your decision making? Also yes.</p> <p>Third, I want the board to acknowledge that they need to look at the thresholds at both ends of the risk categories when making decisions. As a reminder, these were the metrics and thresholds from the CDC, HGHI, and NIPHC guidelines that the TAC selected as the district was planning for a return to hybrid learning and that were discussed at the last board meeting:</p> <table><tr><th>CDC</th><th>Lowest Risk</th><th>Lower Risk</th><th>Moderate Risk</th><th>Higher Risk</th><th>Highest Risk</th></tr><tr><td>Number of new cases per 100,000 persons within the last 14 days</td><td><5</td><td>5 to <20</td><td>20 to <50</td><td>50 to 200</td><td>>200</td></tr><tr><td>Percentage of positive PCR tests during the last 14 days</td><td><3%</td><td>3% to <5%</td><td>5% to <8%</td><td>8% to 10%</td><td>>10%</td></tr><tr><td>Ability to apply 5 mitigation strategies</td><td>All 5 correct/consistent</td><td>All 5 correct/inconsistent</td><td>3-4 correct/consistent</td><td>1-2 correct/consistent</td><td>None</td></tr></table> <table><tr><th>HGHI</th><th>All open</th><th>K-12 hybrid</th><th>K-5 and 6-8 hybrid</th><th>All remote</th></tr><tr><td>60004+60005 daily case rate/100,000</td><td><1</td><td>1 to <10</td><td>10 to <25</td><td>>25</td></tr><tr><td>Oct 6 TAC meeting - weekly case rate/100,000</td><td><7</td><td>7 to <70</td><td>70 to <175</td><td>>175</td></tr></table> <table><tr><th>NIPHC</th><th>In person</th><th>Hybrid</th><th>All remote</th></tr><tr><td>Cook county daily Cases/100,000</td><td><7</td><td>7-14</td><td>>14</td></tr><tr><td>Weekly case rate/100,000</td><td><49</td><td>49-98</td><td>>98</td></tr></table> <p>It is completely reasonable to plan ahead and look at the lower threshold that will get us back to full in-person learning in the coming year. If that threshold is <70 cases per 100,000 and <8% positivity in in 60004+60005, that seems to be a compromise between the CDC and HGHI metrics for moderate risk and K-12 hybrid instruction. It's just as important to look at the other end of that threshold: when the district was considering moving from remote learning to hybrid learning, they rightly used the <175 cases per 100,000 threshold per HGHI.</p> <p>Likewise, the board now needs to acknowledge the current situation - that we have far surpassed the upper threshold of highest risk. In the above image, the black boxes indicate where the metrics currently place us in each risk category:</p>	CDC	Lowest Risk	Lower Risk	Moderate Risk	Higher Risk	Highest Risk	Number of new cases per 100,000 persons within the last 14 days	<5	5 to <20	20 to <50	50 to 200	>200	Percentage of positive PCR tests during the last 14 days	<3%	3% to <5%	5% to <8%	8% to 10%	>10%	Ability to apply 5 mitigation strategies	All 5 correct/consistent	All 5 correct/inconsistent	3-4 correct/consistent	1-2 correct/consistent	None	HGHI	All open	K-12 hybrid	K-5 and 6-8 hybrid	All remote	60004+60005 daily case rate/100,000	<1	1 to <10	10 to <25	>25	Oct 6 TAC meeting - weekly case rate/100,000	<7	7 to <70	70 to <175	>175	NIPHC	In person	Hybrid	All remote	Cook county daily Cases/100,000	<7	7-14	>14	Weekly case rate/100,000	<49	49-98	>98
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	<p>CDC: 14-day case rate in 60004 + 60005: 1127.1 per 100,000 14-day percent positive tests: 13.72% (Reported 11/17/20 on the NU Covid dashboard using IDPH data) Ability to apply 5 mitigation strategies: assuming all 5 are correct and consistent</p> <p>HGHI: Weekly case rate in 60004+60005: 614.6 per 100,000 (Reported 11/17/20 on the NU Covid dashboard using IDPH data)</p> <p>NIPHC: Weekly case rate per 100,000 in Cook County: 465 per 100,000 (Reported 11/13/20 on IDPH website)</p> <p>It is clear that if all of these metrics are taken together, even with perfect application of all five mitigation strategies in the schools, we are in the highest risk category suggesting a need for an adaptive pause. Ignoring the numbers sends the unfortunate message that the board does not value data, has no intention of following the data or the metrics they established, and is not willing to use these evidence-based metrics to make public health decisions that affect the safety of staff and students.</p> <p>Now that some proportion of students are back in school, I agree that the board now also needs to consider the number of positive cases and exclusions in the district's buildings, and I absolutely commend the district for setting up a dashboard and updating it weekly. However, it remains unclear what thresholds the district will use with the school case data to evaluate risk and make decisions. How many positive cases or exclusions per week per building will lead to an adaptive pause? Are decisions going to be made based on case numbers or staffing shortages due to exclusions? How are school case data and thresholds going to be integrated with the already established community-based metrics and thresholds from CDC, HGHI, and NIPHC to make decisions? I hope that the board is not using school-based metrics in lieu of the community-based metrics.</p> <p>Although the board is faced with pressures on every side of this issue, and it is truly impossible to please everyone, I strongly urge the board to use objective, evidence-based risk metrics and thresholds to make public health decisions for students and staff. The numbers do not lie—we are currently experiencing a surge in infections that cannot be ignored and will eventually overcome the best intentions to get students back into the school buildings. Please follow the data. Be consistent in your messaging and your use of public health metrics. Acknowledge what is happening outside the school walls and how it affects the health of students and staff members who move into an out of the school buildings. Fall back on the data to support the hard call for an adaptive pause. Take the opportunity to remind the community of its part in getting kids back to school by reducing community spread, and that the district will use clear evidence-based metrics to decide when it is safe to do so. Continuing to push for more in-person learning is the exact opposite discussion the board should be having at this moment in time.</p>
Shane Yarbrough	<p>Dear Board of Education,</p> <p>For the health and well being of our students, staff, and their families please consider going back to the full remote model till January 19th. Other surrounding districts have taken this step due to the rapidly increasing number of COVID-19 cases and the upcoming holidays.</p>
Donna Radlicz	<p>In light of the rising Covid19 numbers and the holidays coming up when people are coming back from college, and getting together with relatives, I think D25 should go to full remote-learning for at least 2 months starting immediately to protect every student, teacher and admin staff member.</p>
Dana Riedel	<p>My family strongly believes that pausing in person learning from Thanksgiving until after the holiday break is in our kids and communities best interest. With the current numbers rising and families traveling and celebrating, this is the time to go fully remote.</p> <p>I voted for a return to in person learning in January, and still hope for that outcome.</p>
Robyn Swanson	<p>It was clear during public comments at the last board meeting, that there is a very vocal minority that is advocating for the return to full in-person learning. The survey conducted by the district clearly shows a preference by the majority of families to remain in the hybrid model until the detailed benchmarks are met.</p>

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	<p>As a community, it is often necessary to compromise. Hybrid learning is a compromise. It allows for some in-person learning which is an improvement in the eyes of many, while maintaining virus mitigation at a level that most families feel safe sending their children to school. Pushing for a full in-person model at a time when infection rates are increasing is an extreme, self-serving viewpoint that does not allow for compromise. This position forces families who are not comfortable with reducing mitigation measures into full remote learning. If the advocates of full in-person learning truly believe that is the best learning model, how do they justify pushing families in to remote learning that had previously had their children take part in the partial in-person hybrid model? Forcing families who have health and safety concerns into remote learning, the opposite extreme to full in-person, causes further division in the school community which benefits no-one.</p> <p>I am also disappointed and concerned after witnessing two attempts of "creative accounting" to bend the mitigation guidelines to suite an agenda. Creative accounting is not a best practice in accounting and certainly shouldn't be employed when the health and safety of our children and their teachers are concerned.</p> <p>We are a community dealing with the impact of a communicable disease. The goal should be to minimize the negative impact as much as possible on all of the subgroups within the community. Decisions should be avoided that favor one group to the detriment of another. It is not likely that anyone will be completely at ease with the path forward.</p>
Eileen Ryan	<p>I implore you to not put an adaptive pause on our school year.</p> <p>In-school metrics only should be used for whether we need to go full remote. Even Pritzker has advised keeping schools open. Keeping kids home from school will not impact Illinois' numbers. Please don't take away what little you've given them!!!</p>
Kevin Reed	<p>School Board Members,</p> <p>Thank you for allowing me to share my comments. My name is Kevin Reed and I am a community member who lives in Arlington Heights.</p> <p>During the school board meeting on November 12th, the school board engaged in a discussion about some of the metrics used in making decisions about transition plans. In particular, the board discussed the term "Positivity Rate" and appeared to misunderstand the metric. As defined by Johns Hopkins Bloomberg School of Public Health, the positivity rate is "the percentage of all coronavirus tests performed that are actually positive"¹ (i.e. # of positive tests divided by # of tests administered). This metric is a signal about whether or not sufficient testing is being done in order for mitigation techniques like contact tracking and isolation of infected individuals is likely to be effective. An elevated positivity rate means that there is a good chance that many cases are going undetected and that the disease is spreading extensively in the community. A low positivity rate means that there is a good chance that most cases are being identified and mitigation techniques are likely to be effective to slow or stop the spread of the disease.</p> <p>The case counts reported by IDPH suffered from a significant 'spike' on Nov 6th when they shifted to the CDC recommended approach of combining confirmed and probable case counts in a single metric. Instead of changing the daily historical case counts so that they included the antigen or doctor diagnosed "probable" cases on the date that they were identified, IDPH lumped them all into the Nov 6th date. This created a short term distortion in 7-day averages. However, that date is no longer part of the current 7-day averages and the 7-day total case counts per 100,000 population metrics are again useful metrics for tracking the current incident rate of the disease.</p> <p>The positivity rate and the 7-day total case counts per 100,000 population metrics are thus very different metrics. Using combined metrics like < 8% positivity AND < 70 positive cases a week per 100,000 population is the right approach and is what is used by the WHO, CDC, IDPH, CCDPH for good reason. SD25 should be using both of these metrics together as well.</p> <p>I request that the board alter their decision from the Nov 12th meeting and instead use both of these metrics as an "AND".</p> <p>In an earlier board meeting the board directed the school district to survey the parents on how they would like various items addressed. Dr Bein presented the results of this survey at the Nov 12th meeting.</p> <p>Question 2 of the survey defined "6-foot distance" as "measuring from the edge of a chair to the edge of another chair". According to the results of the survey 63.6% of families voted to "continue to have</p>

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	<p>the 6-ft distance (as described)". The board then voted to significantly alter the definition of the 6-ft distance in a way that effectively discards the measurement. It is disappointing that the board decided against the opinion they sought from the community.</p> <p>We are currently in the middle of a very significant spike in cases. It will be much worse in the weeks following the Thanksgiving holiday. I ask the board to use a set of standards developed by health experts such as the IDPH Adaptive Pause Metrics² to guide decisions about the appropriate learning environment given current conditions. At a high level, the IDPH Adaptive Pause Metrics state the following:</p> <ul style="list-style-type: none"> • Full in person learning when weekly case count rates \leq 50 per 100,000 population AND positivity rate \leq 5% • Hybrid learning when weekly case count rates between 50 and 100 per 100,000 population AND positivity rate between 5% and 8%. • Full remote learning when weekly case count rates $>$ 100 per 100,000 population OR positivity rate $>$ 8% <p>As of November 17th, 2020, Cook County has a weekly case rate of 477 per 100,000 population and a positivity rate $>$ 15.2%³. These are significantly in excess of all thresholds that indicate our community is undergoing a significant outbreak of the virus and it would be appropriate to shift to full remote learning until the metrics improve. I ask the board to consider making this change.</p> <p>Thank you for your time and service to our community.</p> <ol style="list-style-type: none"> 1. "COVID-19 Testing: Understanding the "Percent Positive"", Hartman and JH Bloomberg School of Public Health, https://www.jhsph.edu/covid-19/articles/covid-19-testing-understanding-the-percent-positive.html 2. "Adaptive Pause and Metrics: Interim School Guidance for Local Health Departments", Illinois Department of Public Health, https://www.isbe.net/Documents/IDPH-Adaptive-Pause-Metrics.pdf 3. "COVID-19 Surveillance Data", Cook County Department of Public Health, https://ccdphcd.shinyapps.io/covid19/
Carrie Dwyer	<p>First of all, I want to thank the board members for their service during these terrible and crazy times. The decisions you are being called upon to make are unfathomable. There are no good answers. However, the virus caused this problem. This was not caused by the schools, the administrators, the teachers, or the board. Since the virus is the problem, it is the virus we must fight against, not each other.</p> <p>As much as everyone would like "normal" to return, it is not here yet. Adjusting the guidelines to put more children in a school building five days a week will not create normal. It will just create a dangerous situation for staff and students. Even if the numbers of infections were not increasing at such an alarming rate, reducing the distance between pupils during the dry, cold winter months when we are all indoors is simply not safe. Full, in-person learning sounds normal, but it is not safe. I have a sixth grader at Thomas. Previously, I have volunteered as an event leader for Science Olympiad and walked the hallways as students passed. It is not safe. If any of us came upon a store that was as densely packed right now, we would turn and walk away. When you go to the dentist, or the doctor, or the orthodontist, or the veterinarian, you wait in your car so you don't cluster together. Yet, this plan puts our children in those situations every day. The long term effects of this virus are not known. We know staff are more vulnerable, but our children could face consequences of this virus for their entire lives. That risk is too great, and it is wrong to risk the health of the staff and students to pretend that everything is normal.</p> <p>Remote learning isn't ideal, but we need to focus on the positives. Staff is safe. Students are safe. Those are the two keys. But remote learning can also create a very strong bond between the students and the teacher. The staff is working very hard and doing a great job. Safety has to be the top priority.</p>
Brian Ashcraft	<p>I'd like to note that our kids are doing well in the current hybrid model. They, as well as Amy and I, would like to see the District move towards more in-person learning without the adaptive pause currently being considered.</p> <p>Please continue to provide in-person learning opportunities for main stream as well as Extended Resource students. Thank you.</p>

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Christine Arce	<p>Dear Board Member,</p> <p>I have lived in School District 25 for over 30 years. My children all attended Olive Mary Stitt and Thomas Middle School. The education here was topnotch. My sons all came out of this district and became successful family men. Two of them continue to live locally, although not in this district. What brings me to writing this letter to you is the way this attendance during a pandemic has been handled. I have to say that I always considered Dist. 25 to be superior to Dist. 21, but they seem to have a much better handle on the way they are treating their teachers and taking care of their staff and children. I am very, very disappointed to see that the board is caving to the vocal minority who want kids in school all day.</p> <p>This virus has certainly put us in a position none of us could have foreseen, but it's been ongoing for over 10 months now. We should have a better plan. Now is the time that this thing is spreading like wildfire. Don't you think it's time to return to full distance learning for a bit? I sure do. As a medical professional, a parent and a grandparent, I know that the safety of the kids always comes first, but without teachers we are not much of a school district, are we?</p> <p>Please think with your heads and not with your fear of offending someone who is noisy. I know that you all have good hearts and would not want to see anyone get sick. Consider going virtual for now with a reassessment sometime in January. Thank you for your time.</p>
Amy Heisler	<p>My name is Amy Heisler and I am a teacher at Patton School. I would like to encourage our School Board members to approve Dr. Bein's recommendation for an adaptive pause after Thanksgiving. District 25 is now surrounded with school districts that have made the decision to help their community reduce Covid numbers with an adaptive pause. We are very regularly compared with Palatine District 15 and even they have decided to pause.</p> <p>I am very worried about the exposure and traveling families might have over the Thanksgiving holiday. If you don't provide an adaptive pause, there will be families that do not adhere to a needed quarantine.</p> <p>As we have a board meeting with only 10 people physically present, we should use that same mantra as we think about our schools. The school lunch hour is the most concerning to me. Unmasked children eating in groups far greater than 10. These students eating together could likely be children who have traveled to other high risk areas and encountered people outside of their normal covid bubble over Thanksgiving.</p> <p>Please don't be swayed by the loudest voices, please look at the science, please listen to the health department and please think about the potential consequence of losing even one child, parent, or teacher during this global pandemic.</p> <p>Thank you so much for your service during this unprecedented crazy time. Never has it been more difficult to be a school leader than today. I do appreciate all of your time and likely sleepless nights.</p> <p>https://www.dailyherald.com/news/20201116/a-dark-and-long-winter-suburban-health-leaders-say-worst-is-yet-to-come-with-covid-19?fbclid=IwAR2eTaY7XdTrq3LjLYgZAnCvR9KDB6SThKxZ_TnWuT6lcUd6DW8C8jXgPj8</p> <p>https://www.dailyherald.com/news/20201116/palatine-dist-15-moving-to-remote-learning-through-end-of-year?fbclid=IwAR1taDQx-kc6A_9V39wg4OACOhLVsFK8L9U8LV3nJP8UIJzwtX3_oaAe8Jg</p>
Jen Anderson	<p>To the members of the Board,</p> <p>After watching the last several Board meetings, I continue to be disappointed at the lack of regard the Board is showing for this district's staff, for science and for the reality of the world that surrounds you. I'm saddened by the lack of leadership needed to make hard decisions that will disappoint and anger some parents in order to keep your staff safe and retain the most experienced and vulnerable educators. Eighty percent of your teachers have said 6' of social distancing within their classrooms is critical. Yet hours are spent trying to circumvent that best practice. I'm afraid the Board and community's lack of respect and regard for our teachers will be our legacy. What you do now will matter years from now when talented teachers and administrators choose to work elsewhere. Some of you have made your positions clear, but to the rest I ask that you please speak up and act in support of those who have committed their careers to the children and families of this district.</p>
Idelle Melamed	<p>I understand that our Superintendent, Dr. Bein will be asking the Board of Education to approve an Adaptive Pause in which all students would move to remote learning for a period of time, due to the serious rising numbers of Covid cases in Illinois including Northwest Cook county where our District</p>

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	<p>sits, and due as well to the fact that we are entering a period of time during which many residents may be traveling and gathering with others outside their immediate family, and college students may be returning to the community. The combination of these two factors is the reason for the Cook County Department of Public Health statement that schools should “strongly consider remote learning given the presence of sustained community transmission.” Remote learning between Thanksgiving break and two weeks after Winter Break will provide two natural quarantine periods for staff and students increasing the probability that staff and students will not bring the virus into the schools at the start of the New Year, thereby risking a serious delay in the planned return to full school in mid January. Although our young students may not be at great risk for Covid illness, the staff that teaches and cares for them during the school day is. Staff, who may or may not have personal risk factors such as age, and/or health issues, also have families which may have risk factors and elderly parents. Please keep in mind that some staff, such as special area teachers, like myself, teach and care for 4-6 classes every day/over 200 students a week, far more than most parents encounter in their daily work. It is simply not fair to any member of the District 25 staff, who have worked beyond extra hours with herculean effort to design, recreate and teach lessons to both students at home and in front of them, (while keeping students masked, clean, and a safe distance apart) to ask them to continue to do so during a time of increased serious risk. While you are heeding the warnings of our health professionals in your personal lives, please do not listen to loud voices that would have you believe that we or they live in a protected bubble in Arlington Heights that allows our schools to ignore what is happening around us. We do not live in any such protected bubble. I urge you not to allow these voices to stamp out your best instincts, your common sense, and your trust and faith in our educational professionals. I can only imagine how difficult it would be for you to know that you had the chance to reduce risk but did not do so, and illness spread widely as a result. This has nothing to do with the fact that we all agree that full school is best for students. Best also needs to be safe and it is just not safe right now. We are in a pandemic. Listen to Dr. Bein.</p>
Allison Seagram	<p>Thank you for your plan to offer full-time school in January. The metrics seem like a reasonable compromise considering the multitude of shifting factors and people involved. Please keep working toward the plan. Your hard work is appreciated!!!!</p>
Ann Poyer	<p>I am writing to support our teachers. Everyone talks about how they live here for the schools. The heart of our schools is our teachers. None of what is happening is teachers fault. We need to be supporting them. They are tired because they are working so hard teaching to two different groups at one time. They are worried about their sick colleagues. They are worried about their families. They are supporting colleagues not able to work. The staff Covid positives aren't random people. They are the people we love and trust with our children. Anger should be directed at the virus not our teachers. Do what needs to be done to lower numbers in our community but do not attack the people being put at risk every day. PLEASE limit your contacts and indoor playdates, wear masks, REPORT positive cases and exposures to the school, and quarantine so they can keep staff safe! To our teachers, THANK YOU! We see you, we hear you, and we appreciate all you are doing in this unprecedented time. To the board, PLEASE look at the numbers in our community and consider the safety of our staff and students. If our numbers have gone up this much from Halloween which was a beautiful day to be outdoors, Thanksgiving and winter holidays have the potential to raise numbers exponentially. Allow our teachers to focus on giving high quality remote education while giving our community time to lower numbers so that we can safely return to school when the metrics allow.</p>
Elizabeth Malone	<p>School District 25 Board of Education, Please do not implement an adaptive pause in children's education from November 30th-January 15th. I have two children enrolled in district 25 schools and a third enrolled at a district 214 school. It has become clear to me that while teaching can be robust when remote, it is very difficult to keep students on task the whole day. Please continue to allow families to choose in-person learning, while other families can opt for remote learning. My children are so much happier and learn so much more when they attend school in-person. I fear a long pause in their in-person learning is essentially just choosing to put a pause in their education. Please show that you value education for all. Many students are suffering in this remote learning climate. Please do not remove the few in-person days that students are relying on for education.</p>

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Kelley Costello	<p>I would like to remain in a Hybrid model (without an adaptive pause). I would like to continue with the Boards already approved timeline of November 30th for adding more students who need accommodations and combining any current hybrid class with 15 students or less, to allow them to attend four days of in-person school. I also would like to remain on track for a January full in-person return for any students that would like to, while remaining to give a full remote option for those that wish to continue in that manner. I would like to have the choice for my family. The current mitigations happening around us are to reduce transmission so that schools and businesses COULD remain open. Schools are essential and allowing EVERYONE a choice in how their education is received during this pandemic is a personal preference and one that should be given to all families in District 25.</p> <p>Thank you to all of the board members for your continued diligence, time and hard work during these unprecedented times!</p>
Dave Malone	<p>School District 25 Board of Education,</p> <p>I'm writing in hopes that you do not implement an adaptive pause in children's education from 11/30/20 - 1/15/21. During this crazy year I have noticed how much it has affected my children to not be in school. They are suffering, their grades are suffering, and we are struggling to manage our own responsibilities and keep them on task. I understand the challenges that Covid brings, but I know that they thrive whenever they are in class with a teacher and peers present. Their health is not just about <i>not</i> getting covid, it is the entirety of their livelihood. I appreciate the attempt to mitigate their exposure, but I fear a long pause in the winter will be far too physically, mentally, and emotionally harsh to students and teachers, and education overall. Please continue to allow families to choose in-person learning, while other families can opt for remote learning.</p>
Leigh Strauss	<p>Dear Dr. Bein and School Board Members,</p> <p>If Governor Pritzker announced that it is not safe to hold gatherings of more than 10 people for a regular meeting, how can you justify that it is safe to send teachers into classrooms with 10 people in the room for hours at a time? The same rules that are designed to keep you personally safe should be extended to the staff members in the schools. These employees are not expendable. It is immoral to wait for someone in the district to become gravely ill or lose their life to this virus before closing schools.</p> <p>According to the New York Times, the Chicago metro area has more cases of COVID-19 than any state besides New York, Texas, California, and Illinois. The positivity rate in Cook County is "substantial" at 12.9% and our zip codes have 614.6 cases per 100,000. Disease transmission is widespread and out of control. By keeping schools open, each day we run the risk of harming the members of our community.</p> <p>Please close the schools until we once again reach metrics for a safe reopening. Keep our teachers, staff, and administrators safe. Will you want to be held responsible for the long-term injury or death of our valuable frontline staff? Will you be able to attend a funeral of a teacher, knowing that you did the right thing? Will you step up and support a child through a life without a parent because you disregarded this treacherous disease? Keep our community safe. Go back to full remote learning until this disease is under better control. We only have a few months to go before there is widespread vaccination coupled with better efforts from members of our community to control the spread. We can do this together but we must protect the vulnerable. Thank you.</p>
Tim Schank	<p>First, it is alarming that there have been seven cases reported out of South Middle School since last Friday. In light of those facts and the ongoing surge in local, regional, state, and national COVID-19 numbers, I urge the board to adopt a set of metrics-based parameters that would guide the decision to suspend any in-person learning and require a return to full remote learning. Emotions will continue to run high over these issues, and it is in the community's interest and yours that such a decision would be made based on an objective standard. Of course, if the current numbers are not severe enough to prompt that decision in the name of attempting to curb the rampant spread of the virus, I shudder to think how much worse it would need to get before moving to full remote learning.</p> <p>Second, there has been a great deal of discussion recently -- and especially at the last board meeting -- about the issue of parent choice. I absolutely respect any parent who stands up for their children. It's part of the job of being a parent. And living in a free society means that we are supposed to have choices and freedoms. But in order for each of us to experience the benefits of</p>

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	<p>living in community, we need to sacrifice a bit of those freedoms in the name of the greater good. Our rights carry corresponding obligations and responsibilities. The problem in the midst of a global pandemic is that when everyone is free to choose whatever they think is best, they leave themselves and all of society vulnerable to people who will exercise that choice without regard for their societal obligations. I offer the following cautionary tale as just one example for your consideration: https://twitter.com/Bookgirl96/status/1328821328225382401</p> <p>As a result of six months of selfish decisions on the part of our community as a whole, we have essentially made a round trip back to April and May. Our health care systems are under strain, and we need to "flatten the curve" again. That means curbing the spread of the virus by minimizing unnecessary interactions. Although remote learning is far from ideal, it provides an alternative to in-person learning that will allow our district to do its part in flattening the curve for our community and preserving our finite health care resources.</p> <p>Thank you for your continued consideration of these matters and service to our community.</p>
Julia Piontek	<p>Members of the School Board,</p> <p>I am a Teaching Assistant at Thomas Middle School, the school with the largest student population in the district. Since the transition to hybrid, we are regularly without sub coverage for our teaching assistants. I have been asked on numerous occasions to fill in for an absent colleague. I would like to share my experience.</p> <p>I was asked to sub in an unfamiliar classroom with an unfamiliar student. In going about my own schedule, I have carefully thought out how to safely help the students I assist. I am familiar with my students and I know which students are mindful of keeping a social distance and those who need reminders. I have put much thoughtful consideration into how to keep myself and my students safe. I had no such knowledge going into this last minute subbing situation, nor was I familiar with the classroom routine of the teacher. I was asked to work 1:1 with a student on a writing project. The student was to dictate sentences to me and I would write them on a dry erase board for the student to copy. The student was very soft spoken and difficult to understand, especially while wearing a mask. I found myself working closer to this student than the recommended 6 feet for more than 15 minutes. I feel strongly that I could not do my job effectively in these circumstances without time to thoughtfully consider other options.</p> <p>I was notified that this student tested positive for Covid 19 on October 30, however I was not contacted until the morning of November 4, due to the weekend and days off. I was advised that I would need to quarantine for 14 days. I was tested for Covid-19 on November 4 and didn't receive my positive results until November 7. My entire family now needed to quarantine. My son attends college remotely and my husband works from home so this was not difficult, however my daughter had to quarantine from her job in retail without pay. Fortunately, I was asymptomatic and none of my family members got sick.</p> <p>I would like to make the following points based on my experience:</p> <ol style="list-style-type: none"> 1) We are dependent on parent notification of positive results and this significantly delays contact tracing and increases spread. I potentially exposed every person I was in contact with from Saturday - Tuesday before I was notified. If we decrease the distance between students and staff, this will increase exponentially, especially in a middle school environment. 2) There is a serious lack of subs for teaching assistants. This one positive case caused 3 teaching assistants to quarantine, causing a significant shortage in one school building. <p>The pandemic is real. Community spread is happening right here in Arlington Heights. I urge you to approve an adaptive pause immediately and ask you to strongly reconsider bringing more students into any building than the six foot distance to the greatest extent possible can accommodate.</p>
Beth and Rich Cummo	<p>I have a 4th grader at Windsor and a 6th grader at South.</p> <p>I would like to support the board approving an adaptive pause in in person learning between Thanksgiving break till mid-January. I realize that are very vocal parents who want their kids in school full time. I do too, but not with the metrics as they are right now. This adaptive pause would allow us to keep our students and teachers safe. Thank you!</p>
Erin Matray	<p>Thank you for taking the time to listen to my request that the board consider taking an adaptive pause in learning for our students during this persistent and deadly pandemic.</p>

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	<p>I know many people have your ear: parents, administrators, teachers, stakeholders of all stripes, but I hope you are also listening to superintendents, administrators, teachers and parents from our surrounding districts who have decided to safeguard their students by keeping them home and conducting class, as we have already successfully done, via remote learning.</p> <p>As the state's positivity rate soars above 16% and the Governor moves us to Tier 3 where no more than 10 people in a room for a prolonged period of time is considered safe, the health of our students and our families is on the line. We need to show that we care about the well-being of the students, their families and our staff, especially going into the holidays when we know families will be lax, and students will bring the virus back wrapped in a bow to their classmates and teachers.</p> <p>I hope this board will listen to all of the stakeholders in this community, but I especially hope that they will listen to their conscience and do the right thing and take an adaptive pause and return to remote learning for the time being for the good of everyone in this community.</p>
Sharon Sieg	<p>I want to thank the staff at Thomas as well as all of our d25 staff and leadership. It's truly apparent that you care about the health and well being of our children and their families. We all want to get back to the in-person learning environment; I appreciate you being thoughtful and conservative with your approach to reduce spread and keep us safe and hopefully back on the road to "normal."</p> <p>I respectfully request that we have full stay at home learning between thanksgiving and mid to late-January. As many families may be spending time with families outside of their household, it would be in our best interested to remove the possibility of exposure following the holidays.</p>
Melissa Buchberger	<p>I am writing to encourage the board to approve an Adaptive Pause through January 15th, 2021. Full remote learning during this time will keep our staff, students and community safe through this new peak of the pandemic and give us a better chance of meeting the metrics to return to full time learning after January 19th!</p>
Katy Murray	<p>Can the board and administration please provide an explanation for why the option to move to a half-day hybrid model is not being discussed and/or implemented? Attending every day for a half day would be far superior to the current hybrid model. If you cannot offer the choice of full in person learning then this should at least be considered as a compromise.</p>
Gina Tyson	<p>I want to take a minute to thank Dr. Bein for leading our district during this global pandemic, which has left hundreds of thousands of people without family members during this and every holiday season to come. You are in a position that nobody except a superintendent can comprehend. People seem to expect you to fix this somehow. I've heard many people speak about what you should or should not be doing, but I, nor anyone else outside of your position, has the knowledge or full picture enough to do so. I also want to thank the teachers of this district. The survey results made it clear that the majority of you are not comfortable bringing students back into the building for full time instruction during the current surge we are experiencing both locally and statewide. As is true about Dr. Bein, people outside of your current position cannot fully understand what you are dealing with if they aren't in your shoes. Our teachers have voiced that they feel unsafe, and I'm left feeling confused about how judgement can be placed on that. Parents are not in the classroom. We have no idea how many times students are pulling their masks down or how often they are having difficulty keeping the appropriate distance from one another. We have no idea how often they try to hug or be near their teacher, or raise their hand for help but can't get close enough to get it. We do not know because we are not there. We need to trust our teacher's professional expertise and experience, along with public health officials, science, and data. Like most, my children are having a very difficult time learning at home. I'm not sure there are many kids thriving in this setting. But my experience with my children should not forfeit the health and safety of our community. I have heard a lot of inaccurate and skewed data being thrown out at board meetings. It is true that the morbidity rate in children is low and that most of those who get it recover, but that does not erase the fact that we have no idea what the long-term affects of this virus are; initial studies are showing that they can and do occur. Additionally, we are in the middle of a national surge in which our health care system is becoming overwhelmed. We have an obligation to keep this from happening in our own community. If our hospitals reach capacity and cannot be adequately staffed, they will be forced to decide who gets care and who goes home without it. We need to remember that our hospitals do not just care for people suffering from Covid-19, but also treat those who have heart attacks, are involved in car accidents, and stitch up our children when they fall and</p>

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	cut themselves. Opening school full time right now, especially when proper distancing will not be possible, will cause an increase in community spread and therefore an increase in hospitalizations. I am not arguing that remote learning is better for our kids, but we have to stop thinking of only ourselves and think about the larger community. Please, Board of Education, do not let our district be part of the reason our older family members get turned away from hospital care because we cannot see a picture bigger than the one inside the walls of our homes.
Lisa Nason	<p>I would like my kids to stay in school and not go on an adaptive pause. I know that other districts are doing this, but I believe because of the mitigation efforts made by our district and the diligently followed distancing and tracing, we do not have the same risks that other districts currently have. Although our schools have had positive cases, we do not have any outbreaks. This was also addressed in the board communication from Dr. Bein on 10/23 stating "There are no specific metrics to determine if we should move back to a Remote environment. Instead, we would move back to a Remote environment if (1) mandated by the Governor or the Illinois Department of Public Health or (2) if our internal District 25 Covid19 cases and numbers of student/staff exclusions showed an increasing trend at a specific school or throughout the district." Thank goodness neither of these are true. Governor Pritzker said on 11/11/20, "our goal is to reduce transmission as we head into the holidays so businesses and schools can remain open." In this instance, our views and priorities align and we believe SD25 should remain open.</p> <p>My 5th grade son struggled a lot in the beginning of the school year when it was full remote, he had anxiety and lacked confidence to work on his own. Just being in person 2 days a week has drastically improved his anxiety and behavior. Please do not take this away from him.</p>
Steven Andrews	Our family is supportive of the District implementing an Adaptive Pause effective November 30, 2020 through January 15, 2021. Thank you for consideration of my comments.
Angela Houghton	<p>I wanted to share my praise for the hard work Dr. Bein and the district teachers are doing, and my support for the continuing hybrid program. I want my children back in school full-time, as much as any other parent, but I do realize that you need to follow the metrics to keep us all safe. However, I am concerned about the fast pace of the curriculum. I am worried that some grades (1st grade, for example) are rushing through the curriculum too quickly, and not taking into consideration all of the time the kids lost at school in the spring, the difficulty of learning through Zoom, as well as the regression over the summer. I have also noticed a big reduction in the time spent on social emotional learning. My children could benefit from more social emotional time, as they regularly express frustration or say they hate school on Zoom days. I would like to see the curriculum delivered more thoroughly, and at a slower pace, as well as more time devoted to social emotional learning.</p>
Vicky Stella	<p>Dear AHSD25 Board of Education and Dr. Bein,</p> <p>Thank you for your continued commitment to the Arlington Heights community. My name is Vicky Stella and I am a Student Learning Coach at Windsor. Please take the time to read my concerns regarding continuing hybrid learning with increased Covid-19 cases.</p> <ol style="list-style-type: none"> 1. The Covid-19 positivity rate is increasing rapidly in Illinois, and I am concerned about the safety of the students and staff of AHSD25. 2. In order to enter into hybrid learning the metrics were: a positivity rate of 8% or fewer and less than 70-175 new cases per 100,000 people. It was assumed that these would be the metrics we would follow to go back to full remote to keep everyone safe. But as we currently are still in hybrid, there are no plans to return to remote. https://www.sd25.org/Page/1511 3. As of November 16, the positivity rate for 60004 and 60005 is 14.09%. There are 617 new cases per 100,000 people. 4. When we look at the data of AHSD25 schools, the number of positive covid cases is increasing. On October 15th, the district covid dashboard showed 2 new cases recorded the first week we returned to hybrid. The total cases reported the week of November 6th is 11 new cases. The district cumulative positive cases since September 1st are 47. This is a rapid increase in cumulative positive cases in four short weeks. 5. The metrics used by the AHSD25 Board of Education have been changed at times, without notifying all stakeholders with the intent of the change. It is negligent to adjust the

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	<p>metrics with the intent of only returning to in-person learning when we are risking the health and safety of our community.</p> <ol style="list-style-type: none"> 6. The CDC, the WHO, and the IDPH have these metrics in place to help us keep our community safe. To ignore scientific data is irresponsible and reckless. 7. The Board of Education is expected to make the responsible decision for the safety of our community by following the guidance of scientific experts. 8. With the metrics currently showing extreme high risk, I fully support an adaptive pause at this time. Additionally, I request that the Board adopt specific metric guidelines to follow to be able to show the community if/when we need to return to remote in the future. The metrics set in place need to be followed for a safe return. 9. The CDC has changed its view on Covid-19 and children. Their website now states, “the body of evidence is growing that children of all ages are susceptible to SARS-CoV-2 infection (3-7) and, contrary to early reports (11, 12), might play a role in transmission (7, 13, 14)” <u>Operating schools during COVID-19: CDC's Considerations</u> 10. On 11/12/20, The American Academy of Pediatrics compiled data from 49 states and is reporting a 22% increase in positive cases in children of all ages nationally in the previous two weeks. According to the report, there has been over a 25% increase in pediatric cases in Illinois. <u>COVID-19 and Age</u> <ul style="list-style-type: none"> • “111,946 new child COVID-19 cases were reported the past week from 11/5-11/12 (927,518 to 1,039,464) • Over two weeks, 10/29-11/12, there was a 22% increase in child COVID-19 cases (185,829 new cases (853,635 to 1,039,464)” <u>All AAP AAP</u> <p>Thank you again for taking the time to read my concerns. I know this is a trying time for all involved and many difficult decisions are being made. It is time for us to unite as a community and make a short term sacrifice now for a long term benefit in the future.</p>
Carissa Lee Holmes	<p>Dear Members of the District 25 School Board,</p> <p>I am writing to you today in regards to the requirement for a negative PCR test to allow a symptomatic child to return to in person school. This requirement should be removed before full time in person learning is offered during the middle of influenza season in addition to the Covid19 pandemic (currently scheduled to start January 2021). As a local pediatrician whose patient population consists of many District 25 students, I see some of your students every day. The requirement to have a PCR test done versus a rapid antigen test, discourages families from visiting their pediatrician or family doctor who is in a better position to treat them. Their physician can also offer guidance on medical care, answer questions about contact tracing, discuss the prevention of spread and advise on when to seek help for severe complications.</p> <p>Our office currently uses the Quidel Sofia FIA rapid Covid test. We have been using this test since June of this year. It is based on the same technology as our rapid influenza test which we have been using for over 8 years. Yes it is a rapid antigen test which does have the potential for both false positive and false negative results but ALL tests have that potential, including the PCR test. Maybe not as often, but they still do occur. The false negative rate is about 10% for our test. However when we have sent off a confirmatory PCR test on a negative rapid test, we have yet to have a patient turn positive. It will happen, I am sure but it is certainly not that common. False positives occur about 2-3% of the time – that’s quite low. So 97-98% of the time, if you test positive on a rapid test, you have Covid. The negative media attention around rapid antigen tests is an issue of user error. These tests are recommended to be used for diagnosing symptomatic patients, NOT screening large numbers of asymptomatic people. These tests were originally used for screening residents of nursing homes and staff and did not work well because that is not how the test is supposed to be used. In addition, the Abbott rapid antigen test that was released early on had several issues due to operator error – the patient sample needs to be run immediately after collection and the result read in 15min. This is the same procedure for rapid strep tests, rapid influenza tests – all of which have been in use for years. Once those using the test were trained in the proper protocol, the false positive rate improved. The Quidel test we use was recently studied at a university in Arizona – they found some false negative results. However when they looked at the CTU number (the number of</p>

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	<p>DNA amplifying cycles needed to actually capture some viral DNA) it was so high that the amount of virus in that persons sample was not likely enough to actually cause symptoms or infect anyone. In looking at testing those who are close contacts of someone who tests positive, it really does not matter what test you use or what the test result is as those students are still required to quarantine for 14 days after their last exposure to the positive person. A negative rapid or PCR does not change this. A positive test may shorten their quarantine time to only 10 days from when the test was performed but many people will be completing 14 days of quarantine anyway based on the day the get tested. In addition, as I said previously the false positive rate for our test is very low.</p> <p>Now let's look at the reality of a family with a student in District 25 who gets a fever or other symptom that could be attributed to Covid or strep or influenza. How do we know which disease they have? The easiest is to see their doctor, be tested for all three of these diseases if indicated and get a result in 15min – total time spent probably 45min – 1 hour depending on travel. OR they bundle their kid up in the car – who is contagious to everyone in that car, probably feeling miserable, hopefully not vomiting on the way, and waiting at the test site for up to several hours. They return home, waiting 2-5 days for a test result. If the Covid PCR result is neg, now they may decide to see their doctor and get tested for strep or flu but of course now it is too late to take anti-viral medication if they have the flu or they could have risked developing rheumatic fever if they have untreated strep. Not to mention, that student may have an ear infection, the stomach flu, pneumonia or any other illness the entire time that the testing center would never be able to diagnose. If they do have Covid or the flu or strep, they also most likely infected everyone in the car while they were waiting in line for hours to be tested.</p> <p>Now which scenario would you rather subject your son or daughter (and yourself) to?</p> <p>There may be some offices who do not have access to a rapid Covid test and some students will still need to utilize drive through testing. Some patients will still need a confirmatory PCR test done. However, we need to encourage sick students to see their doctor for care whenever possible, and allow the trained physicians to determine the best course of testing, treatment and follow up care for their patients. Rapid antigen tests will be the mainstay of controlling this pandemic and monitoring disease in years to come so we need to accept this form of testing as valid.</p> <p>In addition, PCR tests are not required for diagnosis by the CDC, IDPH or ISBE.</p> <p>Thank you for your time.</p>
Jamie Impastato	<p>Dear AHSD25 Board of Education and Dr. Bein,</p> <p>Thank you for your continued commitment to the Arlington Heights community. My name is Jamie Impastato and I am a social worker at Windsor. Please take the time to read my concerns regarding continuing hybrid learning with increased Covid-19 cases. We are requesting an adaptive pause to mitigate the spread of Covid-19 in our schools.</p> <ol style="list-style-type: none"> 1. The Covid-19 positivity rate is increasing rapidly in Illinois, and I am concerned about the safety of the students and staff of AHSD25. 2. In order to enter into hybrid learning the metrics were: a positivity rate of 8% or fewer and less than 70-175 new cases per 100,000 people. It was assumed that these would be the metrics we would follow to go back to full remote to keep everyone safe. But as we currently are still in hybrid, there are no plans to return to remote. https://www.sd25.org/Page/1511 3. As of November 16, the positivity rate for 60004 and 60005 is 14.09%. There are 617 new cases per 100,000 people. 4. When we look at the data of AHSD25 schools, the number of positive covid cases are increasing. On October 15th, the district covid dashboard showed 2 new cases recorded the first week we returned to hybrid. The total cases reported the week of November 6th is 11 new cases. The district cumulative positive cases since September 1st are 47. This is a rapid increase in cumulative positive cases in four short weeks. 5. The metrics used by AHSD25 Board of Education have been changed at times, without notifying all stakeholders with the intent of the change. It is negligent to adjust the metrics with the intent of only returning to in person learning when we are risking the health and safety of our community.

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	<p>6. The CDC, the WHO, and the IDPH have these metrics in place to help us keep our community safe. To ignore scientific data is irresponsible and reckless.</p> <p>7. The Board of Education is expected to make the responsible decision for the safety of our community by following the guidance of scientific experts.</p> <p>8. With the metrics currently showing extreme high risk, I fully support an adaptive pause at this time. Additionally, I request that the Board adopt specific metric guidelines to follow to be able to show the community if/when we need to return to remote in the future. The metrics set in place need to be followed for a safe return.</p> <p>9. The CDC has changed their view on Covid-19 and children. Their website now states, “the body of evidence is growing that children of all ages are susceptible to SARS-CoV-2 infection (3-7) and, contrary to early reports (11, 12), might play a role in transmission (7, 13, 14)” Operating schools during COVID-19: CDC's Considerations</p> <p>10. On 11/12/20, The American Academy of Pediatrics compiled data from 49 states and are reporting a 22% increase in positive cases in children of all ages nationally in the previous two weeks. According to the report, there has been over a 25% increase in pediatric cases in Illinois. COVID-19 and Age</p> <ul style="list-style-type: none"> • “111,946 new child COVID-19 cases were reported the past week from 11/5-11/12 (927,518 to 1,039,464) • Over two weeks, 10/29-11/12, there was a 22% increase in child COVID-19 cases (185,829 new cases (853,635 to 1,039,464)” All AAP AAP <p>Thank you again for taking the time to read my concerns. I know this is a trying time for all involved and many difficult decisions are being made. It is time for us to unite as a community and make a short term sacrifice now, for a long term benefit in the future.</p>
Amy Pinski	<p>Dear AHSD25 Board of Education and Dr. Bein,</p> <p>Thank you for your continued commitment to the Arlington Heights community. My name is Amy Pinski and I am a fifth grade teacher at Windsor. I have had the pleasure and opportunity to work for District 25 since 1995. I love this community and the families I've worked with in this community. I believe parents are fighting for their children, whether we always agree or not. In my 26 years of teaching, this pandemic has created an extremely challenging and unique health event unlike what we have had to deal with previously. I want to share my personal experience with Covid in terms of what this virus has the potential to do and why my experience raises personal concerns regarding continuing hybrid learning with increased Covid-19 cases, let alone, considering a decision to have full time in person learning begin again at this time.</p> <p>I have just returned from sick leave on Monday, November 16, 2020. The last time I was in school before that time was October 7, 2020. I learned I was exposed to the virus and so stayed home as a precaution and then got tested. By Sunday the 11th, I found out I was Covid positive. I never had a fever. I never lost my sense of taste or smell. I did experience extreme fatigue, body aches, and coughing. While I felt I was on the mend, after contacting my physician, he warned me to be vigilant to watch my breathing and energy. He warned that often it is day 8 or 9 when some people can take a turn after appearing to be returning to health. Unfortunately, this happened to me. My oxygen levels fell, my coughing increased, and by October 21st, I was hospitalized for a week with Covid pneumonia. You never know how this virus will affect people. This is why teachers are worried for their students, fellow colleagues, their families, and themselves.</p> <p>From the time the ambulance arrived, I was on my own in terms of family or friends. While in the Northwest Community Hospital ER, I was locked into the room so that I could not leave and so no one came in without extensive PPE. Once admitted, I was on a Covid floor in a special room with doors to prevent the air from my room getting out. My significant other could not visit. My family could not visit. Both he and my siblings needed to rely on my texts and were trying to contact the busy nurses who were taking care of me. My friends could not visit. My own personal doctor was not allowed to come see me. Only the staff from the Covid floor and special Covid “house” doctors saw me and shared my information with a team of Covid focused doctors. This team then decided my treatment plan. My first days were critical. Thankfully, my body responded to the Covid treatment I received and I did not need to be intubated. I did need stomach shots against blood clots. I did need multiple finger pricks and insulin each day as an effect of the steroids I received. I did need to</p>

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	<p>advocate for myself as no one could be there to hear the information during daily rounds. I kept wondering how this would be such a different and even more stressful situation if the patient was a child, an elderly person, or a parent with young children. This is why teachers are worried for their students, fellow colleagues, their families, and themselves.</p> <p>After I was released, I was told that I needed to rest at least two weeks. There were serious concerns when I shared that I am a teacher and work in a school in hybrid. While I may not be someone who can pass the virus on to others, I am still more susceptible to respiratory ailments. Also, while being wheeled out, I saw every room was occupied. The floor was eerily silent. No families talking. No patients walking around trying to get stronger. No doors open to see people. My nurse said the floor was full and has been like that since July. This is why teachers are worried for their students, fellow colleagues, their families, and themselves.</p> <p>The Windsor staff was incredible! My team stepped up to help once my lesson plans ran out and I was then so sick that I could not even begin to plan for my students. My grade level team and ALF helped create lessons, work with my students on activities, communicated with my parents, communicated with me and filled in when I could not. My principal and assistant principal supported me 100% and only wanted me to get better. It is only because of this selfless sharing and support that my classroom was able to continue smoothly. With increased cases and quarantine needs, teachers are being asked to do this more and more often, which they do because they are amazing and support their colleagues, but it isn't fair and it takes time, energy, and adds even more stress to their plates. Also, as I contracted Covid before we began meeting students in person, I am SO thankful that I did not need to worry about having passed it on to a child or affect any of their families. That would have heavily weighed my heart and soul. I am thankful that before I was infected, I had gone in a side door and remained in my classroom the entire day to avoid contacting others. If I had infected another staff member, that also would have heavily weighed my heart and soul. The logistics involved with keeping everyone safe while increasing student numbers in the classroom at this time are intense and overwhelming. Diagrams and charts do not truly reflect what is involved in spacing, materials, teaching students online while teaching the students who are in person. We teachers want to keep EVERYONE of the students and families safe. You never know how this virus will affect people. This is why teachers are worried for their students, fellow colleagues, their families, and themselves.</p> <p>Thank you for taking the time to read about my experience and my concerns. This is a trying time for all stakeholders and for all involved making difficult decisions. I am hoping there can be a safe decision that may be a short term sacrifice that will result in a long term benefit for our community.</p>
Melanie Taylor	<p>District 25 Board,</p> <p>I am writing on behalf of our teachers and students in District 25. I want the board to realize how crucial it is for the health of both teachers and students, that we move into an adaptive pause until after the holidays. The Covid cases of staff and students are rising each day in our schools. It's time to pause all current hybrid learning and move to full remote learning. Teachers, staff and students are being thrown into a Covid storm each day. This is dangerous for all staff and students, as well as, the families they go home to. The only choices you give teachers are to work among this Covid uptick, or take a leave of absence. Taking a leave of absence isn't possible for everyone. The teachers have been in the trenches since August. It is time to keep teachers and students safe. I know that some of the board members here tonight are working remotely by choice from their own jobs. So, I ask you....isn't it time you give your staff the same safety courtesy as you are being given by your employer? Why is it unsafe to allow more than 10 people into this large room tonight? However, you are planning to pack classrooms, smaller than this room we're in tonight with 18 to 25 students? How is that safe for staff and students? Please practice what you preach. These are all just thoughts for you to ponder before making a decision.</p>
Janine Flauter	<p>Dear AHSD25 Board of Education,</p> <p>My name is Janine Flauter and I am a 5th-grade teacher at Windsor Elementary School. Thank you for taking the time to read my concerns.</p> <ul style="list-style-type: none"> • A global pandemic has taken my daughter's true Kindergarten experience away. However, I am willing to sacrifice her development and education for the health and safety of all stakeholders in my community.

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	<ul style="list-style-type: none"> • Several school districts surrounding AHSD25 have been remote since the start of the year or begun an adaptive pause due to the dangers of the increasing Covid-19 numbers. Staying open may be an option for now. However, I argue it isn't a safe choice. It can very much lead to increased death. (As I write this I received another email informing me that a student or staff member has tested positive at Windsor) • As a teacher working in a high-risk environment I have no idea if the positive person was a student in my classroom. I have no idea if it was the student that needs constant reminders to cover their nose. I have no idea if I now have Covid-19. • The validity of expert epidemiologists and data analysts is coming into question. Is there a way we could consult with an expert in data analysis and epidemiology to help understand the anomalies the board discussed at their last meeting? I know I am not an expert in that field and would like to ensure that we are following sound data and science. • Considering the district numbers, how do we know these numbers are in fact valid when they are not created by a scientific expert? Instead, data is collected by overworked nurses and administrators. I see another need for consulting with data analysts and epidemiologists to help collect and organize Covid-19 numbers at our schools. • It is unjust to compare brief passings (such as a grocery store) or trained personnel equipped with PPE (such as health care workers) to a classroom mostly filled with children. <ul style="list-style-type: none"> ○ For example, if I make a doctor's appointment I am asked screening questions and must verify verbally that I am without symptoms. When I arrive, I wait in my car until the personnel is ready for me. As I enter, I am faced with trained nurses and doctors with medical PPE. ○ In contrast, students' parents are asked to self-screen based on the honor system. There is no verbal verification. When they arrive at school they are here at the same time and we are constantly having to remind students to maintain 6 feet apart. Constantly having to remind students to keep their masks on or on properly. Several students are circulating the room at once preparing for their day. At no fault of their own, they are children, they do not follow the rules. I find them congregating while I am helping a student or beginning their day without washing their hands. I cannot ask them to wait in their car as I prepare. I can not have them enter and leave in passing. There are 12 children at once and 1 adult maintaining Covid-19 mitigation while trying to maintain a positive learning environment and focusing on what we really want to be focusing on, education. • We do not have access to medical training or Covid-19 testing for staff and students. • Teaching daily does not feel unsafe or scary. It is what teachers are trained to do. My instincts are to allow students to be social. To allow students to come up to me to ask me questions. This is what makes my job so high risk. In a typical winter season, I have many students in my room sharing viruses. It is silly to assume that Covid-19 won't do what it does, spread. • People in our community have issues with the use of technology in school. Since my employment 9 years ago, AHSD25 prides itself on being a 21st-century school district. We have access to some of the most innovative and best practices with technology. We use technology to enhance our learning objectives and prepare students for the technology-driven and global world. Zoom is an addition to our practices remotely. However, the use of Seesaw, Google Classroom, Google Drive, and other technology tools has been practiced for years. This leads me to my next point. • As many have mentioned the use of mitigation strategies is very important as numbers continue to increase. As a classroom teacher working in the field daily I see a concern with the expectation of teachers. There has been a lot of discussion around ensuring students that are in person are not on technology. My room was one of the rooms used to space students point to point. In order to fit as many desks as possible, students are sitting in the very back of the room, under coat hangers and cubbies, and as far away from the board as you can be in a classroom. This makes it very difficult for students to view lessons and instruction without the use of their Chromebooks. This makes it very difficult for

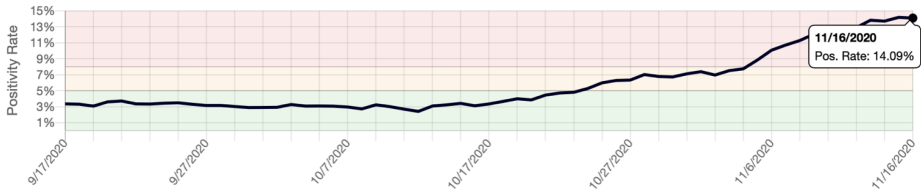

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	<p>classmates to hear their peers and share ideas. Remotely or in person, students have many opportunities to showcase their learning without the use of technology: drawing, construction paper, written work, and workbooks. The use of technology has helped problem-solve the need to collaborate and discuss with students in desks farther than 6 ft and at home and the need to have desks far from the board.</p> <ul style="list-style-type: none"> • An adaptive pause would allow consistency in learning and practices. Students would have their classroom teacher and not a revolving door of subs due to quarantining and potential illness. It will also demonstrate that AHSD25 cares for the community at large. <p>Thank you for taking the time to read my concerns. I know your work is very difficult and I know we are all struggling during this difficult time. Let's come together as a community and sacrifice now to return to full in school later.</p>
Julie Mueller	<p>I appreciated the discussion regarding metrics to remain in school and to consider transition to full. I believe that we should be looking at metrics that are related to the school environment. If the number of cases and transmission at the school is kept low, I see that as more relevant than the community numbers. Additionally, do we also have metrics for staying at hybrid? I see the recommendation for a "pause" to hybrid, and I don't feel this is necessary or in the best interest for the students. I truly believe that hybrid provides much needed interaction for many students, while allowing the physical distance needed to be able to have minimal impact to other students/staff with any new cases. If there is concern with rising community numbers, the answer does not have to be a return to full remote. The hybrid model is meeting the needs for spacing and the option to stay home. Please strongly consider maintaining hybrid through the Jan. 19th date, when it can be re-evaluated as planned for transition to full if the metrics support it. With the recent orders to cancel indoor sports and activities, our children need more than ever the continued interaction at school, and at the same time will have less exposure and risk than before.</p>
Beth Deiter	<p>No one <i>wants</i> to still be coping with this pandemic; no one <i>wants</i> to put anyone in danger; no one <i>wants</i> to have these endless board meetings, and I have to believe that no one <i>wants</i> to disrespect the people who are working tirelessly to find solutions for our schools and our children—all with no state, federal, or historical guidance of any kind.</p> <p>As parents, our primary job is to protect our children. Administrators and teachers are responsible for protecting our children from harm when they are at school. They do so by being prepared with fire drills, extreme weather drills, and now with active shooter drills. There is no drill for this pandemic. We did not know the extent or severity of this illness when it surfaced earlier this year, and we did not expect to still be fighting it 9-10 months later. But, with the exception for a potential vaccine in the coming year, the virus we are fighting has not changed. It is impacting the same number of adults, children, and families as it was in the spring, and it is impacting our community. We are receiving almost-daily notices about someone testing positive within our schools.</p> <p>My own daughter's teacher contracted COVID and has been out of school for the past 5 weeks, several of which were spent in the hospital fighting off pneumonia. The students were extremely worried about her absence, the potential extent of her illness, and the possibility that she could be another statistic. Thank goodness, she has returned to school only several days ago and seems to be adjusting back into the routine, but the kids have not had a normal school experience this year (regardless of whether they were at home or in the hybrid model). In addition to worrying about academics and adjusting to different learning protocols, they were anxious about the basic health of their teacher, her family, and her colleagues.</p> <p>Our administrators and teachers are doing everything they can to protect our children. They are being resourceful, creative, transparent, and patient in responding to all of our very different concerns and requests. They have a right to protection at school too, but most of all, they deserve our respect in listening to their concerns and responding in a sensitive, understanding, and compassionate way. I am overwhelmed by their selflessness in working to make our children's lives and our lives as "normal" as possible, but when I hear that they are scared to be in school, see first-hand the obvious toll this disease can take on our teachers, and witness the unrelenting social media attacks, it seems that we aren't doing everything we can to protect <i>them</i>.</p>

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	<p>The discussion of in-person school should absolutely take the teachers' comfort and basic protection into account.</p> <p>We all <i>want</i> to be in-person, but until we can safely protect <i>everyone</i>, I don't even understand the debate. With great appreciation for all involved in our children's education.</p>
Steve Miller	<p>Tough times indeed. Hope you don't mind that I decided to send a message to you all on behalf of my daughter. Brynn is 6 and in kindergarten. She is a great kid, bright. Lots of personality but struggles with some sensory issues and other similar things that make it virtually impossible for her to sit in front of a computer on Zoom for school.</p> <p>I understand that consideration is being given to allow children who meet certain criteria to return to school full-time in December. My wife and I feel that it is incredibly important that Brynn be allowed to return full-time. We recognize the risks; we're not COVID deniers, we where masks all of the time, we avoid social gatherings. However, we recognize that we all face risks every day and it's about tradeoffs; our daughter flourishes when she's in school with her classmates and her teacher. She struggles when she is not.</p> <p>Further, I'm not sure that I've seen any reliable data suggesting that COVID transmission is prevalent in schools that have decided to remain open. The information below you've no doubt already seen but was shared with me as well.</p> <p>https://www.who.int/docs/default-source/coronaviruse/risk-comms-updates/update39-covid-and-schools.pdf?sfvrsn=320db233_2</p> <p><u>COVID-19 transmission in schools</u></p> <p>A SUMMARY • There were few outbreaks reported in schools since early 2020 1 Ø Studies were limited during school closures and other stay at home measures. We are learning more as schools re-open Ø In most infections or COVID -19 cases reported in children, infection was acquired at home • More outbreaks were reported in secondary/high schools than in</p> <p><u>www.who.int</u></p> <p>The state has also agreed, apparently, that schools should remain open: Keeping children home from school will not impact Illinois' numbers:</p> <div data-bbox="332 1094 836 1375" data-label="Image"> </div> <p>All that we ask is that parents are given the option to have their children return to school full-time. I understand that many parents will not want to send the kids back and I understand and appreciate that. But my child needs to be in school.</p> <p>thanks for listening. You don't have an easy job and I appreciate that-fully.</p>
Amy McFarland	<p>Dear AHSD25 Board of Education and Dr. Bein,</p> <p>During the November 12 Board meeting, the Board amended the metrics to read OR instead of AND with the 2 metrics the CDC, WHO, and IDPH use to monitor the Covid risk in areas of Illinois. The original metrics 8% positivity rate AND <70 cases per 100,000 was changed to read "OR".</p> <p>I want to explain why this cannot be an OR situation.</p> <p style="padding-left: 40px;">Our cases are above 600 per 100,000 right now.</p> <p style="padding-left: 40px;">Once the number of cases begins to decrease, the percent positive will also decrease.</p> <p style="padding-left: 40px;">This means there could be a scenario where there are still over 600 cases per 100,000 with an 8% positivity rate. That is not safe for students to be in schools when the case number is well above the high risk threshold of 100. That would simply mean the percentage of people being tested that are actually positive cases are less than before, but are not at a safe level. These are meant to be looked at separately and used together for different reasons.</p> <p>Explanation of Metrics:</p>

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	<ul style="list-style-type: none"> • Positivity Rate - “the percentage of all coronavirus tests performed that are actually positive” <ul style="list-style-type: none"> • “A higher percent positive suggests higher transmission and that there are likely more people with coronavirus in the community who haven’t been tested yet.” -Johns Hopkins Bloomberg School of Public Health <p style="text-align: center;">Rolling Average 7-Day COVID Positivity Rate (Hover over the line to see the rate for a specific day)</p>  <p style="text-align: right;">Anything above 8% positive is</p> <p>considered high risk. Arlington Heights (60004/60005) hit 14.09% on Nov. 16.</p> <ul style="list-style-type: none"> • New Case Rate per 100,000 population <ul style="list-style-type: none"> • 50 - 100 cases per 100,000 is considered moderate risk according to this website http://covid-dashboard.fsm.northwestern.edu • 60004/60005 zip codes had 617 cases per 100,000 on Nov. 16. <p style="text-align: center;">Weekly New Case Rate per 100,000 population (Hover over the line to see the rate for a specific day) (Solid - Selected Zip Codes; Dashed - Illinois; Dotted - Regional)</p>  <p>Please use this link to access the website I used for the data. Click on the Arlington Heights zip codes and “show data”.</p> <p>http://covid-dashboard.fsm.northwestern.edu</p> <p>This website is used by SD95. This link was shared with the Lake Zurich community by the District 95 superintendent, Dr. Kelley Gallt so that the community understood why the decision was made to move back to full remote. The Lake Zurich Board of Education supported Dr. Gallt’s decision to put District 95 back to full remote last Thursday, Nov. 12 after 3 consecutive days of over 8% positivity rate in the 60047 zip code (a metric set in place by the district and Board to follow to keep the community members safe).</p> <p>When did the rise in cases begin in Arlington Heights?</p> <ul style="list-style-type: none"> • The positivity rate hovered around 3% from Sept. 17 (first data point) until Oct. 16. • Kindergarten, 1st, and 6th grades began hybrid Oct. 13. All grades began hybrid Oct. 20. • One week after partial hybrid (Oct. 19) - 3.99% positive rate. One week later (Oct. 27) - 6.33% positive rate. • Arlington Heights hit 8.84% on Nov. 5. We have been above 8% positive for 12 consecutive days as of Nov. 17. We had a 14.09% positive rate on Nov. 16. • The positive case numbers per 100,000 were typically between 66 and 80 from Sept. 17 (first data point) until Oct. 12. <ul style="list-style-type: none"> • Oct. 19 - 120 cases per 100,000 • Oct. 24 - 207 per 100,000 • Nov. 16 - 617 per 100,000

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	<p>There are studies showing that anywhere from 20% - 40% of people with Covid can be asymptomatic. Most children with Covid-19 have mild or no symptoms but can spread it to others. On 11/12/20, the American Academy of Pediatrics compiled data from 49 states and are reporting a 22% increase in positive cases in children of all ages nationally in the previous two weeks. According to the report, there has been over a 25% increase in pediatric cases in Illinois. COVID-19 and Age</p> <p>Thank you for taking the time to find out more about the metrics and hopefully having a better understanding of why we should be following both guidelines scientists are putting forth.</p>
Brian Koch	<p>9 days. That is the total amount of time this school year that my Windsor Kindergarten student has seen her teacher face-to-face, interacted with classmates, and touched the tools of learning in her classroom. I ask the Board to reflect upon how little time our students have actually spent at their schools before deciding upon restrictions that span 3 calendar months.</p>
Julie Talbot	<p>Dear School Board Members,</p> <p>According to the Governor's office for the upcoming Phase 3 change, "the mitigations balance the goal of saving lives while preserving the option for in-person learning for children and protecting as much of the economy as possible from the continued impacts of the virus". Use OUR district metrics to remain open and VOTE NO to this adaptive pause!</p> <p>There are so many questions to ask, such as why now when it was presented last week it is safe to remain in school? Please do not be a follower school district and switch to remote because other nearby districts have done so. Our metrics continue to promote and demonstrate safety for all. VOTE NO!</p> <p>For more than 4 months Dr. Bein has wavered in decisions, formed a useless committee (where more than half the committee is district employed... a significant conflict of interest), punted decisions to this committee, postponed key dates and firmly stood with the teachers and unions to keep our kids hostage from the education they deserve. These are all delay tactics to finally get the union's desire to be full remote. Our kids don't have a powerful union or school board to represent them. I am devastated for my 3 children and all kids who are missing out not only on school but sports, extracurriculars, socialization, connection, guidance and a high level of education. VOTE NO and reject Dr. Bein's Motion!</p> <p>The Archdiocese of Chicago has proactively implemented a 2 week all remote timeframe in January for their schools, safely allowing families to travel and spend time with loved ones over the Christmas holiday thus ensuring a period of self-quarantine post break. This is forward thinking. The Catholic schools in Arlington Heights have been in class and off screens full time since the beginning of September.</p> <p>Unless the Governor issues a stay at home order, schools remain open. Give parents the choice, they are our kids and we know what's best for them. Vote NO to the adaptive pause!</p>
Sarah Anderson	<p>Dear AHSD25 Board of Education and Dr. Bein,</p> <p>Thank you for your continued commitment to the Arlington Heights community. My name is Sarah Anderson and I am an itinerant music teacher at Dryden Elementary and Windsor Elementary. Please take the time to read my concerns regarding continuing hybrid learning with increased Covid-19 cases.</p> <ol style="list-style-type: none"> 1. The Covid-19 positivity rate is increasing rapidly in Illinois, and I am concerned about the safety of the students and staff of AHSD25. 2. In order to enter into hybrid learning the metrics were: a positivity rate of 8% or fewer and less than 70-175 new cases per 100,000 people. It was assumed that these would be the metrics we would follow to go back to full remote to keep everyone safe. But as we currently are still in hybrid, there are no plans to return to remote. https://www.sd25.org/Page/1511 3. As of November 16, the positivity rate for 60004 and 60005 is 14.09%. There are 617 new cases per 100,000 people. 4. When we look at the data of AHSD25 schools, the number of positive covid cases are increasing. On October 15th, the district covid dashboard showed 2 new cases recorded the first week we returned to hybrid. The total cases reported the week of November 6th is

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	<p>11 new cases. The district cumulative positive cases since September 1st are 47. This is a rapid increase in cumulative positive cases in four short weeks.</p> <ol style="list-style-type: none"> 5. The metrics used by AHSD25 Board of Education have been changed at times, without notifying all stakeholders with the intent of the change. It is negligent to adjust the metrics with the intent of only returning to in person learning when we are risking the health and safety of our community. 6. The CDC, the WHO, and the IDPH have these metrics in place to help us keep our community safe. To ignore scientific data is irresponsible and reckless. 7. The Board of Education is expected to make the responsible decision for the safety of our community by following the guidance of scientific experts. 8. With the metrics currently showing extreme high risk, I fully support an adaptive pause at this time. Additionally, I request that the Board adopt specific metric guidelines to follow to be able to show the community if/when we need to return to remote in the future. The metrics set in place need to be followed for a safe return. 9. The CDC has changed their view on Covid-19 and children. Their website now states, “the body of evidence is growing that children of all ages are susceptible to SARS-CoV-2 infection (3-7) and, contrary to early reports (11, 12), might play a role in transmission (7, 13, 14)” <u>Operating schools during COVID-19: CDC's Considerations</u> 10. On 11/12/20, The American Academy of Pediatrics compiled data from 49 states and are reporting a 22% increase in positive cases in children of all ages nationally in the previous two weeks. According to the report, there has been over a 25% increase in pediatric cases in Illinois. <u>COVID-19 and Age</u> <ul style="list-style-type: none"> • “111,946 new child COVID-19 cases were reported the past week from 11/5-11/12 (927,518 to 1,039,464) • Over two weeks, 10/29-11/12, there was a 22% increase in child COVID-19 cases (185,829 new cases (853,635 to 1,039,464)” <u>All AAP AAP</u> 11. As a music itinerant, I travel to two different buildings in one day, meaning I am around several students in several classes and two different sets of staff. I know other itinerants have the same concerns as me, but will let them express their concerns themselves. <p>Thank you again for taking the time to read my concerns. I know this is a trying time for all involved and many difficult decisions are being made. It is time for us to unite as a community and make a short term sacrifice now for a long term benefit in the future.</p>
Lindsay Nugent	<p>Greetings Dr. Bein and Board,</p> <p>Thank you again for your time. This email has been the hardest one to write, because it's mostly hypothetical based on the uncertainty of what can happen at Thursday's board meeting, including potentially, a huge step backwards. It's difficult to get my thoughts together because I want the choice of full time in person learning for my kids and I don't want that to get lost, but it feels like we're going to be begging and pleading with Dr. Bein and The Board in January to get them back part time again. Are we to fear that Dr. Bein and The Board are going to find every reason why we can't open again 1/19/21?</p> <p>I really think we need to forget about the missed opportunities of the past, not getting our kids in school when the numbers were low, and focus on what we are doing for them in the future. It seems almost inevitable that we will go remote shortly, although I hope against hope that is not the case, we-board, parents, teachers, concerned community members-need to know what the plan is to get our kids in school and keep them there for the remainder of the year.</p> <p>I have a few basic questions: If the metrics to move full time aren't there come 1/19, are we returning hybrid? What are the metrics for moving and staying hybrid? Can they change?</p> <p>Other schools in Arlington Heights like St. James, Wayside and St. Peter have been open full time with remote learning periods for individual classes and even the whole school in St. James's case, due to covid, but they've successfully gotten their kids back. The schools taking two weeks pause after winter break can be trusted to get their kids back, and parents can understand the pause because they trust that indeed their kids will be back. Sadly, I don't have much faith Dr. Bein and our Board can get our district back in such a way. I don't want more surveys, excuses and time sucks in 2021. I want action.</p>

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<p>Kelly Drevline, President of the Arlington Teachers Association</p>	<p>And guess what? It can be done! Give credit where credit is due! My girls' school, Dryden, is doing a great job keeping staff and students safe while providing in person learning. With all the time we will have off, I don't want us to start getting scared and doubting that we can do this.</p> <p>I would like to thank the board and community members for their continued support. I would like to reiterate that we are all working together toward the common goal, which is to get students back to school safely. At this time, numbers are rising at an alarming pace, both in our community, in our state and in the country. District 25 had very specific metrics in place to determine when it would be appropriate to send students back to school. We were committed to have less than 8% positivity, less than 175 cases per 100,000 and to be mindful of numbers within our district. The push for students to be all in, or adding more into the classroom does not seem safe and sensible when all numbers are at a level of substantial.</p> <p>Changing the metrics right now to OR instead of AND, and by using only one data point does not make sense. When we collect report card grades, we never collect 1 data point to determine a grade, we look at the whole picture and many data points. One metric does not give an accurate picture of a student, so why would we only look at one point to determine complete reopening in this time of pandemic?</p> <p>According to Dr. Bein's survey, more than half of the community and the majority of teachers feel that in order to keep students, staff and the community safe 6 ft distancing is necessary. We feel that, when more than half of our community and the majority of teachers respond this way, this speaks louder than any voices present at board meetings.</p> <p>Illinois has moved to Tier 3 mitigations. That means bars and restaurants are closed for in person dining, unlike our lunchrooms which hold 24-36 students at a time. Gyms cannot hold fitness classes, not even with just a few people, but our PE classes hold 12 - 30 students per hour all day long. We feel that the IDPH and CDC have put these guidelines into place for the safety of all.</p> <p>We ask that you also listen to the science and be a part of the solution and not the problem for the safety of all stakeholders.</p> <p>Thank you for all you do.</p>
<p>Laurie Wasik</p>	<p>Dear AHSD25 Board of Education and Dr. Bein,</p> <p>Thank you for your continued commitment to the Arlington Heights community. My name is Laurie Wasik and I am the Student Learning Coach at Dryden. Please take the time to read my concerns and personal reflection regarding continuing hybrid learning with increased Covid-19 cases.</p> <ul style="list-style-type: none"> • The Covid-19 positivity rate is increasing rapidly in Illinois, and I am concerned about the safety of the students and staff of AHSD25. • In order to enter into hybrid learning the metrics were: a positivity rate of 8% or fewer and less than 70-175 new cases per 100,000 people. It was assumed that these would be the metrics we would follow to go back to full remote to keep everyone safe. But as we currently are still in hybrid, there are no plans to return to remote. https://www.sd25.org/Page/1511 • As of November 16, the positivity rate for 60004 and 60005 is 14.09%. There are 617 new cases per 100,000 people. • When we look at the data of AHSD25 schools, the number of positive covid cases are increasing. On October 15th, the district covid dashboard showed 2 new cases recorded the first week we returned to hybrid. The total cases reported the week of November 6th is 11 new cases. The district cumulative positive cases since September 1st are 47. This is a rapid increase in cumulative positive cases in four short weeks. • The metrics used by AHSD25 Board of Education have been changed at times, without notifying all stakeholders with the intent of the change. It is negligent to adjust the metrics with the intent of only returning to in person learning when we are risking the health and safety of our community.

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	<p>has Covid. I am on recess duty and several times have had to help students with their masks- their broken or too big masks. Students need band aids or come up close to talk with you because they are wanting to connect and I try to maintain a safe distance, but with young primary students, that is a message that can be hard to remember. All this time, I am worrying about getting Covid and bringing it home to my family, my kids with asthma.</p> <p>I wasn't as worried several weeks ago, when the numbers were lower and the positivity rate was under control. Weeks ago, when you could still get a test in under 3 hours and receive results in 2-3 days. With the holidays coming up and hearing about all the travel plans and family get-togethers that hospitals are begging everyone not to have, I am terrified for what happens when we come back after break and into the schools. With numbers on the rise now, what will they be like then, a week after Thanksgiving? 2 weeks after? An adaptive pause could bring us back to numbers that are not so risky and frightening. It would make sense to be in school and even bring back more students. Right now, this makes no sense. Not when everything around us is shutting down and making changes to lessen the contact and amount of people. An adaptive pause would also maybe allow for more substitutes to feel safer to come back into our buildings and allow us to be able to do our jobs, rather than plug holes. Please consider the overwhelmingly positive reasons to take the pause.</p> <p>Thank you so much again for taking the time to read my concerns. I know this is a trying time for all involved and many difficult decisions are being made. It is time for us to unite as a community and make a short term sacrifice now for a long term benefit in the future. With respect and trust.</p>
Amy Harder	<p>Dear AHSD Board of Education and Dr. Lori Bein,</p> <p>I have taught for 20 years with 15 of those years in Arlington Heights SD25. It has been a joy to work in Arlington Heights and I love my job as a EL/Bilingual teacher. I am writing to you to ask you to consider an adaptive pause. Our district is surrounded by other districts who have transitioned to an adaptive pause for good reason. The numbers in our area are increasing daily, and the hospitals are filled. In fact, the numbers are so high the Board of Education Meeting is being held virtually while our schools have met all week in person.</p> <p>Being a teacher in 2020 has been an adventure with twists and turns. Flexibility has been my most important skill and has been needed every day. Some of those twists include covering classes when teachers must be sent home to quarantine after being exposed and being a close contact to students. Some twists are stopping mid-class to help do contact tracing in Spanish, help parents to troubleshoot tech issues, or check on absences. While twists make my day go quickly, I am left exhausted and worried about the safety of my co-workers who are quarantined and hospitalized. Such a twist for a teacher who typically arrives home energized by my students.</p> <p>Our families frequently travel for Thanksgiving and the Winter Break. It would make sense to take an adaptive pause to allow for the numbers to go down enough to meet metrics and be able to more safely bring our students back.</p>
Tom and Erin Kalaway	<p>Dr. Bein, it's time to start putting facts over fear in District 25. Please reference this study, among others, that shows COVID-19 is not being spread in schools: http://dx.doi.org/10.1136/archdischild-2020-319474</p> <p>"No evidence of children infecting teachers was found."</p> <p>Give parents the choice to send their kids to school 5 days a week. If you will not, please at least demonstrate transparency by citing which data you ARE using to drive your decision-making.</p>
Daun Biewenga	<p>Dear District 25 Board Members,</p> <p>In the interest in the health of the students and our teachers, I believe it would be best for our district to take an adaptive pause and switch to remote learning for the period of time from Thanksgiving until 2 weeks after winter break. With the COVID-19 cases being so rampant and with the holidays coming, I do feel that it would be safest to do that.</p> <p>Also, I think it would be unconscionable to bring back students to the schools in situations where they cannot maintain a social distance of 6 feet or greater at all times when they are at the schools. If you intend to bring back all of the students at the same time at some point during second semester, then you need to ensure that large enough spaces are available to keep students and teachers spread apart. If this is not possible with the facilities we have, then it should not be offered.</p>
Megan Geltner	<p>Dear Board of Education,</p>

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	<p>I write you today, in support of the teachers and staff of District 25. I have a 2nd and 5th grader at Ivy Hill School. The teachers have done an excellent job in providing a nurturing and engaging learning environment during these toughest of times. While the learning space has been different than my children have ever known, they have a positive attitude about school and look forward to joining their class each day, whether that is on Zoom, or in person. I attribute this to the amazing teachers, and the energy and passion they bring to class each day. I also want to acknowledge the strong leadership of Superintendent Lori Bein. There is no handbook on how to navigate a school year during a pandemic. I appreciate all of the time, effort, and energy, she has put forth in overseeing the education, health, and safety of District 25 students and staff.</p> <p>My children are not blind to the reality of navigating life during a pandemic, and they have had real fears and feelings of anxiety about attending school and being exposed to the virus. We try to reassure them of all of the measures the school has put into place to keep everyone safe. As parents, we feel the small class sizes and current social distancing measures put into place also reassure us of their health and safety. While the district has implemented numerous measures to keep students and staff safe, I am writing today, because I support an "adaptive pause" and return to remote learning until January 19th.</p> <p>The number of positive cases of Covid-19 is skyrocketing, and I believe the decision to return to remote learning is one based on the health and safety of everyone in the school buildings. Teachers should not have be concerned about their health and safety in their profession. Many other school districts have already moved to an "adaptive pause" for these very reasons, and I implore the District 25 Board of Education to do the same. Please continue to take measures to keep our students, staff, and members of community as safe as we can from this virus, and consider taking this "adaptive pause" until after the holiday and travel season, and revisit the metrics then. Thank you for your time.</p>
Amy Haber	<p>Dear Board of Education</p> <p>I am writing this letter in support of the teachers, staff and the superintendent of District 25. I have a 3rd grader and 5th grader at Ivy Hill School. The staff at Ivy Hill has done an amazing job providing rigorous and engaging lessons as well as providing them a safe and nurturing environment during this time. Even though hybrid is not easy for all parents and teachers I do believe it is the safest that allows students to experience the school routine as well as the safety of being at home.</p> <p>I also want to state that I am in favor of the adaptive pause. Covid cases continue to rise and even though schools are stated as the safest location for children and the positivity rates for children are low, it isn't the same for teachers and staff. When teachers and staff need to quarantine and substitute teachers need to be placed in the room, our children are not getting the quality of teaching they deserve. During an adaptive pause this will allow the teachers to provide in-depth teaching for all students as well as keep everyone safe.</p> <p>I know the Board of Education wants the best for Arlington Heights, but we are not doctors nor scientists and we also need to trust in our leadership.</p>
Jennifer Huntzicker	<p>As I've previously emailed, one of the biggest (if not the most) concerns right now is making sure you have the proper amount of staffing. Due to quarantine and exclusion rules, schools are CONSTANTLY understaffed and running on fumes. Teachers are already going above and beyond and asking them to miss lunches and planning periods is the surest way to burn out the staff that hasn't already burned out. Please be PROACTIVE and start hiring extra staff now so that when January comes, you are ready. You haven't been ready once since this pandemic started. Here's your chance! If you hired certified staff, part time or full time floaters, to be at each school some of this undue stress on teachers could be avoided. Instead of pulling aides that need to stick with the students that need their services, you'd have someone at the ready that wouldn't break an already cracking system. Instead of pulling administrators that need to deal with other pressing issues, you'd have someone at the ready. Instead of relying on a sub system that is unreliable, you'd have someone at the ready. If the ATA truly has the best interest of their teachers in mind, they would be pushing for this too. Dr. Bein, you told me yourself that we have the money. Spend it where it is truly needed and prepare for a spring where kids are in school full time and the staff is actually able to successfully teach.</p>
Nicole Oakes	Dr. Bein and Members of the Board,

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	<p>My name is Nicole Oakes, I'm a resident of Arlington heights and a former District 25 student. I'm currently a caregiver for a D25 family that has chosen to be fully remote. I understand not all families have someone to help them with the remote learning during this difficult time, but the health and safety should be the number one priority. From what I have read, two of the main metrics to start a hybrid schedule this year were to be under 8% for region 10 of Illinois as well as stay between 75-175 cases in the Arlington heights zip codes. Currently our area stands well beyond both of these metrics. According to IDPH's regional metrics, as of November 15th (they are always a few days behind) region 10 was at a 16% positivity rate. According to the COVID-19 Dashboard, linked on the D25 return to school metrics, Arlington heights zip codes (60004/5) are at about a 13% positivity with 562 cases per 100,000 in the last seven days. If we are beyond the metrics to be in a hybrid schedule, how can there be discussion to bring in more students? I watched the school board meeting last week. From my understanding, the metrics to move forward to all in person are to be under 8% positivity in region 10 of Illinois OR to be under 75 cases for the Arlington heights zip codes. Are these metrics truly going to determine if schools open to all person classes? I'm not confident that they will be. The current metrics seem to have been tossed out the window and not followed for at least a month now. Not following the metrics that were already put in place makes it hard to trust that the board has the health and safety as the number one priority. I'm afraid that bringing in more student will not go smoothly now that socially distancing is not going to be practiced like it currently is. How can we get rid of social distancing now when there is a huge surge in cases and majority of the families and faculty wanted to keep the 6 feet distancing? Obviously everyone wants to be back to school and back to normal, who wouldn't? There's a time for that and I don't believe that time is now. I believe moving to an all in person will force families to make a decision that is not best for them but what they feel they will have to do to ensure that their children are included and not falling behind. I know you are all in a difficult position and have been making impossible decisions. I truly appreciate all that you have done to keep the kids and faculty safe since March. I hope that you all can continue to do so.</p>
Mia Von Tobel	<p>My name is Mia and I am in 5th grade. I wish I could be in person because I miss seeing my friends in person. I wanted to email about my 2 younger sisters though. They are in 3rd and 1st grade. They both struggle with remote learning but one of them has a very difficult time with it. It starts in the morning with her not wanting to log on. There are tears every morning and throughout the day. It makes it hard for me to focus but mainly I just feel bad for her. She struggles with learning in general and has support during Tier 2 time - school has always been really hard for her. She loves her in person days (we all do), but now she hates school and cries every day. I asked my mom if I could come to a board meeting to ask you to let her and any other kids like her who struggle with remote learning and get extra Tier 2 support to go 4 days a week if there is room. I can wait until January but I don't think my sister can. It's been really hard watching her struggle every day and I know there are more kids like her that need to be in school as soon as possible. Thank you.</p>
Jenni and Paul Von Tobel	<p>Thank you for meeting once again to continue making decisions for our students in the district. I know it's a lot of time and we appreciate it.</p> <p>I understand the need for an adaptive pause during the rising rates in IL <i>for some schools who have high transmission rates</i>. However, most other schools taking this pause have had either full-time in person teaching or more students at their schools this entire time - they also have had transmission breakouts at their schools. We do not. D25 is still in hybrid and with the cases we've had - there have been ZERO in-school transmissions which is because we are following the protocols.</p> <p>Gov Pritzker said they are going to Tier 3 mitigations so that essential businesses and schools can remain open. I am asking that hybrid remains open during the month of December AND that you continue moving forward with inviting students who struggle, have IEP's, etc. back for 4 day in-person instruction as space allows. Thank you.</p>
Lauren Stump	<p>Dear Dr. Bein and members of the District 25 School Board,</p> <p>A sincere "thank you" for all of your work during the pandemic to keep our students and school staff safe and connected. We are grateful for your leadership, dedication and willingness to have authentic conversations during these challenging times.</p>

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	<p>I write to you to respectfully request that you consider an adaptive pause through the holiday break to the district's current model of hybrid education. A quote from Emily W. King, Ph.D. that has resonated with me since August is "do not go into this school year with 2019 goals. This is 2020. Have 2020 goals. Safety, Connection. Mental wellness. Physical health. Maintain relationships." This school year has undoubtedly proven to be like no other. We have asked educators to change an entire system in a matter of weeks to meet the diverse needs of their students in an increasingly changing and stressful time.</p> <p>As a parent, educator and mental health professional I have experienced the many obstacles that other parents and educators have faced since March 2020. An adaptive pause would allow both our children and our outstanding District 25 staff with the opportunity to adhere to extra distancing measures to remain safe, yet still connected, from a distance.</p> <p>We chose the hybrid model for our two children and they have absolutely loved the opportunity to attend school. They adore their teachers and look forward to the in-person connection to their peers. We appreciate that this model was an option for our community. At the same time, while remote learning is not an ideal long term solution, it offers the best opportunity in the present time to keep our community safe.</p> <p>This year, we are more thankful than ever for the growth mindset model that my children's school encourages because "we can do hard things". Our children and the staff they love so much are doing hard things every day. Let's please offer them grace, flexibility and safety. I appreciate you taking the time to consider this request.</p>
Jacalyn Derengowski	<p>Thank you for your work and commitment to those on this email who are on the sd25 school board, a lot of time and commitment is involved in being a school board member. Thankful for those who give their time and expertise.</p> <p>Tonight at the sd25 school board meeting, I ask that the superintendent and school board "stay in their lane". I "stay in my lane" as a parent. I am not the teacher in the classroom, I can supplement and scaffold them to be a successful student, dealing with good teachers and not so good (they exist in every profession), but they are the teacher and it is their classroom, it is the principal's school. If I do not like what is happening in a classroom/school, I work through my child or we find another school for them. Pretty simple, common sense approach.</p> <p>I do not vote for or look to school board members for public health decisions. I make decisions as a parent on when my child should stay home from school due to illness and when they should attend school as they are no longer at risk of spreading illness to students based on the information from my doctor, public health officials and my own research. My personal responsibility. I am thankful for that freedom and grateful to all those who have sacrificed and made the ultimate sacrifice for me to have that freedom.</p> <p>An effective school board plays an important watchdog role in keeping your local school on track, and setting policies that affect your child and your school. The school board sets the vision and goals for the school district, and holds the district accountable for results. Given what I have observed in sd25 board meetings, I went back to the quote I have heard from Ben Franklin regarding our government.</p> <p>"There is a story, often told, that upon exiting the Constitutional Convention Benjamin Franklin was approached by a group of citizens asking what sort of government the delegates had created. His answer was: "A republic, if you can keep it." The brevity of that response should not cause us to under-value its essential meaning: democratic republics are not merely founded upon the consent of the people, they are also absolutely dependent upon the active and informed involvement of the people for their continued good health."</p> <p>I found it interesting that school boards are examples of the original town meetings that existed to govern and communicate to the people. Something that makes our country a Republic.</p> <p>So, in my opinion, we shall see tonight if the board follows common sense, with the "expert opinions" and overwhelming anecdotal evidence that schools should remain open. If you cannot get it right at the local level, why would anyone think things are representative of the people on the national level. Will the Chicago way of getting things done, "Shut-up and take it" be the mantra for Arlington Heights?</p>


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	<p>I ask you vote No on an adaptive pause and continue to work to get as many students into the school for full-time learning with January 19th as the goal for all students/families who chose, to attend full time, in-person learning/ Remote learning will of course remain as an option for those students/families who chose it. If you choose to vote no, I request a response in writing from you with your justification for why you voted no that is evidence based, not emotional and not based on "the funny math" of surveys and ever changing metrics.</p> <p>I pray that a representative from the Village Board of Trustees will attend the school board meeting tonight to represent the students/parents of the Arlington Heights Community who are not being given the opportunity to attend in-person.</p> <p>Thank you. Have a Happy Thanksgiving.</p>																									
Mark Culley	<p>COVID facts that are not noted by the District 25 superintendent as part of her slideshows:</p> <p><u>Fact:</u></p> <ul style="list-style-type: none">* Survival rate from COVID for those younger than 20 is 99.99%* Survival rate for teacher-aged adults from 20 - 49 is 99.929% (20 - 59 is 99.858%).* School transmission rates are low (less than 1%)* The elderly are at most COVID risk and need to be protected* source: IDPH website. <p>It is long past time to shift the discussion from the risk of fully opening K-12 schools to the risks of keeping them closed. The high risk of psychological damage being inflicted on our children in remote learning is more significant than COVID risk to teachers, students or staff. Only the parents seem to truly understand this and that's why it is never mentioned at Board meetings, except by parents.</p> <p>When we remove kids from on-site learning, the plain truth is that we are targeting the wrong group for protection. COVID risk is concentrated almost entirely on the elderly and those with certain comorbidities, not on school kids and not on most teachers and staff. We are punishing young people because of a risk to a different group in which children in classrooms play little to no role.</p> <p>Neither Governor Pritzker nor IDPH has called for schools to go all-remote and there is no reason for them to do so. Instead, it's time to redirect our efforts to where the numbers point: Carefully protect the elderly and those with comorbidities and let children resume their education in-class full time.</p> <p>Fact 1. The survival rate from COVID for those younger than 20 is 99.99%.</p> <p>There have been 8 total COVID-19 deaths in Illinois in the under-20 age bracket out of a known 80,000 cases. That puts the fatality rate at just 0.01%. Expressed in the opposite way, the survival rate of those who have been infected is 99.99%.</p> <div><p>COVID-19 case survivability rate for Illinoisans under 20 is 99.99%</p><p>Total COVID-19 cases and deaths by age bracket, 3/1/20 – 11/15/20</p><table><tr><th>Age</th><th>Reported cases</th><th>Total deaths</th><th>Case fatality rate</th><th>Case survivability rate</th></tr><tr><td>Under 20</td><td>79,895</td><td>8</td><td>0.01%</td><td>99.99%</td></tr></table><p>Source: IDPH</p><p>WIREPOINTS</p></div> <p>However, the actual survival rate is far higher than reported above because many asymptomatic cases have yet to be detected.</p> <div><p>CDC's COVID-19 Infection Fatality Rate</p><table><tr><th>Infection Fatality Rate (IFR)</th><th>Probability of death</th><th>Probability of survival</th></tr><tr><td>1 out of 34,000 for ages 0 to 19</td><td>0.003%</td><td>99.997%</td></tr><tr><td>1 out of 5,000 for ages 20 to 49</td><td>0.020%</td><td>99.980%</td></tr><tr><td>1 out of 200 for ages 50 to 69</td><td>0.500%</td><td>99.500%</td></tr><tr><td>1 out of 20 for ages 70 and up</td><td>5.400%</td><td>94.600%</td></tr></table><p>Source: U.S. Centers for Disease Control and Prevention</p><p>WIREPOINTS</p></div> <p>Importantly, it's also known that those with underlying conditions are the most at risk from the virus. CDC data shows that <u>94% of all COVID deaths</u> in the U.S. are tied to some pre-existing condition, including diabetes, hypertension, obesity, heart disease, etc.</p>	Age	Reported cases	Total deaths	Case fatality rate	Case survivability rate	Under 20	79,895	8	0.01%	99.99%	Infection Fatality Rate (IFR)	Probability of death	Probability of survival	1 out of 34,000 for ages 0 to 19	0.003%	99.997%	1 out of 5,000 for ages 20 to 49	0.020%	99.980%	1 out of 200 for ages 50 to 69	0.500%	99.500%	1 out of 20 for ages 70 and up	5.400%	94.600%
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	<p>At least four of the eight Illinois children that died had comorbidities, meaning the survival rate for healthy, young Illinoisans is even higher. (Wirepoints could only access information for five of the eight deaths. Five youth died in Cook County, where its medical examiner publishes data on comorbidities. The state does not provide any detailed comorbidity data whatsoever, so the status of the other three deaths is unknown.)</p> <div><p>Of the five COVID-19 deaths under age 20 in Cook County, two died of something other than COVID and two had comorbidities</p><p>COVID-19 deaths in Cook County, ages 20 and under, as of Nov. 15</p><table><thead><tr><th>Date of death</th><th>Age</th><th>Primary Cause</th><th>Secondary Cause</th></tr></thead><tbody><tr><td>23-Aug-20</td><td>18</td><td>Probable Thrombophlebitis, Periorbital Cellulitis</td><td>Pneumonia Due To Novel Corona (COVID-19), Asthma</td></tr><tr><td>3-Jun-20</td><td>18</td><td>Complications Of Autoimmune Hepatitis</td><td>Recent Novel Corona (COVID-19) Viral Infection</td></tr><tr><td>14-May-20</td><td>12</td><td>Novel Corona (COVID-19), Pneumonia</td><td>Asthma, Obstructive Sleep Apnea, Charcot-Marie-Tooth Disorder</td></tr><tr><td>10-Apr-20</td><td>19</td><td>Novel Corona (COVID-19), Acute Respiratory Failure</td><td>Diabetes Mellitus</td></tr><tr><td>23-Mar-20</td><td>0</td><td>Coinfection with Novel Corona (COVID-19) and Coronavirus N63, Pneumonia</td><td></td></tr></tbody></table><p>Source: Cook County Medical Examiner</p><p>WIREPOINTS</p></div> <p>Unless and until the virus takes a different direction, the data shows that healthy school-age children are at very low risk and should be in school every day.</p> <p>Fact 2. The survival rate for teacher-aged adults, ages 20-49, is 99.82%.</p> <p>The survival rate for healthy, middle-aged Illinoisans has also been very high, according to reported case and death data from IDPH.</p> <p>Take Illinoisans in their 20s. There have been 39 deaths out of 112,000 reported infections, for a survival rate of 99.965%. Said in the opposite way, the fatality rate for that age group is at 0.035%.</p> <p>The next age bracket, 30-39, has had a total of 147 deaths out of 93,000 known cases, for a survival rate of 99.841%.</p> <p>Overall, the survivability rate for Illinoisans ages 20-49 has been 99.822% – a fatality rate of 0.178%.</p> <div><p>COVID-19 survivability rates are above 99% for younger Illinoisans</p><p>Total reported COVID cases and deaths by age bracket, March 1, 2020 – November 15, 2020</p><table><thead><tr><th>Age brackets</th><th>Reported cases</th><th>Total deaths</th><th>Case fatality rate</th><th>Case survivability rate</th></tr></thead><tbody><tr><td>Under 20</td><td>79,895</td><td>8</td><td>0.010%</td><td>99.990%</td></tr><tr><td>20 - 29</td><td>112,083</td><td>39</td><td>0.035%</td><td>99.965%</td></tr><tr><td>30 - 39</td><td>92,713</td><td>147</td><td>0.159%</td><td>99.841%</td></tr><tr><td>40 - 49</td><td>88,983</td><td>338</td><td>0.380%</td><td>99.620%</td></tr><tr><td>50 - 59</td><td>84,904</td><td>806</td><td>0.949%</td><td>99.051%</td></tr><tr><td>60 - 69</td><td>58,949</td><td>1,775</td><td>3.011%</td><td>96.989%</td></tr><tr><td>70 - 79</td><td>31,254</td><td>2,608</td><td>8.345%</td><td>91.655%</td></tr><tr><td>80 and up</td><td>24,652</td><td>5,021</td><td>20.368%</td><td>79.632%</td></tr><tr><td>Total</td><td>573,433</td><td>10,742</td><td>1.873%</td><td>98.127%</td></tr><tr><td>20 - 49</td><td>293,779</td><td>524</td><td>0.178%</td><td>99.822%</td></tr><tr><td>20 - 59</td><td>378,683</td><td>1,330</td><td>0.351%</td><td>99.649%</td></tr></tbody></table><p>Source: IDPH</p><p>WIREPOINTS</p></div> <p>The CDC’s estimated infection fatality rate for ages 20-49 is even lower at 0.02% (see CDC table in Fact 1).</p> <p>That’s good news for teachers. According to data from the Illinois Teachers Retirement System, 77 percent of all teachers across the state are younger than 50. The data shows they can go back to teaching in the classroom with minimal risk.</p> <div><p>77% of Illinois teachers are younger than 50</p><p>Ages of active Illinois teachers</p><table><thead><tr><th>Age Group</th><th>Number of Teachers</th></tr></thead><tbody><tr><td>Under 29</td><td>17,461</td></tr><tr><td>30-39</td><td>43,534</td></tr><tr><td>40-49</td><td>41,790</td></tr><tr><td>50-59</td><td>26,468</td></tr><tr><td>60+</td><td>4,912</td></tr></tbody></table><p>Total # of active teachers: 134,165</p><p>Source: Teachers' Retirement System Actuarial Report, 2019</p><p>WIREPOINTS</p></div> <p>The fatality rate does become more significant in the brackets for ages 50 and above. For those 50 to 59, the rate is a little less than 1%. Teachers in that age bracket should assess their risk carefully – underlying conditions, etc. – to determine if they can remain physically in the classroom.</p>	Date of death	Age	Primary Cause	Secondary Cause	23-Aug-20	18	Probable Thrombophlebitis, Periorbital Cellulitis	Pneumonia Due To Novel Corona (COVID-19), Asthma	3-Jun-20	18	Complications Of Autoimmune Hepatitis	Recent Novel Corona (COVID-19) Viral Infection	14-May-20	12	Novel Corona (COVID-19), Pneumonia	Asthma, Obstructive Sleep Apnea, Charcot-Marie-Tooth Disorder	10-Apr-20	19	Novel Corona (COVID-19), Acute Respiratory Failure	Diabetes Mellitus	23-Mar-20	0	Coinfection with Novel Corona (COVID-19) and Coronavirus N63, Pneumonia		Age brackets	Reported cases	Total deaths	Case fatality rate	Case survivability rate	Under 20	79,895	8	0.010%	99.990%	20 - 29	112,083	39	0.035%	99.965%	30 - 39	92,713	147	0.159%	99.841%	40 - 49	88,983	338	0.380%	99.620%	50 - 59	84,904	806	0.949%	99.051%	60 - 69	58,949	1,775	3.011%	96.989%	70 - 79	31,254	2,608	8.345%	91.655%	80 and up	24,652	5,021	20.368%	79.632%	Total	573,433	10,742	1.873%	98.127%	20 - 49	293,779	524	0.178%	99.822%	20 - 59	378,683	1,330	0.351%	99.649%	Age Group	Number of Teachers	Under 29	17,461	30-39	43,534	40-49	41,790	50-59	26,468	60+	4,912
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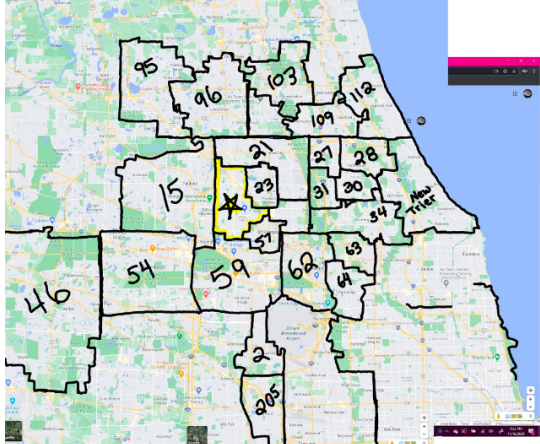
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	<p>Fact 3. School transmission rates are low.</p> <p>Students spreading the virus to their classmates, teachers and parents has been one of the biggest concerns about in-class learning since the beginning of the pandemic.</p> <p>Initial data from around the world <u>was mixed</u>, though a majority showed that transmission rates were very low. Now several months later, more data is in. Emily Oster, an Economist at Brown University, recently wrote <u>in the Atlantic</u> that:</p> <p><i>“Our data on almost 200,000 kids in 47 states from the last two weeks of September revealed an infection rate of 0.13 percent among students and 0.24 percent among staff. That’s about 1.3 infections over two weeks in a school of 1,000 kids, or 2.2 infections over two weeks in a group of 1,000 staff. Even in high-risk areas of the country, the student rates were well under half a percent.”</i></p> <p><i>“These numbers are not zero, which for some people means the numbers are not good enough. But zero was never a realistic expectation. We know that children can get COVID-19, even if they do tend to have <u>less serious cases</u>. Even if there were no spread in schools, we’d see some cases, because students and teachers can contract the disease off campus. But the numbers are small—smaller than what many had forecasted.”</i></p> <p>That study adds to a <u>growing pile</u> of research that shows children are not major vectors of the virus. For example, Science magazine <u>reported</u> a few months ago that “studies have found that overall, people under age 18 are between one-third and one-half as likely as adults to contract the virus, and the risk appears lowest for the youngest children.”</p> <p>And a <u>recent article</u> in Nature reported that “data gathered worldwide are increasingly suggesting that schools are not hot spots for coronavirus infections. Despite fears, COVID-19 infections did not surge when schools and day-care centers reopened after pandemic lockdowns eased.”</p> <p>Fact 4. The elderly are most at risk and should be protected</p> <p>Shutting schools makes even less sense when you look at who has been most impacted by the coronavirus. The data shows the elderly and infirm are overwhelmingly the groups at risk from COVID.</p> <p>Illinoisans over 60 have a case survivability rate of under 92% and account for over 87 percent of COVID deaths. They should be the focus of Illinois’ COVID mitigation policies.</p> <div><p>COVID-19 case survivability rate for Illinoisans over 60 varies significantly</p><p>Total COVID-19 cases and deaths by age bracket, 3/1/20 – 11/15/20</p><table><tr><th>Age</th><th>Reported cases</th><th>Total deaths</th><th>Case fatality rate</th><th>Case survivability rate</th></tr><tr><td>60 - 69</td><td>58,949</td><td>1,775</td><td>3.011%</td><td>96.989%</td></tr><tr><td>70 - 79</td><td>31,254</td><td>2,608</td><td>8.345%</td><td>91.655%</td></tr><tr><td>80 and up</td><td>24,652</td><td>5,021</td><td>20.368%</td><td>79.632%</td></tr></table><p>Source: IDPH</p></div> <p>One of the worst aspects of the whole pandemic has been <u>the failure</u> of the state to protect elderly Illinoisans in retirement homes. Over half (52%) of all COVID-19 deaths in Illinois since the beginning of the pandemic are linked to Long-Term Care facilities.</p> <p>In fact, the most recent data from last week shows that LTC residents continue to dominate Illinois’ COVID deaths. Of the 425 COVID deaths that occurred during the week of Nov. 13, 56 percent were linked to retirement homes.</p> <p>The facts and data say opening schools to in-classroom learning is safe</p> <p>More and more expert opinion appears to be acknowledging what most parents have known for months: that the harm done by remote learning outweighs the risks of in-class learning.</p> <p>As a <u>recent piece on NPR</u> noted: “Combined with anecdotal reports from <u>a number of U.S. states</u> where schools are open, as well as a <u>crowdsourced dashboard</u> of around 2,000 U.S. schools, some medical experts are saying it’s time to shift the discussion from the risks of opening K-12 schools to the risks of keeping them closed.”</p> <p>The recent rise in COVID cases shouldn’t discourage parents, teachers and administrators from doing what’s best for students: returning them to, and keeping them in, the classroom. The science and data show that can be done safely and responsibly for all involved.</p>	Age	Reported cases	Total deaths	Case fatality rate	Case survivability rate	60 - 69	58,949	1,775	3.011%	96.989%	70 - 79	31,254	2,608	8.345%	91.655%	80 and up	24,652	5,021	20.368%	79.632%
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	<p>Keeping schools shut has had an increasingly negative impact on children’s lives. More and more evidence shows that children missing school is leading to <u>isolation</u>, anxiety, the loss of critical <u>development time</u>, and not to mention, lost instructional time – remote learning <u>hasn’t worked</u>. There’s also the increased risk of teen <u>suicide</u> and unreported child <u>abuse</u>. COVID-19 is scary, particularly for the elderly and infirm, but unless the virus changes course, the data shows it’s safe for schools to open fully if done safely and responsibly.</p> <p>*****</p> <p><i>*The analysis done above is what’s known as the crude Case Fatality Rate, where the number of deaths is divided by the number of known cases. The Case Survivability Rate is simply 1 minus the Case Fatality Rate.</i></p> <p><i>The true CFR cannot properly be established until all the cases in a given period have been resolved (either died or recovered). The state currently does not publicly provide detailed data on resolved cases, so Wirepoints is using the crude CFR as the best measure available.</i></p> <p><i>We also recognize that the lag between cases and deaths can have a minor impact on the fatality rate, depending on the overall length of the time period and the trajectory of the virus. See <u>Illinois’ COVID fatality rate plummets</u> for more details.</i></p> <p>Appendix. The survivability numbers are even better when you look at the last four months</p> <p>The survival/fatality numbers shown in the data above include the early period of the pandemic when the number of deaths were at their highest point and very few cases had been identified (only those of sick patients in the hospital). That limited data led to an overstatement of the virus’s fatality rate. But since then, survivability numbers have changed significantly. There are several reasons why. Today, treatments are far better. Protocols against spread are far better. And testing has increased dramatically, catching far more cases than just those already hospitalized. We covered that in <u>Illinois’ COVID fatality rate plummets</u>.</p> <p>If we limit the analysis of death and cases to just the last four months, the crude survivability rate for all age groups was 99.094%. That’s almost a percentage point more than the 98.13% for the entire pandemic period.</p> <p>For teacher-aged adults in the 20-49 bracket, it’s 99.929%, up from 99.822% over the whole period. Said the other way, the fatality rate is now 0.071% over the last several months.</p> <div><p>Illinois COVID-19 survivability rates changed for the better during the last several months</p><p>Total reported COVID cases and deaths by age bracket, June 25, 2020 – November 15, 2020</p><table><tr><th>Age brackets</th><th>Reported cases</th><th>Total deaths</th><th>Case fatality rate</th><th>Case survivability rate</th></tr><tr><td>Under 20</td><td>69,791</td><td>4</td><td>0.006%</td><td>99.994%</td></tr><tr><td>20 - 29</td><td>89,315</td><td>16</td><td>0.018%</td><td>99.982%</td></tr><tr><td>30 - 39</td><td>69,751</td><td>39</td><td>0.056%</td><td>99.944%</td></tr><tr><td>40 - 49</td><td>64,395</td><td>103</td><td>0.160%</td><td>99.840%</td></tr><tr><td>50 - 59</td><td>61,354</td><td>247</td><td>0.403%</td><td>99.597%</td></tr><tr><td>60 - 69</td><td>42,379</td><td>570</td><td>1.345%</td><td>98.655%</td></tr><tr><td>70 - 79</td><td>22,032</td><td>985</td><td>4.471%</td><td>95.529%</td></tr><tr><td>80 and up</td><td>15,028</td><td>1,968</td><td>13.096%</td><td>86.904%</td></tr><tr><td>Total</td><td>434,045</td><td>3,932</td><td>0.906%</td><td>99.094%</td></tr><tr><td colspan="5"> </td></tr><tr><td>20 - 49</td><td>223,461</td><td>158</td><td>0.071%</td><td>99.929%</td></tr><tr><td>20 - 59</td><td>284,815</td><td>405</td><td>0.142%</td><td>99.858%</td></tr></table><p>Source: IDPH</p></div> <p>Copyright 2020. wirepoints.org From https://wirepoints.org/every-illinois-school-parent-should-know-these-covid-19-facts-wirepoints/</p>	Age brackets	Reported cases	Total deaths	Case fatality rate	Case survivability rate	Under 20	69,791	4	0.006%	99.994%	20 - 29	89,315	16	0.018%	99.982%	30 - 39	69,751	39	0.056%	99.944%	40 - 49	64,395	103	0.160%	99.840%	50 - 59	61,354	247	0.403%	99.597%	60 - 69	42,379	570	1.345%	98.655%	70 - 79	22,032	985	4.471%	95.529%	80 and up	15,028	1,968	13.096%	86.904%	Total	434,045	3,932	0.906%	99.094%						20 - 49	223,461	158	0.071%	99.929%	20 - 59	284,815	405	0.142%	99.858%
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Michelle Kasprzak	<p>Throughout the week I was consistently hearing from my colleagues that district upon district was reverting back to remote learning. Each district's metrics vary in regard to what constitutes a step move. This includes not only hybrid and in-person metrics but also distance learning.</p> <p>To better understand what this truly meant, I decided to put together a map of our area. I took the districts that were mentioned and confirmed whether or not they were currently remote. I then drew each remote district’s boundaries on the map. As you can see below there are school boundaries that remain unfinished. I chose not to continue due to the fact it was evident we were one of the only remaining districts in the surrounding area that remains open.</p>																																																																	

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Name	Comment
	 <p>I hope this map provides you with a different perspective. It's helpful to have varied means of conveying information.</p>
Kerri Hood	<p>I don't know what is truly planned for tonight's meeting, but see the "adaptive pause" term used on the agenda. (We all cringe hearing that term as it seems like people are trying to make remote learning sound great!) I hope everyone remembers and reads clearly that the point of non-essential businesses closing is so that healthcare is not over-burdened and so that schools can STAY OPEN. This is what other countries are doing as well as they understand the huge importance of kids getting an in-person education. Just because casinos and bars are closing does not mean schools must close. I hope we all follow our in-school metrics, which have shown that our mitigations are working!</p> <p>Also, closing in-person learning so that people can travel during holidays is not really an acceptable reason. Many families are not traveling and are not visiting extended families in order to follow guidelines, so that the kids can stay IN SCHOOL. We expect our teachers to be doing the same. Please keep kids FIRST in your decisions!</p>
Deborah Freudenberger	<p>District 25 Board,</p> <p>I am a parent of children in school district 25 and would like to advocate for an "adaptive pause-remote learning" like so many surrounding districts are doing from Thanksgiving break till 2 weeks after Christmas break to allow for those who travel to be cleared of any symptoms before returning to school. I believe this would be advantageous for the safety of our community, students, along with the safety of our teachers who have gone above and beyond this year. This adaptive pause would help prevent further community spread, which is especially important due to the recent spike in number of cases of Covid19.</p>
Jamee Falknor	<p>Dr. Bein and School Dist. 25 Board Members,</p> <p>My name is Jamee Falknor. I am the school nurse at Ivy Hill. I have been struggling the last few weeks at school. I struggle because of what I see every day in that the Covid numbers are increasing and deaths in Illinois and the country are at an all time high.</p> <p>I would like to share a few of the other things that cause my struggle:</p> <p>I see teachers and staff crying in the halls.</p> <p>I see teachers scared every time they have to send a student with possible Covid symptoms to me.</p> <p>I see their fears when they see me dressed up in full protective clothing going into the isolation room.</p> <p>I see their fears of wondering if it's possible that they spent more than 15 minutes or more, closer than they should have because they were trying to help that student.</p> <p>I see their fears wondering if their headache is a possible "symptom" or just the stress of what they are going through every day.</p> <p>I see their fears wondering if they are bringing the virus home to their loved ones, their children or their parents.</p> <p>I see their fears of bringing back the whole school to in person learning yet possibly not being able to follow the recommended 6 foot distancing guidelines.</p> <p>I see students that are afraid to come to school because they are afraid they will "catch" Covid.</p>

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Name	Comment
	<p>I see staff members who are heartbroken over losing their family members to Covid.</p> <p>I see exposure numbers and positives rising in family members and students at all of our schools.</p> <p>I see articles of Covid numbers rising in children.</p> <p>I see our neighboring school districts "Pausing or going to full remote" for a period of time or without an end.</p> <p>I see our state hitting record numbers of Covid illness and death.</p> <p>I saw an article about a 55 person wedding that caused 177 Covid cases and 7 deaths. The 7 people that died did not attend the wedding.</p> <p>I hear the frustration of my fellow school nurses at what Covid has done to our jobs.</p> <p>I could go on and on about the struggle I feel and see every day at school. But, PLEASE believe me. I became a school nurse because I love children. I want the children back at school. I miss them. I miss the joy that they bring to me every day.</p> <p>I want them back under better circumstances, when our community is not rampant with Covid.</p> <p>I believe that an "adaptive pause" may give us all a fighting chance to slow down this horrible virus.</p> <p>Thank you for your time.</p>
Whitney Simon	<p>I am the parent of two very proud Windsor Wildcats. After watching the last school board meeting, there are some things that I would like to address. I would like to voice my appreciation for the hard work Dr. Bein has done throughout the Covid crisis. The business of leading our schools while trying to ensure everyone's health and safety is not easy. I also want to show my continued admiration for our teachers, who have shown fierce determination and unwavering support for our children. The teachers, nurses, janitors, paras and other support staff risk their health and safety every day when they walk into our school buildings, and they all deserve to have a safe working environment. They deserve to have the community give them that same support they so selflessly provide to our children each and every day. It is disappointing to see some members of our community attacking both our superintendent and our teachers and staff during this unprecedented time.</p> <p>Additionally, I would ask the board to support taking an adaptive pause (as so many districts around us have done) until at least January 19th. We know families will gather and travel for Thanksgiving, we know families will gather and travel for Christmas, and we know some parents will likely gather for the New Year. An adaptive pause throughout the holiday season provides a proper amount of time to quarantine after family gatherings, which can help our schools remain safer for a potential return to hybrid in January.</p> <p>I would be remiss if I did not mention my disappointment with the school board's decision to try to push ahead with a return to full in-person learning in January. We have not currently been abiding by the predetermined metrics to return to remote learning. We've stayed in hybrid as case counts began to swell. Experts from the CDC and other medical professionals don't expect a plateau in cases until some time toward the end of January, and that is dependent on people not gathering for the holidays. What guarantees do we have from the school board that they will take a responsible look at the metrics before giving schools the green light to fully reopen? The tedious back and forth over whether to throw out metrics the board should be (but has not been) using and the discussions about making the metrics "meet our needs" were concerning. I want to hear a firm plan on how often the metrics will be reviewed, not just to justify ending an adaptive pause, but also to ensure we do not risk the safety of our teachers, staff and students by going back too soon.</p> <p>Thank you for your time.</p>
Christy Witherow	<p>Dear Board Members,</p> <p>First, I would like to say that Dr. Bein's email sent on November 13th was a great display of leadership and I hope that momentum continues as we head into the colder months. We must remain diligent to reach our goals both inside and outside the classroom.</p> <p>I implore the board to maintain our current Phase 3 Hybrid Option. NO Adaptive Pause.</p> <p>If my 1st grade daughter's school (Dryden) has the staff and has no outbreaks, please do not take away her two days of in-person learning away. We are making the choice to not see our family over the holidays and remain in our bubble so that our daughter can attend school. Please let that be an option for her and her classmates and add a 14 day quarantine to the self screener that will allow the families who choose to travel to stay home and quarantine remotely. That is their choice, just as it is ours to stay home so our daughter may go back after the thanksgiving break.</p>

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Name	Comment
Michelle Pet	<p>Please continue the hard work to get our kids back in school full time January 19th, 2021.</p> <p>I certainly hope the board is NOT entertaining the idea of going back to full remote for the remainder of November, December and half of January. Our children have suffered enough with the lack of education they are getting now.</p> <p>Governor Pritzker has stated that schools should remain open (SCHOOLS ARE ESSENTIAL) and I ask you to do what is right for our kids by allowing them to return to full time IN PERSON learning. I ask that you give parents the CHOICE in their children's education.</p> <p>All of are children already have been and continue to be negatively affected by the decisions you are making.</p> <p>Stop putting the unions best interest before our children's. Stop denying our children the education they each deserve.</p> <p>I have included a video from my son. He is not a child who loves school. He is struggling tremendously during this time and wants to go to school everyday. Everything else has been taken away from him. He cannot play sports and wants to go to school to learn. You have been denying him of this. (The Board reviewed the video that was submitted)</p>
Kelly Frederiksen	<p>Dear District 25 Board Members,</p> <p>As outlined on your Board Agenda the recommendation that we as a district take an Adaptive Pause, meaning going to full remote (temporarily) beginning November 30th through December 18th or January 15th.</p> <p>I would like to express my support on this action and recommend that the adaptive pause go through January 15th for the obvious and logical reasons. I would also like to add that teachers should have the choice to work from home during the adaptive pause period. This is the right thing to do.</p> <p>I would also like to express my thoughts and concerns from last weeks board meeting.</p> <p>As you had directed Dr. Lori Bein to do so, the District 25 community was surveyed on specific items regarding our return to a full in person option. From this survey, it is very clear that both the families and the teachers of district 25 wanted the metrics that were proposed to be used AND the 6' distance rule to stand. The Board, however, voted to change which metric is used and to do 6' to the greatest extent possible. This is clearly NOT what the surveyed community had wanted. Why keep on surveying the parents and teachers if you are not going to use the valuable community information provided.</p> <p>I urge the board to start listening to the district 25 community, as a whole, and NOT just to the loud voices who make a point to storm every board meeting with their opinions. It really seems like this is the only group you will listen to, and that's a shame, because you are ignoring the majority of the teachers and families.</p> <p>I would also like to clear something up here, because I keep hearing people say that the families that want Hybrid can still choose Hybrid to fit their schedule. This argument and "selling point" has got to stop being used. Those of us who are choosing Hybrid and do not want this option to go away are choosing it because it allows in person schooling to happen in the safest way possible for our students and staff. It isn't about scheduling, and it's somewhat insulting when people recommend this, especially when it comes from a Board member. It is about the safety of our teachers, students, and community.</p> <p>I fully support keeping the Hybrid model until we meet BOTH metrics that were originally surveyed and see more support for keeping a 6' distance at all times, and NOT to the greatest extent possible.</p> <p>I could go on, as there are a few more concerns I have, but at the moment, these are the pressing issues at hand that need to be addressed right away. With the break ahead of us, I can bother you with the rest at a later time ;-)</p> <p>I hope you all have a great Thanksgiving holiday and stay safe and healthy.</p>
Stacey Cooke	<p>Good afternoon Lori Bein & the Board,</p> <p>The purpose of this email is to make sure our family's voice is heard, for ourselves and others in our community. We encourage the board to continue to work toward a full in-person school plan option by their target date in January.</p> <p>We also do NOT support any type of 'adaptive pause' between now and then. And fully support remaining in the hybrid option model until full in-person can be implemented.</p>

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Name	Comment
	<p>At this time cases may be rising, but that is not because children are in school and the school community is not a high risk one:</p> <ul style="list-style-type: none"> * Survival rate from COVID for those younger than 20 is 99.99% * Survival rate for teacher-aged adults from 20 -49 is 99.929% (20 -59 is 99.858% survivability). * School transmission rates are low (less than 1%) * The elderly are at most risk and need to be protected * source: IDPH website. <p>The risk of permanent psychological damage being inflicted on our children in remote learning is significantly higher than COVID risk to teachers, students or staff.</p> <p>If other districts/private schools can do this, I have faith that you are smart enough to figure it out too.</p>
Kyle Wilhelm	<p>I am speaking as a parent of 3 District 25 students, 2 at Olive and 1 at Thomas, the husband of a teacher at Olive. I am also a high school math teacher myself. I have watched more board meetings than I care to talk about. As I watch these board meetings, I am continuously shocked and disappointed by many things.</p> <p>For those community members and parents who have opinions of why the school should stay open or go remote and you share those opinions respectfully, I thank you. We should be able to disagree, but keep a respectful tone. I also have many observations.</p> <p>When talking about private schools in these meetings, people conveniently leave out any information that does not fit their narrative. Yes, private schools have been open and full in person and they have also closed classrooms and the entire school. So, they have been open, but not safe and continuous.</p> <p>Watching these meetings makes me wonder why the push for school is so important. Many people in the community are asking us to go against health department officials. Not listen to the majority of educators. Not listen to frontline workers that are pleading they are overwhelmed. This is not about survival rate of Covid, but rather community spread and our hospitals being able to actually help people. We don't always want to listen to the experts on topics because it doesn't fit our narrative. So, based on that logic, we are sending our children to school to learn and become experts on topics as they get older, but ultimately, we should not listen to them.</p> <p>The disrespect shown to teachers is something I cannot comprehend. Asking teachers to teach both students in the building and at home are outrageous. Again, we are not listening to any educational experts. I acknowledge that remote and hybrid take a backseat to full in person learning, but it is clear that it can not currently be done continuously and safely. The flip side is asking teachers to do the impossible. I have not found one shred of evidence or support for this, but many to the contrary.</p> <p>As a math teacher, the disregard for data, graphs, and logic is disturbing and concerning. When data doesn't support an argument, we don't teach students to disregard parts of the data. If you want, I can create a graph or survey to support whatever argument you want, because you can manipulate data, but is that the point? The metrics the professionals are giving us is based on their expertise. Based on their years of school and education. We are then going to tell them, we have decided to do something different, not because of science or math or logic, but because we want to or we feel we are entitled to.</p> <p>Also, for those of you who come to board meetings and attack individuals and teachers, I am appalled. For those of you to say teachers can't be worried about their safety and are essential so suck it up and work or quit...disgusting. You don't know why some of these people are concerned. Whether it be their own health, their spouse's health, their family member they have to take care of, whatever. Professions that are capable of doing remote work are doing remote work. Is remote learning as beneficial as in person, no, but it is possible. Should we look at bringing targeted groups of students to school, YES! That is also supported by data and can be done safely.</p> <p>I watch and hear all of this and I am left with questions. When will this community decide to step up and be part of the solution? When will this community in disagreement, use rhetoric that builds our community up and brings us together? Do expert opinions matter? Does math, science, logic AND how we use it matter? Does respect and empathy matter?</p> <p>We are a community and I hope we first and foremost remember that in how we act and in how we treat each other. Thank you.</p>

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Name	Comment
Stephanie Levinsky	<p>Members of the community do not care how teachers and staff choose to live their lives. It only becomes problematic when their words do not mirror their actions and their words and message impact the lives of 5500 children and their families in Arlington Heights. When an emotional charged 5 and a half minute speech is made on behalf of the teacher's union that schools with less than 6 feet minimum distancing are not safe, this fact-less rhetoric becomes the battle cry for keeping schools closed.</p> <p>Of course, we saw district teachers throughout the summer and fall, shopping, dining and actively participating in life, whether at Target, Marianos or Arlington Al Fresco. We were happy to see teachers out and enjoyed catching up with them. Like everyone, they can, and should make choices that are best for themselves and their families.</p> <p>If we have learned anything these past few months, the only thing worse than a liar is a hypocrite. We saw the public backlash when Lori Lightfoot and Nancy Pelosi got their hair done and with Governor Pritzker traveling all over so that his children can participate in sports. When words without facts become a barrier to schools opening the hypocrisy deserves to be publicly exposed.</p>
Kelly Darby	<p>Thank you for your continued commitment to the Arlington Heights community. My name is Kelly Darby and I am a 5th grade teacher at Westgate. Please take the time to read my concerns regarding continuing hybrid learning with increased Covid-19 cases.</p> <ol style="list-style-type: none"> 1. The Covid-19 positivity rate is increasing rapidly in Illinois, and I am concerned about the safety of the students and staff of AHSD25. 2. In order to enter into hybrid learning the metrics were: a positivity rate of 8% or fewer and less than 70-175 new cases per 100,000 people. It was assumed that these would be the metrics we would follow to go back to full remote to keep everyone safe. But as we currently are still in hybrid, there are no plans to return to remote. https://www.sd25.org/Page/1511 3. As of November 16, the positivity rate for 60004 and 60005 is 14.09%. There are 617 new cases per 100,000 people. 4. When we look at the data of AHSD25 schools, the number of positive covid cases are increasing. On October 15th, the district covid dashboard showed 2 new cases recorded the first week we returned to hybrid. The total cases reported the week of November 6th is 11 new cases. The district cumulative positive cases since September 1st are 47. This is a rapid increase in cumulative positive cases in four short weeks. 5. The metrics used by AHSD25 Board of Education have been changed at times, without notifying all stakeholders with the intent of the change. It is negligent to adjust the metrics with the intent of only returning to in person learning when we are risking the health and safety of our community. 6. The CDC, the WHO, and the IDPH have these metrics in place to help us keep our community safe. To ignore scientific data is irresponsible and reckless. 7. The Board of Education is expected to make the responsible decision for the safety of our community by following the guidance of scientific experts. 8. With the metrics currently showing extreme high risk, I fully support an adaptive pause at this time. Additionally, I request that the Board adopt specific metric guidelines to follow to be able to show the community if/when we need to return to remote in the future. The metrics set in place need to be followed for a safe return. 9. The CDC has changed their view on Covid-19 and children. Their website now states, "the body of evidence is growing that children of all ages are susceptible to SARS-CoV-2 infection (3-7) and, contrary to early reports (11, 12), might play a role in transmission (7, 13, 14)" Operating schools during COVID-19: CDC's Considerations 10. On 11/12/20, The American Academy of Pediatrics compiled data from 49 states and are reporting a 22% increase in positive cases in children of all ages nationally in the previous two weeks. According to the report, there has been over a 25% increase in pediatric cases in Illinois. COVID-19 and Age <ul style="list-style-type: none"> • "111,946 new child COVID-19 cases were reported the past week from 11/5-11/12 (927,518 to 1,039,464)

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Name	Comment
	<ul style="list-style-type: none"> Over two weeks, 10/29-11/12, there was a 22% increase in child COVID-19 cases (185,829 new cases (853,635 to 1,039,464)" All AAP AAP <p>Thank you again for taking the time to read my concerns. I know this is a trying time for all involved and many difficult decisions are being made. It is time for us to unite as a community and make a short term sacrifice now for a long term benefit in the future.</p>
Amy and Ben Kalkwarf	<p>Dear Dr. Bein and School Board,</p> <p>First, we want to acknowledge the sheer amount of time you have each given to the District in this abnormal year. Your service is much appreciated.</p> <p>We are disheartened by the decisions from the last board meeting, your decision to agree on five full days in person come January seems pre-emptive if you plan to follow the metrics you agreed upon and set. Speaking of metrics, in listening to your board meeting, it was mentioned that per your own metrics that once we reached a positivity rate of 8% or higher, that remote learning would be enacted. According to the board, that metric was met on November 4th yet you still kept the entire district in a hybrid model. Why even set metrics if you are not going to follow them? Unfortunately, the metrics have only declined since November 4th, yet our schools remain in a hybrid model. We are particularly troubled by the mention of placing up to 20 students in a single classroom come January. We implore you to rethink that decision and consider what surrounding districts are doing. We know of no district within the state, let alone our area, who has even discussed having up to 20 students in a single classroom. Placing so many kids in a room completely ignores every recommendation by reputable sources. This is not safe for teachers or students and is absolutely unacceptable.</p> <p>Why do you feel the need to put a concrete date on a full return to school? You have set up a situation where people are always trying to persuade you to be on one side or another. As soon as you do not meet the January 19th date you set, people in this community will be lined up to tell you how you fell short. It is absolutely acceptable for you to state that the metrics will dictate the next step of the plan and with meetings every two weeks, you will continually evaluate the situation. Why not let your metrics be your guide? Please do not be bullied into making decisions, allow our community to trust that you have the matter well in hand and will do what is right when the metrics allow.</p> <p>Finally, we beg of you to make teachers and staff a priority. We have listened to far too many from our community get up and say if teachers do not want to work then they should be fired. How about we give teachers the tools they need to be successful and to feel supported? When our kids come home from school, they never say, "Wow, I really liked that Singapore Math!", instead they tell us their teacher read them a book and now they love reading because their teacher loves reading. The heart of any school is not the robust curriculum, it is the people who deliver it and love our kids. You are kidding yourself if you think those people are expendable. We can argue the science that kids are not getting sick or that they are not super spreaders...whatever you choose to believe, teachers ARE getting sick, and they spend the bulk of their day with students. It is not their fault that they are nervous to be in a classroom full of kids, their whole job has completely changed and they have pivoted every single time we asked them to with grace. Your single greatest asset in this district is your employees. If you do not invest in their health and well-being, our kids will suffer.</p> <p>Please put an end to the unrest with our community and take a firm stand that the metrics will guide when the district returns to school in a hybrid or full day manner. Do not place 20 kids in a single classroom, ignoring all guidance. You do not have any control over this pandemic, please turn to the sound metrics you have put in place to guide your way and keep our kids and their beloved teachers safe and healthy. We can get through this together.</p>
Ryan Cooke	<p>I'm writing to share that I do not support the adaptive pause and that I believe that our schools should remain on the hybrid program and continue to move towards full in-person learning. I have seen no evidence that COVID-19 is being transmitted in schools. When children become infected with the virus, for the most part, it happens outside of school at events like parties, and this type of transmission will not be impacted by our schools continuing to remain on the hybrid model.</p> <p>On Mondays, Wednesdays, and Fridays, my son (1st grade) tells us that he hates school, that he has no friends, and that his classmates pick on him. Furthermore, before he logs in and after he logs off, his behavior is noticeably poorer. He doesn't listen, he talks back, and has little interest in constructive play.</p>

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Name	Comment
	<p>By contrast, he literally jumps for joy on Tuesdays and Thursdays when he has in-person learning, and before and after school he returns to himself again. He is happy, playful, and he listens. Please stop disregarding the mental health of your students and community and allow your students to learn in-person.</p>
Allina Laurie	<p>Dear Board Members and Dr. Lori Bein, Please vote "NOTE" on moving our SD25 schools into an adaptive pause. The social distancing and safety protocols at our schools has proven to be very safe. Contact tracing shows that the virus is not transmitting between people when they are inside school buildings. Recall that our schools are in a hybrid model which already reduces the risk of transmission of the virus at the schools. Other districts which may have switched to "Adaptive Pause" may have students attending five days a week and may have less risk mitigate measures in place. Our SD25 schools are ready to keep teaching the kids even if there is community spread of the virus. My children need to see their teachers at school, they need their school community. Remote school is a poor substitute for what in-person school offers to my children. Please vote "NO" on the adaptive pause.</p>
Rosemary Heckard	<p>My name is Rosemary Heckard. I am a 7th grader at South Middle School. When my mom told me that the schools might go back to full remote, I was very upset. On zoom, my classmates are not participating. Half the time, they are on their phones and are not paying attention to class. Many of the students are cheating during their classes. You might be thinking "Oh, well, we can just tell their teachers to check their browsing data." That's not how it works. Students will just take their study guides or phones and prop them up on their screens so that it looks like they're just staring at the test/quiz that's on their screen. In reality, they are looking at their phone/study guide and cheating. Many of my classmates have been dropping grades because of this. However, when we are in school, it's WAY easier to learn. Instead of shutting the schools down, I think that the parents should have a choice. If they don't want their kids to go to in-person school, then the kids don't have to go. From what I've seen, my school is doing an amazing job on keeping everything disinfected and clean. For example, as soon as the class is over, our desks and chairs are disinfected. In the halls and during my classes, everyone is being socially distanced, and everyone is wearing their mask correctly. If this is kept up, there should be no problem with keeping the schools open. Remember that our education is on the line. If we are on zoom, we are not learning properly. Please vote "no" on switching the schools to remote only.</p>
Daniel Strauss	<p>Dear Dr. Bein and the SD25 School Board, It is time to stop risking lives and return to full remote learning! COVID-19 cases in Illinois are 5 times higher than they were during the shutdown in April, and the positivity rate and cases per 100,000 in Arlington Heights are well above all relevant guidelines, including those of the CDC and even the SD25 Transition Advisory Committee. Most importantly, the school district is not testing students for COVID-19. Children are often asymptomatic, but they do spread the disease. Currently, you will only know that there is a problem when teachers and parents start getting sick. At that point, the virus will already be spreading out of control in the school and community. Also, CDC data shows that about 50,000 people under the age of 65 have died of COVID-19 in the US so far, so it is not an exaggeration to say that you are putting teachers, staff, parents and many others in the community in danger! I understand that there are many kids who love school and their parents are very passionate and vocal, but I guarantee you that the tears of a child who cannot attend class are nothing compared to the tears of a child who has lost their parent. We already have the tools in place to effectively teach remotely, and during this time of temporary national crisis, it is not too much to ask that parents work to find ways to meet the emotional needs of their children without unnecessarily endangering other peoples' lives. As the danger will be especially high in the next few weeks following the holidays, now is the time to do the right thing and act before a catastrophe happens!</p>
Nicole LaBeau	<p>My comment regards remote/hybrid/full in-person learning. Consistency and safety (and students feeling safe), is crucial for a strong learning environment and well-being. Currently, our community is neither. While schools in the past have reacted to</p>

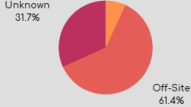
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	<p>dangers/threats swiftly and thoroughly to protect students and the community from devastating consequences (such as from the rare but potential school shooter), the board now needs to ensure safe and consistent learning environments for all students.</p> <p>Full in-person learning potentially will destroy perceived safety and negatively impact learning and the community with rare, possible, and devastating COVID effects. If the board forces families to choose between safety and education, there is great inequity.</p> <p>All students must have equal educational opportunities, no matter any choices. Students must have the consistency of their teacher and classmates throughout the full academic year, no matter any choices. The board is responsible to ensure safe and consistent learning environments for all students, no matter any choices.</p> <p>Thank you for your time and consideration as you create and maintain positive consistency for all.</p>
Becky Polley	<p>With the alarming rise in COVID-19 cases and the holidays approaching, I feel compelled to urge board members to temporarily return students and staff to full remote learning in order to ensure the safety of all District 25 students, staff and their families. Doing so will allow staff, who currently don't have the option to remain remote as students do, to safeguard themselves and their families. People are the most important component of our district, and they are irreplaceable. Without our valued, healthy staff, our children will not receive the high caliber education we all want for our children. A temporary return to full remote learning will also allow staff to focus all of their efforts on ensuring that all of their students receive the highest quality remote learning experiences possible. They will not have to divide their efforts between in-person and remote learning while also constantly worrying about their health and the health of their loved ones and students. Please consider the welfare of District 25's staff members when you make decisions regarding in-person and remote learning. Thank you for your time.</p>
The following comments were received after the submission deadline and were not included in the November 19, 2020 Board meeting.	
Michael Scaletta, Ph.D.	<p>Dear Members of the School Board:</p> <p>I am writing today to express my thoughts and concerns regarding the Arlington Heights School District 25 's planning for a return to full in-person instruction during a global pandemic while the Nation, Illinois, Cook County, and Arlington Heights continue to experience an increase in positive cases of COVID-19. I am also writing to express my significant concerns regarding the school board's ability to engage its community of stakeholders as informed leaders while remaining respectful, professional, and cognizant of the individuals and groups they represent and serve. AHSD25's response during the mandated state-wide school closures in the spring of the 2019-20 school year was impressive. The communication that was shared was often days ahead of neighboring districts, comprehensive, and informative. It was clear that the safety and wellbeing of our students, families, and staff was at the forefront of all decision making. At some point, it seems as though that changed. Personally, I have appreciated the slow and steady approach our District has taken to bring students back to school full-time. Learning from neighboring school districts, working collaboratively with the teaching staff, identifying learner groups for whom to prioritize in-person instruction, and adhering to the ever-changing guidance and requirements imposed by our state and federal public health and education systems has allowed our district to provide consistent instruction to our students. The two models that the district is offering to families provide parents with the ability to choose what is best for their child and their family situation. These models provide the opportunity for choice.</p> <p>As the school year has progressed the communication from AHSD25 and this school board has shifted from a focus on teaching and learning in light of the circumstances we are faced with as we navigate a global pandemic to a focus on returning students to full in-person instruction as soon as possible. That is concerning. The abundance of research in teaching and learning tells us that when schools and districts create and maintain a positive school culture and climate along with a safe and predictable learning environment the likelihood of student success increases. The district's current implementation of a hybrid and full-remote options have maintained a high level of safety and predictability for our students and has allowed them to have consistent access to education. When I explore the approaches our neighboring districts have taken based on the needs of their communities and the structures of their districts it seems that implementations of full-in-person</p>

Community Input – November 19, 2020 Board Meeting

Name	Comment
	<p>instruction have been delayed and/or interrupted at least once as our neighbors have initiated Adaptive Pauses to In-Person Instruction as permitted by ISBE in order to remain responsive to rising numbers of positive COVID-19 cases in their schools or communities. Adaptive Pauses to In-Person Instruction are interruptions to the learning environment. It is important to be mindful that Adaptive Pauses work against the efforts to provide a consistent and predictable learning experience for our students and can greatly and negatively impact school culture and climate all of which have been evidenced to decrease student success. I understand that an Adaptive Pause may be implemented at any time either proactively or reactively based on metrics within the school, district, and/or community. However, I would challenge this board to heavily weigh the risks of changing the current instructional options being provided versus the risk of maintaining them at this time and if this will increase the likelihood of needing to initiate Adaptive Pauses as reactive responses to an increase in positive COVID-19 cases. The continued call for parents to be provided options for in-person or remote instruction has been answered. As a parent, I have a choice to elect the hybrid model or full remote. I have chosen the hybrid model. I made a choice.</p> <p>In regards to the manner by which this school board that serves as a body of elected officials representing me and all families living within the AHSD25 boundary has conducted itself, I am disappointed. At Olive, where my children attend school the teachers and administrators continue to teach that it is important to be respectful, to be responsible, and to be kind. Over the past months I have watched and listened as the board has made comments and engaged in discussion that have not been respectful or kind regarding various stakeholders including parents, teachers, and administrators. The board's agenda to return to full in-person instruction is more than clear. What isn't clear is how the board intends to be guided by and work collaboratively with our schools and district to maintain the plans that are in place and/or to craft a new plan. The board has held many meetings and hasn't actually made any real changes to their plan. The board's continued infighting and uncompromising approach has impacted its effectiveness. I would like to believe that the board has visited our schools to see all that is being done by our teachers every day to provide instruction to our children that is safe, engaging, and meaningful but I am not convinced that has happened. If it had, I believe the focus of the conversation would shift toward answering the question of "what else can we do to help our students, families, and staff thrive in our current framework while also continuing to plan for the future and a purposeful approach to full in-person instruction in the future?" Teachers weren't taught how to teach concurrently. Teachers weren't taught how to teach social distancing. Teachers weren't taught how to teach while wearing PPE. I assure you, my son's kindergarten teacher wasn't taught how to coax a shy and energetic boy out of his shell during the first week of school over the screen of an iPad in a Zoom meeting knowing his parents were on the sidelines, but she did. She rocked it. Our teachers are rocking it as best they can. How can we help them continue to teach and help our children? The fact that much of the last two board meetings has focused on splitting hairs and deciding if the district should require the strongly suggested minimum of six foot distancing between students and if so, should that distance be measured nose to nose or edge of desk to edge of desk convinces me that this board is missing the big picture.</p> <p>As the District and the board move into another discussion of planning for instruction and navigating teaching and learning during a pandemic, please consider that there are celebrations to be had, teaching and learning is happening, and our students, staff, and families are safe. I would also like to thank Dr. Bein and the members of the AHSD25 administrative and teaching teams for their continued and focused decision-making to ensure everyone's safety to the greatest extent possible during this challenging time. I appreciate the proactive decision to take an Adaptive Pause to In-Person Instruction as we enter the holiday season, with positive COVID-19 cases on the rise, and in alignment with ISBE and IDPH guidance.</p>
Laura Culley	<p>To the board and superintendent--</p> <p>I believe that going to an adaptive pause at this time will be a disservice to our students and we should stay at least hybrid. We have shown that we can be open in hybrid mode kids are not getting their teachers sick. Rather it is community transmission that is the leading cause of the increase of cases, not schools as can be seen in the district dashboard below.</p>

Community Input – November 19, 2020 Board Meeting

Name	Comment								
	<div data-bbox="334 241 683 489" data-label="Figure"> <p>EXCLUSION PERCENTAGES as of 11/18/20</p>  <table border="1"> <thead> <tr> <th>Category</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>Off-Site</td> <td>61.4%</td> </tr> <tr> <td>Unknown</td> <td>31.7%</td> </tr> <tr> <td>On-Site</td> <td>6.9%</td> </tr> </tbody> </table> <p>Shows the percentage of in-person exposures that occurred on-site vs off-site vs unknown.</p> </div> <p>I think that if we asked parents that want to send their kids in person to abide by the 14 day quarantine after holiday travel or large gatherings of family or friends as is already in handbook that we can both meet our obligations to the community as a district and ensure in person school can still occur. Please add the 14 day quarantine rule on the covid self screener and provide the ways that parents can see on the website or call their local school districts with the latest information on state or local regulations regarding when they should quarantine due to exposure in the community or through travel. Also ensure that staff and teachers are following this self screener and please have staff, teachers and students sign via a google form that they are following the guidance. This should be done with sensitivity and as teaching moments for situations where they should have done a 14 day quarantine with action only taken for repeat violators of the policy. If parents, teachers and staff agree and clearly understand the policy there should be no doubt of what is expected.</p> <p>It is clear that the impact to children in terms of mental health, IEP service time lost, educational achievement and long term societal costs to keeping children out of school is as real as covid. Zoom is not well designed to allow the teachers to see the whole class raising their hand so only the most outspoken students, willing to interrupt teachers get attention, leaving behind less vocal students. Remote learning is not well served for lower income students who may not be able to afford good wifi, whose parents may not be able to supervise, or who do not have their own space away from the noise of the household are less able to participate in school. As the board says that it is committed to equity for students, I would assume this would be important to address with in person learning. Women who worked hard over the last few decades to take our place in the workforce and achieve as much as our male counterparts are having difficult decisions to make on their career vs helping their remote student that could impact their family's future earning potential. Women who are first responders may not be able to be as available to as many shifts in the hospitals because of remote learning. The downstream impacts to school closures on the community can not be understated as a critical service to our community.</p> <p>The fact that our district started so late in the year and only provided 9 in person learning days has meant that our classes are behind where they were last year. The teachers are trying very hard to catch up the students but admit that the impact of the remote and hybrid learning environment as well as the late start has contributed to us being behind. The decisions that the district has made, however, does not support our teachers and they deserve better. Please do not make the further mistake of closing our schools with an adaptive pause and instead come up with creative ways that we can be open safely for our students, staff, and teachers.</p> <p>Please also detail to the community what is being done to measure educational achievement this year vs last year and if we find gaps what strategies will be used to fill those gaps, including an extension of the school year and more in person days.</p>	Category	Percentage	Off-Site	61.4%	Unknown	31.7%	On-Site	6.9%
Category	Percentage								
Off-Site	61.4%								
Unknown	31.7%								
On-Site	6.9%								
Steve Zurek	<p>I would like to just take a minute of your time and ask you to please not go through with an adaptive pause. Our kids deserve to have an in person education. I cannot explain to my five-year-old son again why he can go to one school and not have a problem but he cannot go to Patton. My wife and I made a decision before the school year started that we wanted our son to get an in person education. He has attended Saint Peter since school started in August and we have been amazed by what they have been able to accomplish. I spoke to the principal from Saint Peter two days ago they have had one case since summer camp began in June. They have followed all the recommendations by the CDC and IDPH. It is unfortunate the teacher unions are calling for these remote learning plans. We have forgotten that we are here to help shape and educate our future generation. When we talk about numbers let's focus on the numbers that are happening in our schools. Let's use some attainable numbers to make sure our children get the education they deserve. Have the numbers</p>								

Community Input – November 19, 2020 Board Meeting

Name	Comment
	gone up in our schools since hybrid was implemented and October 12? Please look at the numbers that affect our students and not other parts of our county. We are not in the same position as we were in March when the governor shut down all schools. He has not done that yet so please be an example for other school districts and let's find a way to keep our schools open.

Todd Witherow's Presentation

School Opening Consideration

Current Metrics

- Plenty of experts using cases per 100,000 and positivity rate as metrics for school decisions
- Members of the community, myself included, fail to understand why the metrics are the driving criteria for school decisions
- As states change definitions of "positive" the metrics are not changing; additionally the metrics ignore the improvements in treatment we have seen in data over the pandemic
- **Todd's Opinion:** If positivity rate & cases per 100K increase the only measure that will influence a different trend if state / region lock-downs. No data suggests schools are spreaders. In fact they may prevent spread due to mitigation protocols and strict adherence.

A Different Metric, AAP & IDPH

Different Outcomes determine approach

Perfect: No illness, ever

Manageable: COVID-19 Positive Test

Not Desired: COVID-19 Hospitalization

Worst Case: COVID-19 Death

	Population 2019	Population 2020	Population 2021	Population 2022
Population 2019	1,100,000	1,100,000	1,100,000	1,100,000
Population 2020	1,100,000	1,100,000	1,100,000	1,100,000
Population 2021	1,100,000	1,100,000	1,100,000	1,100,000
Population 2022	1,100,000	1,100,000	1,100,000	1,100,000

All data provided by AAP and included in backup

- Suggests that if all 4,200 in-person students at D25 become COVID-19 positive 0.54 to 0.47 total students will die.
- We must consider this metric and data point. What is "acceptable" to the board and district. Less than 1? 0.5? 0.0 will never be a reality.

Other Considerations (Community)

Hospitalization Rate declining 3.8% to 1.6% (5/21 to 11/12)

Only 3 of 26 weekly rates increased from prior

Mortality Rate declining 0.06% to 0.01% (5/21 to 11/12)

Only 2 of 26 weekly rates increased from prior

Increased testing capacity and contact tracing
Better preventative treatment & severe care for positive cases

Need to monitor care metrics to ensure capacity is present – beds, ICU availability, ventilators. If hospitals cannot care for the community and any / all illnesses need to be prevented we should listen.

Timing of vaccination and effectiveness of vaccination

Ability to accommodate or restrict holiday plans. "If you have holidays outside your household / immediate family you will have to remote learn for the following 2 weeks."

Teachers and Staff

Age Range	Cases	Hospital	Deaths	IPC	DRR	QPR
<20	12,461	191	1	1.5%	0.1%	0.0%
20	18,825	405	10	2.2%	0.1%	0.1%
30	16,132	611	18	3.8%	0.2%	0.2%
40	16,389	925	80	5.6%	0.3%	0.3%
50	15,751	1,421	215	9.0%	0.5%	0.4%
60	11,213	1,784	322	15.9%	0.7%	0.7%
70	5,533	1,568	678	28.3%	0.9%	0.9%
>80	4,815	1,739	1,322	36.1%	1.0%	1.0%
80-89	32,621	3,598	118	4.8%	7.8%	0.8%
90-99	48,872	2,981	388	6.2%	11.2%	0.7%
100+	87,187	3,386	388	3.8%	16.1%	0.9%
Staff 1	710	35.8	2.7			
Staff 2	650	33.0	2.4			
Staff 3	510	28.9	2.0			
Staff 1	710	46.2	5.2			
Staff 2	650	40.1	4.5			
Staff 3	510	33.9	3.8			
Staff 1	710	37.8	3.8			
Staff 2	650	32.8	3.3			
Staff 3	510	27.7	2.8			

- Certainly causes additional discussion & evaluation
- Assumes worst cases for positive rate; >75% positivity rate
- All agree that the mortality (2 to 5) is too high without additional context
- Data is over 8 months period
 - Will we have a vaccine in 8 months?
 - Will treatment improve consistent with AAP trend data for children?

What Data Matters

- **Key Question for in-person learning...** How many in-school transmission cases have been confirmed? Only thing school can influence.

Transmission	Risk of Severity	Ability to Mitigate	Desire to Mitigate	Comments
Student to Student	Low	Medium	Lowest	If no student-to-student in school transmission to date anything more needed? Stay the course.
Teacher to Student	Low	Medium	Lower	Both the same and the key area. Can we reduce S-to-S mitigation to increase T-to-S mitigation? 8 feet of space? Put up barriers for teachers to help students 1-on-1?
Student to Teacher	Moderate	Medium	High	
Teacher to Teacher	Moderate	High	Easy	Clear District expectations and hold employees accountable. Official reprimand for observing any teachers violating 6-feet.

Considerations & Problem Solving

- Acknowledge that in-person learning is preferred.
- Adaptive pause versus 3 month winter break and no summer off.
- Parent volunteers in class-room – teachers on zoom?
- Regional e-learning with other districts or state?
- Commit to full year of remote – don't need a mandate.

An Example

Case Example	11/17/2020
Teachers Tested Positive during school year	50
Teachers Tested Positive due to close contact	0
Students Tested Positive during school year	150
Students Tested Positive due to close contact	1

- If close contact positive cases are 0, then in school mitigation is 100% effective. One could argue the controls are too stringent. What is this number for D25? Share with the community.
- If close contact positive cases are 1, or some number other than 0, it would be a signal to the district for is the mitigations steps are or are not working. Or if the schools are contributing to the spread of the virus. This is an objective data point.
- Black font metrics, used to derive positivity rate and cases per 100K and irrelevant to school education delivery model.
 - Are not AT ALL attributable to schools being open or closed. Only the red and blue statistics are. Attributable to "community transmission" and may be better, worse or neutral if schools went all remote.
 - Will decline with regional measures (bars, restaurants, etc...) and will only potentially be 0 is a stay at home order is implemented.
 - Could increase with a pause or shut down of schools – more at home pods, less controls, etc.

Conclusion

- Any decision for an adaptive pause should NOT be based on the cases per 100K and positivity rate. It will un-necessarily create a reference point in the community to those data points. We have not been under 70 cases per 100K late spring.
- Any pause should be driven by three criteria:
 - Potential risk of death compared to the educational and social emotional needs of the 5K district students.
 - Ability to effectively eliminate in-school transmission. A shut down or pause simply makes the probability of in-school transmission 0. It may actually increase the probability of in-community transmission at the same time.
 - Student & staff considerations – availability, desire to spend holiday with family, travel, etc. Those willing to travel or spend holidays with family should quarantine upon return and then be required to teach. If they are willing to spend time travelling, the risks in a classroom are far less.

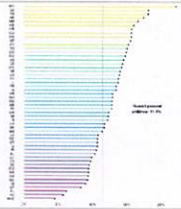
Thank You

Backup

- [AAP Children and COVID-19: State-Level Data Report](#)

Fig 3. Percent of Cumulative COVID-19 Cases that were Children 11/15/20

- Children represented 11.5% (1,039,464/9,037,391) of all available cases
- Twelve states reported 15% or more of cases were children
- NJ and NYC reported that 5.7% or less of cases were children



Summary of Findings (data available as of 11/12/20): Cumulative Number of Child COVID-19 Cases*

- 1,039,464 total child COVID-19 cases reported, and children represented 11.5% (1,039,464/9,037,391) of all cases
- Overall rate 1.35 cases per 100,000 children in the population
- 111,348 new child COVID-19 cases were reported the past week from 11/5-11/12 (927,518 to 1,039,464)
- Over two weeks (10/29-11/12), there was a 125% increase in child COVID-19 cases (183,629 new cases (183,629 to 1,039,464))
- Ten states reported*
- Children made up between 0.0%-17.4% of total state tests, and between 3.9%-18.8% of children tested were tested positive
- Hospitalizations (23 states and NYC reported)*
- Children were 1.2%-3.3% of total reported hospitalizations, and between 0.3%-4.1% of all child COVID-19 cases resulted in hospitalization
- Mortality (43 states and NYC reported)*
- Children were 0.0%-0.11% of all child COVID-19 deaths, and 16 states reported zero child deaths
- No states reporting 0.00%-0.13% of all child COVID-19 cases resulted in death

Appendix Table 1A: Summary of Child Case Data from 4/16 – 11/12*

State	Number of Cases (n)	Rate per 100,000 (95% CI)	Percent of Total Cases (%)	Percent of Child Cases (%)
AL	1,039,464	1.35 (1.28-1.42)	11.5	100.0
AK	1,039,464	1.35 (1.28-1.42)	11.5	100.0
AR	1,039,464	1.35 (1.28-1.42)	11.5	100.0
AS	1,039,464	1.35 (1.28-1.42)	11.5	100.0
CA	1,039,464	1.35 (1.28-1.42)	11.5	100.0
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CT	1,039,464	1.35 (1.28-1.42)	11.5	100.0
DE	1,039,464	1.35 (1.28-1.42)	11.5	100.0
FL	1,039,464	1.35 (1.28-1.42)	11.5	100.0
GA	1,039,464	1.35 (1.28-1.42)	11.5	100.0
HI	1,039,464	1.35 (1.28-1.42)	11.5	100.0
IA	1,039,464	1.35 (1.28-1.42)	11.5	100.0
ID	1,039,464	1.35 (1.28-1.42)	11.5	100.0
IL	1,039,464	1.35 (1.28-1.42)	11.5	100.0
IN	1,039,464	1.35 (1.28-1.42)	11.5	100.0
KS	1,039,464	1.35 (1.28-1.42)	11.5	100.0
KY	1,039,464	1.35 (1.28-1.42)	11.5	100.0
LA	1,039,464	1.35 (1.28-1.42)	11.5	100.0
MA	1,039,464	1.35 (1.28-1.42)	11.5	100.0
MD	1,039,464	1.35 (1.28-1.42)	11.5	100.0
ME	1,039,464	1.35 (1.28-1.42)	11.5	100.0
MI	1,039,464	1.35 (1.28-1.42)	11.5	100.0
MN	1,039,464	1.35 (1.28-1.42)	11.5	100.0
MO	1,039,464	1.35 (1.28-1.42)	11.5	100.0
MS	1,039,464	1.35 (1.28-1.42)	11.5	100.0
MT	1,039,464	1.35 (1.28-1.42)	11.5	100.0
NE	1,039,464	1.35 (1.28-1.42)	11.5	100.0
NH	1,039,464	1.35 (1.28-1.42)	11.5	100.0
NJ	1,039,464	1.35 (1.28-1.42)	11.5	100.0
NM	1,039,464	1.35 (1.28-1.42)	11.5	100.0
NY	1,039,464	1.35 (1.28-1.42)	11.5	100.0
NC	1,039,464	1.35 (1.28-1.42)	11.5	100.0
ND	1,039,464	1.35 (1.28-1.42)	11.5	100.0
OH	1,039,464	1.35 (1.28-1.42)	11.5	100.0
OK	1,039,464	1.35 (1.28-1.42)	11.5	100.0
OR	1,039,464	1.35 (1.28-1.42)	11.5	100.0
PA	1,039,464	1.35 (1.28-1.42)	11.5	100.0
RI	1,039,464	1.35 (1.28-1.42)	11.5	100.0
SC	1,039,464	1.35 (1.28-1.42)	11.5	100.0
SD	1,039,464	1.35 (1.28-1.42)	11.5	100.0
TX	1,039,464	1.35 (1.28-1.42)	11.5	100.0
UT	1,039,464	1.35 (1.28-1.42)	11.5	100.0
VA	1,039,464	1.35 (1.28-1.42)	11.5	100.0
VT	1,039,464	1.35 (1.28-1.42)	11.5	100.0
WA	1,039,464	1.35 (1.28-1.42)	11.5	100.0
WI	1,039,464	1.35 (1.28-1.42)	11.5	100.0
WY	1,039,464	1.35 (1.28-1.42)	11.5	100.0

Appendix Table 1A, cont.: Summary of Child Case Data from 4/16 – 11/12*

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WA	1,039,464	1.35 (1.28-1.42)	11.5	100.0
WI	1,039,464	1.35 (1.28-1.42)	11.5	100.0
WY	1,039,464	1.35 (1.28-1.42)	11.5	100.0

Appendix Table 1B: Summary of Child Hospitalization Data from 5/21 – 11/12*

State	Number of Cases (n)	Rate per 100,000 (95% CI)	Percent of Total Cases (%)	Percent of Child Cases (%)
AL	1,039,464	1.35 (1.28-1.42)	11.5	100.0
AK	1,039,464	1.35 (1.28-1.42)	11.5	100.0
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IN	1,039,464	1.35 (1.28-1.42)	11.5	100.0
KS	1,039,464	1.35 (1.28-1.42)	11.5	100.0
KY	1,039,464	1.35 (1.28-1.42)	11.5	100.0
LA	1,039,464	1.35 (1.28-1.42)	11.5	100.0
MA	1,039,464	1.35 (1.28-1.42)	11.5	100.0
MD	1,039,464	1.35 (1.28-1.42)	11.5	100.0
ME	1,039,464	1.35 (1.28-1.42)	11.5	100.0
MI	1,039,464	1.35 (1.28-1.42)	11.5	100.0
MN	1,039,464	1.35 (1.28-1.42)	11.5	100.0
MO	1,039,464	1.35 (1.28-1.42)	11.5	100.0
MS	1,039,464	1.35 (1.28-1.42)	11.5	100.0
MT	1,039,464	1.35 (1.28-1.42)	11.5	100.0
NE	1,039,464	1.35 (1.28-1.42)	11.5	100.0
NH	1,039,464	1.35 (1.28-1.42)	11.5	100.0
NJ	1,039,464	1.35 (1.28-1.42)	11.5	100.0
NM	1,039,464	1.35 (1.28-1.42)	11.5	100.0
NY	1,039,464	1.35 (1.28-1.42)	11.5	100.0
NC	1,039,464	1.35 (1.28-1.42)	11.5	100.0
ND	1,039,464	1.35 (1.28-1.42)	11.5	100.0
OH	1,039,464	1.35 (1.28-1.42)	11.5	100.0
OK	1,039,464	1.35 (1.28-1.42)	11.5	100.0
OR	1,039,464	1.35 (1.28-1.42)	11.5	100.0
PA	1,039,464	1.35 (1.28-1.42)	11.5	100.0
RI	1,039,464	1.35 (1.28-1.42)	11.5	100.0
SC	1,039,464	1.35 (1.28-1.42)	11.5	100.0
SD	1,039,464	1.35 (1.28-1.42)	11.5	100.0
TX	1,039,464	1.35 (1.28-1.42)	11.5	100.0
UT	1,039,464	1.35 (1.28-1.42)	11.5	100.0
VA	1,039,464	1.35 (1.28-1.42)	11.5	100.0
VT	1,039,464	1.35 (1.28-1.42)	11.5	100.0
WA	1,039,464	1.35 (1.28-1.42)	11.5	100.0
WI	1,039,464	1.35 (1.28-1.42)	11.5	100.0
WY	1,039,464	1.35 (1.28-1.42)	11.5	100.0

Appendix Table 1C: Case Data Available as of 11/12/20

State	Number of Cases (n)	Rate per 100,000 (95% CI)	Percent of Total Cases (%)	Percent of Child Cases (%)
AL	1,039,464	1.35 (1.28-1.42)	11.5	100.0
AK	1,039,464	1.35 (1.28-1.42)	11.5	100.0
AR	1,039,464	1.35 (1.28-1.42)	11.5	100.0
AS	1,039,464	1.35 (1.28-1.42)	11.5	100.0
CA	1,039,464	1.35 (1.28-1.42)	11.5	100.0
CO	1,039,464	1.35 (1.28-1.42)	11.5	100.0
CT	1,039,464	1.35 (1.28-1.42)	11.5	100.0
DE	1,039,464	1.35 (1.28-1.42)	11.5	100.0
FL	1,039,464	1.35 (1.28-1.42)	11.5	100.0
GA	1,039,464	1.35 (1.28-1.42)	11.5	10

Appendix Table 3A: Child COVID-19 Case Data Available on 8/13/20*

[illegible]

Appendix Table 3A: Child COVID-19 Case Data Available on 10/29/20*

[illegible]

Appendix Table 3A: Child COVID-19 Case Data Available on 11/18/20*

[illegible]

Appendix Table 6A: Child Mortality Data Available on 8/13/20*

	Deaths	Cholera	Deaths	Cholera
Algeria	0.0	0.0	0.0	0.0
Angola	0.0	0.0	0.0	0.0
Argentina	0.0	0.0	0.0	0.0
Australia	0.0	0.0	0.0	0.0
Austria	0.0	0.0	0.0	0.0
Bahamas	0.0	0.0	0.0	0.0
Bahrain	0.0	0.0	0.0	0.0
Bangladesh	0.0	0.0	0.0	0.0
Barbados	0.0	0.0	0.0	0.0
Belarus	0.0	0.0	0.0	0.0
Belgium	0.0	0.0	0.0	0.0
Belize	0.0	0.0	0.0	0.0
Benin	0.0	0.0	0.0	0.0
Bhutan	0.0	0.0	0.0	0.0
Bolivia	0.0	0.0	0.0	0.0
Bosnia and Herzegovina	0.0	0.0	0.0	0.0
Botswana	0.0	0.0	0.0	0.0
Brazil	0.0	0.0	0.0	0.0
Bulgaria	0.0	0.0	0.0	0.0
Burkina Faso	0.0	0.0	0.0	0.0
Burundi	0.0	0.0	0.0	0.0
Cambodia	0.0	0.0	0.0	0.0
Cameroon	0.0	0.0	0.0	0.0
Canada	0.0	0.0	0.0	0.0
Central African Republic	0.0	0.0	0.0	0.0
Chad	0.0	0.0	0.0	0.0
Chile	0.0	0.0	0.0	0.0
China	0.0	0.0	0.0	0.0
Colombia	0.0	0.0	0.0	0.0
Costa Rica	0.0	0.0	0.0	0.0
Cote d'Ivoire	0.0	0.0	0.0	0.0
Croatia	0.0	0.0	0.0	0.0
Cuba	0.0	0.0	0.0	0.0
Cyprus	0.0	0.0	0.0	0.0
Czechia	0.0	0.0	0.0	0.0
Dominican Republic	0.0	0.0	0.0	0.0
Dominica	0.0	0.0	0.0	0.0
DRC	0.0	0.0	0.0	0.0
Ecuador	0.0	0.0	0.0	0.0
Egypt	0.0	0.0	0.0	0.0
El Salvador	0.0	0.0	0.0	0.0
Equatorial Guinea	0.0	0.0	0.0	0.0
Eritrea	0.0	0.0	0.0	0.0
Estonia	0.0	0.0	0.0	0.0
Ethiopia	0.0	0.0	0.0	0.0
Finland	0.0	0.0	0.0	0.0
France	0.0	0.0	0.0	0.0
Gabon	0.0	0.0	0.0	0.0
Gambia	0.0	0.0	0.0	0.0
Georgia	0.0	0.0	0.0	0.0
Germany	0.0	0.0	0.0	0.0
Ghana	0.0	0.0	0.0	0.0
Greece	0.0	0.0	0.0	0.0
Guatemala	0.0	0.0	0.0	0.0
Guinea	0.0	0.0	0.0	0.0
Guinea-Bissau	0.0	0.0	0.0	0.0
Haiti	0.0	0.0	0.0	0.0
Honduras	0.0	0.0	0.0	0.0
Hungary	0.0	0.0	0.0	0.0
Iceland	0.0	0.0	0.0	0.0
India	0.0	0.0	0.0	0.0
Indonesia	0.0	0.0	0.0	0.0
Iran	0.0	0.0	0.0	0.0
Ireland	0.0	0.0	0.0	0.0
Israel	0.0	0.0	0.0	0.0
Italy	0.0	0.0	0.0	0.0
Jamaica	0.0	0.0	0.0	0.0
Japan	0.0	0.0	0.0	0.0
Jordan	0.0	0.0	0.0	0.0
Kazakhstan	0.0	0.0	0.0	0.0
Kenya	0.0	0.0	0.0	0.0
Korea	0.0	0.0	0.0	0.0
Kosovo	0.0	0.0	0.0	0.0
Kuwait	0.0	0.0	0.0	0.0
Kyrgyzstan	0.0	0.0	0.0	0.0
Laos	0.0	0.0	0.0	0.0
Latvia	0.0	0.0	0.0	0.0
Lebanon	0.0	0.0	0.0	0.0
Lesotho	0.0	0.0	0.0	0.0

Appendix Table 6A: Child Mortality Data Available on 10/30/20^a[illegible]

Appendix Table 6A: Child Mortality Data Available on 11/18/20*

[illegible]