

Rocklin Unified School District

2615 Sierra Meadows Drive • Rocklin, CA 95677

Phone • (916) 624-2428 Fax • (916) 624-7246



Roger Stock, Superintendent
Barbara Patterson, Deputy Superintendent Business & Operations

Tony Limoges, Associate Superintendent, Human Resources
Marty Flowers, Associate Superintendent, Secondary Education
Bill MacDonald, Associate Superintendent, Elementary Education

DRAFT

June 17, 2021

Dr. Mark Ghaly
State of California Health and Human Services Agency

Dr. Naomi Bardach
Safe Schools for All Team Lead
California Department of Public Health

Dr. Tomás Aragón
California Department of Public Health

PO Box 997377
MS 0500
Sacramento, CA 95899-7377

RE: Quarantine and Mask Mandates for Children in Schools

Dear Drs. Ghaly, Bardach and Aragón:

On behalf of the thousands of families that the Rocklin Unified School District represents in the City of Rocklin, we are writing to express our concern that the state will continue to impose mandatory close contact quarantines and the masking of healthy children for the 2021-2022 school-year.

The California Constitution proscribes that the State has a “fundamental interest” in educating children.¹ This “fundamental interest” includes creating a public school system which ensures each individual child has an opportunity to receive public schooling on an equal basis.² Within this system, each school is required to provide a program of equality that meets prevailing statewide standards.³ As officials elected to uphold the California Constitution, we believe the quarantining of healthy students presents unnecessary harm and unequal access to education for our students.

SB 98 established special requirements and criteria for offering distance learning for those who are self-quarantining because of exposure to COVID-19 **only for** the 2020-2021 school year. On March 5, 2021, the Governor signed AB 86, which, among other things, was designed to speed up the reopening of schools in the remainder of the 2020-2021 school year (and into the 2021-2022 year) by offering incentives to districts to offer in-person instruction. AB 86 does not directly address distance learning options; therefore, it is arguable that once the 2020-2021 school-year ended, SB 98 is no longer in effect and the authority to provide distance learning to students who are self-quarantining because of exposure to COVID-19 is removed.

Quarantining healthy students and assigning them only homework is a removal from education without due process in violation of constitutional due process protections. Due process is required before deprivation of a

right.⁴ If a student receives due process to be removed from a school site for one to five days for misconduct⁵, then removing a student for ten to fourteen days without misconduct arguably imputes a greater due process right to education.

Quarantine protocols are outdated, arbitrary and not based on any scientific study that demonstrates quarantines reduce school or community transmission. Healthy students subject to close contact quarantines are being denied in-person education, a violation of Education Code § 43504. While each district responds to these close contact quarantines differently, several fundamental problems exist:

1. The close contact is not afforded due-process to prove that they are healthy and aren't afforded any opportunity to return to school (as per CDPH guidelines).
2. Our district, consistent with every school district in the state of California has a responsibility to provide in-person education to the greatest extent possible.
3. CDPH, Placer Health and districts themselves do not collect data on close contact quarantines. There is no data to show whether quarantining healthy kids has in fact helped reduce school or community transmission.

In addition to these arbitrary close contact quarantine guidelines, CDPH's continued masking of children causes unnecessary harm and is inconsistent with data surrounding transmission among children.

While CDPH has consistently required children over the age of 2 to wear masks, the World Health Organization ("WHO") and UNICEF both state that children 5 years and under should not be required to wear masks. This is based on the safety and overall interest of the child and the capacity to appropriately use a mask with minimal assistance. Further, the WHO and UNICEF advise that decisions whether to impose a mask requirement upon children ages 6-11 should be made based on several factors, including the impact of wearing a mask on a child's psychosocial development.⁶

In contrast to California's strict requirement that children wear masks during all group activity, including during exercise and while playing sports, the WHO also recommends *against* children wearing masks during exercise or play, as it accurately recognizes that masks can be harmful because they compromise a child's ability to breathe.

Mask wearing also disproportionately impacts children who are attempting to learn English as a second language, as it impedes their ability to process their non-native language. "Non-native speakers watch the mouth more than native speakers, regardless of their level of second language expertise." Attention to a speaker's mouth increases whenever speech-processing becomes more challenging, even when an individual is highly competent in that language.⁷ The ability to see, appreciate and communicate through facial expressions is crucial to a child's social development as well. "The outward emotional displays of one's peers' faces is a critical and necessary component of social interaction in schools. It helps pupils and teachers to modify their behavior in order to align with social communication and behavioral norms. When these emotional displays are inhibited by face masks, our ability to communicate effectively with one another is reduced."⁸

A year ago, we did not know what we now know about COVID-19. The risk of harm is very low for children. Any high risk of harm from a COVID-19 infection primarily affects elderly and adults with specific comorbidities. Numerous studies have shown that children are simply less likely to transmit and less likely to get symptomatic COVID-19 than adults. Children under 10 represent less than 1% of all COVID-19 cases.⁹ Children have a one in a million chance of death from COVID-19.¹⁰

The benefits of mask wearing for children are questionable, at best, especially when more than 70% of California adults have now been vaccinated, and a large percentage of Californians have recovered from a naturally acquired infection of COVID-19, both of which provide sustained immunity.¹¹

With the majority of adults—including those at high risk of adverse outcomes from COVID-19—now immune, it makes little sense to continue to burden our children with a mask mandate initially aimed at protecting adults from the remote chance that they may acquire an infection from a child.

The “Permissive Education Code” provides school districts with broad discretion to act in the best interests of their students.¹² School districts must be given the discretion to create and implement their reopening plans, in consultation with the county health official and incorporating recommended mitigation measures to the extent feasible and applicable to local conditions. Our local conditions do not warrant the continued close contact quarantining and masking of healthy children. Please return control back to the counties and districts themselves to determine mitigation measures consistent with local conditions under the guidance of local county health officials.

In conclusion, we respectfully request that you either provide the data and science that supports the universal masking of our children and close contact quarantining of healthy children or you lift these mandates for schools.

Sincerely,

Rocklin Unified School Board

CC: Gov. Gavin Newsom
Tony Thurmond

¹Cal. Const., art. IX, §§ 1 and 5.

²Butt v. State of California (1992) 4 Cal.4th 668, 685; Serrano v. Priest (1971) 5 Cal.3d 584, 608-609; Jackson v. Pasadena City School Dist. (1963) 59 Cal.2d 876, 880.

³Butt, 4 Cal.4th at 686-89.

⁴Goss v. Lopez (1975) 419 U.S. 565.

⁵Ed. Code, § 48911.

⁶[https://www.who.int/publications/i/item/advice-on-the-use-of-masks-in-the-community-during-home-care-and-in-healthcare-settings-in-the-context-of-the-novel-coronavirus-\(2019-ncov\)-outbreak](https://www.who.int/publications/i/item/advice-on-the-use-of-masks-in-the-community-during-home-care-and-in-healthcare-settings-in-the-context-of-the-novel-coronavirus-(2019-ncov)-outbreak) and <https://www.who.int/news-room/q-a-detail/q-a-children-and-masks-related-to-covid-19>

⁷Joan Birules, Laura Bosch, Ferran Pons & David J. Lewkowicz (2020) Highly proficient L2 speakers still need to attend to a talker's mouth when processing L2 speech, *Language, Cognition and Neuroscience*, 35:10, 1314-1325, DOI: 10.1080/23273798.2020.1762905

⁸<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7417296/>

⁹Kelvin, A. A. & Halperin, S. COVID-19 in children: the link in the transmission chain. *Lancet* 20, 633-634 (2020); Wu, Z. & McGoogan, J. M. Characteristics of and important lessons from the coronavirus disease 2019 (COVID-19) outbreak in China: summary or a report of 72314 cases from the Chinese center for disease control and prevention. *JAMA* 323, 1239-1242 (2020).

¹⁰<https://www.wbur.org/onpoint/2021/05/11/should-kids-be-vaccinated>.

¹¹<https://www.latimes.com/california/story/2021-06-01/70-percent-adult-californians-partially-vaccinated-covid-19>

¹²See Ed. Code, §§ 35160, 35160.1; see also *American Civil Rights Foundation v. Berkeley Unified School Dist.* (2009) 172 Cal.App.4th 207, 216 [“Legislature has granted school boards wide authority to set policies for the communities they serve.”]; *Dawson v. East Side Union High School Dist.* (1994) 28 Cal.App.4th 998, 1017-19.