

July 28, 2021 Board Meeting Written Comments
Received between Monday, July 26th and Thursday, July 29th
Submitted via Written Comments Form

1	<p>I am a mom of 6year old that attends CPS school, I strongly disagree with a mask mandatory in school! Me as a parent should have a choice, choice of freedom! I cant imagine he can be in school every day for 7hrs with a mask on. It's child abuse, there is no proof it's safe for them! There is the low rate showing kids are affected by COVID-19 so I don't understand something here!</p> <p>Please accept my concerns and direct me how I can oppose that policy of mask in school!</p>
2	<p>Good morning; Haugan Elementary School is in urgent need of a new roof since 2019. We also, need some classroom ceilings repair because one ceiling fell off already. We also need the concrete replace on our playgrounds because we had some kids fall and hurt themselves while playing in recess. Also, one kid from my son's classroom fell and broke his arm. We also need a soccer field for all the kids to play in. We need new doors because we had very old doors and kids have complained about how depressing the school building looks.</p>
3	<p>Hello Haugan elementary school is in desperate need of a new roof it is falling apart and one roof has already fell we need new computers to research since we have had the same computers for a very long time and they are not working any more we also need A lot of building repairs for example new doors because the classroom doors are made from wood and they are heavily cracked we also need improvements for are auditorium since are display is falling and are chairs are broken sometimes there are enough for kids to sit also we need repairs to the play yard because the ground is cracked it is uneven and there are a lot of holes many kid have broken there arms or legs because of the uneven and holes also we need a new ac system because when it is hot the ac stops working or breaks down and we can get any cold air because of that so we're in severely hot weather because of that and kids have fainted because of how hot the school is we also need new textbooks because we have used the same textbooks for 15 years</p>
4	<p>I am a parent of a 3rd grade student and would like to share my strong disagreement about mask policy for children at school. It should be an optional decision left to parents. I would like to oppose a mandatory mask policy as a parent. I am believing in a freedom of choice to my own child as his parent and still want to believe in a equality of health decision in CPS. Please direct my concerns and let me voice to heard.</p>
5	<p>I can testify that in my neighborhood/zip code 60649, the disparity between our vaccination rate (appox. 33%) and the city's overall rate (around 51%) cannot be explained merely as a "reluctance/hesitancy" problem. There are surely some unvaxxed people who would be willing, but for different reasons are still having trouble getting access. This is why permanent (not pop up) walk-up tests sites, open every day in every neighborhood, are crucial. The B of E is the only institution in Chicago who can insure</p>

such spaces are made available. Because the sites would be open to everyone (not just CPS families), such a move is sure to build & foster goodwill between the B of E and the people of Chicago.

I believe too much focus is being put on how to convince reluctant people to vaccinate, instead of ID-ing people willing to vaccinate & making access easier for them, the access part being where B of E comes in.

6

from Neal Resnikoff, Chicago Anti-War Coalition and the Peoples Response Network:

Covid-19 and the Delta variant is surging. Children can carry and spread the virus to other children and their families as well as adults working in the schools.

It follows that all children 12 and above should be offered covid vaccines now, before school opens for classroom education. Schools should be opened for the purpose of administering vaccines.

Children under 12 should be vaccinated as soon as vaccines are available. Their schooling should be virtual until they can be vaccinated.

All school staff members should be vaccinated.

Until this is done...and there is provision for clean air based on changing air 6 times per hour or HEPA filters...6 foot social distancing...and provision for frequent testing... there should be no school opening for classroom instruction.

Federal money is available. It should be used for this purpose.

School should be safe before children are sent back to them.

7

Why can the mask not be optional? Where is the end point of this mandate? What is the criteria for the permanent removal of the mandate?

8

We should be doing the same as our allies the Brits...no vaccine for children under 18. The risks certainly out way any supposed benefits.

The Joint Committee on Vaccination and Immunization (JCVI) in the UK says NO to the jabs in average under 18 yr olds - The Brits are actually protecting their children.

"Until more data become available, JCVI does not currently advise routine universal vaccination of children and young people less than 18 years of age. JCVI will keep this advice under review as more safety and effectiveness information become available on the use of COVID-19 vaccines in children and young people.

The health benefits in this population are small, and the benefits to the wider population are highly uncertain. At this time, JCVI is of the view that the health benefits of universal vaccination in children and young people below the age of 18 years do not outweigh the potential risks."

<https://www.gov.uk/government/publications/covid-19-vaccination-of-children-and-young-people-aged-12-to-17-years-jcvi-statement/jcvi-statement-on-covid-19-vaccination-of-children-and-young-people-aged-12-to-17-years-15-july-2021>

9

Regarding required vaccinations for CPS school students : NO! These vaccine are experimental, and for young people the risks outweigh the benefits. Especially since people are getting COVID who've been vaccinated, because of the new variants.

10

The following is from a member of Peoples Response Network, Tina Hirsch, who does not have a google account.

Students, teachers, and other school staff urgently need to be fully vaccinated before the opening date set for the Chicago Public schools in the context of surging DELTA variants in all parts of the city.

However, it is well known that there are specific portions of the city, largely populated by Blacks and Latinos who, due to a variety of social conditions, have diminished access to vaccinations.

It is also clear that the preponderance of people getting the Delta variant of COVID are unvaccinated.

Therefore, a school vaccination program including all parts of the city is a great opportunity to efficiently, and rapidly access those "pockets" of the city where through no fault of their own, people have been unable to get vaccinated.

This could also strategically close up those unvaccinated pockets that could preclude establishment of the 'herd effect,' as I understand it.

These are in fact the areas of the city that the PRN "Take the vaccine to the people" ordinance submitted to the Chicago City Council last March covered. Unfortunately it was sent to the Rules Committee, and therefore has not been considered.

11

I am Paul Siegel a founding member of People's Response Network, Northside Action for Justice, Vice President of Voice of the People, I have a PhD in US History from UIC with a specialization in Chicago Community History. I am speaking as an individual with a long history of activism and study relating to community based health.

The Delta variant is 60% more contagious than Alpha. It is twice as likely to lead to hospitalization and death, it is increasingly infecting the young. Youth from 12-18 years are around 2/3 unvaccinated. CPS low income youth reside in communities with overall vaccination rates under 50% The unvaccinated are, for the virus, petri dishes, laboratories, factories for new variants to evolve, which could sooner or later be highly resistant to the vaccines. Children under 12 are completely unvaccinated. We face the clear and present danger that in the fall, unvaccinated students will pass infections each other, to teachers and staff, and then to the unvaccinated in their communities.

The BOE has a clear and stark choice at this moment. Our public schools can be incubators of infection, hospitalization and death in the communities they serve -- especially of color. Or the BOE can act decisively and quickly with concerned parents, teachers and staff, community members, grass roots leaders including LSCs, and health workers to make our schools hubs, centers, incubators and engines of liberating

ACTION, EDUCATION and ORGANIZING of, by and for their students and staff and the communities they exist in.

ACTION:

1. Use Federal Funds to put a full-time nurse in every school
2. Open Schools 11 am-7 pm daily for Vaccines for Everyone greater than 11 years old
3. HEPA filters & 6 fresh air room changes in every room of every school
4. Six-foot social distance in every room for students, staff & teachers
5. Contact tracing & financial, housing, food, family support for all positive cases who most quarantine or isolate x 2 weeks
6. Require every student, staff, teacher & volunteer in CPS schools 11 years & older to be vaccinated by Oct. 1

EDUCATION AND ORGANIZING:

We are told ad nauseum that the unvaccinated are "hesitant" or fearful, or brainwashed against the vaccine. To this we say "VACCINE ACCESS NO EXCUSES". Work with public health educators and practitioners, such as Dr. Howard Ehrman and Dr. Barbara Norman, and Chicago's teachers through CTU to develop curriculum at all levels on Chicago's history regarding vaccinations and community public health, which is extraordinarily rich in lessons that have not adequately been learned by the current powers that be. Part of the curriculum would be instruction and challenges to communicate to others what is learned. The children will learn, science, history, current events and will become inspired to be "people's respirators," bringing empowering truths that can make us free -- to their, siblings, parents, extended family, churches, peers etc. Many might take that knowledge and positive experiences and move to careers in community and workplace health. Curriculum done right has the potential to generate a positive mass movement that could blow away hesitancy, fear ignorance and reduce them to petty nuisances. I saw the potential when in a small, limited way use had a grass roots campaign in Uptown around TB prevention in the '90s and classes were taught in my child's primary school (Stockton). When I went door to door, saw children who had learned about TB in school excitedly explaining the facts to their parents, in one case, to a Cambodian mother who spoke no English.

We face a grave crisis. With children under 11 completely unvaccinated for months to come it might even be necessary to close the schools. If that happens, the education and organizing could go online.

Members of the Chicago BOE. You must choose and it must be now. Shall CPS be incubators of death; or engines and nurturers of life and hope?

12

I am a parent of a kindergartner at Scammon Elementary. I am very concerned about the safety of the campus at Scammon Elementary. The modular units are deteriorating, the blacktop is cracking, uneven, and sinking in places. There is no playground at the school, so children currently run and play on the broken blacktop. I am worried that my child is going to be injured while playing at the school during recess. This is a liability for Chicago Public Schools. I want my child and all of the children at Scammon to have a safe, warm, and dry place to learn. It is shameful that they don't currently have that.

I am surprised that CPS has allowed the campus to fall into such disrepair. Families and staff at Scammon have been asking CPS to invest in the Scammon campus for decades. Disinvestment in Scammon is an equity issue. This school serves 92% low-income students, and 88% Latino students. Scammon is the only CPS elementary school in the area that doesn't have a playground. If the parents, school staff, and community members are the people responsible for speaking up when something is unsafe at a neighborhood school why has it taken this long to get CPS administration to pay attention to the issues on the Scammon campus?

Scammon has a strong academic program but the campus does not reflect that. The neglect of the campus is harming Scammon students, teachers, and staff. I want the teachers who work at Scammon and make it the school that it is to have a safe, warm, and dry place to teach. I am worried that if they don't, they will leave Scammon Elementary for a school that has been invested in by the district.

I am grateful that Chicago Public Schools has included a playground for Scammon in its FY 2022 capital plan but the safety concerns are more urgent than the lack of a playground. I urge the district to direct sufficient funds to demolish all of the modular classrooms, replace the blacktop, and build an age-appropriate playground for the students at Scammon by the start of the 2023 school year.

13

Good Morning.

As we head into this school year still living through a pandemic it is imperative that every single school have a dedicated nurse on site. We also need more robust school based covid testing. Aramark should not be cleaning our schools as they were failing us pre-pandemic. Were there other companies considered for janitorial services? Ultimately parents and students need to understand why we are continuing to give Aramark our funds. With the Delta variant now working its way through our city why is CPS not planning for the worst? Parents need to be able to plan for the worst and hope for the best. Is there a positivity rate that will trigger school closings? Will children learn remotely if in quarantine? Will therapists be working between buildings, helping to spread covid between school communities? We now know that vaccinated adults can spread covid at the same viral load as the unvaccinated. Will CPS continue to change policy as we learn more about Delta and other variants? I want to trust CPS but the track record won't let me do it. CPS students, families and staff need Trust, Learning and Care. Let's start with building trust right now.

Thank you.

14

Monica Delgado-Saldana

15

I am a neighbor of Scammon Elementary, and I am very concerned about the safety of its campus. The modular units are deteriorating, the blacktop is cracking, uneven, and sinking in places. There is no playground at the school, so children currently run and play on the broken blacktop. I am worried that the children in my neighborhood are going to be injured while playing at the school during recess. This is a liability for Chicago Public Schools. I want all of the children at Scammon to have a safe, warm, and dry place to learn. It is shameful that they don't currently have that.

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16

Aramark Corporation Research by Kathy Powers:

The People's Response Network to COVID-19 opposes ALL privatization and demand the Board of Education reinstate all CPS housekeepers & staff at minimum \$15/hr.; full benefits; as union members to clean our children's schools & not contract Aramark or any other private cleaning and maintenance agency.

The 400 additional housekeepers CPS has failed to hire in the last year should come from the neighborhoods surrounding each school.

There is no way the district should even consider keeping Aramark on its payroll after years of jeopardizing the health and safety of students, educators and staff for the following reasons:

1. The Sun-Times revealed in 2018 had been maintaining dirty schools and cheating to pass cleanliness inspections. The schools are cleaned spotlessly whenever the mayor plans to appear alongside news media, and when the in-school populations were less than 50%. <https://chicago.suntimes.com/2018/7/3/18387762/1-in-4-chicago-schools-fails-in-new-inspections-spurred-by-dirty-schools-reports>

2. "Historically, parents and teachers complained repeatedly that Aramark simply does not keep CPS schools clean with one parent describing her child's classroom looking like a crime scene. Schools need to be kept clean in order to not only keep the schools looking nice but to help prevent germs from spreading and causing sickness. During COVID, there is the added meticulous maintenance of the HEPA filters required. We can't imagine that Aramark can handle the additional air quality maintenance of clean air when it has shown not to be able to empty waste cans, clean bathrooms, or mop floors consistently. That fact alone make an Aramark contract deadly at its face," The People's Response to COVID-19..

3. We reiterate that an Aramark contract with CPS will cause harm to our children and the community. Vote no for an Aramark contract. Is this what we shall impose upon our students, teachers, parents, and the city at large?

4. The Business Consumer Alliance, Inc. rated Aramark with an F. <https://www.checkbca.org/report/Aramark-corporation-156278204>

5. Aramark admitted to making questionable and sometimes illegal payments between 1970 and 1976 according to a Securities and Exchange Commission (SEC) report. A total of \$393,000 in payments were made to politicians and "client related" recipients who were influential in handing over state contracts to Aramark. Also, Aramark admitted receiving \$504,000 in questionable and sometimes illegal rebates from 1970 to 1976. Aramark made \$23,400 in political campaign contributions that the company itself reported to the SEC as illegal, and another \$11,550 in legal but improperly recorded campaign contributions. "Disbursements and gifts" to "client related persons" amounted to \$370,000 during the same 1970-1976 period. The SEC investigated Aramark without recommending action in 1982. The next year, Gerald F. O'Leary, a member of the Boston School Committee, pleaded guilty to extortion of \$50,000 from Aramark in return for awarding Aramark a \$40 million dollar contract.
<https://www.nytimes.com/1981/07/09/us/federal-jury-indicts-official-of-boston-schools-for-bribery.html> <https://www.ripoffreport.com/reports/aramark-uniform-company/morrisville-north-carolina-27560/aramark-uniform-company-organized-crime-extortion-at-its-bestavoid-at-all-costs-mo-1088851>
6. Aramark mistreats its contracted prisons and contracts terminated by system.
<https://aggressivecriminaldefense.com/aramark-gets-canned.html>
7. Aramark also has a reputation for engaging in unfair business practices. A former Executive Vice President of Aramark's transportation division testified in a Hawaii court that Aramark conspired to kill competition by submitting below-cost bids to clinch a contract, with the intention of raising prices once the competition had gone out of business.
8. According to The Wall Street Journal, Aramark also has links to organized crime. Reportedly, Aramark paid an ex-FBI agent-and former ARAMARK employee \$167,000 plus lawyers' fees out of court not to discuss his deposition, which highlights the dining service corporation's organized crime connections."
9. A school district official should be doing what is best for our children and their education," said acting U.S. Attorney Joon H. Kim. "Instead, as alleged, John Gallagher [from Aramark] demanded and received more than \$150,000 in kickbacks and bribes from a contractor for the school district."
10. The Better Business Bureau rates Aramark Corporation with a D-.
11. Aramark's business practice is to give an initial low price, mediocre service, and then they use the contract to keep you tied down. It provides lots of scare tactics and threats. <https://www.resellerratings.com/store/Aramark>
12. It has abandoned contracts and stopped services and continues to bill for services.
13. Aramark refuses any attempt to terminate it contract.
<https://law.justia.com/cases/federal/district-courts/maryland/mddce/1:2012cv01584/202174/72/>
14. In 2014, it exacerbated health risks in CPS from dirt and dust not cleaned. One respondent said, "All of this dust and grime aggravates the respiratory systems of children and makes those with asthma and other respiratory problems seriously ill."
<https://chicago.suntimes.com/2021/7/29/22597925/aramark-cps-chicago-public-schools-cleaning-contract-unvaccinated-letters>
15. An LSC member during the early [privatization] days and that transition, and the filthy schools, was not a myth," School Board member Elizabeth Todd-Breland said Wednesday. "That was reality, that was experienced on the ground. So I understand the skepticism." <https://chicago.suntimes.com/education/2021/7/28/22598887/cps-public-schools-aramark-clean-custodian-janitor-contract>
16. Aramark's cost-cutting measures have overburdened custodial staff, resulting in classrooms going uncleaned for days at a time. Service for floor mats and bathroom service has been poor for years and were once stopped for seven weeks.

<https://chicago.suntimes.com/education/2020/5/22/21267202/cps-aramark-sodexo-facilities-management-contract-chicago-public-schools>

17. Aramark pursues governmental contracts to make, more money with cuts in services. <https://www.prisonlegalnews.org/news/publications/pay-prey-report-privatization-public-services-center-media-and-democracy-2014/>

18. Schools that are in horrific condition are neglected with excuses that, “the school district is in a deficit, and cannot do anything about it now.” Cosmetics may be one thing, but safety issues are entirely different, and parents should be made aware of them. <https://www.complaintsboard.com/aramark-rip-off-service-c15487>

19. Workers with criminal backgrounds are hired, even though the school district and Aramark knew about their backgrounds. Aramark brings in people off the street on a daily basis. It feeds them when they enter and pay them minimum wage (maybe) with no type of background checks. <https://www.complaintsboard.com/Aramark-rip-off-service-c15487>

20. Aramark has committed and admitted to unfair and illegal trading practices, including violating federal anti-trust laws.

<https://web.mit.edu/activities/thistle/v9/9.11/5Aramark.html>

21. In 2017, federal prosecutors made an arrest in a four-year corruption scheme that affected the New Rochelle School District.

<https://www.lohud.com/story/news/crime/2017/10/10/new-rochelle-bribery-scheme/751728001/>

22. “Aramark contributed to the C. difficile outbreak by cutting corners, using cheaper cleaning chemicals, and reducing staffing levels,” Service Employees International Union Local 1 president Sharleen Stewart told the Toronto Star.

https://www.thestar.com/news/gta/2012/03/27/niagara_health_system_cuts_ties_with_aramark_us_firm_that_managed_housekeeping.html

ATTACHMENTS

July 9, 2021

Miguel del Valle, President, Chicago Public Schools Board of Education
Sendil Revuluri, Vice President, Chicago Public Schools Board of Education
Jose Torres, Interim CEO, Chicago Public Schools Board of Education
Jonathan Maples, Chief Procurement Officer, Chicago Public Schools Board of Education

Dear President del Valle, Vice President Revuluri, CEO Torres, and Procurement Officer Maples,

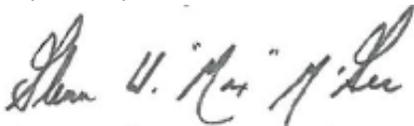
During a recent competition for a superintendent search bidding project in Bensenville School District #2, I learned from the President of BWP that they had been awarded the contract to facilitate the CEO Search for Chicago Public Schools (CPS). This news came as an unpleasant surprise because my firm, Hazard, Young, Attea, and Associates (HYA) – a registered vendor with CPS – was never given the opportunity to bid on this project. Moreover, upon investigation with CPS staff, we learned that a Request for Proposals was never published. Thus, it appears that the executive search services for one of the most critically important endeavors of the board was awarded as a no-bid contract.

Moreover, it would have been – and can still be -- in the best interest of CPS students, staff, families, the greater community and the Board of Education to provide HYA with the opportunity to bid. Our firm has been successfully facilitating superintendent searches for more than 30 years in some of the largest venues across the country including Atlanta, Denver, Los Angeles Unified and more as well as diverse Illinois districts including Oak Park and River Forest High School District (OPRF) and currently Decatur Public Schools and Bensenville. In addition, HYA has a national network of more than 80 active consultants to assist in recruiting highly qualified candidates, and as President of HYA, former State Superintendent of Schools, and former President of IMSA, my personal statewide and national network has enabled me and our team to recruit exceptional candidates. The OPRF Board president at the time of the search wrote us last week to say:

Drs. Collins and McGee provided constant assistance during the process. They provided candid feedback about candidates, helped us create interview questions, and managed the process efficiently. The candidates presented to the Board were impressive and diverse while reflecting the vision and values of our district. While we ultimately decided to hire an internal candidate, it was important for the community and the Board to participate in an open selection process for transparency purposes. The active stakeholder engagement and resulting Leadership Profile gave the community confidence in the candidate chosen and assured the Board that we were making the best decision possible for our district.

Clearly, HYA is seeking an opportunity to bid to be the search firm to serve the Board throughout the process of recruiting, selecting, hiring and onboarding the new Chief Executive Officer following an initial phase of broad and deep stakeholder engagement. Please respond to this letter at your earliest convenience and let us know how we can proceed to bid or alternatively, written rationale for not having HYA or any other firm bid on this executive search project.

Respectfully,



Glenn W. "Max" McGee

Letter to CPS Board of Education

Dear Board Members,

I have been dreaming for five years for the day that my son would start his school journey, but now, after the new "Health Guidelines" I am very disappointed. I was hoping that at least this year CPS would take in consideration the risks of mask wearing in children and not let them go through the same stressful environment.

It is well known globally that children are at incredibly low risk of spreading infection to their classmates, teachers, or even taking it home. And now that most of the teacher's and adults are protected from the virus because of natural immunity or from the vaccine why are we still going to force healthy children to wear masks?

Last June Dr. Maria Van Kerkhove, head of the WHO's emerging diseases unit, told a press conference that from the known research, asymptomatic spread was "very rare."

According to Dr. Margarite Griesz-Brisson MD, PhD, who is one of Europe's leading neurologists, has gone on record stating: "The rebreathing of our exhaled air will without a doubt create oxygen deficiency and a flooding of carbon dioxide. The human brain is extremely sensitive to oxygen deprivation. There are nerve cells, that cannot be longer than 3 minutes without oxygen. The acute warning symptoms are headaches, drowsiness, dizziness, issues in concentration, slowing down of the reaction time.

However, when you have chronic oxygen deprivation, all those symptoms disappear, because you get used to it. While that happens the degenerative processes in your brain are getting amplified as your oxygen deprivation continues and the lost nerve cells will no longer be regenerated.

To deprive a child's brain from oxygen, is not only dangerous to their health, but also criminal. Oxygen deficiency inhibits the development of the brain, and the damage that has taken place as a result CANNOT be reversed.

The child needs the brain to learn, and the brain needs oxygen to function. We do not need a clinical study for that".

Another problem with mask wearing, especially in young children, is that they will touch the mask 100 times a day and make it even less effective. Let alone the fact that after 15-20 minutes of wearing it, the masks collect all kinds of bacteria.

A group of parents in Gainesville, FL, sent their children's face masks to a lab for an analysis of contaminants and found out that the masks were contaminated with 11 types of bacteria, parasites, and fungi, including dangerous pathogenic and pneumonia-causing bacteria, strains of meningitis-causing bacteria, antibiotic-resistant bacterial pathogens.

The solution of mask wearing is much worst than the virus itself. Despite any recommendations from CDC, please reverse your mask mandates for the sake and wellbeing of our children. Let them see each other's smiles and free them from anxiety. Please remove mask wearing mandate, or at least make it optional. Leave it to the parents to decide what is best for their children.

Please let us follow the example of Sweden, Denmark, Norway, Finland, and Iceland and listen to the messages from World Doctors Alliance, America's Frontline Doctors, and other thousands of doctors around the world.

I would appreciate if you checked these links to have a more opened viewpoint on the risks from mask wearing.

Regards,

Eralba Davis - Mother

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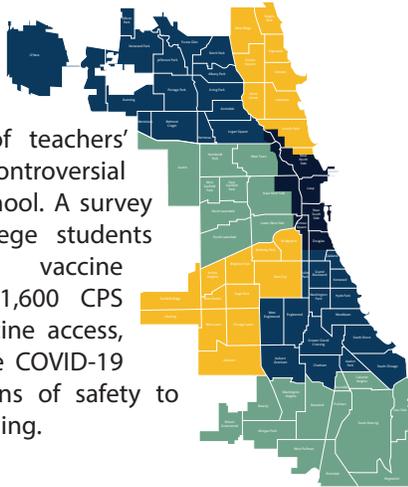
1. 10-Year-Old's Anti-Mask Speech Goes Viral - YouTube
2. <https://rationalground.com/dangerous-pathogens-found-on-childrens-face-masks>
3. <https://www.aier.org/article/masking-children-tragic-unscientific-and-damaging/>
4. How kids' immune systems can evade COVID <https://www.nature.com/articles/d41586-020-03496-7>
5. Last June Dr. Maria Van Kerkhove, head of the WHO's emerging diseases and zoonosis unit, told a press conference that from the known research, asymptomatic spread was "very rare." "From the data we have, it still seems to be rare that an asymptomatic person actually transmits onward to a secondary individual." She added for emphasis: "It's very rare." <https://youtu.be/NQTB1bx1Xjs>

COVID-19 Vaccine Access & Hesitancy Among Chicago Public Schools (CPS) Teachers

Gayane Archer, BA, Jordyn Irwin, BA, Briyana Domjahn, MPH, Victoria Haro, BS, Emily Hejna, MPH, Sylvia Robinson, MD, Elizabeth Van Opstal, MD | Corresponding author: emily_hejna@rush.edu

Objectives

COVID-19 vaccine distribution prioritized teachers, but there has been no study of teachers' experiences in the controversial context of return to school. A survey by Rush Medical College students assessed COVID-19 vaccine perceptions among >1,600 CPS teachers to assess vaccine access, intention to receive the COVID-19 vaccine, and perceptions of safety to return to in-person learning.



Survey Results

- **Vaccination Status:** 60% had received a vaccine, but Black and South Side teachers were *less* likely to have been vaccinated.
- **Intention to Vaccinate:** 80% intended to vaccinate. Black teachers, Latinx teachers, those teaching on the South Side, and those with medical issues or overall 'poor' health were *less* likely to intend to vaccinate. High school teachers and those who get their flu shot were *more* likely to vaccinate.
- **Source of Information:** Teachers were more willing to vaccinate if they got information from family or friends.
- **Return to In-Person Learning:** 85% of respondents felt safe about in-person return to school if personally vaccinated. 15% did not feel safer despite vaccination. Feeling unsafe to return in-person after vaccination was significantly associated with Black and Latinx identity, teaching Special Education, and teaching in one of Chicago's South Side or West Side neighborhoods.

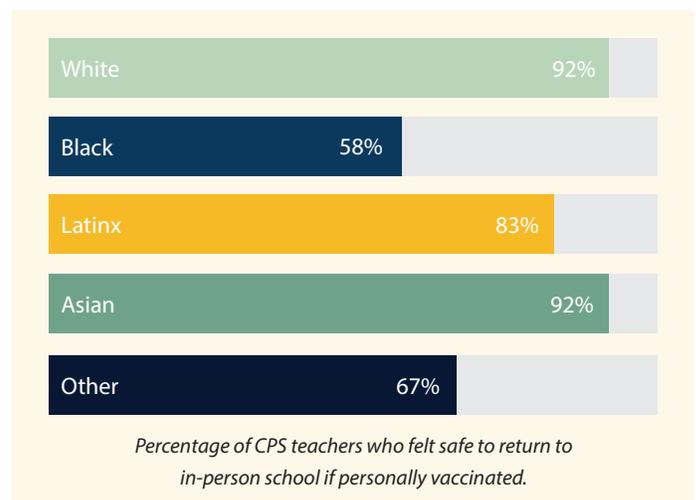
Emerging Themes

Teachers identified access to appointments as a significant barrier, despite Phase 1B eligibility; many compared the process to a 'Hunger Games' style free-for-all. Respondents expressed frustration with the lack of coordination and support from their employer in communicating vaccination logistics. Many were skeptical of their school's ability to adhere to guidelines for ventilation, cleaning, social distancing, and contact tracing. Teachers were concerned that in-person teaching would be risky even if they were vaccinated, and voiced the importance of student and community vaccination to prevent transmission from school to home.

"Teachers being vaccinated is not enough to feel safe to return. We need our black and brown families in the community to be safe before students bring home more illness to those neighborhoods..."

Considering Health Equity

COVID-19 has brought to light health disparities across the U.S. as evidenced by the disproportionate burden of COVID-19 cases and deaths in communities of color. Latinx and Black individuals make up 29% and 30% of Chicago's population, yet 34% and 39% of COVID-19 deaths, respectively. This survey found that 15% of CPS teachers did not feel safe returning to school despite personal vaccination; this group was more likely to include Black teachers, Latinx teachers, and those teaching in West and South Side neighborhoods. Recurrent free response themes that emerged from this survey suggested that teachers perceived differences in CPS schools' capacities to guarantee additional safety measures such as adequate ventilation, cleaning, and social distancing. The currently rising COVID-19 infection rates in Chicago and emergence of the delta variant are additional factors that may contribute to teachers feeling unsafe to return to school despite vaccination.



Recommendations

The COVID-19 vaccine has ushered in hope for an end to the pandemic; now teachers are grappling with the risks and benefits of returning to school. The uncertainty of the emerging delta variant along with nationally inadequate vaccination rates poses concerns as students are preparing to return to the classroom this fall. We offer our recommendations to make return to in-person learning more safe and equitable for CPS teachers, students, and Chicago's communities.

- **Equitable distribution** of resources to schools in historically underserved communities.
- Continued **CPS support** in accessing accurate information regarding new variants and current safety updates.
- CPS-supported opportunities for **peer discussion**.
- Prioritization of **student vaccination** as soon as possible.
- **Community vaccination** in underserved neighborhoods.

Chicago Board
Of Education,

I am Raoul Contreras. I have been a resident of LaVillita, Little Village, at the same address on South Central Park Avenue for 24 years. I am a professor of Latino Studies at Indiana University Northwest (27 years) in Gary, Indiana. I write to you as a representative of *MiVillita Neighbors* and also of People's Response Network. I am speaking as someone with a history of activism and of study and teaching relating to the long history of racial inequality and discrimination toward people of color, like those who live in my community of Little Village. I also teach classes on global climate change, which is at the root of the Covid crisis we face; and on the racial capitalism that explains the racial disparity with which Covid attacks our community.

My concern in submitting this statement is that it is simply not safe to open our public schools next month under current conditions. The Delta variant is categorically more contagious than the Alpha. And, it is twice as likely to lead to hospitalization and death. Across the country the Delta variant is increasingly infecting the young. And because of the incredibly faulty process of vaccination being carried out by the city of Chicago (Mayor Lightfoot and CPS), youth from 12-18 years of age are around 2/3 unvaccinated. Overall, vaccination rates for youth who reside in communities like Little Village is under 50% Children under 12 are completely unvaccinated.

Simply said, the opening of schools next month will (minimally) be safe only if ALL students, their families, school teachers and staff are all vaccinated. This character of vaccination simply cannot be achieved at the snail pace of vaccination being carried out by the city of Chicago. We KNOW what must be done to get anywhere close to this ... ALL schools (and related community institutions) must be equipped to vaccinate all day long, six days a week for next month. It is misleading and simply morally wrong for the city of Chicago (and CPS) to claim the schools can safely open when more than a third of students (and their families) are not vaccinated. Unvaccinated students will pass infections to each other, to teachers and staff, and then to the unvaccinated in their communities.

Actions that can and must be taken, if schools are to open safely.

ACTION:

1. Use Federal Funds to put a full-time nurse in every school
2. Open Schools 11 am-7 pm daily for Vaccines for Everyone greater than 11 years old
3. HEPA filters & 6 fresh air room changes in every room of every school
4. Six-foot social distance in every room for students, staff & teachers
5. Contact tracing & financial, housing, food, family support for all positive cases who most quarantine or isolate x 2 weeks
6. Require every student, staff, teacher & volunteer in CPS schools 11 years & older to be vaccinated by Oct. 1

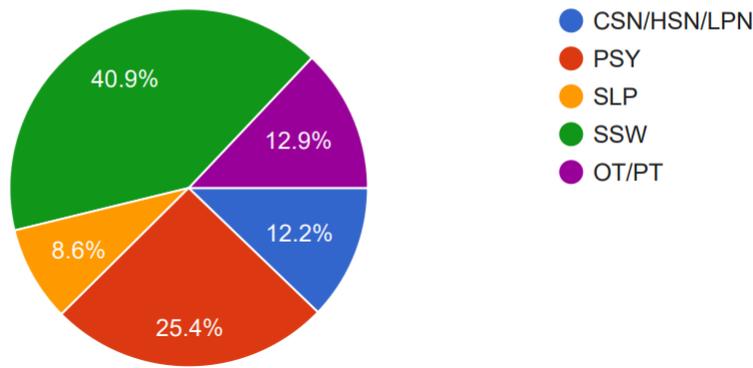
June 7, 2021

ODLSS EOY Survey Results:

394 clinicians participated in the survey with the majority of respondents being school social workers. That is not surprising considering they are the largest discipline in ODLSS. The next largest discipline respondents were school psychologists. Speech and language pathologists are under-represented. The total respondents represent a small sample of CPS clinicians.

Discipline

394 responses



Assignments:

We are pleased to see that overall, the number of schools assigned to RSP's is lowering. We hope this trend will continue so clinicians can become fully integrated in their school communities and provide expertise, support, and services to all students. We hope to move away from a special education caseload model and instead move toward a school workload model.

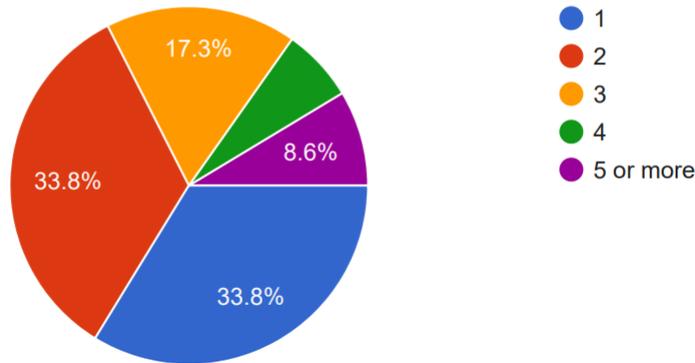
The majority of respondents reported their assignment to schools remained stable throughout the year (80.8%). However, CTU members would like to see that number increase and change of assignments reduced after the start of the year. Best practice is for assignments to remain consistent throughout the year so students, families, and other school staff experience continuity. Changing RSP placements after the school year has begun can result in lack of trust, disruption, and missed student services during the transition.

While the numbers for additional assignments given despite a full caseload was over a quarter (26.9%), we want this number to reduce as well. Clinicians that are overworked by taking on additional assignments can result in faster burnout, job dissatisfaction, and less than ideal quality of services. This is another reason why CTU members fought in our bargaining agreement to increase clinician staffing across all disciplines. When positions are staffed at more than the bare minimum, student service compliance as well as the quality of services increase.

The majority of respondents remained neutral regarding allocation of clinicians in a fair and consistent manner. However, 34.2% reported the allocations are not fair and consistent. This is a much higher percentage than we had hoped. ODLSS should consider how RSP's are allocated and make changes using a consistent formula that involves transparency so RSP's have a greater understanding of the allocations. In our Clinician PPC, a clear formula has not been provided. We would like to work more closely with ODLSS by providing ongoing feedback. There are clinician members that are untapped resources. ODLSS may want to consider eliciting some of these members to work on a formula with ODLSS leaders through a subcommittee, focus group, or pay those who express interest in doing this work outside of school hours.

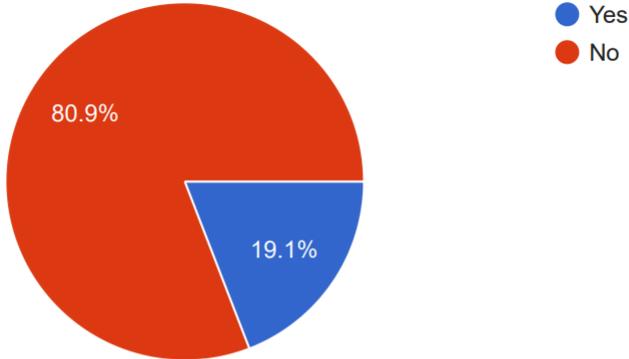
How many schools are you assigned?

394 responses



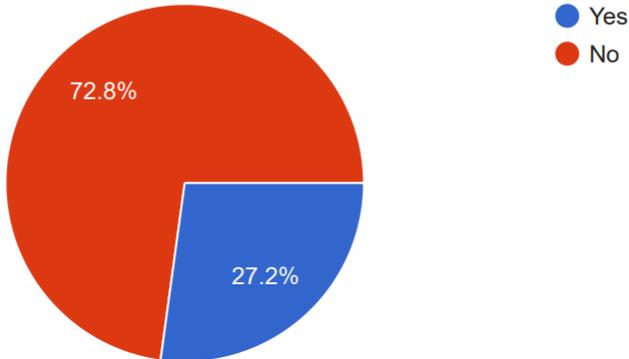
I was reassigned after the school year already started.

392 responses



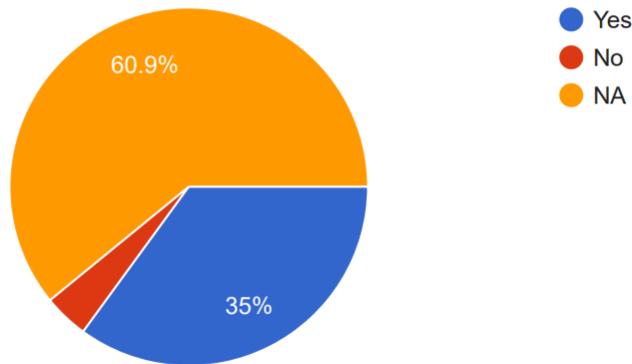
I was given an additional assignment/redeployed to cover for a school despite having a full assignment.

394 responses



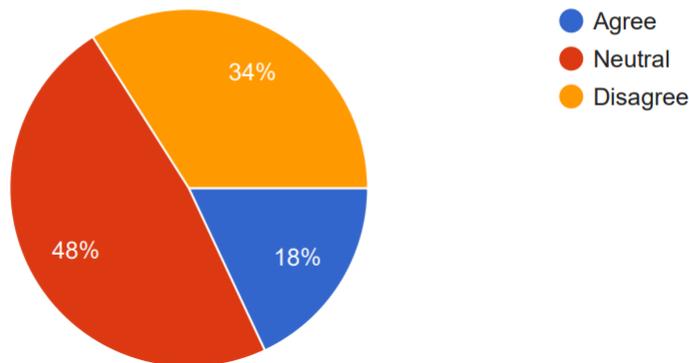
ODLSS honors my request for change in assignment.

394 responses



ODLSS allocates RSP's in my discipline fairly and consistently.

394 responses



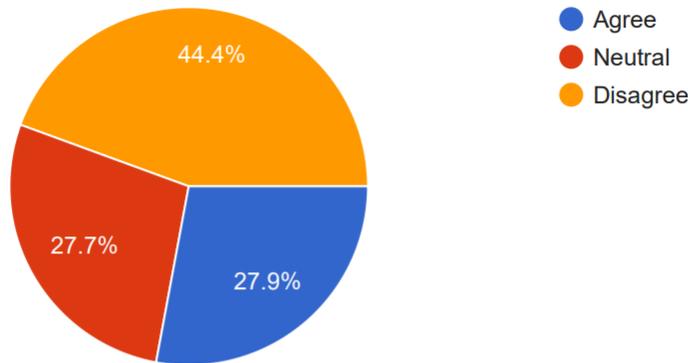
Materials/Supplies

The questions regarding materials/supplies centered around two main areas: assessment and intervention. We are alarmed that almost half the respondents feel they do not have appropriate materials to assess students and approximately only 28% agreed they have materials needed. Also alarming is that almost 50% of respondents feel they are not provided with materials to provide quality, evidenced based interventions to students. Even worse, only about 19% believe they have adequate materials. Clinicians are usually left to find their own interventions for students (e.g. TPT). Even when given training, SPARCCS for example, clinicians are expected to pay for and provide the needed materials including rewards/snacks to implement the intervention. Our \$250 CTU supply money only goes so far. Many clinicians that are assigned to multiple schools buy duplicate supplies for their schools with that money as well. While we seek professional flexibility and the use of our clinical judgment, we also want materials readily available from our department. Similar to how school members work with their principals to find

appropriate academic curriculums, we want to work with ODLSS and push for tangible support and materials for clinicians so we can provide high quality, evidenced based interventions to our students. We believe ODLSS should work more closely with other departments such as OSEL and OSHW to achieve this.

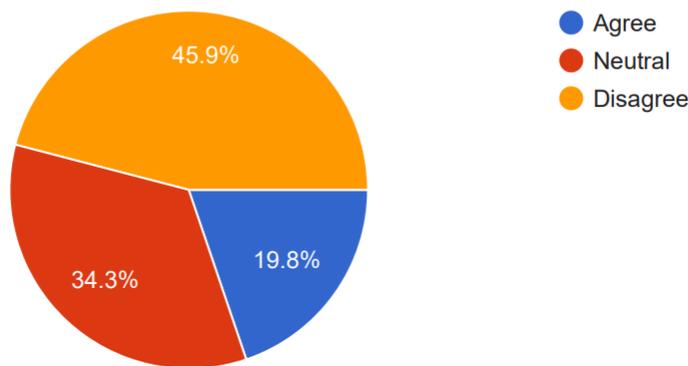
ODLSS provides me with appropriate materials to assess students for services.

394 responses



ODLSS provides me with appropriate materials to provide quality, evidenced based interventions to students.

394 responses



Professional Development

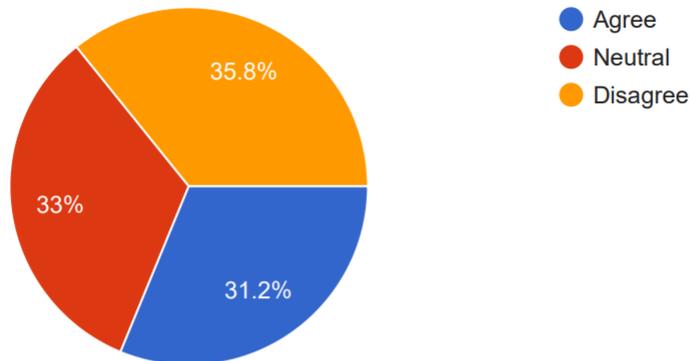
In regard to relevant and engaging professional development opportunities from ODLSS, the respondents were split fairly equally, with the overall majority leaning toward neutral or favorable. About 36% responded they do not receive relevant and engaging PD. As clinicians

we value professional development and our licenses require it. We request that ODLSS provide a budget for each discipline to receive quality PD. Our disciplines rely heavily on managers' and RSPs' knowledge and expertise as well as local hospitals for PD. While these partnerships are important, we feel earmarking money for PD is deserved and will lead to better outcomes for students.

Of note, about half the respondents reported they are not given time during their day to complete required CPS training. When RSP's are not given time, that means time is taken away from students including direct services, consultation, and assessment.

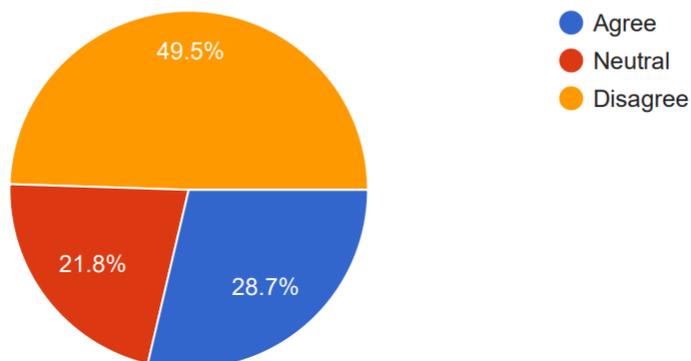
ODLSS provides me with relevant and engaging professional development opportunities.

394 responses



I am given time during the day to complete training assigned by ODLSS so it does not interfere with my other job duties.

394 responses

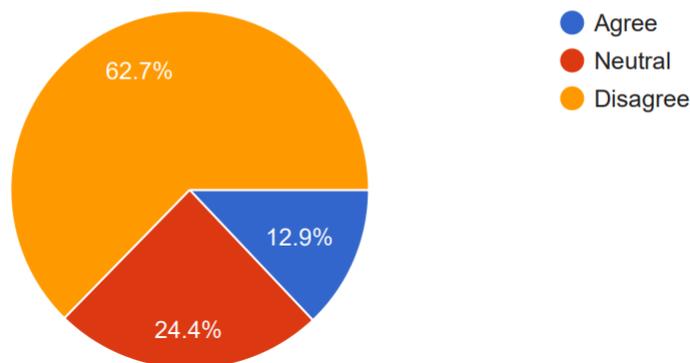


Workspace and Expectations

Approximately 63% of respondents think ODLSS does not ensure clinicians have appropriate workspace. When will clinician workspace be a priority for ODLSS? We are demanding a much bigger commitment from ODLSS than just what's contractually required. We want to be included in capital improvements. When additions to schools are made, clinician spaces must be included. We recommend ODLSS leaders visit schools and tour the clinician spaces. Talk to the RSP's there and ask them about their space and if you can help. Include the prioritization of clinician spaces and RSP satisfaction in principal evaluations. Highlight positively principals and their schools that provide private, consistent, and well ventilated spaces to RSP's by including them in CPS communications and CPS social media. Include the voices of students by surveying and asking them how they feel about where they are seen for services. Mandate principals provide room assignments of clinicians to parents and guardians. Much like a parent should know what classroom their child will be taught in, they should know where their child goes for related and therapeutic services. We want ODLSS to work with us and together find a way to not just talk about students' need for therapeutic services, but to also talk about what that space looks like and how the student may feel when in that space. Hallways and stairwells are real service locations and it is unacceptable.

ODLSS ensures I have appropriate workspace in schools I am assigned
(ventilated, private, and consistent space).

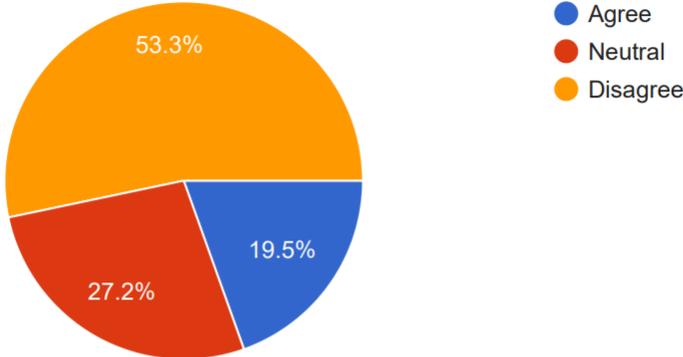
394 responses



ODLSS expectations for RSP's must be realistic and their roles and responsibilities must be accurately communicated to ALL relevant stakeholders. Over 50% of the respondents do not feel expectations are accurately communicated. This leads to confusion, conflict, and RSP turnover at certain schools. Stakeholders must understand what educational/school based therapeutic and related services are and need to also know the limitations that occur from staffing many of our related service providers at bare minimum. While staffing levels for school social workers and school nurses are thankfully increasing, other disciplines are struggling to meet minimum expectations. Only about 21% of respondents feel ODLSS sets realistic performance expectations. We believe it is possible that number could be even lower if this were broken down by discipline, especially for occupational therapists, physical therapists, speech and language pathologists, and school psychologists. Our collective bargaining agreement demands increased staffing across all clinical groups and we believe the staffing increases are necessary for RSP's to perform the way ODLSS expects.

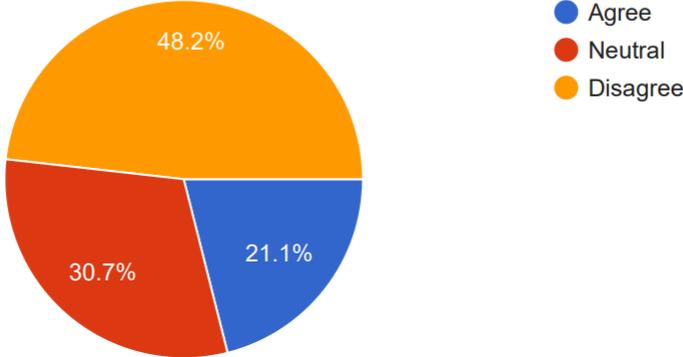
ODLSS accurately communicates their expectations regarding clinician roles and responsibilities to relevant stakeholders (parents, teachers, building administrators, network chiefs, and district reps).

394 responses



ODLSS sets realistic performance expectations for me (Caseload, Compliance, REACH)

394 responses



Culture and Climate

Some questions on the survey were designed to gather feedback on how satisfied RSP's are with CPS, including feeling valued, respected, supported, and included in decision making. We feel these components are key to retaining good employees that perform well and meet or exceed expectations.

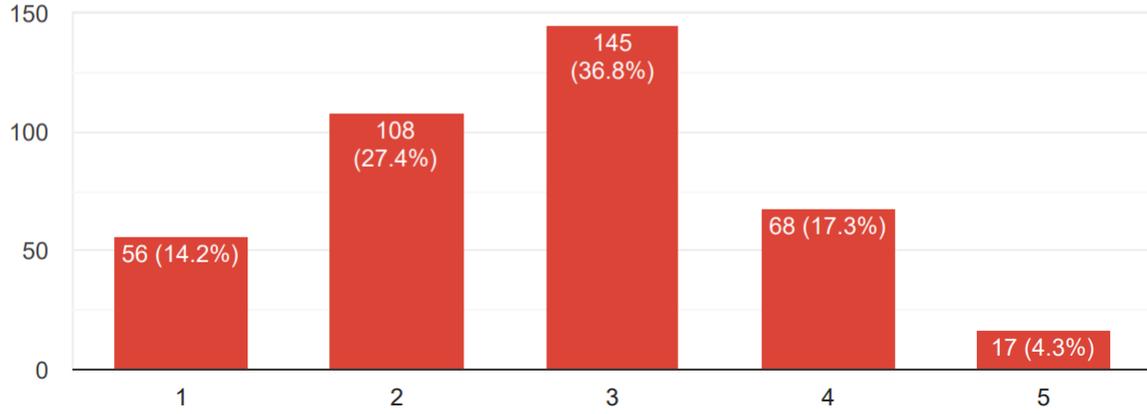
There are some highs and lows in regard to culture and climate. Almost 60% of respondents' level of satisfaction with CPS as an employer was rated 3 and higher on a scale of 1 to 5 with 1 being not at all satisfied and 5 being very satisfied. About half of the respondents are confident in ODLSS' leadership to fulfill its vision of equity for our students with disabilities and providing them with FAPE (Free and Appropriate Public Education). Almost 47% of respondents feel supported by their department to carry out their assigned duties in an ethical and professional manner. We hope to see these numbers increase and believe they will if the aforementioned and following recommendations are implemented.

We believe it is imperative to support RSP's new to CPS so we may retain them for many years. In this survey, new to CPS is defined as hired within the last 3 years. About a third of the respondents fit this category. Of those, about half reported they received sufficient training prior to directly servicing students as well as ongoing relevant training and support throughout the school year. We want to see this number increase much, much more. We recommend more training for our newer hires, support groups, supervision groups, and incentives to more experienced RSP's to mentor the new hires for a minimum of 2 years, if not until they are tenured. Incentives could include additional pay and/or reduced workload. Our new hires also need greater access to their managers. This means our managers' workload would need to change to meet the needs of this group.

It is significant that only 7.3% of respondents feel ODLSS values their feedback and regularly solicits it. In addition, 9.6 % of respondents believe ODLSS leaders' level of transparency in regard to policies, procedures, and decision-making is sufficient. This must be another major priority for ODLSS. As stated before, clinicians are untapped resources. We work all across this city, are some of the most highly educated and experienced CPS employees, and all maintain an extremely high level of ethics. Our profession demands it. Not including us and listening to us is a mistake. We hope moving forward, ODLSS will find ways to include RSP's in decision making. One way to start is by valuing the work of this committee and seek to work together in a truly collaborative way. Include our managers in our meetings. Host listening sessions with each discipline and all discipline sessions by geographic region.

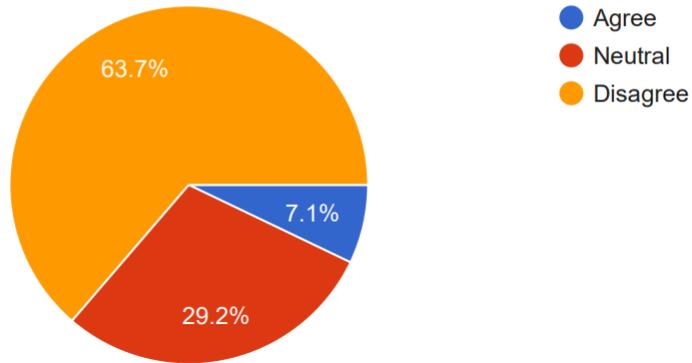
How would you rate your overall level of satisfaction with ODLSS as an employer?

394 responses



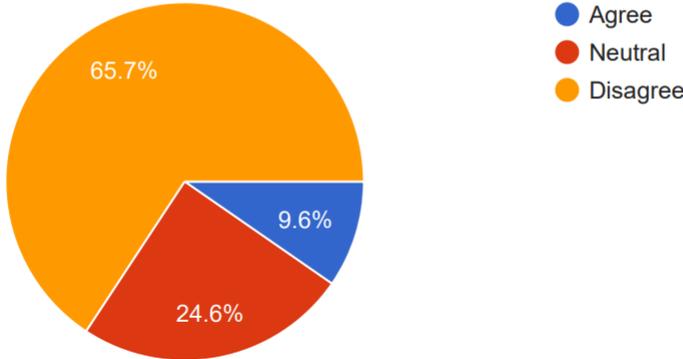
ODLSS values my feedback and regularly solicits it.

394 responses



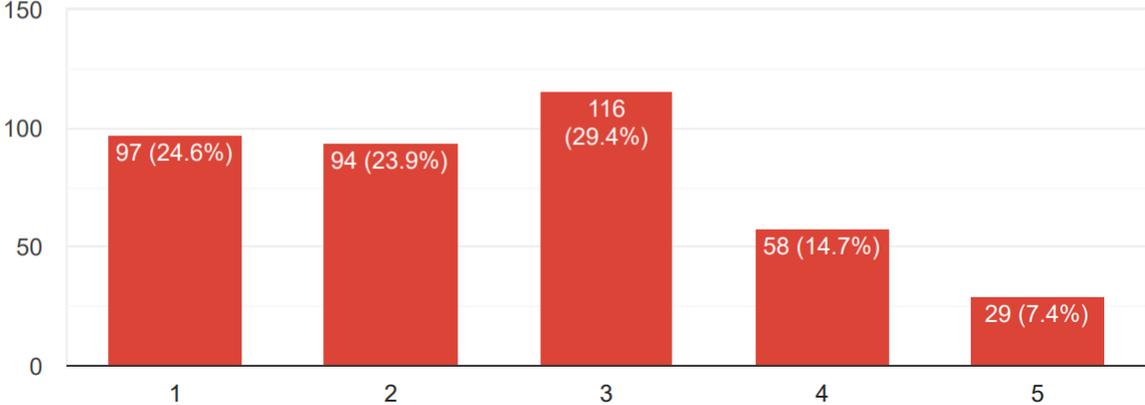
ODLSS leaders' level of transparency in regard to policies, procedures, and decision-making is sufficient

394 responses



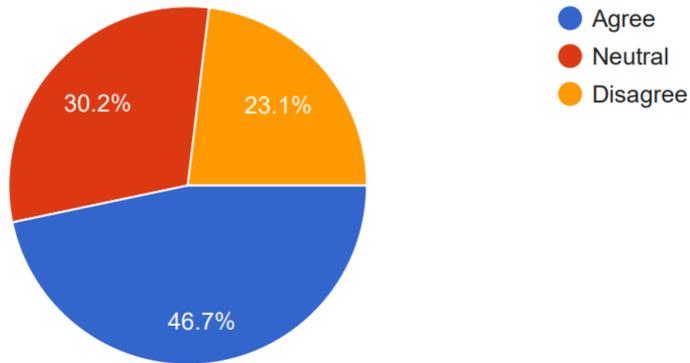
I believe the leaders of ODLSS respect me and my discipline.

394 responses



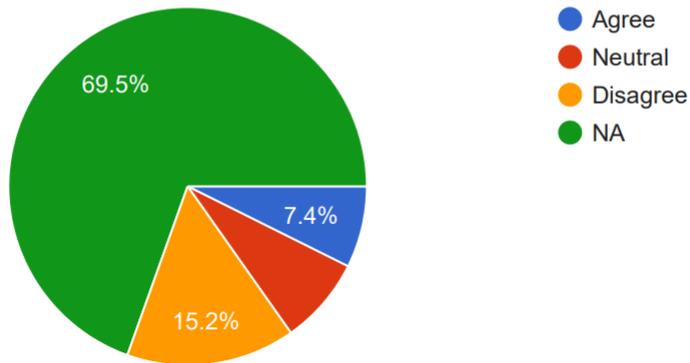
I feel supported by my department to carry out my assigned duties in an ethical and professional manner.

394 responses



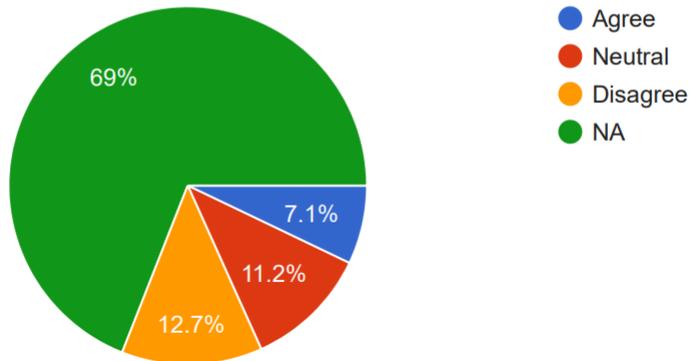
As a newer hire (hired within the last 3 years), I received sufficient training prior to directly servicing students as well as ongoing relevant training and support throughout the school year.

394 responses



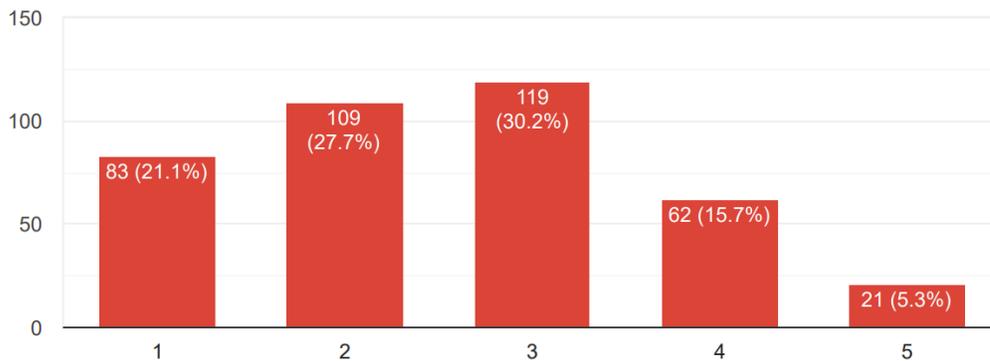
As a newer hire, (hired within the last 3 years) I experience a sense of support and community from ODLSS.

394 responses



I am confident in ODLSS' leadership to fulfill its vision of equity for our students with disabilities and providing them with FAPE (Free and Appropriate Public Education).

394 responses



Conclusion

This has been an unprecedented year that has tested all of us in mind, body, and spirit. We need each other and look forward to continuing our work together. Director Melgoza stated previously she wants solutions, not just complaints. We hope all of you find the results of the survey to be helpful and the recommendations to be solution focused. Thank you.

Respectfully,
Emily Penn
School Social Worker, PPC Chair, CTU Delegate

NAME _____
TITLE _____
ADDRESS _____

Illinois Notice to Illinois Public School Board or Educational Professional

Notice to Agent is Notice to Principal and Notice to Principal is Notice to Agent

I, _____, one of the People, as seen in the Constitution of Illinois (As seen in Illinois Bill of Rights Article 1 Section 5), am providing you due notice that you may respond and provide due care;

Please take notice that as one of the People, I wish to know if you as an Illinois Government Trustee submit that the following Rights belong to the People, and as Trustees in Government or Education, you have a duty to be responsive and accountable to the people;

Illinois Constitution Bill of Rights Section 1

SECTION 1. INHERENT AND INALIENABLE RIGHTS

All men are by nature free and independent and have certain inherent and inalienable rights among which are life, liberty and the pursuit of happiness. To secure these rights and the protection of property, governments are instituted among men, deriving their just powers from the consent of the governed. Be advised you no longer have this consent until the multitude of issues that have arisen under ARTICLE I Sections 12 & IL (745 ILCS 70/2) (from Ch. 111 2/2, par. 5302) as well as Federal Law issues including but not limited to:

SECTION 12. RIGHT TO REMEDY AND JUSTICE Every person shall find a certain remedy in the laws for all injuries and wrongs which he receives to his person, privacy, property or reputation. He shall obtain justice by law, freely, completely, and promptly. (Source: Illinois Constitution.)

Health Care Right of Conscience Act. (745 ILCS 70/2) (from Ch. 111 1/2, par. 5302)

Sec. 2. Findings and policy. The General Assembly finds and declares that people and organizations hold different beliefs about whether certain health care services are morally acceptable. It is the public policy of the State of Illinois to respect and protect the right of conscience of all persons who refuse to obtain, receive or accept, or who are engaged in, the delivery of, arrangement for, or payment of health care services and medical care whether acting individually, corporately, or in association with other persons; and to prohibit all forms of discrimination, disqualification, coercion, disability or imposition of liability upon such persons or entities by reason of their refusing to act contrary to their conscience or conscientious

convictions in refusing to obtain, receive, accept, deliver, pay for, or arrange for the payment of health care services and medical care.

Any mask or face covering, or any "gene therapy" injection/vaccination, or any temperature check device used on the forehead or wrist is a health care service. My child and I both find all of the above services or actions associated with a service morally unacceptable. Any coercion or discrimination of any kind from any member of the "school" staff or faculty as referenced above is a clear violation of Illinois law.

Please take further notice that as one of the People, it is my wish, order, and demand that you answer if the following right, stated in the Illinois Constitution by our wonderful forefathers, belongs to the People as a Republican form of government:

Illinois Constitution Preamble

We, the People of the State of Illinois - grateful to Almighty God for the civil, political and religious liberty which He has permitted us to enjoy and seeking His blessing upon our endeavors - in order to provide for the health, safety and welfare of the people; maintain a representative and orderly government; eliminate poverty and inequality; assure legal, social and economic justice; provide opportunity for the fullest development of the individual; insure domestic tranquility; provide for the common defense; and secure the blessings of freedom and liberty to ourselves and our posterity - do ordain and establish this Constitution for the State of Illinois.

(Source: Illinois Constitution.)

Please take notice that the Legislature of Illinois nor any elected school board nor non-elected member of a School Administration - none of these bodies were granted the power to deny the Constitutional Authority of the people to receive legal justice nor the right to deny them protections of their right of conscience nor violate the American Disabilities Act (ADA) nor may they make any Special Legislation nor oversee any appointed body or commission that would infringe upon People's Private Rights;

Federal Law: American Disabilities Act Title II

Title II of the ADA prohibits discrimination against qualified individuals with disabilities in all programs, activities, and services of public entities. It applies to all State and local governments, their departments and agencies, and any other instrumentalities or special purpose districts of State or local governments.

The ADA prohibits anyone from making medical inquiries that could identify or disclose a disability. So the ADA prevents any member of the school administration, staff or faculty from asking any medical-related question of any kind. Please take due care you have been notified of the fines:

WCAG 2.0 and Section 508 Non-Compliance Penalties

Fines up to \$55,000 for the first violation and \$110,000 for each subsequent violation.

Since by law you can not ask if a student aka if my child HAS such a disability my child will not be disclosing any information protected by the ADA.

Please provide the texts of the US Constitution and Illinois Constitution that demonstrates where the People have granted authority for entities to discriminate or violate the ADA while receiving federal funding from the United States government.

Please respond within 5 days if you believe the people of this state have the right to Remedy and Justice, Protection of Healthcare Right of Conscience and the protections afforded to them under American Disabilities Act (ADA). Please take further notice that as a trustee you are bound by granted authorities that exist in the Constitution of Illinois and you should have the ability to show a granted authority for all Powers that you have. If you do not respond, then, it shall be taken as tacit Acquiescence, and it shall be considered that you agree the People have this right and that any attempts to block this right is only done as a trespass, treason, and an attack done outside the powers of your Trust Indenture.

Autograph:

Date:

July 27, 2021

Chicago Board of Education

1 N. Dearborn, Suite 950

Chicago, IL 60602

Dear Members of the Board of Education:

My name is Shruthi Kannan, and I am a member of the [Chicago Desi Youth Rising](#) (CDYR) collective, which seeks to empower Chicago youth to combat racial, economic, and social inequity. The youth who work with CDYR are a diverse group of individuals, many of whom were or are students of Chicago Public Schools. I am writing to you today to advocate for funding comprehensive sexual education led by the Office of Student Health and Wellness, to ensure that sex ed is implemented holistically and equitably across Chicago.

Sexual health and wellness is an important aspect of youth development. Too often, adults prefer to ignore teen sexual health because of their own discomfort or prejudices. To do this is a desertion of our responsibility towards students, who need the information and tools appropriate to their age and to our society, so that they can make informed choices. I regularly talk to youth who are navigating deeply personal questions of relationships, safe sex, consent, gender identity, and sexual orientation, and the common theme across all these conversations is the primary of accurate information in helping them make responsible decisions. Children and youth deserve to have accurate, comprehensive information about their bodies and relationships. To ignore this responsibility is to abandon young people to figure all of this out for themselves.

Last year, almost 200 caregivers, youth, and educators told CPS they wanted the new sex ed policy to include more robust training for educators who are teaching sex ed, support for caregivers, and curricular resources for students with disabilities. However, the policy that the Board passed did not include any of our recommendations. In fact, the new policy is worse than the previous one because it decreases educator training from one full-day to a mere 90-minute training, with a certificate valid to teach sex ed for four years. It would not be acceptable for any educator to receive a 90-minute training to teach anything other subject like science or math. Sex education is just as important and requires intensive, on-going training.

With the profound impact of the COVID-19 pandemic on the health and well-being of youth, we need CPS to act now by investing in:

- ❑ Robust staff training in the multiple content areas that sex ed covers including science, social emotional learning, and gender-based violence;

- ❑ Caregiver support including an annual workshop series that has experienced and expert interpreters and advanced advertising to all caregivers
- ❑ A peer-to-peer program (youth and/or caregivers);
- ❑ Resources to fund outside agencies to provide technical assistance and support of implementation;
- ❑ Curricular resources for students with disabilities including more visuals, multiple interactive activities, references to related lessons in younger grade levels, and discussions of more social aspects of sex and sexuality.

Regardless of disability or economic status, our students, the staff, and their caregivers must have access to comprehensive sexual education and receive support to implement the lessons learned. Research shows that comprehensive sexual education is a crucial tool to prevent gender based violence and other violence in our communities.

I'm particularly concerned for students now who do not have a safe place at home, who experience abuse in the home, or who continue to live in fear at home because of their identity or sexuality. By ensuring comprehensive sexual education is in place, this can support both youth having a safe space and engaging caregivers like me so that we can reinforce those lessons at home and in our communities.

Thank you for your time and effort.

Shruthi Kannan

Collective Member, Chicago Desi Youth Rising



Petition to Fund Sex Ed, CPS!

July 28, 2021

Haga clic [aquí](#) para español

As survivors of gender-based violence, learning concepts like consent, healthy relationships and gender at a young age would have changed our lives. This is why we are advocating to ensure all of Chicago Public School (“CPS”) youth have access to high-quality, comprehensive sexual education. We are calling on the Chief Health Officer, Dr. Kenneth Fox, members of the Office of Student Health and Wellness, and CPS board members to include a line item with at least \$1M allocated towards educator training and caregiver support in the budget for fiscal year ‘21-‘22.

Since 2019, a coalition led by parents, youth, and educators have advocated to CPS decision-makers to fund comprehensive sexual health education for the district. Our campaign, SexEd Works, was largely informed by our experiences with gender-based violence and seeing the cycle of violence repeat in our children’s lives. For us, comprehensive sexual education is the key to ensuring young people in our communities have healthier relationships, recognize and speak out against abuse, and hold others accountable for their actions.

But CPS is not investing enough to ensure that all youth have access to this life-saving education. Although CPS maintains a mandatory policy where schools are required to implement comprehensive sexual education, a 2018 Freedom of Information Act (FOIA) showed that 70% of public schools are not in compliance with CPS policy. Many of these schools are primarily in the South and West Sides of Chicago where we and many other Black and Brown communities reside.

In 2020, CPS passed a new policy that:

- Allows for educators to receive a 90-minute training to teach comprehensive sexual education for four years;
- Limits access to the curriculum, making it difficult for parents and youth to review;
- Relies heavily on community-based organizations to implement sexual education rather than investing in educators in the community;
- Measures success through the number of lessons implemented, rather than the content and quality of the lessons across the district;
- Fails to provide caregivers the tools and resources necessary to become the “primary educators”¹ of sexual education; and
- Does not improve reporting requirements or evaluation measures to assess the rate and quality of implementation of the policy.

¹[Chicago Public School Policy Manual, “Sexual Health Education” Sect. 704.6, December 16, 2020](#)

CPS argues that their policy is “tangibly increases, not decreases resources and requirements.”² Some examples they point to include the mandatory condom availability program, the program ensuring menstrual hygiene products are available, the requirement that one sexual health education instructor receive sex ed training, the designated point-person for sexual health referrals, the requirement that all topics and lessons be taught, and that all staff complete an annual LGBTQ+ training.

We do not deny that there are positive aspects to this policy. But in order for this policy ensure **all** CPS youth receive high-quality, culturally competent, comprehensive sexual education, we need additional resources such as:

- **Caregiver support**

- Accessible workshops offered throughout the school year on how parents can speak with their kids about consent, puberty, gender & sexuality, safer sex, pleasure & masturbation, and support for young survivors of gender-based violence;
- Make the policy and the accompanying implementation guidelines widely available to parents, including on CPS’ website, sent home with students;
- Specific resources before the lessons are implemented in the school with a copy of the curriculum sections covered, a list of questions parents should anticipate, and strategies for collaborating with youth to answer their questions;
- A peer-to-peer model for parent engagement that destigmatizes comprehensive sexual education; and
- A more clearly defined vision for “culturally sensitive” education. For us, this means simultaneous multilingual interpretation at caregiver workshops, multilingual curricula sent home to caregivers, and continued investment in training for educators and staff that are from the communities they are serving.

Building community trust among educators and caregivers is a vital investment to sustain the long-term relationships for both youth and caregivers.

- **Educator Training**

- Establish clear requirements for educators to teach the subject such as having a science or health background;
- Provide additional resources and support for educators to accurately teach the contents of the curriculum;
- Ensure educators receive high-quality, on-going, annual training in three main content areas of sex ed: science, social emotional learning, and gender-based violence;

² Email from Booker Marshall to Healing to Action, June 28th, 2021

- Sexual education must be part of the job description for the educator position to sustain comprehensive sexual education, rather than the current system that depends on the interest/availability of an individual educator; and
 - Outside consultants should not replace the obligation that the school has, but instead should supplement.
- **Diverse learners**
 - Train all SPED teachers in comprehensive sexual education so that they can tailor the lessons to the different needs in each student's IEP; and
 - Provide SPED teachers more visuals, interactive visuals, links in each lesson to related content in younger grades, and more time for dialogue about the social aspects of sexual health.
- **Visibility & accountability**
 - A mandatory orientation for all CPS principals on how to develop a plan to implement comprehensive sexual education in their school;
 - Require principals to submit their implementation plan to the Office of Student Health & Wellness at the beginning of each school year for each grade level;
 - Require principals to provide all parents/caregivers the implementation plan at the beginning of the school year & post them publicly on the school's website; and
 - Quarterly check-ins between the Office of Student Health & Wellness and principals to assess the implementation of their plans and offer continued training/support.

Although greater investment in resources like condoms and menstrual health products are worth celebrating, these resources alone will not address the systemic problems symptomatic of gender inequality. For us, sexual education is not just about preventing pregnancies or STIs. It is about promoting reproductive health and justice. And that can only happen if funding is allocated to ensuring these resources are high-quality, and available to all CPS youth.

Join us in calling on CPS' Chief Health Officer, Dr. Kenneth Fox, the members of the Office of Student Health and Wellness, and CPS board members to include a line item with at least \$1M allocated towards educator training and caregiver support in the budget for FY '21-'22.

Español abajo

Como sobrevivientes de violencia de género, aprender conceptos como consentimiento, relaciones saludables y género a una edad temprana habría cambiado nuestras vidas. Es por eso que estamos abogando para garantizar que todos los jóvenes de las Escuelas Públicas de Chicago ("CPS") tengan acceso a una educación sexual integral y de alta calidad.

Hacemos un llamado al Director de Salud, Dr. Kenneth Fox, a los miembros de la Oficina de Salud y Bienestar Estudiantil y a los miembros de la junta de CPS para que incluyan una línea de pedido con al menos \$1M asignados para la capacitación de educadores y el apoyo de los cuidadores en el presupuesto fiscal año '21-'22.

Desde 2019, una coalición liderada por padres, jóvenes y educadores ha abogado por los tomadores de decisiones de CPS para que financien la educación integral sobre salud sexual para el distrito. Nuestra campaña, SexEd Works, se basó en gran medida en nuestras experiencias con la violencia de género y en ver cómo el ciclo de violencia se repite en la vida de nuestros hijos. Para nosotros, la educación sexual integral es la clave para garantizar que los jóvenes de nuestras comunidades tengan relaciones más saludables, reconozcan y se pronuncien contra el abuso y hagan que los demás rindan cuentas por sus acciones.

Pero CPS no está invirtiendo lo suficiente para garantizar que todos los jóvenes tengan acceso a esta educación que les salva vidas. Aunque CPS mantiene una política obligatoria en la que se requiere que las escuelas implementen educación sexual integral, una Ley de Libertad de Información (FOIA) de 2018 mostró que el 70% de las escuelas públicas no cumplen con la política de CPS. Muchas de estas escuelas se encuentran principalmente en los lados sur y oeste de Chicago, donde residimos nosotros y muchas otras comunidades negras y morenas.

En 2020, CPS aprobó una nueva política que:

- Permite que los educadores reciban una formación de 90 minutos para impartir educación sexual integral durante cuatro años;
- Limita el acceso al plan de estudios, lo que dificulta que los padres y los jóvenes lo revisen;
- Depende en gran medida de las organizaciones comunitarias para implementar la educación sexual en lugar de invertir en educadores en la comunidad;
- Mide el éxito a través del número de lecciones implementadas, en lugar del contenido y la calidad de las lecciones en todo el distrito;
- No brinda a los cuidadores las herramientas y los recursos necesarios para convertirse en los "educadores primarios"³ de la educación sexual; y
- No mejora los requisitos de presentación de informes ni las medidas de evaluación para evaluar el ritmo y la calidad de la implementación de la política.

CPS argumenta que su política es "aumenta de manera tangible, no disminuye los recursos y los requisitos".⁴ Algunos ejemplos que señalan incluyen el programa de disponibilidad obligatoria de condones, el programa que garantiza que los productos de higiene menstrual estén disponibles, el requisito de que un instructor de educación en salud sexual reciba

³ [Manual de políticas de las escuelas públicas de Chicago, Sección 704.6, "Educación sobre salud sexual", 16 de diciembre de 2020](#)

⁴ Correo electrónico de Booker Marshall a Sanando en Acción, 28 de junio de 2021

capacitación en educación sexual, la persona de contacto designada para las referencias de salud sexual, el requisito de que todos los temas y que se enseñan lecciones y que todo el personal complete una capacitación anual LGBTQ+.

No negamos que esta política tiene aspectos positivos. Pero para que esta política garantice que **todos** los jóvenes de CPS reciban educación sexual integral de alta calidad, culturalmente competente, necesitamos recursos adicionales tales como:

- **Apoyo de los cuidadores**

- Se ofrecen talleres accesibles durante todo el año escolar sobre cómo los padres pueden hablar con sus hijos sobre el consentimiento, la pubertad, el género y la sexualidad, el sexo más seguro, el placer y la masturbación, y el apoyo a los jóvenes sobrevivientes de violencia de género;
- Hacer que la política y las pautas de implementación que la acompañan estén ampliamente disponibles para los padres, incluso en el sitio web de CPS, enviadas a casa con los estudiantes;
- Recursos específicos antes de que las lecciones se implementen en la escuela con una copia de las secciones del plan de estudios cubiertas, una lista de preguntas que los padres deben anticipar y estrategias para colaborar con los jóvenes para responder sus preguntas;
- Un modelo de igual a igual para la participación de los padres que desestigmatizar la educación sexual integral; y
- Una visión más claramente definida para la educación "culturalmente sensible". Para nosotros, esto significa interpretación simultánea en varios idiomas en los talleres para cuidadores, currículos multilingües enviados a casa a los cuidadores y una inversión continua en capacitación para los educadores y el personal de las comunidades a las que sirven.

Fomentar la confianza de la comunidad entre los educadores y los cuidadores es una inversión vital para mantener las relaciones a largo plazo tanto para los jóvenes como para los cuidadores.

- **Formación de educadores**

- Establecer requisitos claros para que los educadores enseñen el tema, como tener antecedentes en ciencias o salud;
- Proporcionar recursos y apoyo adicionales para que los educadores enseñen con precisión los contenidos del plan de estudios;
- Asegurar que los educadores reciban capacitación anual continua y de alta calidad en tres áreas principales de contenido de educación sexual: ciencia, aprendizaje socioemocional y violencia de género;
- La educación sexual debe ser parte de la descripción del trabajo para que el puesto de educador sostenga la educación sexual integral, en lugar del

sistema actual que depende del interés / disponibilidad de un educador individual; y

- Los consultores externos no deben reemplazar la obligación que tiene la escuela, sino que deben complementar.

- **Alumnos diversos**

- Capacitar a todos los maestros de SPED (educación especial) en educación sexual integral para que puedan adaptar las lecciones a las diferentes necesidades en el IEP de cada estudiante; y
- Proporcione a los maestros de SPED más elementos visuales, elementos visuales interactivos, enlaces en cada lección a contenido relacionado en los grados más jóvenes y más tiempo para dialogar sobre los aspectos sociales de la salud sexual.

- **Visibilidad y responsabilidad**

- Una orientación obligatoria para todos los directores de CPS sobre cómo desarrollar un plan para implementar la educación sexual integral en su escuela;
- Requerir a los directores que presenten su plan de implementación a la Oficina de Salud y Bienestar Estudiantil al comienzo de cada año escolar para cada nivel de grado;
- Exigir a los directores que proporcionen a todos los padres y cuidadores el plan de implementación al comienzo del año escolar y que lo publiquen públicamente en el sitio web de la escuela; y
- Controles trimestrales entre la Oficina de Salud y Bienestar Estudiantil y los directores para evaluar la implementación de sus planes y ofrecer capacitación y apoyo continuo.

Aunque vale la pena celebrar una mayor inversión en recursos como condones y productos para la salud menstrual, estos recursos por sí solos no abordarán los problemas sistémicos sintomáticos de la desigualdad de género. Para nosotros, la educación sexual no se trata solo de prevenir embarazos o ITS (infecciones de transmisión sexual). Se trata de promover la justicia y la salud reproductiva. Y eso solo puede suceder si se asignan fondos para garantizar que estos recursos sean de alta calidad y estén disponibles para todos los jóvenes de CPS.

Únase a nosotros para llamar al Director de Salud de CPS, el Dr. Kenneth Fox, a los miembros de la Oficina de Salud y Bienestar Estudiantil y a los miembros de la junta de CPS para que incluyan una línea de pedido con al menos \$1M asignado para la capacitación de educadores y el apoyo de los cuidadores en la presupuesto para el año fiscal '21-'22.

I am an immigrant, a CPS high school alumna, an undergraduate at Northwestern University, and an intern at Healing to Action this summer, a community organization that strives to end gender-based violence for the next generation through comprehensive sexual health education.

I am writing to emphasize the need for funding caregiver support to fully implement comprehensive sexual education.

CPS states that parents are the primary sexual health educators for their children. When I consider my mom, who is an immigrant from a country and culture where talking about sexual health is a taboo, I don't think it is responsible to assign her as my primary educator. Also when I think about how she does not know and holds stereotypical views about variations of gender identities and sexuality, I think it is damaging to put this responsibility on her without any objective information and resources.

My family immigrated here in the summer of 2013. Marriage equality rights were rising into the mainstream media and political agenda, leading up to the court case ruling the Defense of Marriage Act unconstitutional in 2015. While many people in the LGBTQ+ community and their supporters celebrated, my mom felt a threat to her religious beliefs. And she reacted out of fear and ignorance of what this shift in society's acceptance of deviation from what is "right" meant. This looked like calling LGBTQ+ identifying people disgusting, sinners, and all the stereotypically hateful responses people have to anything outside of gender norms.

Is obstinate hate and ignorance what you want me and my younger siblings to learn from our "primary educator"?

I was lucky to talk to LGBTQ+ identify people and research what these variations in our understanding of gender and sexuality mean before I heard these dehumanizing comments and views. I was the one who had to teach my mom about these things and how we shouldn't be saying vile comments about strangers for the things they do to their own bodies and in their private lives with others. I was the one who was trying to make sure my siblings didn't adopt these views and spread hate to their friends and peers at school.

Fortunately, my mom went to a mosque which held more liberal perspectives on sexual and gender identities. The religious leaders there discussed how to reconcile religious beliefs with these ideas. She learned how to respond if her own

children were to say they identified as LGBTQ+, which was the root of her fear. She was able to discuss with other parents on how to talk to their children about sexual health topics. And all these aspects helped her understand what these variations in gender and sexuality mean and how to explain them to kids in less bigoted ways.

This is why I was excited to learn that CPS was offering workshops to parents on sexual health education. However, I was very disappointed to hear the workshops only provided facts about STI transmission and defined LGBTQ+ terms. This is something my mom can Google. But Google cannot tell her how to start discussion, how to build my siblings' trust and break the stigma around talking about sexual health. That is what my mom and the 200 youth, caregivers, and educators asked for during the public comments for the 2020 comprehensive sex ed policy.

Healing to Action (HTA) has recommended many of the resources that helped my mom let go of her fear and ignorance and be confident in teaching her kids about sexual health. HTA suggests the following:

- accessible workshops through the school year on how caregivers can talk to their kids about key concepts such as consent, puberty, sexuality and identity, and how to help survivors of gender-based violence
- the curriculum their kids will be taught along with a list of questions to anticipate and how to answer them
- a peer to peer program for caregivers to discuss with one another how to talk and teach their kids sex ed

Comprehensive sexual education CAN end gender-based violence at a community level if you adequately invest in youth, teachers, and caregivers.

Fund sexual education in all schools regardless of zip code.

Provide caregiver support.

Train educators sufficiently

Provide the tools and resources all these stakeholders need to implement the comprehensive curriculum kids need to lead safe, healthy, and socially enriching lives.

Dear CEO Torres and the CPS Board:

Thank you for the work you have done during a time of massive restructuring not seen since the Civil Rights Movement.

I wish to address three separate issues below.

CPS Sex Education Policy

Providing condoms to reduce sexually transmitted infections and youth pregnancy may introduce additional risks. Essentially, you are providing contraceptives to children that are not able to give consent legally. That should be a huge red flag that needs to be addressed in our health education by incorporating concepts like affirmative consent, communication skills, and signs of positive and negative relationships in an age-appropriate manner. Not providing adequate research-based and harm-reduction approaches makes our children susceptible to health-compromising behavior and exploitation.

The updates to CPS's Sexual Health Education policies are essential to correct disparities in our children's health education. However, the policy's objectives will not be achieved by overly burdening teachers to cover such important issues with just 90 minutes of training. Resources must be available to parents to take the lead and provide the foundation our children need to live healthy lives.

Remote-Learning Options

The majority of students will benefit significantly from in-person learning. However, safe for most does not mean safe for all. I have argued for the need to incorporate adequate safety measures before schools shut down in March 2020. I have shared with the Board the need for CPS, City, and Health officials to better coordinate COVID-19/SARS-CoV-2 information and vaccination efforts. The Board and other officials should be commended for the critical decisions to make our children and city safer, even if the responses were not always perfect. We have seen many families return to in-person learning this past spring and are better informed about the risk. Yet, more needs to be done to help those that have not been vaccinated. Additionally, the very limited medical exemptions do not consider unique circumstances where in-person learning is not in the child's best interest.

Accountability for Spending

I request the Board provides more detailed accountability for specific expenditures and measurable outcomes from the investments we are making. I agree the Board needs flexibility during a time of rapid decision making, but that trust must be earned by providing proof the investments made were wise and yielded the improvements we need.

Be well.

Dr. Angel Alvarez, Northwestern University

I am writing to express my concerns about the Culturally Responsive teaching standards that will be implemented in Chicago schools this fall. If these standards follow the philosophies of Critical Race Theory, the teaching will be harmful to students. The desire to be culturally sensitive and inclusive is always laudable. But Critical Race Theory, or CRT, instructs students to divide people into two groups, the oppressors and victims, based solely on race. This philosophy is based in Marxism, with the only difference being that Marxism divides people by class instead of race. The goal is to foment resentment, division, and chaos to encourage an overthrow of society. As we have seen from the examples of Cuba, Venezuela, and the U.S.S.R., these societies bring out the worst of human nature, and use brutality and fear to control the populace.

The division of people by race is disingenuous at best. Ignoring other factors like character, intelligence, virtue, family background, income level, and education just doesn't make sense. Didn't Dr. Martin Luther King Jr. state that his dream was to have a person judged by the content of their character, and not by the color of their skin? We cannot overcome racism by teaching more racism.

I am white and have a biracial daughter and black granddaughter, who live with us. Will my little granddaughter come home from school one day and inform me that I am her oppressor? Will she tell her white grandfather (who spoils her tremendously) that he is racist? I live in Chicago and know many mixed families. CRT will divide these families and confuse the children, at best. At worst, it will teach the children to turn against their white relatives and hold them accountable for society's past mistakes. And it will teach children of color that they cannot achieve their dreams, and instead must live in eternal victimhood.

Please understand that I am not in favor of ignoring America's past sins, or whitewashing past misdeeds. These things must be explored so they are not repeated. But blaming people for others' iniquities, based solely on the color of their skin, is not the answer.

Sincerely,

S. Alexis
Chicago, Illinois

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July 27, 2021

Chicago Board of Education
1 N. Dearborn, Suite 950
Chicago, IL 60602

Dear Members of the Board of Education:

We are writing as an approved CPS Vendor with over 30 years of experience in providing comprehensive sexual education to 4th-12th graders, adult allies, and parents/caregivers. Chicago Women's Health Center is a proud member of the SexEd Works Coalition. We have truly celebrated that CPS's sexual health education is comprehensive. However, we know that in order for all schools to implement this policy, more funding and resources are needed to ensure equitable access to this education, knowledge that is both in service of public health and in supporting healthier individuals, relationships, and communities.

We bring more than 30 years of experience in school classrooms, though we were not able to gain this experience without the ongoing training and support from the care providers with whom we work at Chicago Women's Health Center's Uptown-based offices. We know from first-hand experience that to be prepared for teaching students requires that educators are engaging in ongoing learning, whether through reviewing research and best practices, and/or consulting with other professionals.

Throughout our years of teaching, we have only seen a growing number of requests from parents and caregivers seeking information about comprehensive sexual health education. Throughout our programming with adults, we are not only able to challenge misinformation about sexual health but also support adults in practicing skills for being their young peoples' primary educators. Most parents do not have access to those workshops, workshops that are often one-hour long and happen only once or twice during a school year. Some parents attend these programs without ever having had sexual health education themselves. To fully implement an inclusive comprehensive sexual health education policy,, we know there must be not only more opportunities for providing parents and caregivers with information regarding the policy and curriculum but also a variety of educational offerings that can support parents' own sexual health education. Just as with educators implementing this

material in CPS classrooms, if we expect parents to be primary educators, we must support their own ongoing learning.

Last year, almost 200 caregivers, youth, and educators told CPS they wanted the new sex ed policy to include more robust training for educators who are teaching sex ed, support for caregivers, and curricular resources for students with disabilities. However, the policy that the Board passed did not include any of our recommendations. In fact, the new policy is worse than the previous one because it decreases educator training from one full-day to a mere 90-minute training, with a certificate valid to teach sex ed for four years. It would not be acceptable for any educator to receive a 90-minute training to teach anything other subject like science or math. Sex education is just as important and requires intensive, on-going training.

With the profound impact of the COVID-19 pandemic on the health and well-being of youth, we need CPS to act now by investing in:

- ❑ Robust staff training in the multiple content areas that sex ed covers including science, social emotional learning, and gender-based violence;
- ❑ Caregiver support including an annual workshop series that has experienced and expert interpreters and advanced advertising to all caregivers
- ❑ A peer-to-peer program (youth and/or caregivers);
- ❑ Resources to fund outside agencies to provide technical assistance and support of implementation;
- ❑ Curricular resources for students with disabilities including more visuals, multiple interactive activities, references to related lessons in younger grade levels, and discussions of more social aspects of sex and sexuality.

Regardless of disability or economic status, our students, the staff, and their caregivers must have access to comprehensive sexual education and receive support to implement the lessons learned. Research shows that comprehensive sexual education is a crucial tool to prevent gender-based violence and other violence in our communities.

We are particularly concerned for students now who do not have a safe place at home, who experience abuse in the home, or who continue to live in fear at home because of their identity or sexuality. When we gather anonymous questions from students throughout our school years, we hear students asking about healthy relationships, boundaries, and consent. We know comprehensive sexual health education directly addresses healthy relationships, but, most importantly, that education must be accessible to all those involved in young peoples' lives: parents, caregivers, and educators. By ensuring comprehensive sexual health education is in place, this can support both youth having a safe space, engaging caregivers who can reinforce those lessons at home and communities, and support classroom educators in implementing this content fully.

Thank you for your time and effort.

Chicago Women's Health Center