

# Hopkinton Public Schools



## Reopening Plan Submitted by the Reopening Planning Team to the Hopkinton School Committee

**DRAFT**

February 25, 2021

*"Education is a social process; education is growth;  
education is not preparation for life but is life itself."*

— John Dewey

## CONTEXT

The Coronavirus disease pandemic is nearing its one year mark, as it was on March 10, 2020 when the Hopkinton Public Schools closed our doors--temporarily, we believed-- due to an outbreak of SARS-CoV-2, the virus that causes COVID-19, inside the Hopkinton Community. It was only shortly after that when the Governor of Massachusetts, Charlie Baker, issued "[COVID-19 Order No. 28](#)," suspending in-person instruction at the close of school on March 16th, which was extended to April 6th, May 4th, and eventually June 29th or the close of the school year.

Therefore, from March 10, 2020 through the end of the 2019-2020 school year, students in Hopkinton received tele-education to prevent regression in the general education setting with additional asynchronous communication through online platforms such as SeeSaw, Google Classroom, Canvas, email, and others. While the educators and support staff throughout the district did all we could to maximize learning and prevent regression, the exceptional quality of Hopkinton's in-person teaching could not be replicated, especially given that the district anticipated a return to school, which, of course, never materialized.

On June 25, 2020, Massachusetts Commissioner of Education, Jeffrey Riley, handed down [re-entry guidance to school districts](#). In anticipation of the 2020-2021 school year, school district personnel worked assiduously throughout the summer to restructure our buildings for learning in a Pandemic. A 36-member Re-Entry Advisory Group met regularly to determine remote and hybrid learning models for the Hopkinton Public Schools. Students' schedules were rebuilt, cohorts established, transportation redesigned, and hundreds of thousands of dollars worth of personal protective equipment or PPE was purchased. It appeared that Hopkinton, although people were hesitant about the reopening, was well-provisioned to reopen the schools in a hybrid model at about 50% capacity. Students would learn both in school and at home, covering the greater part of a full year's curriculum.

At this juncture in the school year and given the current status of SARS-CoV-2 in Massachusetts, it is perhaps important to look back on the guidance issued to districts by Commissioner Riley. In his document entitled "Initial Fall School Reopening Guidance," he noted:

**At this time [June 25, 2020] the evidence suggests schools have not played a significant role in COVID-19 transmission and that children, particularly younger children, are less likely than adults to be infected with COVID-19. Furthermore, if they become infected, it appears children may be less likely to transmit COVID-19 to others.** Based on these initial findings, the health and safety requirements throughout this guidance, as well as considering the key features of school programming at different grade spans, the current evidence supports a safe in-person return to school with implementation details varying for elementary schools (including pre-kindergarten programs), middle schools, and high schools.

- **Schools do not appear to have played a major role in COVID-19 transmission.** In a review of COVID clusters, only 4% (8 of 210) involved school transmission. In a case study from New South Wales Australia, after 18 cases were found in schools (12 in high schools and 6 in primary schools), only 0.3% of student contacts were infected (1 in 695 individuals in 10 high schools and 1 in 168 individuals in primary schools). No teachers or staff were infected.
- **In general, rates of COVID-19 infection are lower for children than for adults.** Based on an analysis of data from six countries, children under 20 are half as susceptible to COVID-19 infection than adults. Furthermore, although children under the age of 18 make up 22% of the U.S. population, they account for less than 2% of all cases of COVID-19. In Massachusetts, children under the age of 19 were about four times less likely than the population at large to be diagnosed with COVID-19. Children are more likely to be asymptomatic, however, which underscores the importance of health behaviors for everyone (masks/face coverings, distancing, handwashing, surface cleaning).
- **If exposed, children may be less likely to become infected with COVID-19.** A meta- analysis of studies from several countries found that children were only 44% as likely as adults to become infected after exposure (note: pre-print study). In China, in households with COVID-19 exposure, children under the age of 18 were infected at a rate of 4% compared with 17% for adults..
- **If infected, it appears children may be less likely to infect others with COVID-19.** Most transmissions are from adults to children, rather than vice versa; this is different from some other respiratory viruses (note: pre-print study). In a U.S. study of 15 households, 73% of transmissions were from adult to child (the remaining were child-to- child or child-to adult).

Despite the scientific evidence presented by Commissioner Riley, district administrators, teachers, staff, and families advocated for a conservative approach to educating Hopkinton’s children.

Today, in the spring of 2021, the Commissioner’s words have rung true. Schools have NOT become the superspreaders some feared they might be. The Hopkinton Public Schools have had **no** student-to-student or student-to-teacher transmission of SARS-CoV-2 in school. The Hopkinton Public Schools, at the time of this publication, have received reports of only 82 students--both hybrid and remote--who have tested positive for COVID-19. Each of these positive cases can be traced to a source outside of school.

In mitigating risk, the Hopkinton Public Schools have mandated mask-wearing (see [School Committee Policy EBCFA](#)), provided time for handwashing, installed hand sanitizing stations throughout the schools, established physical distancing at six feet, and currently a vaccine for educators is on the horizon. This vaccine for educators, as part of Phase II of the Governor’s roll-out plan, translates to even greater risk mitigation for educators.

The contents you will find on the pages of this document come as a result of many meetings of Hopkinton’s Reopening Planning Team, which was assembled in January 2021 for the **express purpose of determining when and how it would be feasible to reopen the Hopkinton Public Schools**. The team will complete its charge in early March. As readers of this report may imagine, the Planning Team worked at a breakneck pace in order to produce this document to guide reopening.

**REOPENING PLANNING TEAM MEMBERS**

|                  |  |
|------------------|--|
| Carol Cavanaugh  | Superintendent                                 |
| Jennifer Parson  | Assistant Superintendent                       |
| Susan Rothermich | Director of Finance                            |
| Tim Persson      | Director of Facilities                         |
| Ashoke Ghosh     | Director of Technology and Innovative Learning |
| Meg Tyler        | School Committee Member                        |
| Evan Bishop      | Principal                                      |
| Alan Keller      | Principal                                      |
| Julie Babson     | Assistant Principal                            |
| Anne Carver      | Principal                                      |
| Lauren Dubeau    | Principal                                      |
| Rebecca Abate    | HTA President                                  |
| Rebecca Black    | Paraprofessional Co-President                  |
| Diana Umina      | Paraprofessional Co-President                  |
| Jen Martel       | Teacher  |
| Cathy Anusauskas | Teacher  |
| Beth Newton      | Teacher  |
| Kathy Bain       | Head Nurse                                     |
| Shaun McAuliffe  | Hopkinton DPH                                  |
| Linda Henderson  | Data Specialist                                |
| Adriane Pletcher | Parent   |
| Steve Perryman   | Parent   |

|                     |                         |
|---------------------|-------------------------|
| Dr. David Tiber     | Consultant to the Group |
| Kathy Engleman, PhD | Consultant to the Group |
| CEO Carolyn Jackson | Consultant to the Group |

### RESEARCH COMMITTEES

| Buildings and Grounds | Lunch            | Distancing: 3Ft/6Ft | Medical Updates/ Trajectory of Virus/Vaccines | Scheduling       | Survey            | Transportation   |
|-----------------------|------------------|---------------------|---|------------------|-------------------|------------------|
| Tim Persson           | Susan Rothermich | Jen Parson          | Carol Cavanaugh                               | Jen Parson       | Carol Cavanaugh   | Susan Rothermich |
| Susan Rothermich      | Shaun McAuliffe  | Anne Carver         | Steve Perryman                                | Linda Henderson  | Ashoke Ghosh      | Julie Babson     |
| Jen Parson            | Julie Babson     | Shaun McAuliffe     | Kathy Bain                                    | Anne Carver      | Linda Henderson   | Kathy Bain       |
| Evan Bishop           | Lauren Dubeau    | Meg Tyler           | Evan Bishop                                   | Alan Keller      | Adrienne Pletcher | Shaun McAuliffe  |
| Alan Keller           | Jen Martell      | Adrienne Pletcher   | Shaun McAuliffe                               | Cathy Anusauskas | Becky Black       |                  |
|                       | Steve Perryman   | Becky Abate         | Beth Newton                                   | Lauren Dubeau    |                   |                  |
|                       | Tim Persson      |                     | Diana Umina                                   |                  |                   |                  |

Whole Group Meeting Dates

[January 20, 2021](#)

[February 2, 2021](#)

[February 23, 2021](#)

## THE VIRUS AND PUBLIC SCHOOLS

Since hybrid learning began in September of 2020, our schools have shown evidence that through the use of rigorous infection controls, we can mitigate risk of in-school transmission to near zero. Universal masking has worked. Social distancing and hand hygiene protocols have worked. Efficient HVAC and air replenishment have seemingly contributed to our “path to zero.” Hopkinton Public Schools, in conjunction with the Hopkinton Public Health Department, have maintained robust quarantine and contact tracing protocols. Finally, since the onset of the school year, the Hopkinton Public Schools have had a mechanism in place for symptom screening.

According to the [Centers for Disease Control, the CDC](#), “Although children can be infected with SARS-CoV-2, can get sick from COVID-19, and can spread the virus to others, less than 10% of COVID-19 cases in the U.S. have been among children and adolescents between the ages of 5 and 17. Essentially, students are not the primary sources of exposure to SARS-CoV-2 among adults in school settings. This is true in the Hopkinton Public Schools, where we have not seen any student-to-student or student-to-adult transmission. Hopkinton has had three adult-to-adult transmissions of the virus, and in two of the three cases, masks were not worn.

The [CDC noted on February 12, 2021](#) that “different learning modes” can be “based on levels of community transmission.... Evidence suggests that staff-to-staff transmission is more common than transmission from student to staff, staff to student, or student to student” Further, Hopkinton’s metrics are better than those across Massachusetts. We are fortunate that Hopkinton’s COVID-19 case numbers, when put into [CDC’s color-coded metric](#), indicate that Hopkinton Public Schools could “provide full, in-person instruction with universal use of masks and other mitigation strategies.” Low rate of community transmission is defined using total new cases per 100,000 persons in the past 7 days (low, 0-9; moderate, 10-49; substantial, 50-99; high,  $\geq 100$ ) and percentage of positive tests in the past 7 days (low,  $< 5\%$ ; moderate, 5-7.9%; substantial, 8-9.9%; high,  $\geq 10\%$ ). It is understood that 6 feet are recommended to the “greatest extent possible.”

## Recommended Implementation of Mitigation Strategies and K-12 School Learning Modes by Level of Community Transmission

| Low Transmission <sup>1</sup><br>Blue   | Moderate Transmission<br>Yellow   | Substantial Transmission<br>Orange   | High Transmission<br>Red   |
|---|---|--|--|
| <b>All schools:</b> Universal and correct use of masks is required; implementing other key mitigation strategies: handwashing and respiratory etiquette; cleaning and maintaining healthy facilities; contact tracing and diagnostic testing <sup>2</sup> in combination with quarantine and isolation. |   |  |  |
| K-12 schools open for full in-person instruction<br>Physical distancing of 6 feet or more to the greatest extent possible <sup>3</sup>  |   | Elementary schools in hybrid mode <sup>4</sup> ; physical distancing of 6 feet or more required  |  |
|   |   | Middle and high schools in hybrid learning mode or reduced attendance<br>Physical distancing of 6 feet or more is required                   | Middle and high schools in virtual only instruction unless they can strictly implement all mitigation strategies, and have few cases; schools that are already open for in-person instruction can remain open, but only if they strictly implement mitigation strategies and have few cases <sup>5</sup> |
| Sports and extracurricular activities with masks required; physical distancing of 6 feet or more to the greatest extent possible <sup>6</sup>   | Sports and extracurricular activities with masks and physical distancing of 6 feet or more required | Sports and extracurricular activities occur only if they can be held outdoors, with masks and physical distancing of 6 feet or more required | Sports and extracurricular activities virtual only   |

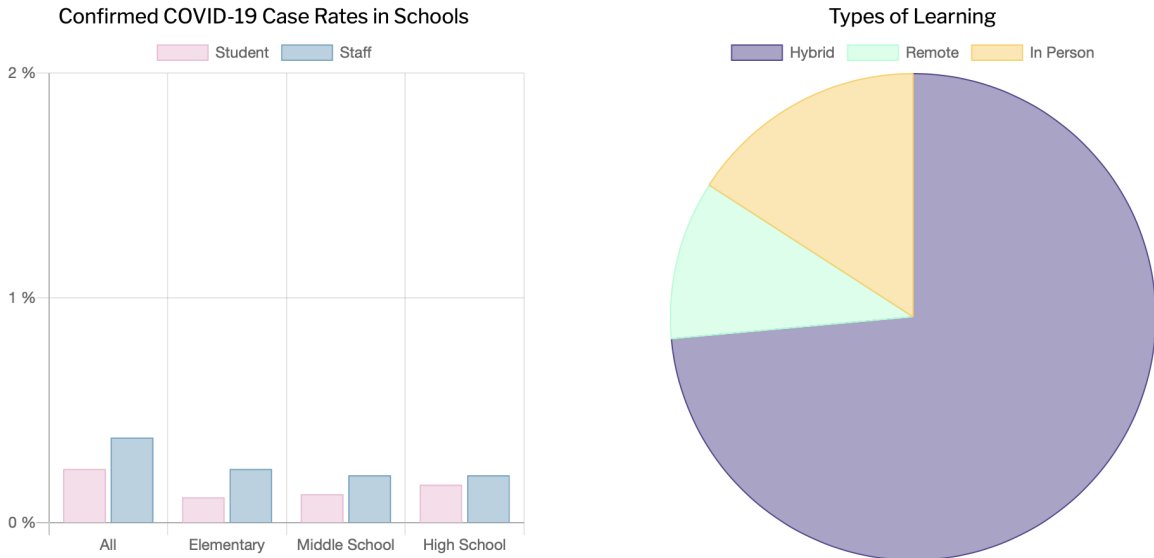
The data illustrated in the table below, taken from the [Qualtrics Public Dashboard](#), indicate that Hopkinton’s students’ daily case rates in Hopkinton Public Schools are far lower than the rates across communities in Massachusetts. At the time of this writing, only 82 students, both hybrid and remote, had tested positive for COVID-19 in the period between September 16, 2020 and February 25, 2021.

Massachusetts Data ⓘ

▼ 3

|                  | Enrolled Students | In Person Attendance | Student Infection Rate, Two-Week Period | Daily Case Rate Per 100,000 Students over Two-Week Period | Staff Infection Rate, Two Week Period | Staff Case Rate, Two Week Period | Community Positivity Rate | Community Case Rate |
|------------------|-------------------|----------------------|---|---|---------------------------------------|----------------------------------|---------------------------|---------------------|
| 3. 09/28 - 10/11 | 969,986           | 452,504              | 0.04%                                   | 3   | 0.08%                                 | 6                                | 0.95%                     | 8                   |
| 4. 10/12 - 10/25 | 933,042           | 472,445              | 0.07%                                   | 5   | 0.11%                                 | 8                                | 1.27%                     | 14                  |
| 5. 10/26 - 11/08 | 938,032           | 464,207              | 0.07%                                   | 5   | 0.20%                                 | 14                               | 1.98%                     | 20                  |
| 6. 11/09 - 11/22 | 948,568           | 461,400              | 0.14%                                   | 10  | 0.34%                                 | 24                               | 3.09%                     | 34                  |
| 7. 11/30 - 12/13 | 1,010,900         | 467,160              | 0.23%                                   | 16  | 0.61%                                 | 44                               | 5.48%                     | 63                  |
| 8. 01/04 - 01/17 | 1,012,865         | 466,975              | 0.22%                                   | 15  | 0.60%                                 | 43                               | 6.56%                     | 100                 |
| 9. 01/18 - 01/31 | 1,014,408         | 485,685              | 0.23%                                   | 17  | 0.50%                                 | 36                               | 4.19%                     | 52                  |

The next data, which is national data taken from the same source, corroborates the greater likelihood of the adults in our public schools contracting COVID-19, as opposed to their student counterparts.



## NEW VARIANTS

As is true with viruses generally, SARS-CoV-2 has mutated many, many times over the past year, and as Hopkinton engages in reopening planning, new variants of the virus, particularly those originating in the United Kingdom, South Africa, and Brazil, present concern. The [CDC has reported the following in regard to variants](#):

“Multiple variants of the virus that causes COVID-19 are circulating globally:

- The United Kingdom (UK) identified a variant called B.1.1.7 with a large number of mutations in the fall of 2020. This variant spreads more easily and quickly than other variants. In January 2021, experts in the UK reported that this variant may be associated with an increased risk of death compared to other variant viruses, but more studies are needed to confirm this finding. It has since been detected in many countries around the world. This variant was first detected in the US at the end of December 2020.
- In South Africa, another variant called B.1.351 emerged independently of B.1.1.7. Originally detected in early October 2020, B.1.351 shares some mutations with B.1.1.7. Cases caused by this variant have been reported in the US at the end of January 2021.
- In Brazil, a variant called P.1 emerged that was first identified in travelers from Brazil, who were tested during routine screening at an airport in Japan, in early January. This variant contains a set of additional mutations that may affect its ability to be recognized by antibodies. This variant was first detected in the US at the end of January 2021.



These variants seem to spread more easily and quickly than other variants, which may lead to more cases of COVID-19. An increase in the number of cases will put more strain on health care resources, lead to more hospitalizations, and potentially more deaths.”

So far, studies suggest that antibodies generated through vaccination with currently authorized vaccines recognize these variants. This is being closely investigated and more studies are underway.

Rigorous and increased compliance with public health mitigation strategies, such as vaccination, physical distancing, use of masks, hand hygiene, and isolation and quarantine, are essential to limit the spread of the virus that causes COVID-19 and protect public health.”

[According to CDC data](#), Massachusetts, at the time of this writing, has identified fewer than 100 cases of the variants.

In regard to the variants, Dr. Anthony Fauci, on February 14, 2021, acknowledged on [ABC News “This Week”](#) that ‘the U.K. variant has already reached the U.S....The somewhat comforting news is that vaccine that we are now currently distributing, the Moderna vaccine and Pfizer vaccine, clearly work against the (U.K.) variant.’

“Despite the efficacy of vaccines on the British variant, the White House chief medical adviser sounded more cautious on the South African strain of the virus. ‘The data that we got from South Africa is really quite sobering,’ Fauci said.”

Finally, there has been dialogue about educators’ safety and a full reopening. Vaccinating teachers isn’t a prerequisite for the safe reopening of US schools, [Centers for Disease Control and Prevention Director Rochelle Walensky said Wednesday](#).

“There is increasing data to suggest that schools can safely reopen,” she said, adding that “safe reopening does not suggest that teachers need to be vaccinated in order to reopen safely.”

Likewise, [Dr. Anthony Fauci stated](#) that “vaccinating teachers is part of it, but it's not a sine qua non. It's not something that you can't open a school unless all the teachers are vaccinated. That would be optimal, if you could do that,” he added.

Massachusetts Governor Charlie Baker has included K-12 education in Tier 3 of Phase II, which is disappointing; coupled with the protracted roll-out of the vaccine nationally and statewide, educators’ access to vaccines now seems far more complicated than it had months ago.

## STUDENTS' HEALTH AND WELL-BEING

The COVID-19 pandemic has caused unprecedented changes in the lives of 1.6 billion children and adolescents. Research on the effects of isolation in children's lives has shown the negative consequences on their mental health and development.<sup>1</sup> New longitudinal studies around the globe, with children ages 3-18 forming the representative samples, point to the depth and breadth of the crisis.<sup>2</sup> In addition, heightened stress, school closures, loss of income, and social isolation resulting from the coronavirus disease 2019 (COVID-19) pandemic have increased the risk for child abuse and neglect.<sup>3</sup> It comes as no surprise that President Biden referred to students being kept out of the classroom and the staggering loss of women in the workforce as a national emergency.<sup>4</sup>

When the Reopening Planning Team conducted surveys asking parents, teachers, and Hopkinton High School students to assess the students' social and emotional wellness as well as their mental health, the following results were obtained.

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<sup>1</sup> *Morbidity and Mortality Weekly Report*. US Department of Health and Human Services/Centers for Disease Control and Prevention MMWR / November 13, 2020 / Vol. 69 / No. 45 1675  
“Mental Health–Related Emergency Department Visits Among Children Aged <18 Years During the COVID-19 Pandemic” — United States, January 1–October 17, 2020 Rebecca T. Leeb, PhD1; Rebecca H. Bitsko, PhD1; Lakshmi Radhakrishnan, MPH2; Pedro Martinez, MPH3; Rashid Njai, PhD4; Kristin M. Holland, PhD5

<sup>2</sup> Ravens-Sieberer, U., Kaman, A., Erhart, M. et al. “Impact of the COVID-19 pandemic on quality of life and mental health in children and adolescents in Germany.” *Eur Child Adolesc Psychiatry* (2021).  
<https://doi.org/10.1007/s00787-021-01726-5>

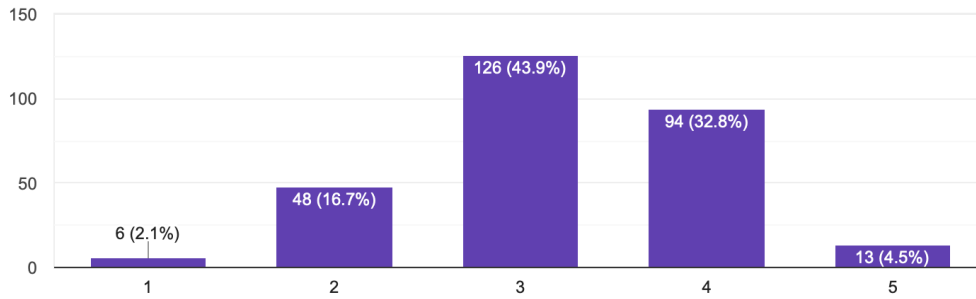
<sup>3</sup> *ibid.* Furthermore, “violence against children is reported to have increased under home confinement leaving children at risk of abuse and trauma. Particularly children with low socioeconomic status and preexisting mental health problems may be exposed to cumulative risks. Limited living space can affect mental health.”

<sup>4</sup> <https://www.cnn.com/2021/02/08/politics/biden-schools-women-workforce-emergency/index.html>

On a scale of 1 to 5, how would you rate your students' social/emotional and/or mental health during this school year?



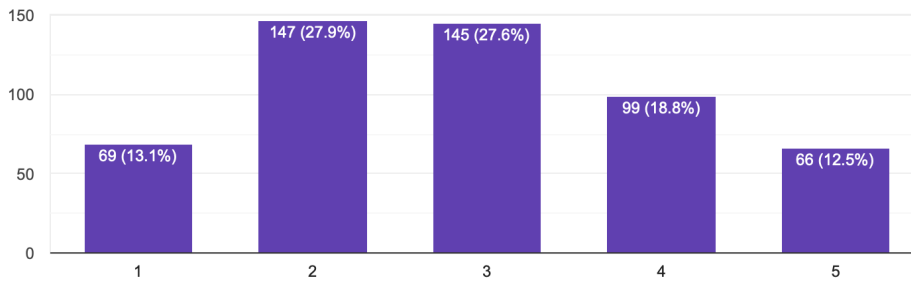
287 responses



### TEACHERS (ALL SCHOOLS) REPORTING ON STUDENTS' MENTAL HEALTH (ABOVE)

On a scale of 1 to 5, how would you rate your own social/emotional and/or mental health during this school year?

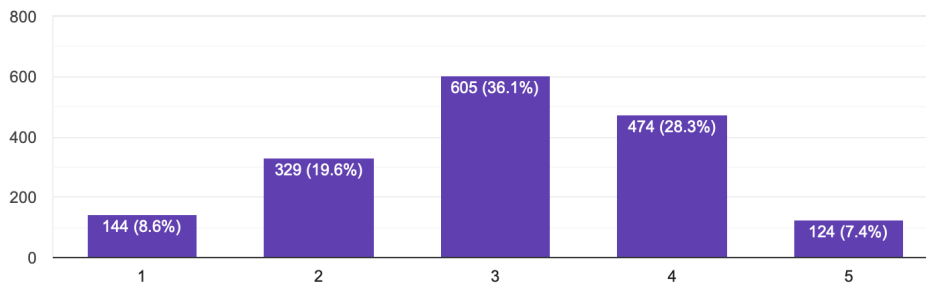
526 responses



### HHS STUDENT SELF-REPORTING ON THEIR MENTAL HEALTH (ABOVE)

On a scale of 1 to 5, how would you rate your child's/children's social/emotional and/or mental health during this school year?

1,676 responses



### PARENTS/GUARDIANS (ALL) REPORTING ON THEIR CHILDREN'S MENTAL HEALTH (ABOVE)

According to Professor Friedman Ross, a pediatrician and medical ethicist at the University of Chicago Department of Medicine, schools are far more than the providers of academics. They are “the source of food. They’re a source of safety. They’re a source of mental health promotion. They're a source of exercise and physical well-being.”<sup>5</sup> Due to the high costs of missed schooling, Ross advocates for reopening schools before a COVID-19 vaccine is widely administered to children.

No one disputes that for the past year, children and adolescents have faced massive changes in their daily lives, including school closures, home confinement, and social distancing rules, which can burden them substantially. In terms of mental health, while younger children seem to be more negatively impacted by the pandemic than older children, emotional problems in girls seem to increase by age during the pandemic. Also (particularly young) children may express their stress via psychosomatic complaints, which increased during the pandemic compared to the time before, which is relevant for parents and doctors to take into account when children complain about bodily symptoms.<sup>6</sup>

Children involved in recent research in the UK cited family tensions and financial concerns as well as feeling isolated from friends and fear about the virus for causing their distress.<sup>7</sup> Older teenagers and adolescents have been affected too as they have seen their prospects shrink. The UK Youth Index, which tracks the well-being of young people aged 16 to 25 years, found more than half of young people were always or often feeling anxious - the highest level ever recorded. Jonathan Townsend, of The Prince's Trust, fears young people are “losing all hope for their future.”<sup>8</sup> The lockdowns, closure of schools and stay-at-home orders have led to a generation of vulnerable children becoming "invisible" to social workers. Referrals that would normally come in from a variety of sources, from health visitors to school nurses, dropped last year. Professor Russell Viner, president of the Royal College of Pediatrics and Child Health, perhaps put it most clearly when he told MPs on the Education Select Committee earlier this month: “When we close schools we close their lives.”<sup>9</sup> He says the pandemic has caused a range of harms to children across the board from being isolated and lonely to suffering from sleep problems and reduced physical activity.

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<https://news.uchicago.edu/story/ethics-reopening-k-12-schools-during-covid-19-pandemic>

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Ravens-Sieberer, U., Kaman, A., Erhart, M. et al. Impact of the COVID-19 pandemic on quality of life and mental health in children and adolescents in Germany. *Eur Child Adolesc Psychiatry* (2021). <https://doi.org/10.1007/s00787-021-01726-5>

<sup>7</sup> <https://www.bbc.com/news/health-55863841>, January 30, 2021

8

<https://www.bbc.com/news/health-55863841>, January 30, 2021

9

<https://www.bbc.com/news/health-55863841>, January 30, 2021

In a recent survey of children and adolescents in Germany, two-thirds of the children and adolescents (aged 11–17 years) stated that they felt burdened by the COVID-19 pandemic.<sup>10</sup> More than half of the children and adolescents found homeschooling and learning to be more difficult than before the pandemic, the majority reported fewer social contacts during the pandemic, and nearly two-fifth of the children and adolescents stated that their relationships with their friends had been impaired. About a fourth of the children and adolescents reported that arguments had increased in the family. Using parent proxy-reported data (parents of 7- to 17-year-olds), about a third of the parents stated that disputes escalated more often.<sup>11</sup>

In another recent study, “The Impact of Social Isolation and Loneliness on the Mental Health of Children and Adolescents in the Context of COVID-19,” published in the *Journal of the American Academy of Child and Adolescent Psychiatry*, researchers reviewed 63 studies of 51,576 participants and found a clear association between loneliness and mental health problems in children and adolescents.<sup>12</sup> Loneliness was associated with future mental health problems up to 9 years later. The strongest association was with depression. These findings were consistent across studies of children, adolescents, and young adults. The length of loneliness appears to be a predictor of future mental health problems. Furthermore, in the one study that examined mental health problems after enforced isolation and quarantine in previous pandemics, children who had experienced enforced isolation or quarantine were five times more likely to require mental health service input and experienced higher levels of posttraumatic stress. This suggests that the current social distancing measures enforced on children because of COVID-19 could lead to an increase in mental health problems, as well as possible posttraumatic stress.

Children and adolescents burdened by the pandemic and potentially at severe mental health risk need to be identified early on to prevent further exacerbation of psychopathology. A 2021 study published in the journal *European Child and Adolescent Psychiatry* concludes, “Along with pediatric researchers, health care professionals and institutions, we call for raising awareness of the negative impact this pandemic has on children and adolescents. Society, politicians, educational and health care professionals, as well as

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<sup>10</sup>

Ravens-Sieberer, U., Kaman, A., Erhart, M. et al. Impact of the COVID-19 pandemic on quality of life and mental health in children and adolescents in Germany. *Eur Child Adolesc Psychiatry* (2021). <https://doi.org/10.1007/s00787-021-01726-5>

<sup>11</sup> *ibid.* Also, researchers with the University Medical Centre Hamburg-Eppendorf found that one in three children in Germany has suffered from mental health problems during the coronavirus pandemic. They urged schools to reach out to students regularly, German local media reported. (<https://www.dw.com/en/covid-germany-extends-lockdown-until-march/a-56520479>)

<sup>12</sup> Rapid Systematic Review: The Impact of Social Isolation and Loneliness on the Mental Health of Children and Adolescents in the Context of COVID-19 Maria Elizabeth Loades, DClInPsy, Eleanor Chatburn, MA, Nina Higson-Sweeney, BSc, Shirley Reynolds, PhD, Roz Shafran, PhD, Amberly Brigden, MSc, Catherine Linney, MA, Megan Niamh McManus, BSc candidate, Catherine Borwick, MSc, Esther Crawley, PhD. *Journal of the American Academy of Child and Adolescent Psychiatry* 2020;59(11):1218–1239

parents need to take action to reduce the mental health impact of COVID-19 on children and adolescents.”<sup>13</sup>

Before closing this section of the report offering research on the topic of mental health, it should be noted that students' open responses to the survey questions about their mental health produced a great variety of answers. To illustrate that disparity in Hopkinton High School students' perceptions about their mental health during the time of the pandemic, we offer these two quotes, which serve as anecdotal data at opposite ends of a continuum.

#### STUDENT #1

Although this has been a hard and stressful year for everyone, I feel as though this year a lot of students are in a panic. First, only having half the class time we need in a typical school year has really effected (sic) my learning. I feel like I'm having more trouble understanding concepts in class and a lot of teachers are focused on not falling behind instead of making sure we have the material down. Compared to last year the workload has been super stressful because most things are self-learning now. Staying up very late worrying about the test/quiz the next day has become a weekly habit. Personally, I've never been under so much stress, but I have been able to maintain really good grades because I spend several hours studying. In addition, having to quarantine for 2 weeks because of a contact tracing letter leaves you behind in every class. Catching up on work isn't that bad, but when you miss that class time it starts to have long term effects in that class because everything you learn builds off each topic. When I came back after my quarantine I had to take a quiz on my very first day back, as well as a test/quiz in many other classes that week. I've never felt so behind and stressed. Coming back full time would definitely relieve that stress.

#### STUDENT #2

With the hybrid model, I've been better able to keep up with my AP classes along with my other extracurriculars. If anything, my mental health has improved with the new learning model. So, it does stress me out a bit to think of no longer having this learning model and having to go back full time. So, I hope there is some type of transition period that would be put in place to help all students transition from hybrid to full-time learning.

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<sup>13</sup> Ravens-Sieberer U, Kaman A, Erhart M, Devine J, Schlack R, Otto C, “Impact of the COVID-19 pandemic on quality of life and mental health in children and adolescents in Germany,” *European Child & Adolescent Psychiatry*, 2021, DOI 10.1007/s00787-021-01726-5

## REOPENING PLANNING

When the Superintendent and the Hopkinton School Committee have presented obstacles to reopening the public school system full time (defined as all hybrid students attending in person every day), chief among these obstacles have been transportation, serving lunch, rescheduling students, and social distancing at six (6) feet. During meetings of these research groups, the school district has been able to find resolutions to these issues.

## TRANSPORTATION

As of February 2021, physical distancing [guidelines and resulting bus capacities have been updated by the Department of Elementary and Secondary Education \(DESE\)](#). The lifting of transportation restrictions essentially eliminated busing transportation problems in Hopkinton.

**“In all cases, maximum distance between students should be maintained during boarding and transportation, and all other safety protocols are still required, including wearing masks and opening windows a couple of inches.”**

- **Elementary schools:**
  - o Capacity limitations and physical distancing requirements for students on buses are lifted.
  
- **Middle and high schools:**
  - o Capacity limitations and physical distancing requirements for students on buses are lifted, except for middle and high schools in districts with high community prevalence.
  - o For middle and high schools in districts with high community prevalence, capacity limitations and physical distancing requirements on buses are amended to allow 2 students per bus bench.

The distancing standards must be implemented in conjunction with strict adherence to health and safety requirements:

- Students should maintain a minimum of three feet of distance with masks on while waiting at bus stops. As may be appropriate, consider marking off ground at bus stops to reflect distancing.
- Children from the same household and same classroom-based cohorts should be seated together when feasible.
- Students should face forward at all times and refrain from eating, shouting, singing, or sharing items while in transit.

- Determine and post maximum occupancy for each bus, if applicable, while following distancing guidelines.
- Students who are not able to wear a mask while riding the bus should maintain 6 feet of distance between themselves and other students. If possible, the student should wear a face shield while on the bus. Districts should work with the families of students who are regularly unable to wear a mask regarding possible alternative transportation arrangements (i.e. walking to school or the family transporting the student).

## Ventilation

Mitigate airborne transmission by increasing outdoor air ventilation. Doing so helps dilute the concentration or displace the presence of an airborne virus. Opening windows can greatly increase the level of ventilation within a school bus and therefore reduce COVID-19 transmission risk.[i]

- **Keep windows open at all times at least two inches during operation.** In adverse weather conditions, every other window can be opened (i.e. first row windows open two inches, second row windows closed, etc.). Districts should develop a rain plan to keep students dry when riding the bus in rainy conditions. Strategies could include:
  - Requesting that families send their students to the bus in full rain gear (and warmer attire, as needed) on rainy days, including hoods and leg protection.
  - Distributing disposable ponchos for any students who need them.
  - Leaving the seats closest to open windows (every other row) empty, if feasible.
- **Consider keeping roof hatches open** on buses during operation for further ventilation, if feasible.[ii]”

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[i] Harvard T. H. Chan School of Public Health, Schools for Health: Risk Reduction Strategies for Reopening Schools. (2020, June). Available at: <https://schools.forhealth.org/wp-content/uploads/sites/19/2020/06/Harvard-Healthy-Buildings-Program-Schools-For-Health-Reopening-Covid19-June2020.pdf>

[ii]

<https://www.schoolbusfleet.com/10119440/7-bus-safety-practices-districts-are-planning-for-school-start>

**LUNCH**



Given all that is known about the increases of risk when masks are removed, the Hopkinton Reopening Planning Team maintains the belief that six (6) feet of social distancing during lunch is critical.

As has been pointed out in a recent study conducted by the architectural firm Drummey, Rosane, and Anderson (DRA), the lunchrooms in all five school buildings are undersized for our student population of 4,000+ students. Therefore, even without the students who are elected-remote, and even with the increase to four lunch periods, it would not be possible to seat students in only our lunchrooms while maintaining six (6) feet of social distancing. To address that problem, the following possibilities exist:

#### **Elementary Schools - Lunch costs and implications**

Hopkins, Elmwood, and Marathon could expand their lunch spaces by pushing lunch into the gymnasiums or the libraries in each of those buildings. That said, none of these buildings currently has the desks to fully furnish the gym spaces as well as the classrooms, as desks currently used for lunches would need to be replaced in classrooms to accommodate the return of students. At this time, it is estimated that the District would need somewhere between 300 and 500 elementary student desks, ranging in price from \$60,000 to \$100,000. The wide range comes as a result of the very different lunch populations; for example, some elementary lunches have a high of 130 students and others have a low of 78 students.

In addition to the cost of the desks, elementary PE classes may need to be moved to the out of doors--exclusively. In the event of inclement weather, PE courses would, at times, need to transition to wellness classes, delivered in the classroom.

#### **Secondary Schools - Lunch changes and their implications**

At Hopkinton Middle School, it is possible to accommodate all of the students at lunch using the auditorium, the cafeteria, and the gymnasium. As a result, Middle School students will come into school, attend all of their classes, and then be bused home at the regular time. Some Middle School students' schedules may be altered; these would be very few cases.

At Hopkinton High School, it is not possible to accommodate all of the students at lunch, even using both the cafeteria and a portion of the athletic center, which the high school is already doing. As a result, students would need to come into school, attend four out of five of their classes, and then be bused home at 11:45\*. The final period of the day (the schedule at the high school rotates) would be delivered remotely via Zoom at 12:45. Therefore, the last period class would change each day, so all classes would primarily be taught in-person. All IEPs would be met.

Please also note that Commissioner Jeffrey Riley anticipates a vote of the Board of Elementary and Secondary Education (BESE) that by regulatory mechanism would require K-5 and 6-8 students to return to full-time in-person learning.

\*Note that an additional bus run would incur cost to the district, as the High School and Middle School could no longer share buses. The district is exploring this cost.

### **SOCIAL DISTANCING CHANGES TO OUR CURRENT PRACTICES**

In June and July, it proved challenging to adhere to Commissioner Riley’s guidance that stated 3-6 feet of social distance would serve. Massachusetts was still in crisis mode. Families, educators, and administrators were fretful of reopening in any capacity. Today, we have come to acknowledge that the Coronavirus isn’t *going away*, but rather it must be managed, and ample evidence exists that the schools have done that, which many (including neighboring districts) have done at 3 feet of social distancing without transmission of the virus. In fact, a large but informal statewide query into social distancing practices indicates that many districts have been open at 3 feet of social distancing with no in-school student-to-student or student-to-teacher transmission of the virus. The pie chart below shows at a very high level how many districts have students in classrooms at 3 feet:

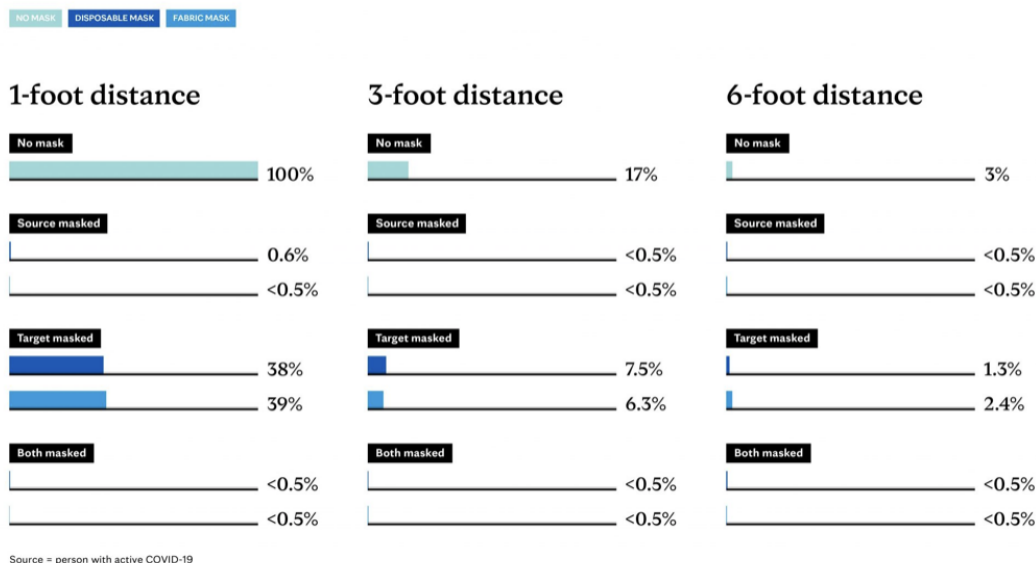
Distance of population:  
84 responses



What the Reopening Planning Team has come to learn is that 3 feet and 6 feet are not “either or” metrics but two numbers, historically based, that establish a continuum. According to our virologist who served as a consultant to the group, the current 6 foot rule has no impact on aerosol transmission (as aerosols can travel much further than six feet), so the main goal with closing the distance from 6 to 3 feet should probably focus on ensuring that one person's spittle does not land on their neighbor's mucosa. Three feet and six feet are simply constructs stemming from metrics that were--to some degree--founded in science, but, in serving another purpose, numbers that would help the general public understand the concept of distancing. For example, in a meta analysis, which appeared in *The Lancet* in June of 2020, Issue 395, researchers found evidence of moderate certainty that current policies of at least 1m physical distancing are probably associated with a large reduction in infection, and that distances of 2m might be more effective, as implemented in some countries. The researchers also provide estimates for 3m. The main benefit of physical distancing measures is to prevent onward transmission and, thereby, reduce the adverse outcomes of SARS-CoV-2 infection. Hence the results of [their] current review support the implementation of a policy of physical distancing of at least 1 m and, if feasible, 2 m or more. (p. 1983)

The Reopening Planning Team discovered mixed information on the topic from resources we deemed “credible.” For example, the CDC is clear that the preferable social distance remains 6 feet. The [Chan School at Harvard University](#) noted in November 2020 that “Six feet should be the default minimum for adults, but it’s past time we recognize that kids are different and the importance of schools is different, especially for the youngest learners. Three feet should be the default distance for schools,” wrote Joseph Allen, associate professor of exposure assessment science and director of the Healthy Buildings program...The authors noted that the six-foot distance requirement has a weak scientific basis; that recent research suggests three feet of distance reduces risk significantly as long as community spread is low; and that mask wearing, as well as proper levels of filtration and ventilation in classrooms, can go a long way toward reducing viral spread.” [Joseph Allen also noted in an NPR interview](#) that if adhering strictly to the CDC’s guidance, most school districts across Massachusetts would not be able to make a return even in the fall; that is not the case in Hopkinton. The [Mayo Clinic](#), in a recent study, has shown the efficacy of masks. These data indicate that mask wearing is the most effective risk mitigation strategy, and that social distancing is fairly negligible when masks are worn.

## Exposure Risk Based on Masking and Distance



Dr. Eli Barbari, an Infectious Diseases Specialist at the Mayo Clinic stated, "I think we had some knowledge about the importance of masks and there's been a number of studies that have showed masks are effective in blocking viruses, but what's really important here is just how effective masking is when done by both parties."

And finally, the [American Academy of Pediatrics weighed in stating](#), “There is a conflict between optimal academic and social/emotional learning in schools and strict adherence to current physical distancing guidelines. For example, the CDC recommends that schools “space seating/desks at least 6 feet apart when feasible.” In many school settings, 6 feet between students is not feasible without drastically limiting the number of students. Some countries have been able to successfully reopen schools after first controlling community-wide spread of SARS-CoV-2 while using 3 feet of distance between students without increases in community spread. Physical distance between desks should follow current public health guidance, and desks should be placed at least 3 feet apart and ideally 6 feet apart. In many jurisdictions, cloth face coverings are mandatory for children in public settings, including schools. Schools should weigh the benefits of strict adherence to a 6-foot spacing rule between students with the potential downside if remote learning is the only alternative.”

In Hopkinton, the greatest change necessary to return to full-time learning for all hybrid students is a reduction of our current practice of six (6) feet of social distancing in the classroom to approximately four (4) feet of social distancing. Naturally, this is not true for every learning space. The distance between desks in classrooms is predicated on the number of students in the class, the size of the classroom, and the style of instruction appropriate for that particular group of learners. In all situations, the district will attempt to socially distance teachers’ desks at 6, to the extent practicable.

Below is a picture of an Elmwood classroom, outfitted with 24 desks, distanced at 4 feet:



## **CONCLUSIONS**

A full-time in-person student reopening would be feasible under the restrictions and conditions outlined in this document and beyond. For example, furniture will need to be ordered and assembled as well as moved throughout buildings. Busing will need to be altered. The greatest change is, of course, the transition from six (6) feet of social distancing to four (4) feet in classrooms spaces, but not at times when students remove their masks; lunch will remain at six (6) feet of social distance.

We need to have one final survey to all hybrid families to ensure that they will agree to send their children to school under these revised conditions; various surveys have been sent out to families to ensure that the models chosen maximize learning for all. If the district returns to full-time learning, a hybrid model will no longer exist. Early surveys indicate that most parents support a full-time reopening.

Although the reopening group agreed that politics would not govern our work but rather science would, it is noteworthy that Governor Baker and Commissioner Riley addressed the Commonwealth on February 23, 2021, indicating that through regulatory changes, all schools should be open full-time to students in K-5, with K-8 following closely behind. Additionally, President Joe Biden expects that all K-5 students will be returned to school in the first 100 days of his presidency.

At this point in time, a full-time in-person return to school in Hopkinton is feasible. The projected date for a full-time return and the dismantling of the hybrid model is March 29, 2021.