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To: Pelham School Board  
From: Chip McGee, Superintendent  
Re: Pandemic Response  
Date: June 2, 2021  
Cc: Deb Mahoney, Business Administrator  
Sarah Marandos, Director of Curriculum

The Pelham School District continues to operate under the Family Choice model with approximately 75% of our students in school full time and 25% remote full time. Given our current indicators, this model will remain in place for the remainder of the year.

**Level of Community Transmission**

The level of community transmission has declined since the last update on May 19, 2021 has shifted from substantial to **moderate**. We continue to see more people vaccinated including 135 students (ages 12 and up) who are participating in our voluntary Student Vaccination Clinic and will be fully vaccinated by June 18!

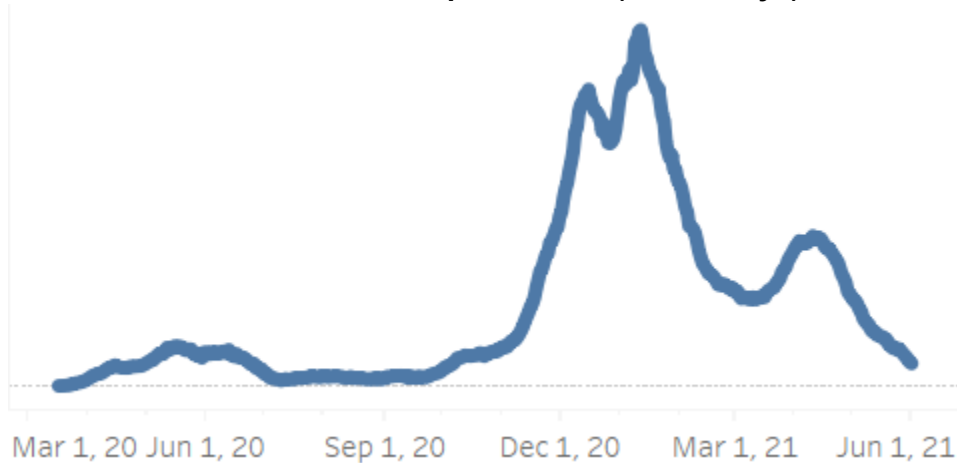
**TABLE: Level of Community Transmission**

Criteria	11.18	12.1	12.7	12.15	12.28	1.6	1.20	2.17	3.3	3.17	4.07	4.21	5.5	5.19	6.2
COVID-19 PCR test positivity 7-day avg	3.8%	4.8%	7.7%	9.8%	8.3%	11.1%	8.7%	4.6%	4.2%	3.7%	6.2%	5.2%	3.4%	3.2%	2.2%
New infections/ 100k prior 14 days	240	442	508	787	613	739	769	315	274	267	417	395	242	137	66
New hospitalizations/ 100k prior 14 days	1.4	1.4	0.5	0.9	0.9	0.9	2.8	0.9	--	--	--	--	-	-	

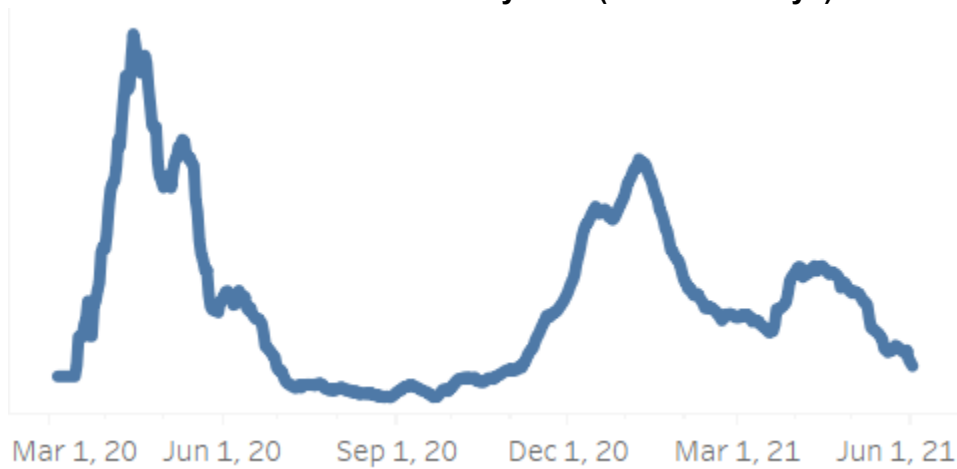
Minimal  
Moderate  
Substantial

NH DHHS trendlines for this data from the start of the pandemic provide a visual representation of the level of community transmission. This data is for Hillsborough County excluding Nashua. (Notes: These charts do not provide a y-axis scale. One can get a sense of the scale by comparing the peak data in the table above to the peak data in the charts.)

**CHART: New Cases per 100,000 (last 14 days)**



**CHART: PCR Test Positivity Rate (last seven days)**



The charts show the decline of community transmission in the past two weeks and almost returned to the levels seen during the first three months of the school year.

*Notes: The chart "New Hospitalization per 100,000 prior 14 days" are not shown because they are no longer provided by DHHS. These charts do not reconcile precisely to the table above because the charts are updated daily while the table is updated before each School Board meeting.*

**Level of School Impact**

The level of impact on the school is **medium** due to the continued strain on staffing resulting from requests for leave as well as resignations. We have seen a decline in exclusions and quarantines for staff.

The updated Staffing Capacity Data table lists the number of current exclusions. (The previous table has been moved to the end of this memo for reference). An exclusion means a case where a person is told to not come to school for reasons related to COVID-19 such as a close contact.

**TABLE: Staffing Capacity Data**

School	Total	Exclusions																	
		1.20		2.17		3.3		3.17		4.7		4.21		5.5		5.19		6.2	
		Students	Staff	Students	Staff	Students	Staff	Students	Staff	Students	Staff	Students	Staff	Students	Staff	Students	Staff	Students	Staff
PES	711	14	2	49	7	9	1	12	2	2	2	22	3	0	2	5	0	13	0
PMS/SAU	433	17	1	20	1	11	2	26	4	41	4	4	2	11	1	1	1	7	0
PHS	606	12	6	22	1	12	0	8	1	34	2	14	0	6	0	1	0	1	1
<b>Total</b>	<b>1,750</b>	<b>43</b>	<b>9</b>	<b>91</b>	<b>9</b>	<b>32</b>	<b>3</b>	<b>46</b>	<b>7</b>	<b>77</b>	<b>8</b>	<b>40</b>	<b>5</b>	<b>17</b>	<b>3</b>	<b>7</b>	<b>1</b>	<b>21</b>	<b>1</b>

We have seen an increase in the number of in-school students currently excluded from school. It went from 7 on May 19 to 21 today. The primary reason is the need to exclude students with COVID-like symptoms. We also have 1 staff member currently excluded. We do not currently have any exclusions due to exposures at school and continue to have no evidence of **transmission with the schools**.

Attendance today (June 2) is at 94%, including exclusions, so the level of **student absenteeism** is low. **Staffing capacity** remains strained. Custodians and IAs continue to present our most significant challenge. The signing bonus and recruitment bonus for custodians, contracted services, and the vaccination clinic for staff also appears to have helped stabilize staffing levels.

**TABLE: Level of School Impact**

Criteria	11.18	12.1	12.7	12.16	12.28	1.6	1.20	2.1	3.3	3.17	4.7	4.21	5.5	5.19	6.2
Transmission within schools	Low	N/A	N/A	N/A	N/A	N/A	Low	Low	Low	Low	Low	Low	Low	Low	Low
Student absenteeism	5% Low	N/A	N/A	N/A	N/A	N/A	5% Low	7% Low	6% Low	6% Low	9% Low	6% Low	6% Low	4% Low	6% Low
Staff capacity <sup>3</sup>	Strain	Strain	Strain	Strain	Strain	Strain	Strain	Strain	Strain	Strain	Strain	Strain	Strain	Strain	Strain

Low

Medium

High

Source: Pelham School District data sources.

## **The Big Six: Masks, Distancing, Hand Sanitation, Screening, Ventilation, and Vaccines**

We will continue to follow the universal guidance described in our Reopening Safely Plans. This includes requiring everyone to wear masks when inside school. Outside, masks are now optional and recommended. These six tools, including masks, are needed to all work together to allow us to keep our schools open safely.

## **Reopening Task Force 2021**

Many questions remain about the nature of reopening for next school year. That is why we have formed the **Reopening 2021 Task Force**. It is made up of parents, students, teachers and administrators and is scheduled for its first meeting on Tuesday, June 8 at 4 pm. The purpose is to provide regular feedback from a range of representative perspectives on the Pelham School District Reopening Plans. The task force cannot override the guidance of federal, state, or local public health officials or education officials including the Pelham School Board. Rather, it is an opportunity for community voices to provide feedback.

## **NH Department of Health and Human Services Guidance for Those Fully Vaccinated**

On May 17, 2021, NH DHHS released [updated guidance](#) for those who are fully vaccinated. Given the interest regarding our mask requirement among several presenters at the most recent School Board meeting, I thought this information may be of value. The guidance reads in part, “NH DHHS continues to recommend that everybody wear face masks and physically distance in certain settings, including . . . schools . . . where a high proportion of people may not be fully vaccinated.” The guidance explains that,

“a fully vaccinated person is at low risk for acquiring infection and spreading to others. However, because vaccines are not 100% effective and there is still a large number of unvaccinated people, mitigation measures like physical distancing and masking still have an important role to control this pandemic. Compared with vaccination alone, modeling studies from the CDC and academic partners have shown that a combination of high vaccination rates with continued use of population-level mitigation measures (face mask use, physical distancing, etc.) will be more effective at limiting COVID-19 infections, hospitalizations, and deaths, and decrease community transmission more quickly. . . . The next several weeks are an important time of transition to drive COVID-19 numbers lower. While we know that vaccination is highly effective at preventing COVID-19 (both asymptomatic and symptomatic disease) and limiting transmission to others, population level mitigation measures will end the pandemic more quickly, protect the vulnerable and people unable to be vaccinated, and enable return to more normal societal functioning. . . . NH DPHS will closely monitor COVID-19 infection rates and vaccination uptake, and will re-evaluate face mask use recommendations in the next 3-4 weeks. As vaccination rates increase and community transmission decreases, NH DPHS expects to fully implement CDC guidance by the end of June.

## **Conclusion**

With community transmission decreasing, vaccinations increasing, and the school impact remaining steady, the Pelham School District anticipates continuing with the Family Choice Model through the end of the school year on June 18. The first group of students to participate in our voluntary clinic will not be fully vaccinated until June 18, and the vaccine is not authorized for those students under age 12. Much has begun to change as a result of the increased level of vaccinations in the region and in Pelham. However, we are not out of the woods yet.

## Metrics Scales

Criteria	Level of Community Transmission		
	Minimal	Moderate	Substantial
Covid-19 PCR test positivity as a 7 day average	<5%	5 - 10%	> 10%
Number of new infections per 100,000 people over the prior 14 days	<50	50 - 100	>100
Number of new hospitalizations per 100,000 people over the prior 14 days	<10	10 - 20	>20

Criteria	Level of School Impact		
	Low	Medium	High
Transmission within the schools	Zero or sporadic cases with no evidence of transmission within the schools	One cluster <sup>2</sup> in the school	Two or more unrelated clusters <sup>2</sup> in the school
Student absenteeism	<15%	15-30%	>30%
Staff capacity <sup>3</sup>	Normal	Strained	Critical

Decision Grid		Level of Community Transmission		
		Minimal	Moderate	Substantial
Level of School Impact	Low	Family Choice	Family Choice	Family Choice <sup>5</sup>
	Medium	Family Choice	Family Choice <sup>5</sup>	Primarily Remote
	High	Primarily Remote <sup>4</sup>	Primarily Remote	Primarily Remote

### Notes:

Thank you to Salem School District for sharing their materials.

- Level of School Impact is determined by the three identified criteria – transmission rate within the school, student absenteeism, and the staff's capacity to conduct classes and school operations. Capacity to maintain operations is a subjective factor.
- A cluster is defined as 3 or more individuals confirmed with COVID-19 who are part of a related group of individuals (e.g. a classroom) who had the potential to transmit infection to each other through close contact within the last 14 days. Two or more clusters are defined as those with onset (based on source case symptom onset dates) within 14 days of each other.
- Staff capacity is a subjective assessment. Account must be taken for a school's ability to maintain adequate staff for facility operations, transportation, teaching, and administrative functions.
- Rate of community transmission with a high impact on schools will very likely be determined by local public health officials in conjunction with school officials. High impact on schools is defined as greater than 30% student absenteeism and critical effect on school operations.
- Level of Community Transmission is determined by PCR test positivity as a 7 day average, new infections over 14 days per 100,000 individuals, and new hospitalizations. All are determined at the county level and not the community level. Consequently, the rate of community transmission determined with input and guidance from local or state public health officials. The level of community transmission likely will not be a single determining decision-making variable. Rather, it will be used in conjunction with school impact and positive test rates.

**PREVIOUS TABLE: Staffing Capacity Data (used 11/18/20 to 01/06/21)**

School	Enrollment as of 10/1	Exclusions				Positive Cases since Pivot on 11/25	
		As of 12/7		Since 12/7			
		Student	Staff	Student	Staff	Student	Staff
PES	711	247	62	31	21	2	10
PMS/SAU	433	161	60	20	11	8	4
PHS	606	218	33	65	16	17	3
<b>Total</b>	<b>1,750</b>	<b>626</b>	<b>155</b>	<b>116</b>	<b>48</b>	<b>27</b>	<b>17</b>