



Independent School District #146
Organizational School Board Meeting
7:00 PM on January 4, 2021
Barnesville High School
302 3rd Street South
Barnesville, MN 56514

1. Call to Order

Chair Bredman called the meeting to order at 7:02 PM

2. Roll Call

Board Members present: Dave Herbranson, Leslie Shirek, Jacob Thompson, Dion Bredman, Greg Berg, Ryan Lindbom, Marla Field and Superintendent Ellerbusch

Guests present: Chris Messer, Michael Stein, Todd Henrickson, Bryan Strand and Brooke Fradet

3. Pledge of Allegiance

4. Election of Officers

The School Board has traditionally elected 4 officers though only a chair, clerk and treasurer are required. Directors currently holding offices retain those offices until they are replaced. In the event of a tie vote for an incumbent position, the incumbent retains the position. Tie votes for open positions require continued attempts to break the tie or, failing that, some type of compromise, or the responsibility falls to the next officer in line until the tie can be resolved. Nominations do not require a second. Officers are voted on in the order nominated until someone is elected.

A. Chairperson

B. Vice-Chairperson

C. Clerk

D. Treasurer

5. Approval of Agenda

6. Recognition of Citizens for Input Purposes

7. Organizational Action Items

A. Setting of Regular Meeting Time and Dates

The School Board has met on the third Monday of the month at 7:00 PM. We cannot hold a meeting on legal holidays, except Columbus Day and the Friday after Thanksgiving. Agendas have been posted online in BoardBook on Thursdays prior to the regular meetings.

B. Setting of Compensation for Directors

Compensation is set at \$65 for regular board meetings, special board meetings and committee board meetings. The chairperson receives a \$300/year stipend. The vice chairperson receives a \$50/year stipend. The treasurer receives a \$250/year stipend. The clerk receives a \$125/year stipend.

C. Naming of Official Depositories for District Funds

D. Investment of Funds

In the past, the Board has authorized the finance officer to make investments. All investments are reported to the Board.

E. Annual Delegation of Authority to Make Electronic Fund Transfers

The Auditor requires the Board to designate someone to make electronic fund transfers. The finance officer has been assigned to do this in the past.

F. Naming of Legal Counsel

G. Naming of Official Newspaper

H. Naming of Representatives and Committee Members

1) Naming of Curriculum and Instruction Advisory Committee Representatives (Presently Dion Bredman, Marla Field, and Jake Thompson)

A motion was made to keep Dion Bredman and Marla Field on the committee and replace Jacob Thompson with Leslie Shirek.

2) Naming of Technology Advisory Committee Representatives (Presently Dion Bredman, Marla Field, and Jake Thompson)

3) Naming of High School Site Council Representative(s) (Presently Marla Field)

4) Naming of Elementary School Site Council Representative(s) (Presently Dion Bredman)

5) Naming of Staff Development Committee Representative(s) (Presently Leslie Shirek)

6) Naming of Continuing Education Committee Representative(s) (Presently Ryan Lindbom)

7) Naming of Wellness Committee Representative(s) (Presently Dave Herbranson)

8) Naming of Health and Safety Committee Representative(s) (Presently Dave Herbranson)

9) Naming of Community Education Advisory Board Representative(s) (Presently Marla Field)

10) Naming of Buildings and Grounds Committee Representatives (Presently Greg Berg, Dave Herbranson, and Jake Thompson)

11) Naming of Financial Committee Representatives (Presently Greg Berg, Dion Bredman, and Ryan Lindbom)

12) Naming of Policy & Public Relations Committee Representatives (Presently Greg Berg and Dave Herbranson)

13) Naming of Lake Agassiz Education District Board Representative (Presently Leslie Shirek)

14) Naming of Region 1 Board Representative (Presently Greg Berg)

15) Naming of Clay County Collaborative, MREA, MSBA and Legislative Liaison Representative(s) (Presently Marla Field)

16) Naming of Minnesota State High School League Representative(s) (Presently Ryan Lindbom)

17) Naming of Employee Negotiation Representatives (Presently Ryan Lindbom and Jake Thompson)

18) Naming of Meet and Confer Representatives (Presently Marla Field and Leslie Shirek)

8. Approve Credit Card Users for Calendar Year 2021

9. Approve Mileage Reimbursement Rate for 2021

10. Discussion/Information

A. COVID-19

3

Data for K-12 Schools: 14-day COVID-19 Case Rate by County

Updated 12/31/2020

How school districts and charter schools should use county-based data in their decision-making

Minnesota’s Safe Learning Plan is a data-driven, localized approach that prioritizes in-person learning, particularly for our youngest students. In-person school, along with engagement in extracurricular activities, are important for the health and wellbeing of students and families. This data- and information-driven approach means that school districts and charter schools within the same county and in different counties may decide to implement different learning models depending on their unique assessments of their data and information.

How data is used:

The county-level data presented in this document is to be used by school districts and charter schools to make decisions about their safe learning models. The county-level data is provided to assist school districts and charter schools but is not intended to be the sole basis for their decision-making. This data should be used in combination with additional data points and information about local school communities and school buildings.

What data shows:

The data included in this document shows, by county of residence, the number of people whose COVID-19 test results were positive during the 14-day period covered by this document, per 10,000 people living in the county. Positive test results are included if a person was tested during the 14-day period. Positive test results are included for both polymerase chain reaction (PCR) testing and antigen testing. County population is based on the U.S. Census Bureau American Community Survey from the 2018 five-year estimates.

What else is included in decision-making:

In addition to the county-level data, when making decisions about their learning models, school districts and charter schools also need to take into account the number of confirmed positive cases, the number of people needing to quarantine, and the level of influenza or COVID-like illness in the school community and each school building. It is also important for school districts and charter schools to assess information about the conditions in their school community and school buildings, including implementation of health best practices in instructional settings (such as mask wearing and appropriate spacing of students), instructional preparedness (such as staffing sufficiency or cohorted classrooms), facility and transportation capacity, and engagement and communications with local stakeholders.

Recommended policy options based on 14-day case rate range

Policy Option	Range (14-day case rate per 10,000 people)
In-person learning for all students	0 to less than 10
Elementary in-person, Middle/high school hybrid	10 to less than 20
Both hybrid	20 to less than 30
Elementary hybrid, Middle/high school distance	30 to less than 50
Both distance	50 or more

14-day case rate per 10,000 people by date of specimen collection

County Name	10/25-11/7	11/1-11/14	11/8-11/21	11/15-11/28	11/22-12/5	11/29-12/12	12/6-12/19
Aitkin	135.78	183.78	203.99	140.84	89.05	84.00	70.10
Anoka	144.29	198.60	197.02	155.14	129.15	109.00	73.37
Becker	147.75	212.30	238.06	193.94	138.87	100.67	67.81
Beltrami	98.88	131.19	131.40	118.61	100.40	88.04	69.17
Benton	207.90	256.42	248.62	202.37	160.89	122.43	75.42
Big Stone	151.52	129.59	131.58	149.52	153.51	151.52	113.64
Blue Earth	109.32	158.02	159.83	132.84	100.12	73.58	49.76
Brown	127.72	198.72	226.89	211.81	187.62	140.81	88.06
Carlton	146.03	178.95	190.77	188.24	151.66	113.67	76.53
Carver	84.75	149.28	174.37	147.09	119.10	93.91	58.36
Cass	131.28	166.77	176.76	159.53	121.63	89.24	66.16
Chippewa	113.24	149.04	176.52	213.99	204.00	174.85	137.39
Chisago	160.07	200.45	192.78	134.30	101.41	97.21	72.54
Clay	161.78	183.28	194.90	187.58	136.14	93.63	68.79
Clearwater	164.55	241.72	223.56	165.68	135.04	81.71	40.85
Cook	41.42	37.66	47.07	56.49	52.72	35.77	18.83
Cottonwood	125.75	235.67	298.10	279.63	242.70	200.49	129.26
Crow Wing	155.98	201.55	198.89	156.60	111.19	77.83	50.58
Dakota	93.81	140.12	158.25	143.18	129.89	109.09	72.64
Dodge	69.96	113.69	122.92	96.69	94.74	86.48	65.11
Douglas	170.42	253.47	279.28	233.58	170.15	117.19	81.18
Faribault	69.08	94.27	115.14	123.78	137.45	141.77	118.74
Fillmore	61.28	91.44	111.55	111.55	103.41	96.23	84.74
Freeborn	86.16	128.09	152.66	125.14	92.71	78.95	54.71
Goodhue	102.13	135.66	156.22	141.29	135.02	122.68	82.44
Grant	84.20	129.67	176.83	158.30	126.31	92.62	55.57
Hennepin	93.35	126.82	132.81	117.85	107.08	90.47	59.11
Houston	103.95	150.03	138.78	126.99	150.03	139.31	94.84
Hubbard	129.42	137.57	164.89	158.66	98.26	58.96	50.81
Isanti	118.80	179.86	183.46	147.53	123.42	115.97	77.49
Itasca	88.49	126.98	130.96	118.80	118.58	103.53	69.46
Jackson	81.62	111.48	150.29	153.28	167.21	189.11	138.35
Kanabec	86.23	119.35	123.09	141.21	141.84	118.72	70.61
Kandiyohi	154.95	232.31	296.78	296.54	254.82	182.15	107.37
Kittson	156.79	177.54	182.15	205.21	219.05	161.40	96.84
Koochiching	50.62	83.83	98.86	84.63	81.46	72.76	52.20
Lac qui Parle	78.25	135.83	193.42	200.80	202.27	193.42	157.98
Lake	71.91	120.16	163.69	147.60	89.89	54.88	44.47
Lake of the Woods	47.26	52.51	68.26	68.26	89.26	89.26	57.76
Le Sueur	105.78	143.66	156.17	130.08	114.00	100.78	58.96
Lincoln	92.87	101.63	143.68	183.98	155.95	98.13	50.81
Lyon	136.62	218.66	259.68	239.17	177.64	130.04	94.43
McLeod	121.14	232.24	265.18	210.75	184.51	154.36	88.76
Mahnomen	76.28	123.50	205.23	201.60	121.69	76.28	58.12

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County Name	10/25-11/7	11/1-11/14	11/8-11/21	11/15-11/28	11/22-12/5	11/29-12/12	12/6-12/19
Marshall	152.26	157.58	184.20	173.55	138.42	113.93	78.79
Martin	61.61	96.67	132.24	165.30	174.31	126.73	84.65
Meeker	113.09	194.12	227.91	229.21	224.01	153.39	69.33
Mille Lacs	184.24	223.49	211.44	182.68	130.21	105.72	70.74
Morrison	180.58	252.81	253.73	176.03	119.28	94.39	63.43
Mower	59.09	118.43	158.07	151.25	140.40	111.36	71.21
Murray	114.93	196.34	195.14	129.29	135.28	134.08	74.22
Nicollet	87.62	132.91	134.98	112.48	96.79	69.86	43.22
Nobles	168.96	167.59	145.61	115.39	126.84	131.42	85.17
Norman	155.51	167.71	150.94	121.97	88.43	57.94	21.34
Olmsted	79.84	108.91	107.60	94.67	92.97	86.89	73.30
Otter Tail	124.16	197.61	216.06	181.06	138.81	96.91	66.73
Pennington	98.70	171.32	204.46	157.22	116.33	83.19	42.30
Pine	90.29	114.66	147.62	142.47	167.53	225.55	191.90
Pipestone	130.65	197.06	209.04	179.64	138.27	99.07	63.15
Polk	239.31	264.63	264.63	217.78	165.55	114.59	58.56
Pope	113.84	197.63	187.61	132.97	107.47	81.06	51.00
Ramsey	89.57	123.95	130.92	114.07	106.72	96.44	67.74
Red Lake	139.72	179.64	174.65	154.69	154.69	104.79	62.38
Redwood	104.36	178.72	254.39	247.86	199.60	136.33	82.19
Renville	116.84	170.50	218.74	239.79	241.83	175.26	91.71
Rice	114.95	206.04	219.72	158.44	119.52	103.85	86.98
Rock	126.42	184.85	261.34	250.72	200.79	151.92	96.67
Roseau	203.73	244.47	285.86	265.81	236.71	170.74	75.02
St Louis	91.41	132.60	151.69	141.29	125.10	104.76	69.37
Scott	114.25	173.95	191.95	153.80	124.64	99.88	63.96
Sherburne	177.09	240.37	217.74	171.19	134.93	109.51	75.51
Sibley	102.60	189.78	217.95	156.92	102.60	82.48	57.00
Stearns	188.50	244.49	249.01	201.76	154.51	113.00	67.79
Steele	89.70	151.60	172.87	158.14	140.96	91.89	46.90
Stevens	93.01	171.71	193.17	152.29	114.47	91.99	71.55
Swift	143.45	183.83	201.89	205.08	176.39	116.88	77.57
Todd	177.17	192.72	164.89	138.71	128.07	104.34	63.42
Traverse	101.89	140.85	143.84	119.87	83.91	80.91	113.87
Wabasha	93.95	137.21	161.86	153.49	132.56	117.67	87.44
Wadena	155.36	207.39	201.52	169.28	154.62	134.84	93.07
Waseca	58.48	108.46	145.14	123.35	89.32	90.38	90.91
Washington	116.89	145.75	155.89	133.75	118.59	101.97	68.37
Watonwan	47.39	102.98	142.17	141.26	152.19	111.18	52.86
Wilkin	165.54	220.72	227.02	193.91	154.50	157.65	124.55
Winona	115.25	145.73	143.96	133.54	111.51	80.83	54.08
Wright	136.65	192.85	207.84	185.54	164.53	127.99	77.67
Yellow Medicine	135.79	141.87	161.13	184.43	165.18	111.47	82.08

Number of counties in each range

Date	0 to less than 10	10 to less than 20	20 to less than 30	30 to less than 50	50 or more
10/25-11/7	0	0	0	3	84
11/1-11/14	0	0	0	1	86
11/8-11/21	0	0	0	1	86
11/15-11/28	0	0	0	0	87
11/22-12/5	0	0	0	0	87
11/29-12/12	0	0	0	1	86
12/6-12/19	0	1	1	6	79



Questions and Answers: COVID-19 Saliva Testing for Minnesota School Staff

12/16/2020

Regular testing is one of many critical strategies for controlling the spread of COVID-19 in our communities and supporting our frontline workers in schools. As Governor Walz continues to prioritize in-person learning while protecting the health and safety of students, educators, staff and families, we have heard that increasing our capacity to test school staff is important.

Governor Walz has asked the Minnesota Department of Education and Minnesota Department of Health to update the Safe Learning Plan, directing all Minnesota public schools who are providing in-person learning (whether as part of an in-person or hybrid learning model) to offer testing for all on-site staff every two weeks beginning January 4, 2021, or whenever they return to in-person or hybrid learning after that date.

The State of Minnesota will supply schools with the training and saliva test kits they need to conduct testing. Minnesota's nonpublic and tribal schools will also have access to testing supplies if they choose to offer tests to their staff. The length of this program is contingent on funding.

Which school staff are eligible to be tested?

All staff who interact with students in-person are eligible to be tested. This includes teachers, paraprofessionals, administrators, support staff, nutrition staff, bus drivers and more, beginning in early learning through grade 12. Schools should also include early childhood, child care or school-age care programs that are operating in their building. Staff working in early childhood, child care or school-age care when the district or school is in a distance learning model are not eligible.

Are schools required to offer testing?

Minnesota public school districts and charter schools are required to offer testing if they are providing in-person learning, whether as part of an in-person or hybrid learning model (focusing first on elementary school staff). Nonpublic and tribal schools are not required to offer testing to staff but are strongly encouraged. No school staff member is required to take a test.

Are staff required to participate?

No. Staff are not required to take tests regardless of whether they work in a public, nonpublic or tribal school.

Who will receive the test result?

The test result will be provided via email to the individual tested. The only people who will have access to your private information will be public health staff from MDH and LPH agencies, contracted staff who are helping MDH with its COVID-19 response, and others as required by law.

When will schools begin testing?

In order to manage capacity at the test labs, all school districts, charter schools, nonpublic and tribal schools providing in-person learning, whether as part of an in-person or hybrid learning model, will be assigned a designated testing date within a two week schedule beginning January 4, 2021. Dates will be shared with district and charter COVID-19 coordinators and nonpublic and tribal school leaders.

How will schools receive their testing supplies?

District COVID-19 coordinators and nonpublic and tribal school leaders who are providing any form of in-person learning, will complete an MDE survey to indicate how many school staff will receive tests (including child care and early childhood programs offered in their buildings). Based on this data, the State of Minnesota will ship supplies for the school district, charter school, nonpublic or tribal school to access.

This survey will be completed every two weeks, prior to their designated testing date. Schools that are currently in distance learning but are planning to shift to in-person or hybrid learning can request supplies up to two weeks prior to the transition.

How will staff receive their tests?

School districts, charter schools, nonpublic and tribal schools will be assigned a designated day within a two week schedule on which they will conduct testing. Testing will be led by the COVID-19 coordinator for the district, charter school, nonpublic or tribal school. These coordinators, along with other site-level testing coordinators, will be trained by experts from Minnesota's COVID-19 testing team. During the specified date and time, educators and staff will visit the designated location, where they will self-administer a COVID-19 saliva test. Throughout the process, the testing coordinator and other trained staff will be on-site to assist as needed.

School districts, charter schools, nonpublic schools and tribal schools must communicate details for testing to all in-person staff in their school communities. MDE will provide template communication

which schools can edit and use to ensure staff are informed of the date, time, location and other necessary details related to testing.

What additional testing opportunities are available for school staff?

Like all Minnesotans, school staff are always encouraged to [make an appointment or walk-in](#) at one of Minnesota's COVID-19 free Community Saliva Testing Sites. Additionally, school staff can [order an at-home saliva test](#). All tests are provided at no cost to the recipient, but Minnesotans should provide their insurance information if they have it. School staff can also be tested by their physician or local healthcare provider.

What should a school staff person do if they receive a positive test result?

If a positive test result is received, school staff should follow their employer's policy for reporting a confirmed COVID-19 case and know that the MDH response team will **call** you with important health information for you and the people who live with you. It is important to answer the call from the health department, as the call will provide information about how to keep yourself, your family, and your community safe.

How accurate is the saliva test?

This saliva test is just as accurate as other tests like nasal swabs, according to the test manufacturer. It tests to see whether you currently have the virus that causes COVID-19. It is not an antibody (or serology) test, which can be used to tell if you may have had the virus in the past. The FDA approved this saliva test on April 10, 2020, and the Minnesota Department of Health supports its use.

Why are school staff being asked to test every two weeks?

This frequent testing is used as a screening tool. Knowing that the incubation period for the virus is 14 days, this will allow school staff to be tested regularly enough to detect most asymptomatic cases. When positive cases are detected, they can be quarantined and close contacts can be identified and quarantined, limiting additional potential for spread. Anyone who feels ill between regular in-school testing opportunities should seek testing at another location immediately.

Should school staff test even without symptoms?

Yes. Schools are required to offer testing to help detect asymptomatic COVID-19 cases. School staff who are experiencing symptoms should contact their healthcare provider or visit a [COVID-19 Community Testing Site](#).

How long will the test take?

Registration and testing should take no more than 15-20 minutes. Results are typically available within 48 hours of being received at state saliva testing laboratory sites.

Can school staff still go to work while waiting for test results?

School staff without symptoms or known exposure should continue to go to work while waiting for test results. If a staff member is experiencing symptoms or has knowingly been exposed to COVID-19, they should consult their healthcare provider to get a test and should follow quarantine guidance.

Why aren't students being tested?

The Centers for Disease Control and Prevention (CDC) does not currently recommend universal testing to inform admitting students into school.

Who pays for these tests (insurance, the state, the school district)?

These COVID-19 saliva tests will be provided at no cost educators and school staff. Costs are covered by the state. The State of Minnesota will supply schools with the training and test kits they need to conduct testing every two weeks beginning January 4, 2021.



Minnesota Department of Education | education.mn.gov | 651-582-8200
1500 Highway 36 West, Roseville, MN 55113

STAY SAFE MN

SAFE LEARNING PLAN COVID-19 SCREENING PROGRAM

State COVID19 Testing Team

mn MINNESOTA

School Staff Testing Program

- Prioritize testing for our frontline school staff providing in-person learning
- Testing is a critical of identifying, containing and stopping the spread of the virus
- In addition to this onsite screening testing, other testing options are available for staff, families, and communities:
 - Community testing sites
 - At-Home Testing
 - Learn more at: mn.gov/covid19




What Screening Testing Means for Schools

- Tests will be conducted every other week.
- The State is covering the costs of testing. Tests are free and insurance will not be billed.
- Working with the designated COVID Coordinator for the district-school sites are required to designate onsite coordinator(s) to facilitate each testing event.
- Encourage staff to be tested through this screening or other testing sites, regardless of symptoms. Staff are not required to participate.
- Staff test results are provided to the employee.
- This program will operate over the first quarter of the year and continue based on funding and vaccination availability.¹³

Staff Eligible for Screening Tests

- All staff working in-person in the school building while providing in-person and hybrid learning models must be offered the opportunity to test through this program.
- When ordering COVID-19 testing kits, please be sure to include
 - onsite child care programs/school-age care programs,
 - early learning programs including voluntary prekindergarten (VPK),
 - school readiness plus (SRP), school readiness (SR) and
 - Early Childhood Family Education (ECFE) in your calculations.
- This will help ensure materials are sent in a single shipment and training is provided to appropriate¹⁴ staff.

School Steps to Set Up Staff Testing

1. Identify testing coordinators (2-3) for your school site
2. Order test kits based on number of staff working in-person
3. Complete training on testing 
4. Test kits will be delivered directly to schools.
5. Complete testing on the assigned date (**coming soon**)
6. Ship tests on the same day to the lab by a) taking tests to UPS store or b) schedule a UPS pick-up (**school cost**)
7. Staff will receive their results via email they provided
8. Complete collection report, and ordering additional kits if needed
9. Repeat steps 5-8 every other week¹⁵

Testing Coordinator Role and Responsibility

1. Facilitates the process of testing staff every other week on the assigned date
2. Assists on testing day
 - Verify staff have not had anything to eat, drink, smoke, or chewed gum in the last 30 minutes
 - Assist with technical questions and common errors (see Troubleshooting)
 - Provide staff with collection kit
 - Collect collection kits
 - Mail collection kits (UPS store) <https://www.theupsstore.com/tools/find-a-store>
 - Complete the Collection Report
4. Safety Measures and Infection Control

Safety Measures-Infection Control Standards

- **Disinfecting & Sanitizing**

- All collection surface areas
- Sanitize any shared surfaces or areas prior to next staff member
- Shared electronic devices, i.e. iPads, phones, must be sanitized and staff need to log out of their Vault Health account prior to next staff
- Ensure hand sanitizer is available for staff member to use before and after collection

- **Social Distancing**

- Ensure proper social distancing is maintained throughout the collection
- Do NOT touch staff, their possessions or kits unless necessary

- **Gloves**

- Gloves should be worn if assisting another staff with collection
- Always use hand sanitizer before and ¹⁷after assisting staff member

Staffing Implications

- **Awaiting Results and Quarantine:** Staff who participate in testing and have *no* symptoms and no known exposure will **not be directed to quarantine and can continue to work** while awaiting results.
- **Results and Program Impact:** Results are typically available within 48 hours of being received in the state saliva testing lab.
- **Staff & Community Questions:** The state has provided, and is developing, language around testing that can be shared with staff and families to explain the program.

V A U L T
H E A L T H

Drug Free Sport
INTERNATIONAL™

State of Minnesota COVID-19 Testing

PERSONNEL ROLES & RESPONSIBILITIES

Roles to Facilitate Testing at School Sites

- ***Traffic Controller***
 - Encourages social distancing and mask wearing
 - Directs participants to an open testing station
- ***Test Supervisors***
 - Greet participants as they arrive to the testing station
 - Assists participants with the online registration process/technology
 - Ensure that the saliva meets the vial line (no bubbles) and that the preservative is activated
 - Cleans and disinfects the testing stations between participants
- ***Check-Out***
 - Verifies that participant has completed testing process on device(phone/tablet)
 - Thanks donors as they exit
 - Counts and packages samples regularly²¹

HEALTH & SAFETY PRECAUTIONS

Personal Protective Equipment (PPE)

- **Surgical/Reusable Face Mask**

- Face mask must be donned prior to entering the facility and worn the entire time.
- It must be properly positioned to entirely cover your nose and mouth.

- **Face Shield/Eye Protection**

- Face shield must be donned during operating hours while interacting with donors.

- **Gloves**

- Gloves should be donned at the beginning of the collection day.
- They should be changed any time one is soiled/compromised (i.e., breaks) or potential contact is made with the donor, the donor's device and/or the donor's sample.
- Each time you change gloves, you should also be sanitizing your hands.

Testing Logistics

- **Ensure proper social distancing is maintained throughout the collection.**
- **Do NOT touch donor, their possessions or kits unless absolutely necessary**
- **Do NOT lean on tables or stand next to donors**

- **Limit exposure to unused areas of the facility.**

Table Set-up/Cleaning



Paper Towels

Cleaner

Hand Sanitizer

Table sign

Pre-Registration & Onsite Registration

Pre-Registration

Pre-Registration Link

Communicate ahead of time to your population:

- Go to pre-registration URL
(http://vaulthealth.com/covid/start?var_c=onpre)

Enter patient information


- First / Last name
- Phone
- DOB
- Sex
- Race
- Ethnicity

English ▾

VAULT

Who will be using this test order?

We need to register you, or your child, before you can give your sample.

Already have an account with Vault? [Log In](#) 

First Name

Last Name

Phone

Date of birth

Sex

Male

Female

Decline to Identify

Select Race and Ethnicity

We ask these for reporting purposes.

29

NEXT >

Create patient account

- Email
- Confirm email
- Password

< BACK

VAULT

English ▾

Create an account for John Doe

Enter the email address you would like your test results sent to.

Create Account

Email

Confirm Email

Password

Password must be at least 8 characters, contain one number and one letter.

30

NEXT >

Residential Address (For contact tracing only)

- Street
- Street #2
- City
- State
- Zip

< BACK

VAULT
johndoe@email.com

English LOG OUT

Please enter your current residential address

This information is needed for accurate local and state reporting.

Address
123 Main St.

Address 2
#1

City
St. Paul

State
Minnesota

ZIP code
55101

31

NEXT >

SELECT "NO" FOR
INSURANCE

< BACK

VAULT

English LOG OUT

johndoe@email.com

Do you have medical insurance?

If you are covered by commercial insurance, Medicare, or Medicaid, please select "Yes". If you do not have any form of medical insurance, please select "No".

YES NO

32

NEXT >

A screenshot of a web-based survey interface. At the top left is a '< BACK' link. The top center features the 'VAULT' logo and the email address 'johndoe@email.com'. The top right has a language dropdown set to 'English' and a 'LOG OUT' link. The main content area contains a question: 'Do you have medical insurance?' followed by instructions: 'If you are covered by commercial insurance, Medicare, or Medicaid, please select "Yes". If you do not have any form of medical insurance, please select "No".' Below the text are two blue buttons: 'YES' on the left and 'NO' on the right. The 'NO' button is highlighted with a red circle. At the bottom left of the page is the number '32'. At the bottom right is a grey button labeled 'NEXT' with a right-pointing chevron.

Pre-registration Complete!

The screenshot shows a confirmation page for a pre-registration process. At the top right, there is a language dropdown menu set to 'English' and a 'LOG OUT' link. The VAULT logo is centered at the top, with the email address 'johndoe@email.com' displayed below it. The main heading is 'Thank you for pre-registering!' in a large, bold, blue font. Below this, a paragraph of text states: 'We've sent you an email with a link to use for your on-site visit. You'll need to enter exposure details and your Kit ID during your visit.' A prominent cyan button with the text 'Pre-register another person?' is centered below the text. At the bottom of the page, there is a white footer area containing a cyan button labeled 'GO TO ACCOUNT' and the page number '33' in the bottom left corner.

English LOG OUT

VAULT
johndoe@email.com

Thank you for pre-registering!

We've sent you an email with a link to use for your on-site visit. You'll need to enter exposure details and your Kit ID during your visit.

Pre-register another person?

33

GO TO ACCOUNT

Pre-register someone else?

The image shows a screenshot of a user interface for 'VAULT'. At the top right, there is a language dropdown set to 'English' and a 'LOG OUT' link. Below the logo, the email 'johndoe@email.com' is displayed. The main heading is 'Thank you for pre-registering!' in blue. Below it, a message states: 'We've sent you an email with a link to use for your on-site visit. You'll need to enter exposure details and your Kit ID during your visit.' A cyan button with the text 'Pre-register another person?' is positioned below the message. A blue arrow points from this button to a larger cyan callout box that also contains the text 'Pre-register another person?'. At the bottom of the page, there is a cyan button labeled 'GO TO ACCOUNT' and the page number '34'.

VAULT
johndoe@email.com

English LOG OUT

Thank you for pre-registering!

We've sent you an email with a link to use for your on-site visit. You'll need to enter exposure details and your Kit ID during your visit.

Pre-register another person?

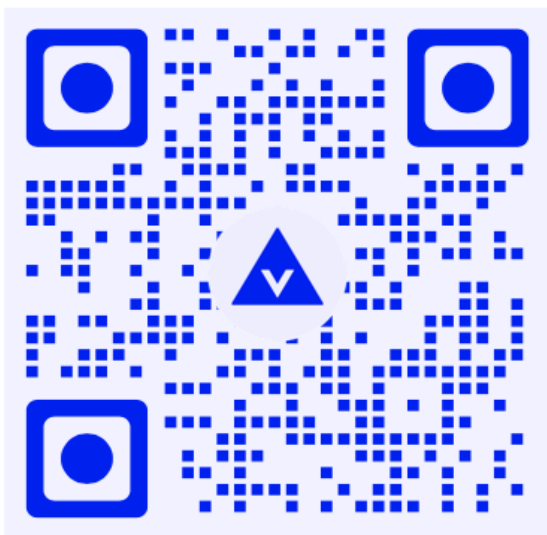
Pre-register another person?

GO TO ACCOUNT

34

When they arrive onsite:
COVID.VLT.CO

**SCAN WITH YOUR
PHONE CAMERA**



V▲ULT

How the test works

- 1** COMPLETE MEDICAL FORMS
- 2** PROVIDE YOUR SAMPLE
- 3** GET YOUR RESULTS

NEXT >

What state are you taking
this test in

A mobile application interface for 'VAULT'. At the top left is a '< BACK' button. At the top right are 'English' with a dropdown arrow and 'LOG OUT'. The 'VAULT' logo is centered, with the email 'johndoe@email.com' below it. The main question is 'What state are you taking this test in?'. Below the question is a dropdown menu with 'Minnesota' selected. At the bottom is a blue bar with 'NEXT' and a right-pointing arrow. A progress indicator is visible at the very bottom.

Acknowledges Terms & Conditions

← BACK

VAULT

Vault COVID-19 Test Kit

Before starting this form, there are a few things you should understand about this COVID-19 testing kit:

This kit will only test you for COVID-19 at the time that you give your sample. It is NOT an antibody test.

It does not determine whether you have had COVID-19 in the past or have developed antibodies for COVID-19. It is also possible you may become exposed and develop COVID-19 after you provide your sample.

Vault only provides testing for COVID-19.

We do not provide treatment or medical recommendations beyond what the CDC advises. Your report will come with general recommendations for next steps depending on your results.

This test requires a saliva sample.

The kit will include a test tube in which to put your sample.

We are required to report all verified cases of COVID-19 to the applicable health authority in your state.

This means that we are required by law to report your test result, and certain other pieces of information such as your age, sex, and address.

By clicking here, I would like to receive my results by email. I am aware that these are not secure means of communication and that there is a risk that my protected health information could be accessed by unauthorized third parties.

By clicking here, I understand and agree to statements in the page above and the Terms and Conditions.

NEXT →

Complete Potential Exposure Details

< BACK

VAULT

Exposure Details

Have you been exposed to anyone who has been confirmed to have COVID-19?

YES

NO

If you have been in physical contact with someone you know has (or has had) COVID-19, please select yes.

Have you potentially been exposed to someone with COVID-19?

YES

NO

If you have visited a location where you believe individuals who have (or have had) COVID-19 may have been, please select yes.

38 NEXT >



< BACK

VAULT

Exposure Details

Have you been exposed to anyone who has been confirmed to have COVID-19?

YES

NO

If you have been in physical contact with someone you know has (or has had) COVID-19, please select yes.

HOW MANY DAYS AGO?

Have you potentially been exposed to someone with COVID-19?

YES

NO

If you have visited a location where you believe individuals who have (or have had) COVID-19 may have been, please select yes.

HOW MANY DAYS AGO?

NEXT >

Chooses COVID-19 Symptoms

< BACK

VAULT

Are you experiencing any symptoms of COVID-19?

Check all that apply:

- Fever
- Dry cough
- Shortness of breath or difficulty breathing
- Fatigue
- Loss of sense of taste/smell
- Diarrhea
- Nausea/Vomiting
- Generally not feeling well
- Muscle aches
- Chills
- Headache
- Sore throat
- Purple / blue discoloration of one or more toes
- No SYMPTOMS

NEXT >

Donor Records Duration of Symptoms

< BACK

VAULT

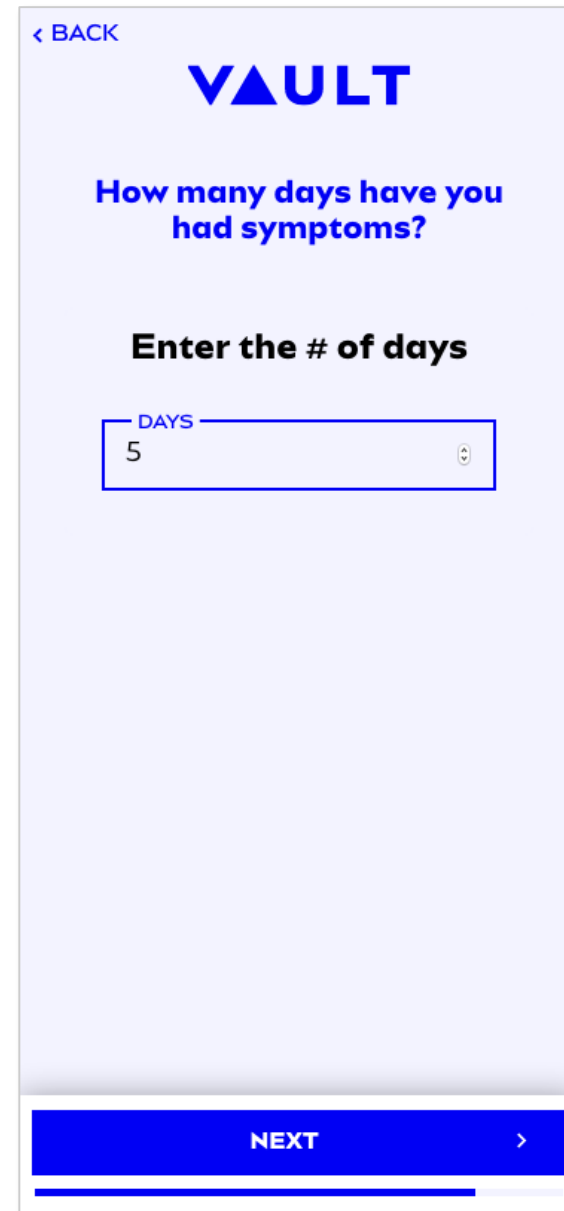
How many days have you had symptoms?

Enter the # of days

DAYS

5

NEXT >



Completes Qualifying Questions

< BACK

VAULT

COVID-19 Testing

Confirm that you've completed the following steps before providing your sample:

I have my unopened testing kit with me.

I have not eaten, drank, smoked, or chewed gum in the last 30 minutes.

If you need help...

Please stop and ask your test administrator if you have any problems or questions while providing your sample.

NEXT 41 >



< BACK

VAULT

COVID-19 Testing

Confirm that you've completed the following steps before providing your sample:

I have my unopened testing kit with me.

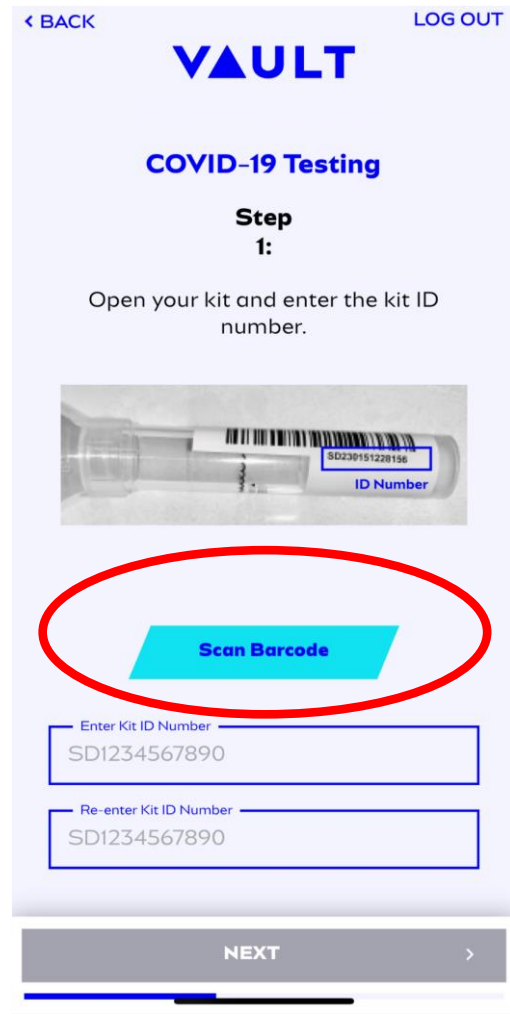
I have not eaten, drank, smoked, or chewed gum in the last 30 minutes.

If you need help...

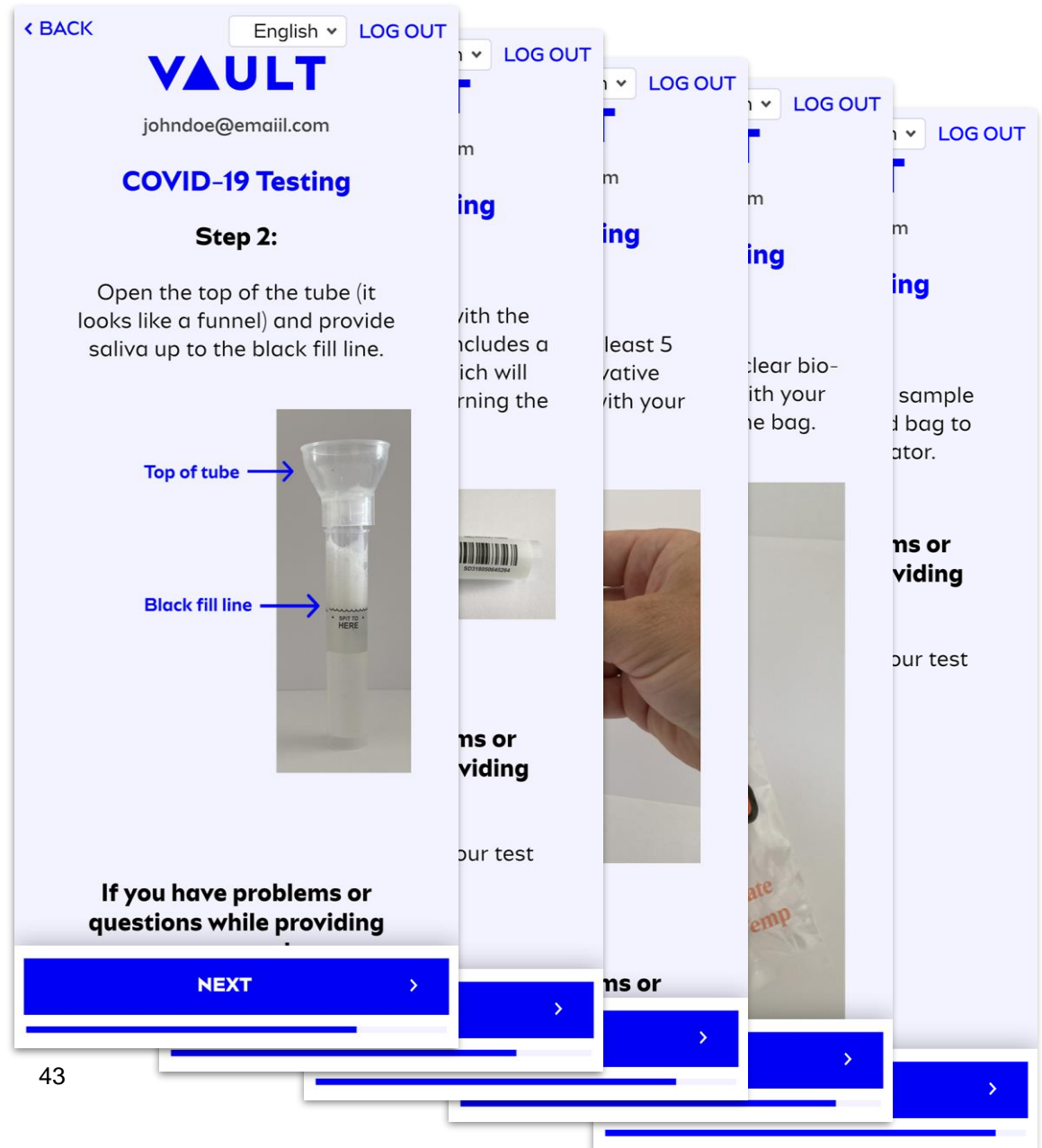
Please stop and ask your test administrator if you have any problems or questions while providing your sample.

NEXT >

Scans Sample ID Number



Spit Steps 2-6



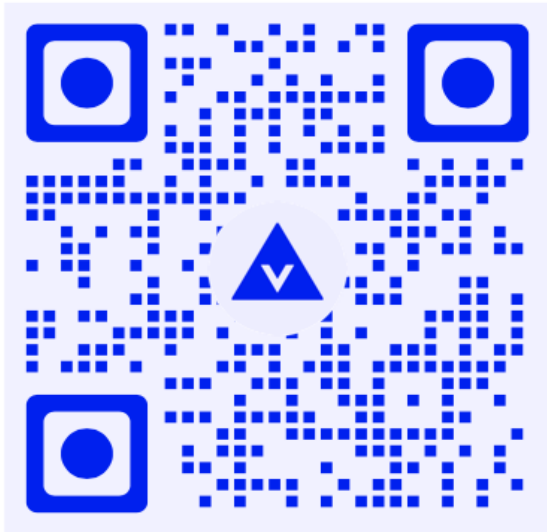
Onsite Registration

Registration Overview

- Donor Driven
- Personnel are there to answer any questions
- Can use any smart phone/tablet (with internet access)
 - Google Chrome or Safari are the preferred browsers to use

Step 1: Donors go to
COVID.VLT.CO

**SCAN WITH YOUR
PHONE CAMERA**



V▲ULT

How the test works

- 1** COMPLETE MEDICAL FORMS
- 2** PROVIDE YOUR SAMPLE
- 3** GET YOUR RESULTS

NEXT >

Step 2: Donor Completes Demographic Info

Returning donors should click 'Log In' and then 'START NEW ORDER'.

VAULT

Who will be using this test order?

We need to register you, or your child, before you can give your sample.

Already have an account with Vault? [Log In](#)

FIRST NAME
John

LAST NAME
Doe

PHONE
(888) 123-4567

DATE OF BIRTH
01/01/1970

Sex

Male

Female

Decline to identify

Select Race and Ethnicity

We ask these for reporting purposes.

Choose one...

Choose one...

Create Account

Email

Confirm Email

Password

Password must be at least 8 characters, contain one number and one letter.

NEXT >

Step 3: Donor Enters Residential Address

Please enter your home address

This information is needed for accurate local and state reporting.

ADDRESS ⓘ


ADDRESS 2

CITY

STATE
Choose one...

ZIP CODE

NEXT >



Step 4: Donor Selects State Test is Occurring In

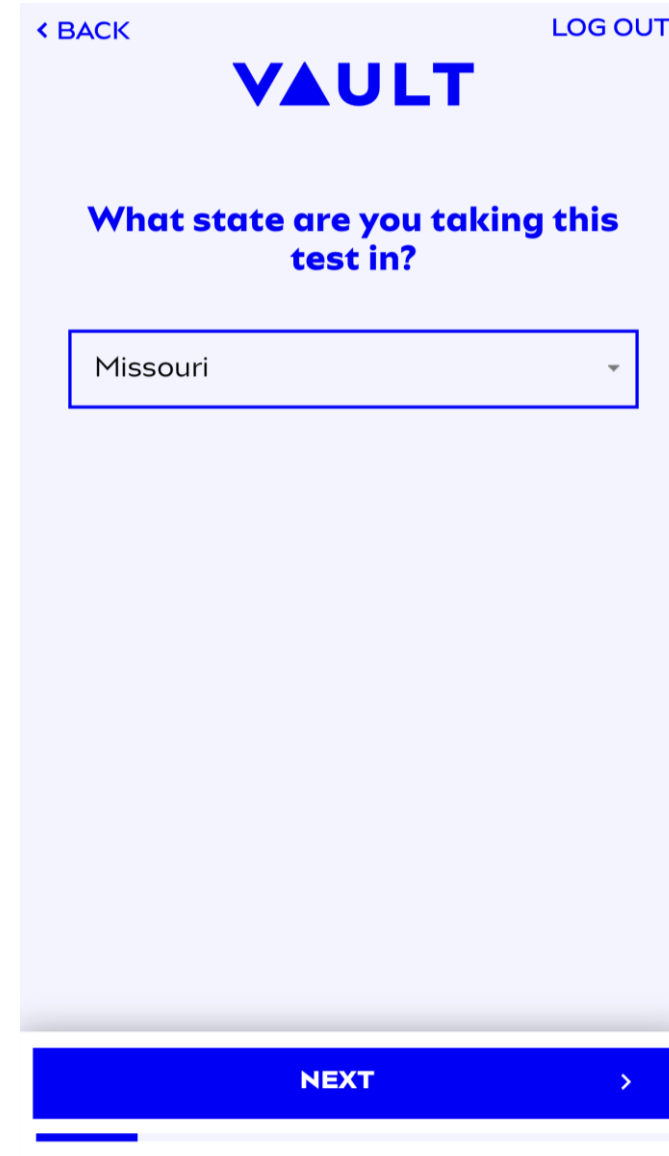
< BACK LOG OUT

VAULT

**What state are you taking this
test in?**

Missouri ▾

NEXT >



Step 5: Donor Acknowledges Terms & Conditions

← BACK

VAULT

Vault COVID-19 Test Kit

Before starting this form, there are a few things you should understand about this COVID-19 testing kit:

This kit will only test you for COVID-19 at the time that you give your sample. It is NOT an antibody test.

It does not determine whether you have had COVID-19 in the past or have developed antibodies for COVID-19. It is also possible you may become exposed and develop COVID-19 after you provide your sample.

Vault only provides testing for COVID-19.

We do not provide treatment or medical recommendations beyond what the CDC advises. Your report will come with general recommendations for next steps depending on your results.

This test requires a saliva sample.

The kit will include a test tube in which to put your sample.

We are required to report all verified cases of COVID-19 to the applicable health authority in your state.

This means that we are required by law to report your test result, and certain other pieces of information such as your age, sex, and address.

By clicking here, I would like to receive my results by email. I am aware that these are not secure means of communication and that there is a risk that my protected health information could be accessed by unauthorized third parties.

By clicking here, I understand and agree to statements in the page above and the Terms and Conditions.

NEXT →

Step 6: Donor Completes Potential Exposure Details

< BACK

VAULT

Exposure Details

Have you been exposed to anyone who has been confirmed to have COVID-19?

YES

NO

If you have been in physical contact with someone you know has (or has had) COVID-19, please select yes.

Have you potentially been exposed to someone with COVID-19?

YES

NO

If you have visited a location where you believe individuals who have (or have had) COVID-19 may have been, please select yes.

51 NEXT >



< BACK

VAULT

Exposure Details

Have you been exposed to anyone who has been confirmed to have COVID-19?

YES

NO

If you have been in physical contact with someone you know has (or has had) COVID-19, please select yes.

HOW MANY DAYS AGO?

Have you potentially been exposed to someone with COVID-19?

YES

NO

If you have visited a location where you believe individuals who have (or have had) COVID-19 may have been, please select yes.

HOW MANY DAYS AGO?

NEXT >

Step 7: Donor Chooses COVID-19 Symptoms

< BACK

VAULT

Are you experiencing any symptoms of COVID-19?

Check all that apply:

- Fever
- Dry cough
- Shortness of breath or difficulty breathing
- Fatigue
- Loss of sense of taste/smell
- Diarrhea
- Nausea/Vomiting
- Generally not feeling well
- Muscle aches
- Chills
- Headache
- Sore throat
- Purple / blue discoloration of one or more toes
- No SYMPTOMS

NEXT >

Step 8: Donor Records Duration of Symptoms

< BACK

VAULT

How many days have you had symptoms?

Enter the # of days

DAYS

5

NEXT >

Step 9: Donor Completes Qualifying Questions

< BACK

VAULT

COVID-19 Testing

Confirm that you've completed the following steps before providing your sample:

I have my unopened testing kit with me.

I have not eaten, drank, smoked, or chewed gum in the last 30 minutes.

If you need help...

Please stop and ask your test administrator if you have any problems or questions while providing your sample.

NEXT 54 >



< BACK

VAULT

COVID-19 Testing

Confirm that you've completed the following steps before providing your sample:

I have my unopened testing kit with me.

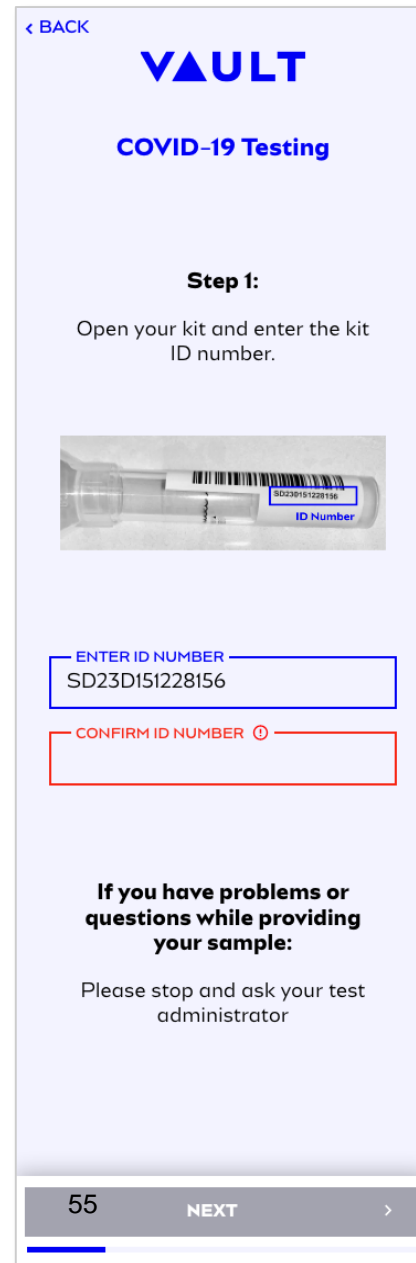
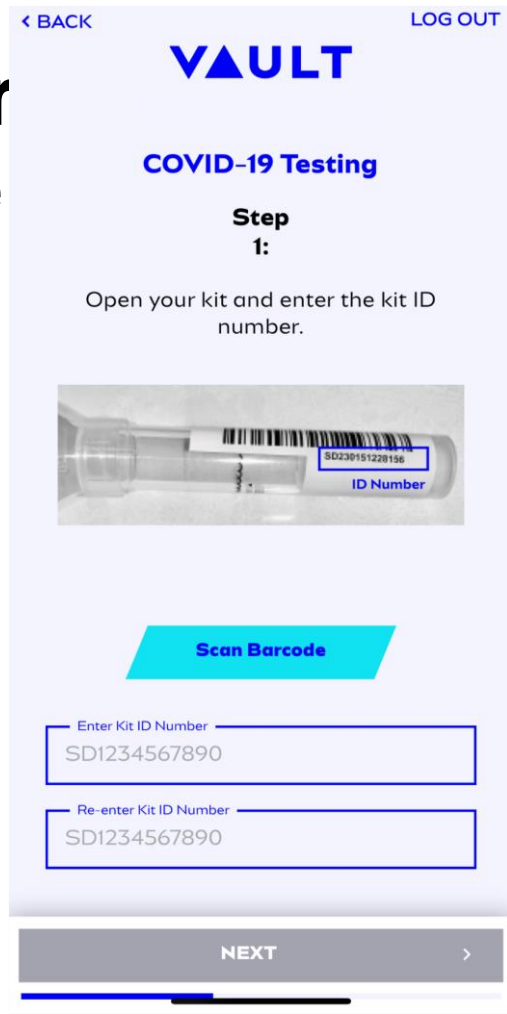
I have not eaten, drank, smoked, or chewed gum in the last 30 minutes.

If you need help...

Please stop and ask your test administrator if you have any problems or questions while providing your sample.

NEXT >

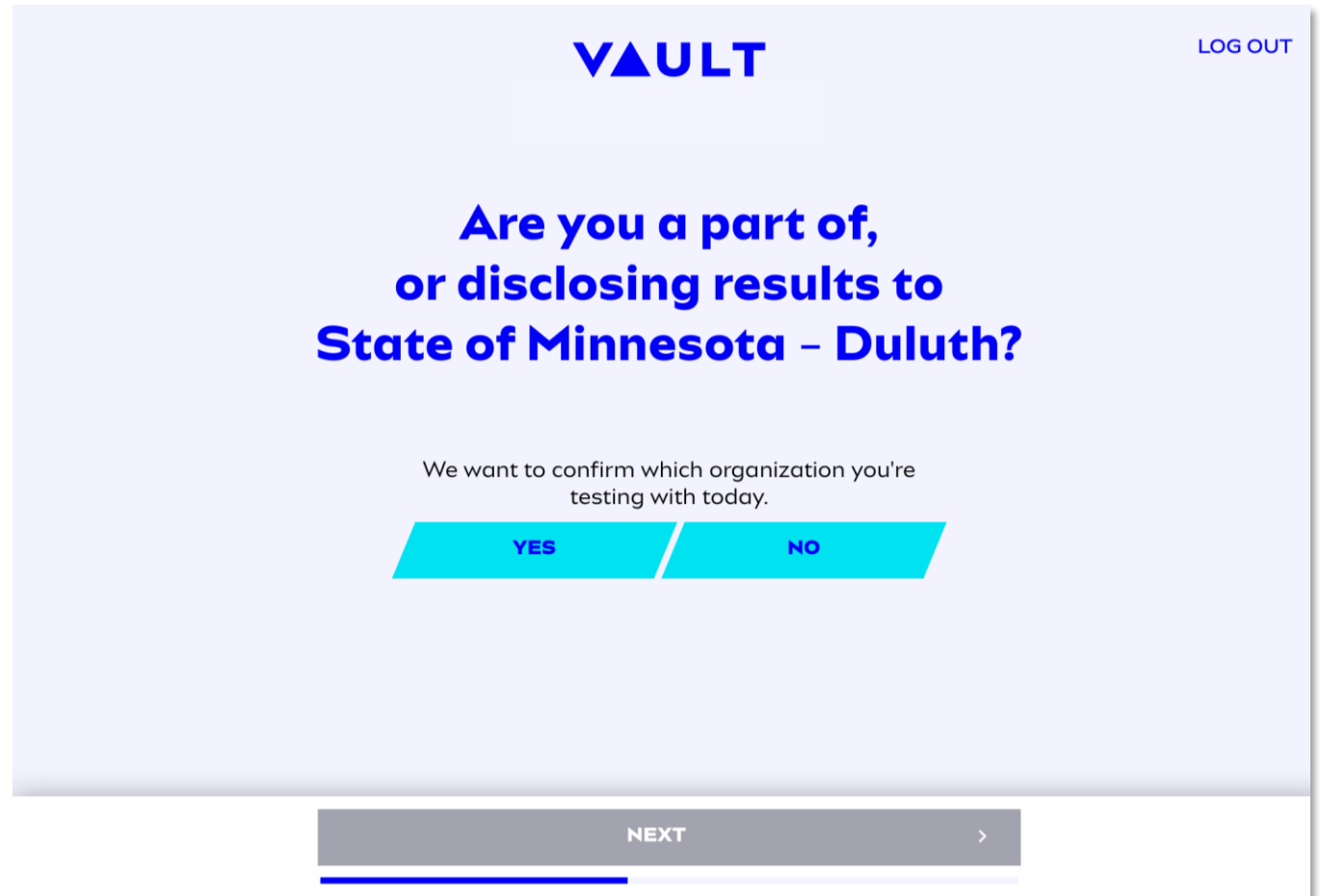
Step 10: Donor Enters Sample ID Number Twice



Step 11: Participant Confirms Organization

Donors must select 'Yes'.

If donor selects 'No', the collection kit is invalidated.



The screenshot shows the VAULT application interface. At the top left is the VAULT logo, and at the top right is a LOG OUT link. The main heading asks, "Are you a part of, or disclosing results to State of Minnesota - Duluth?". Below this, a sub-heading reads, "We want to confirm which organization you're testing with today." There are two large, light blue buttons labeled "YES" and "NO". At the bottom of the screen is a grey "NEXT" button with a right-pointing arrow. A progress bar at the very bottom shows the current step is highlighted in blue.

Step 12: Donor Enters Name on HIPAA Authorization Form

« BACK

VAULT

COVID-19 Testing

Step 2:

Please sign this HIPAA Authorization to disclose healthcare information.

HIPAA AUTHORIZATION TO DISCLOSE PROTECTED HEALTH INFORMATION

If you ("Individual") would like your healthcare provider, Vault Medical Services, P.A. ("Provider") to disclose the specified Protected Health Information (PHI) to your employer [REDACTED] ("Employer"), you must print your name below to signify your agreement to this authorization allowing the release of such PHI.

I understand that by printing my name below, this authorization will become part of my records with Provider and will be associated with my use of the specific test code which has been provided to me by my Employer for the purposes of receiving a COVID-19 test kit from Provider and processed by RUCCDR Infinite Biologics.

A. Provider

Provider: Vault Medical Services, P.A.
Address: 22 W. 23rd Street, 5th Fl New York, NY 10010
Telephone: (212) 880-5494
Fax No.: (212) 365-5547

B. Description of Health Records

I hereby authorize the Provider named herein to disclose only the following health records, PHI:

COVID-19 laboratory test results to the RUCCDR Infinite Biologics, TaqPath SARS-CoV-2 assay intended for the qualitative detection of nucleic acid from SARS-CoV-2.

C. Purpose of Disclosure

Below is a description of the reason(s) for disclosing my health records (for example, you may write, "to allow my Representative(s) to evaluate, manage and/or administer my health benefit claim."):

Employer is my current employer. The Provider may communicate directly with Employer regarding my COVID-19 laboratory test results and may release copies of the above identified health records (PHI) in order to assist Employer in identifying reasonable accommodations it can make that will allow me to return to work.

D. Designation of Representative(s)

The health records (PHI) described above are to be released to my Employer (as designated above).

Please read each of the following statements carefully before signing this document:

1. I understand that this Authorization will be valid for three (3) years from the date of signature, or one (1) year from the date of any COVID-19 laboratory test performed by RUCCDR Infinite Biologics, whichever is longer, unless I revoke the Authorization.
2. I understand that I may revoke this Authorization at any time by sending the Provider a written notification to legalnotices@vaulthealth.com. I further understand that this revocation will be effective for future uses and disclosures of my PHI only related to COVID-19 laboratory test results to the RUCCDR Infinite Biologics, TaqPath SARS-CoV-2 assay intended for the qualitative detection of nucleic acid from SARS-CoV-2, but will not be effective for PHI that the Provider has already used or disclosed in accordance with this Authorization.
3. I understand that this Authorization is voluntary and being made at my request. I understand that if I do not sign this form, it will not affect my treatment, payment, enrollment in a health plan, or eligibility for benefits. I understand that if I choose not to give this permission, or if I revoke my permission, I will still be able to receive any treatment or benefits that I am entitled to, as long as this information is not needed to determine if I am eligible for services or to pay for the services that I receive.
4. I understand that the PHI released under this Authorization may no longer be protected by state and federal privacy laws and may be re-disclosed by the Employer that receives the information, except as specifically indicated herein.
5. I understand that the Provider may charge me a reasonable, cost-based fee for copying my health records. This fee can include the cost of supplies and the labor for making copies. Additionally, I understand the Provider may charge me for the actual cost of postage if I request the health records be mailed.
6. I understand that this Authorization may be executed through the use of an electronic signature in accordance with the Electronic Signatures in Global and National Commerce Act (E-Sign Act), Title 15, United States Code, Sections 7001 et seq., the Uniform Electronic Transaction Act (UETA), and any applicable state law, and that any electronic signature shall be deemed an original signature for purposes of this Authorization, with such electronic signature having the same legal effect as an original signature.

I HAVE CAREFULLY READ THIS AUTHORIZATION AND FULLY UNDERSTAND AND AGREE WITH ITS CONTENTS. I EXPRESSLY CONSENT TO THE USE OF ELECTRONIC SIGNATURE AND UNDERSTAND THAT BY PRINTING MY NAME HERE, I HAVE AFFIRMATIVELY EXECUTED THIS AUTHORIZATION.

John Doe

Please type your name above to sign

NEXT >

SAMPLE COLLECTION

Step 1: Donor Opens Kit & Provides Saliva Sample

< BACK

VAULT

COVID-19 Testing

Step 3:

Open the top of the tube (it looks like a funnel) and provide saliva up to the black fill line.



Top of tube →

Black fill line →

If you have problems or questions while providing your sample:

Please stop and ask your test administrator

NEXT >

Step 2: Donor Secures Cap & Releases Blue Preservative

< BACK

VAULT

COVID-19 Testing

Step 4:

Seal the tube tightly with the provided cap. The cap includes a liquid preservative which will release into the tube, turning the sample blue.



If you have problems or questions while providing your sample:

Please stop and ask your test administrator

NEXT >

Step 3: Participant Agitates Tube to Mix Saliva & Preservative Solution


< BACK

VAULT

COVID-19 Testing

Step 5:

Shake the tube for at least 5 seconds. The preservative should be well mixed with your saliva sample.

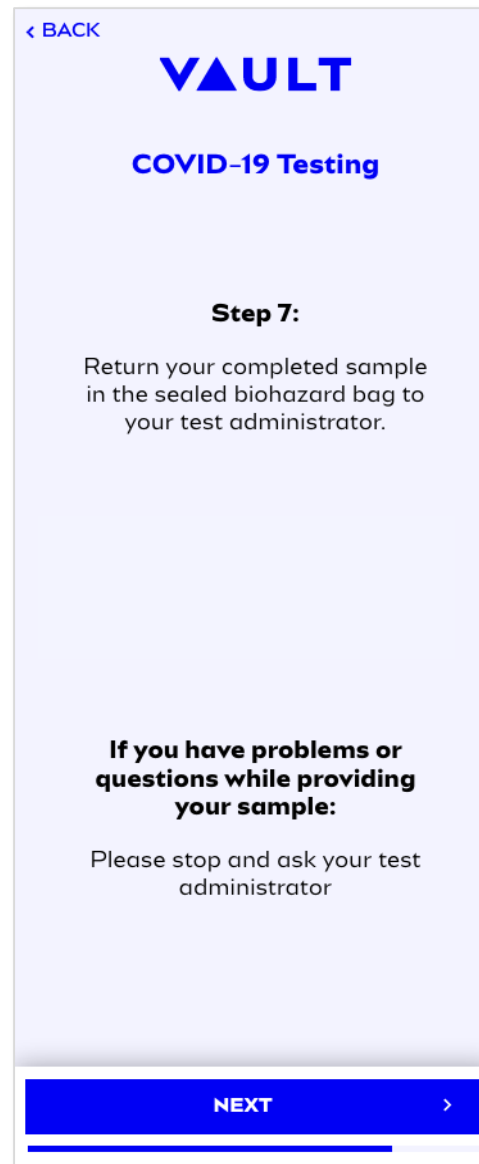


If you have problems or questions while providing your sample:

Please stop and ask your test administrator

NEXT >

Step 4: Donor Exits the Collection Site



Sample Complete!

VAULT LOG OUT

Sample complete!

Thank you for providing a saliva sample for COVID-19 testing. You will be notified by email when your results are ready. Please make a selection below.

START ANOTHER TEST

OR

GO TO HOME PAGE

POST-COLLECTION RESPONSIBILITIES

Sample Packaging & Shipment

Use pre-labeled UPS Bags

- Place up to 50 completed tubes per large biohazard bag
- Place 1 biohazard bag of 50 tubes in 1 UPS bag
- Drop off UPS bags at local UPS store

Sample Packaging & Shipment

Use a box

- Place up to 100 completed tubes per large biohazard bag
- Place sealed biohazard bags into another bag
 - Shipment requires samples are double bagged.
 - A large trash bag can be used as the second layer
- Place the double layer bags into a sturdy cardboard box
- The box must then be lined with a layer of absorbent padding in the case of breakage/spillage, in which paper towels lined on the sides of the box will work fine.
- The box must have a UN3373 label on it to show that it is holding biohazardous materials. (See example slide)
- Bring box to a local UPS Store

Sample Packaging & Shipment

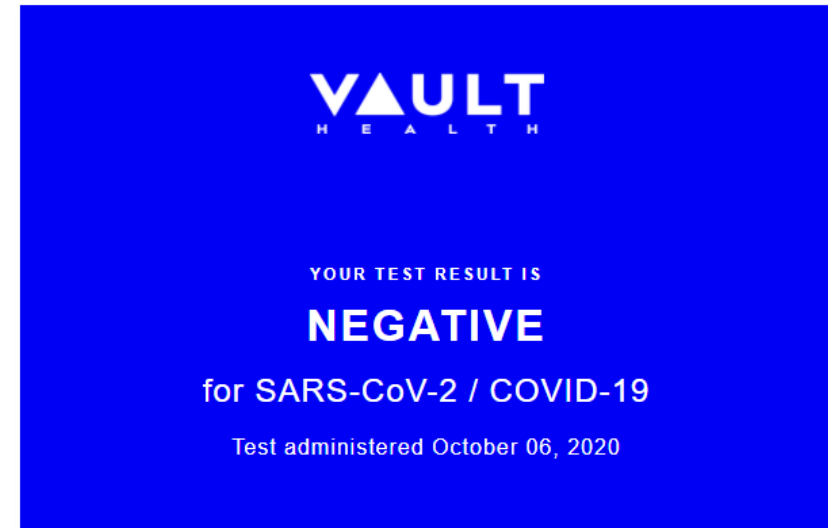
UN3373 Label

- This must be printed out and placed on the outside of the box:



Results

- Results will be sent to the donor electronically from hello@updates.vaulthealth.com.
- Donors should receive results within 2-3 days of the sample arriving at the laboratory.



WHAT DOES THIS MEAN?

A negative test result means that RNA from several genes that are expressed by the SARS-CoV-2 virus that causes COVID-19 was not found in your saliva sample, and that you are unlikely to be infected with the virus.

WHAT SHOULD I DO NOW?

If you are not ill or do not have any symptoms of COVID-19, it is unlikely that you are infected. You should continue to monitor yourself for symptoms and practice local guidelines for limiting the spread of the SARS-CoV-2 virus. While a negative test result does not mean you should stop following the current CDC and local guidelines, it may help you to make decisions about your potential risk of infecting others. Importantly, a negative test result also does not mean that you cannot contract COVID-19 in the future.

TROUBLESHOOTING

No Email Address?

- All donors (including children) must register using a unique email address
 - Ex: 6-person family = 6 **different** email addresses
- Donors can use dummy email address:
[mn\[location\]+\[firstlastname\]@vaulthealth.com](mailto:mn[location]+[firstlastname]@vaulthealth.com)
 - Donor will receive phone call with results
 - Donor can also log into account to see results at www.app.vaulthealth.com using the dummy email address and password

No Email Address? (Cont'd)

EXAMPLE:

mnmoorhead+markjohnson@vaulthealth.com

RESULT:

Looks like you might already have an account. Log in?

If the dummy email is already in use, add DOB:

mnmoorhead+markjohnson05301950@vaulthealth.com

Staff that have Previously ordered a Vault test-kit

Problem:

If individual staff ordered a saliva kit using a test code earlier this year cookies are enabled on their phone, and the website will automatically redirect them to that ordering page within Vault vs the on-site pre-registration.

Solution:

The easiest way around it is to open a private browser on their phone or to manually type in the website again to confirm it's the right site.

Error When Scanning Barcode

1. Double check barcode numbers entered match collection tube
2. Ask donor how they answered the results reporting question
3. Try tapping 'Next' again
4. Set collection kit aside (behind check-in table) and try a new collection kit

CLOSING REMARKS

Treat your testing site as medical clinic

– no press inside.

Work with your comms team to set up a staged event if local press want to plan a media event.”

Media questions for MDE/MDH/Vault can be directed to
COVIDTesting.MDE@state.mn.us

Help Hotlines

There will be a Vault RN available in a zoom room for questions at the following times:

- Monday – Friday: 6:30 am-9:30 am
- Zoom link: <https://vaulthealth.zoom.us/j/5330756419>

There is a hotline number to reach a Vault CX representative during the following business hours:

- Monday – Friday 9am-5pm
- (929) 205-6741

STATE WRAP-UP

Things to remember

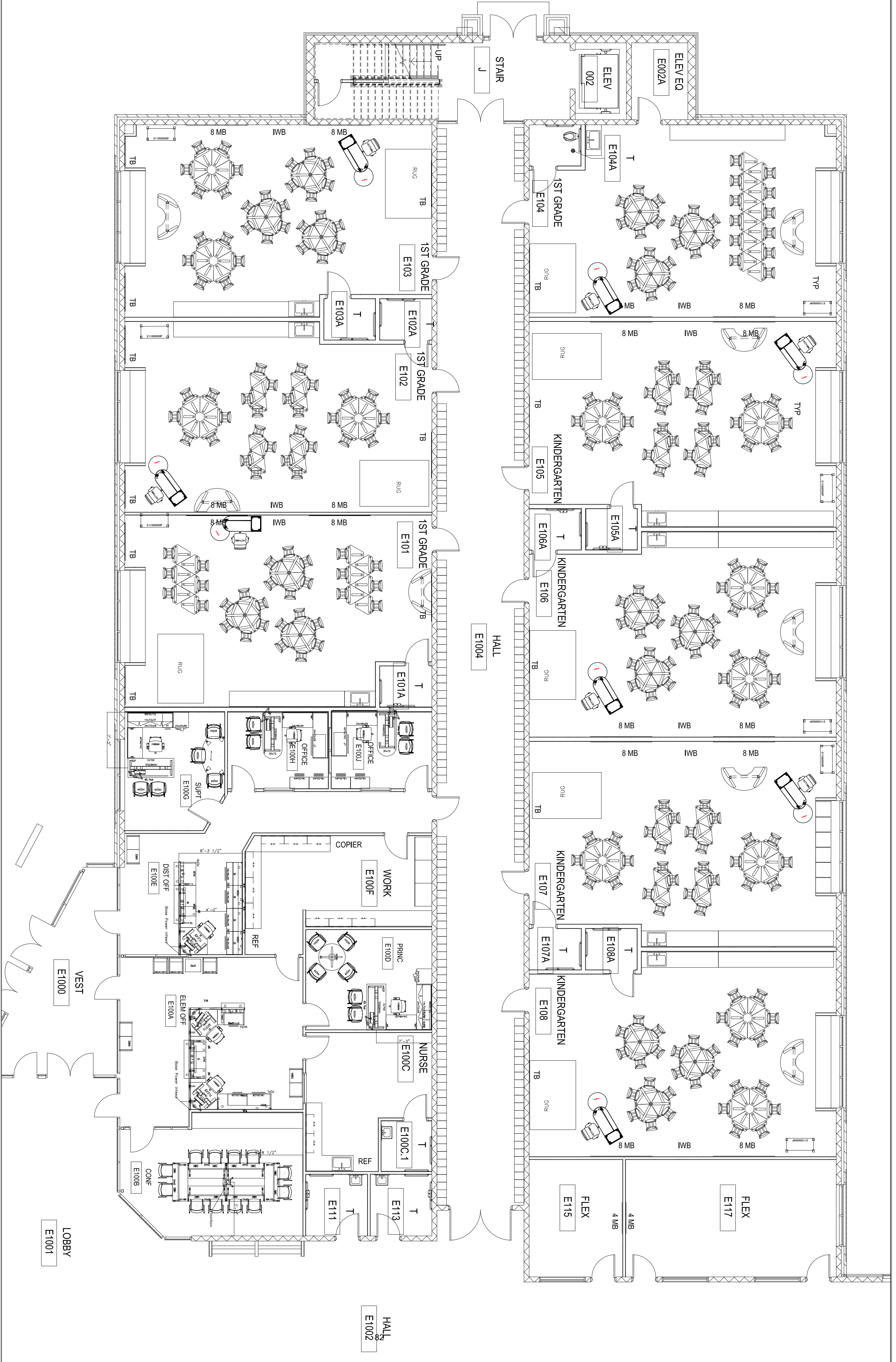
- Updated guidance for the Safe Learning Plan can be found at: <https://education.mn.gov/MDE/dse/health/covid19>
- Test results are provided via email or phone - be sure to provide an email you check regularly. Test results are usually emailed within 48 hours after the lab receives the test.
- If your test result is positive for COVID-19, the MDH response team will **call** with important health information for you and the people who live with you. It is important to answer the call from the health department, as the call will provide information about how to keep yourself, your family, and your community safe.

Support for Testing

- A PDF Copy of this slide presentation will be sent to all those who registered for these sessions by end of day Wednesday, 12/23/20.
- We are recording this session to make accessible as a reference to site testing coordinators.
- School Organizations can reach out to their designated Test Coordinator on the Regional Support Team (RST) for onsite testing set-up support.
- Email questions to COVIDTesting.MDE@state.mn.us

Thank you!

*Email questions to
COVIDTesting.MDE@state.mn.us*



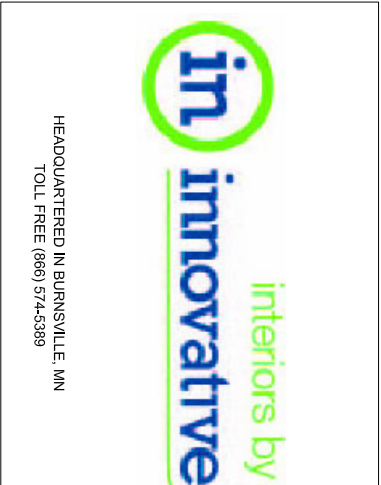
CLIENT		PROJECT NAME	
BARNESVILLE SCHOOLS		FURNITURE 2021	
ISD 146		----	
ADDRESS		PROJECT #	
302 3RD ST SE		00008033	
BARNESVILLE MN 56514			
DATE:	SCALE: 1/8" = 1'	REP:	AD

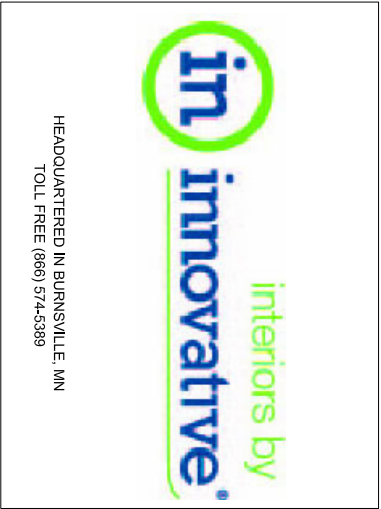
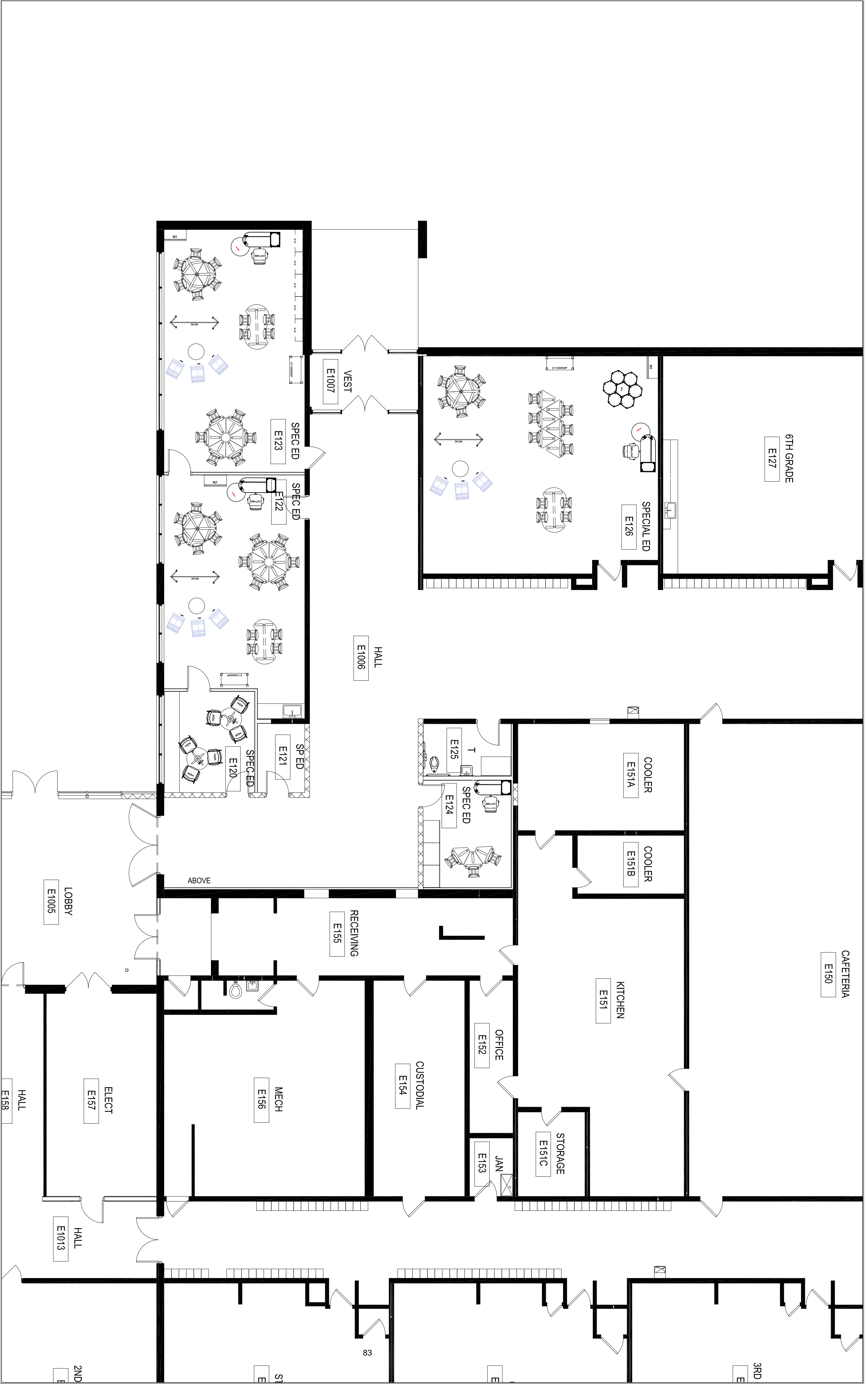
NOTES

DRAWN BY: MH	
OKD BY:	DATE:
OKD BY:	DATE:
ACCEPTED BY:	DATE:

REVISIONS	

SHEET TITLE	
1st Grade Kindergarten Classrooms	
SHEET NUMBER	
1 of 1	





CLIENT		PROJECT NAME	
BARNESVILLE SCHOOLS		FURNITURE 2021	
ISD 146		-----	
ADDRESS		PROJECT #	
302 3RD ST SE		00008033	
BARNESVILLE MN 56514			
DATE:	SCALE: 1/8" = 1'	REP:	AD

NOTES

DRAWN BY: MH	
OKD BY:	DATE:
OKD BY:	DATE:
ACCEPTED BY:	DATE:

REVISIONS

SHEET TITLE	Special Ed Classrooms
SHEET NUMBER	1 of 1

C. FY21 Budget
11. Adjournment