

CASCADE SCHOOL DISTRICT #5

Regular Meeting

January 11, 2021 - Via Zoom
10226 Marion Rd SE
Turner, Oregon 97392 at 7:00 PM

1. **Call to Order - Regular Meeting**
 - A. **Pledge of Allegiance**
2. **Visitor's Guest List**
3. **Approval of Minutes - Regular & Special Meetings Nov 9, 2020** 2
4. **Board Appreciation**
5. **Prioritize Agenda**
6. **Reports**
 - A. Superintendent's Report
 - B. Finance Director's Report
 - C. High School Principal's Report
 - D. Junior High Principal's Report
 - E. Elementary Principal's Report
 - F. Special Services Director's Report
 - G. Federal Programs Director's Report
 - H. Director of Communications Report
7. **Discussion and Communication**
 - A. Personnel
 1. New Hire Recommendation
 2. Retirement from PERS
 - B. WESD Service Plan
 - C. Board Policies - Delete with Immediate Action
8. **Informational Items**
 - A. School Reopening Plan
 - B. Special District Election 7
 - C. Bond Update
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12. **Adjournment**

Cascade School District #5
Board of Education Regular Meeting Minutes
November 9, 2020

The Cascade School District #5, Board of Directors, Marion County, Oregon convened in the Cascade High School Library, 10226 Marion Rd SE, Turner, Oregon 97392 for the regular Board meeting at 7:00p.m.

Board Members Present:

Brett Stegall
Dan Van De Hey
David Kuenzi
Ruth Stevens

Others Present:

Darin Drill, Superintendent
Cheryl Harmon, Board Secretary
See Guest List

1. Call to Order - Regular Meeting

The regular Board meeting was called to order at 7:00p.m.

2. Visitor's Guest List

The Board Chair asked everyone to sign in on the guest list.

3. Approval of Minutes 10-12-20

Moved by Mr. Van De Hey seconded by Mr. Kuenzi to approve the October 12, 2020 regular Board Minutes. Motion carried (all voted yes).

4. Prioritize Agenda

No changes were made to the agenda.

5. Reports

A. Superintendent's Report

Mr. Drill reported that Cascade has only lost about 50 students from a year ago. The governor changed the guidance for schools last week and this week we are pausing for two weeks. The governor is letting us make decisions and this causes contrition with many people so we are trying to find a balance. Our staff are doing their best to help families.

B. Food Service Director's Report

Ms. Calderwood reported that we are providing 7,500 meals weekly and is this is up 1,000 meals from the spring. Mr. Drill thanked her for her hard work over the years and wished her well on her retirement in December.

C. Finance Director's Report

Mr. Pillar stated that we are tracking well financially. We have received more revenue than we budgeted for. He hopes to have more information after the December forecast.

D. High School Principal's Report

Mr. Thatcher reviewed his report. The high school is working hard to help kids to stay above water and catch up. Motivating students is one of the challenges. He thanked the families for their support.

E. Online School Director's Report

Ms. Thompson was not able to be present but there are 135 students in her programs.

F. Junior High Principal's Report

Mr. Rasmussen reviewed his report and added that they are excited about Measure 98 funds.

G. Athletic Director's Report

Mr. Ganfield started with a thank you for supporting our efforts to get kids on campus and engaged. The first mini season 135-140 students participated. Winter's mini season starts Monday through December.

H. Elementary Principal's Report

Ms. Ganfield commended her team and was excited to report that not a single kid is not accessing school due to barriers. Office staff have learned Schools PLP to help troubleshoot. She gave a shout out to our specialists for all their work and creativity.

I. Technology Director's Report

Mr. Essex's report was a summary of what his department is doing. Even though we have ordered 700 Chromebooks we will need more in the near future. We still do not have a one-to one ratio for students.

J. Assistant Superintendent's Report

Ms. Moorefield was not available tonight but Mr. Drill stated that the At a Glance is information requested by ODE and many things were not on the report this year. We were hoping for SIA funding of \$1.8 million and we received \$654,000. We will continue to follow the plan we submitted to the state. The focus for this plan is AVID, Anti-bias and equity training, and elementary math.

6. Discussion and Communication

A. Personnel

A.1 Resignation

The resignation of Kelly Shaughnessy, Speech/Language Pathologist has been submitted and we will contract with WESD for this position. Ms. Johnson explained that the junior high special education teacher is still open and she is being purposeful in filling it. Even though we do not have a certified teacher in this classroom it is a well-oiled machine.

B. All Students Belong

Information was provided in the Board packet. No discussion.

C. Board Policies ACB & ACB-AR – Immediate Action

These policies must be approved by January and involve banning the swastika, noose, and confederate flag.

D. Board Policies – 2nd Reading

This is the final reading for these policies.

E. OSBA Elections

Mr. Drill explained that one of the candidates is from Cascade and he would recommend him as the candidate of choice.

F. Facility Needs Committee Recommendation

The Board agreed to support the Facility Needs Committee Recommendation and put a bond for \$54 million on the May ballot.

7. Informational Items

A. COVID Testing Event, Nov 21

Aumsville Clinic is putting together a free COVID testing event on the high school campus.

8. Public Comment

Travis Newton explained that he is part of a group of people who want students back in school and provided some ideas for the Board on how to achieve this.

Cindy Tobiasson supports the district and what they are doing.

Tisha Swift asked for clarification on the upcoming COVID testing clinic.

9. Resolutions

A. Resolution Regarding Resignation

Moved by Mr. Van De Hey seconded by Mr. Kuenzi to accept with regrets the resignation of Kelly Shaughnessy, Speech/Language Pathologist, on Dec 31, 2020. Motion carried (all voted yes).

B. Resolution Regarding All Students Belong Board Policies ACB & ACB-AR – Immediate Action

Moved by Mr. Kuenzi seconded by Ms. Stevens to approve the Board policies listed below for immediate action:

ACB	All Students Belong
ACB-AR	Bias Incident Complaint Procedure

Motion carried (all voted yes).

C. Resolution Regarding Board Policies – Second Reading

Moved by Ms. Stevens seconded by Mr. Van De Hey to approve the second reading of the Board policies listed below:

GBEB	Communicable Diseases – Staff
GBEB-AR	Communicable Diseases – Staff – Admin Rules
GBN/JBA	Sexual Harassment
GBN-JBA-AR(1)	Sexual Harassment Complaint Procedure

GBN-JBA-AR(2)	Federal Law (Title IX) Sexual Harassment Complaint Procedure
JBA/GBN	Sexual Harassment
JBA/GBN-AR(1)	Sexual Harassment Complaint Procedure
JBA-GBN-AR(2)	Federal Law (Title IX) Sexual Harassment Complaint Procedure
JHCC	Communicable Diseases - Students
JHCC-AR	Communicable Diseases – Students – Admin Rules

DELETE:

GBN/JBA	Sexual Harassment
GBN-JBA-AR	Sexual Harassment Complaint Procedure
JBA/GBN	Sexual Harassment
JBA/GBN-AR	Sexual Harassment Complaint Procedure

Motion carried (all voted yes).

D. Resolution Regarding OSBA Elections

Moved by Mr. Van De Hey seconded by Mr. Kuenzi WHEREAS, the Cascade School Board is a member of the Oregon School Boards Association;

WHEREAS, the Oregon School Boards Association requests the Cascade School Board cast its vote for OSBA governance positions and OSBA resolutions.

NOW, THEREFORE, BE IT RESOLVED that Cascade School Board supports Jesse Lippold for the OSBA Board of Director position 11;

NOW, THEREFORE, BE IT RESOLVED that the Cascade School Board supports Resolution 1, Adopts the proposed 2021-22 OSBA Legislative Priorities and Principles.

Motion carried (all voted yes).

E. Resolution Regarding Facility Needs Committee Recommendation

Moved by Mr. Kuenzi seconded by Ms. Stevens to approve the Facility Needs Committee Recommendation to move forward with requesting a school bond on the May 2021 ballot in the amount of \$53,926,000 with the target levy rate of \$2.25/\$1,000 for 25 years.

10. Future Agenda Items

A. Bond Recommendations

No meeting in December

11. Adjournment

Having no further business the regular Board meeting was adjourned at 8:18p.m.

Cascade School District #5
Board of Education Special Meeting Minutes
November 9, 2020

The Cascade School District #5, Board of Directors, Marion County, Oregon convened in the District Office, 10226 Marion Rd SE, Turner, Oregon 97392 for the Special Meeting (Work Session) at 5:15p.m.

Board Members Present: Brett Stegall
 Dan Van De Hey
 David Kuenzi
 Ruth Stevens

Others Present: Darin Drill, Superintendent
 Cheryl Harmon, Board Secretary
 See Guest List

1. Call to Order - Special Meeting

The special Board meeting (work session) was called to order at 5:20p.m in the district office.

2. Executive Session ORS 192.660 (2)(d)

The meeting began with an executive session to discuss labor negotiations. The executive session ended and re-located to the High School Library for the public portion of the meeting at 6:05pm. The meeting restarted at 6:15p.m.

3. Visitor's Guest List

The Board Chair asked everyone to sign in on the guest list.

4. Facility Needs Committee Recommendation

Mr. Drill began by explaining that we hired DLR Group, an architect firm, and worked with the Facility Needs Committee to assess the needs of the district and presented a recommendation to the Board last spring. The Board asked for some changes and adjustments along with some updated numbers. Mr. Drill reviewed the revisions. Mr. Pillar then explained that we are able to apply for a grant of up to \$4 million if we decide to go for a bond and the due date for this grant is in December. Legal costs come out of the bond proceeds and the rate is about 1% of bond proceeds. The Board asked if the bond does not pass, where does the money for legal costs come from. Mr. Pillar will research and get back to the board with an answer. The Board asked for input from the administrators present regarding the need for a bond.

5. Adjournment

Having no further business the special Board meeting was adjourned at 6:52p.m.



Marion County
OREGON
COUNTY CLERK

COUNTY CLERK

William J. Burgess

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**BOARD OF PROPERTY
TAX APPEALS**

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E-Mail: bopta@co.marion.or.us

December 21, 2020

Dear District Administrators,

With 2020 nearly over, it's time to start preparing for the May 18, 2021 Special District Election.

Enclosed you will find:

1. Special District Directors Report:

- This form contains the most current information on file in the Clerk's office: including which positions we believe to be "up" for election on May 18, 2021 and the year each term expires.
- Please remember ~ board positions filled by appointment after the 2019 May election must be elected at this May election.
- If due to name changes, resignations, deaths, etc., your information is different than what we show, please indicate all changes in Part II at the bottom of the "Special District Directors Report".
- Return this form to us even if there are no changes.**

Please return this form to us no later than: **January 28, 2021.**
We are required to publish a legal notice with your open board positions by February 6, 2021 so your prompt attention to this matter is appreciated.

The Special District Directors Report form may be returned by e-mail to: elections@co.marion.or.us or faxed to 503-588-5383.

2. District Candidate Filing form (SEL190):

- All candidates must file the SEL 190 District Candidate Filing form **with the Marion County Clerk's office**. This is for your records.
- The filing period for district candidates is **February 6, 2021 through March 18, 2021 (no later than 5:00 p.m.)**.
- Candidates may file by fee or petition. Refer to the County, City, and District Candidate Manual at oregonvotes.gov for detailed Information. Please remember that special district statutory requirements may differ from general state elections requirements.

If you have any questions feel free in contacting me at 503-588-5041, or 1-800-655-5388 if outside the calling area.

Thank you.


Julie Fuge Elections Technician

jfuge@co.marion.or.us

Candidate Filing District

SEL 190

rev 09/19
ORS 255.235

i This form must be filed with county elections official. All information must be completed or the form will be rejected.

2021 District Election Filing Dates

Candidate Filing February 6, 2021 to March 18, 2021

Withdrawal Date March 18, 2021

This filing is an

Original

Amendment

Office Information

Filing for Office of:

District, Position or County:

Filing Information

Filing with the required \$10.00 fee

Prospective Petition

Candidate Information

Name of Candidate

First

MI

Last

Suffix

Title

How you would like your name to appear on the ballot

Candidate Residence/Route Address

Street Address

City

State

Zip

Candidate Mailing Address and Contact Information: Only one phone number is required.

Street Address or PO Box

City

State

Zip

Work Phone

Home Phone

Cell Phone

Fax

Email Address

Web Site, if applicable

Race and Ethnicity *Optional*

Occupation (present employment) If no relevant experience, None or NA must be entered.

Occupational Background (previous employment) If no relevant experience, None or NA must be entered.

Educational Background (schools attended) If no relevant experience, None or NA must be entered.

Complete name of School (no acronyms)	Last Grade completed	Diploma/Degree/Certificate	Course of Study

Educational Background (other) Attach a separate sheet if necessary.

Prior Governmental Experience (elected or appointed) If no relevant experience, None or NA must be entered.

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Campaign Finance Information (not applicable to candidates for federal office)

A candidate must file a Statement of Organization not later than three business days of first receiving a contribution or making an expenditure and no later than the deadline for filing a nominating petition, declaration of candidacy, or certificate of nomination, whichever occurs first, unless they meet the criteria for an exemption. To meet the criteria, the candidate must serve as their own treasurer, not have an existing candidate committee, and not expect to spend or receive more than \$750 during the entire calendar year (including in-kind contributions and personal funds).

If you have an existing candidate committee you must amend the statement of organization not later than 10 days after a change in information. This includes changes to the election you are active in and the office you are running for.

See the Campaign Finance Manual for the procedural and legal requirements of establishing and maintaining a candidate committee.

By signing this document, I hereby state that:

- I will qualify for said office if elected
- All information provided by me on this form is true to the best of my knowledge



Warning

Supplying false information on this form may result in conviction of a felony with a fine of up to \$125,000 and/or prison for up to 5 years. (ORS 260.715). A person may only file for one lucrative office at the same election. (ORS 249.013 and ORS 249.170)

Candidate's Signature

Date Signed



airPHX[®]

HEALTH

PROTECT – DON'T INFECT

The Problem

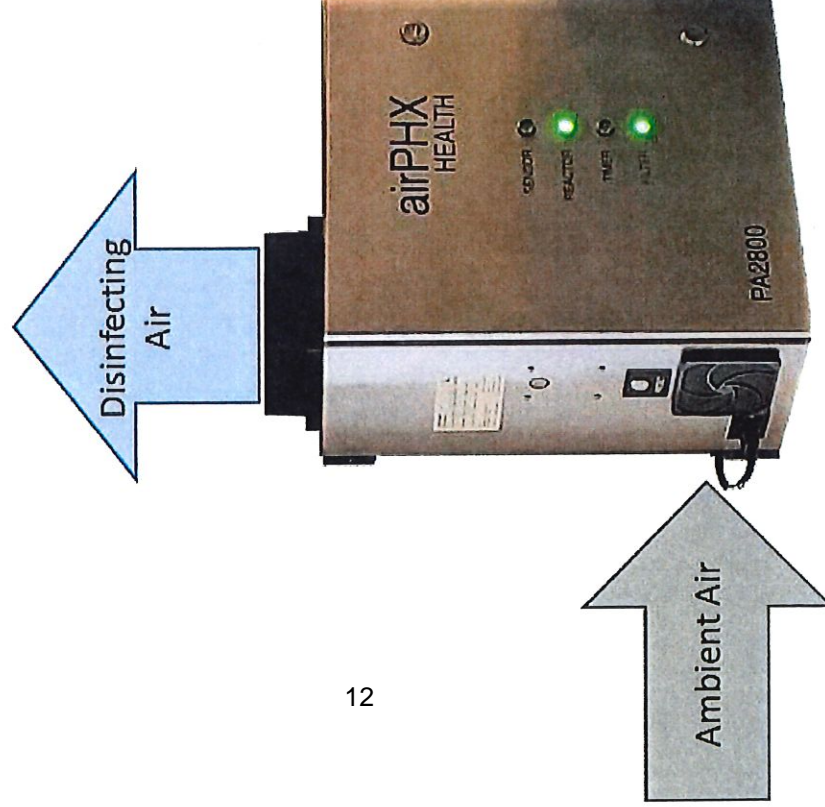
- Hospital acquired infections are an ongoing problem at virtually every hospital system, resulting in litigation, readmissions, lower reimbursement, patient death, staff sick leave and significant expense
- Current solutions are expensive and largely ineffective

- 5% chance of patients contracting an HAI
 - **Approximately 2 million U.S.** individuals annually infected by antibiotic resistant strains
 - 100,000 deaths per year
 - Antibiotic resistant strains cost the system approximately **\$34 billion per year**
 - **20% - 50%** of antibiotics prescribed in U.S. hospitals are either unnecessary or inappropriate

Source: Centers for Disease Control and Prevention

The Solution

- Proprietary Technology
 - Generates reactive oxygen species from ambient air
 - airPHX technology eradicates pathogens at a cellular level
 - Such as: mRSA and c. Diff
 - Two levels of treatment
- Treats Air and Surfaces
- Features
 - Continuous treatment in occupied spaces
 - Comprehensive solution in large spaces
 - Minimizes risk of human error
 - Very low power consumption
 - Quiet operation
 - Safe for people and animals
 - 100% organic and chemical free
- Improve SIR and HCAHPS scores and avoid HAC penalties



airPHX vs Other Hospital Disinfection Methods

Device	airPHX	Manual Cleaning	Filtering	Misters/Foggers	UV-C Robots	UV-C Fixtures	PCO Technology	Electrostatic Coating	Ionizer/Bipolar Ionizer
Cap Ex									
Op Ex									
Risk of Human Error									
Disinfects Air									
Disinfects Surfaces									
Continuous Disinfection/ Occupied Spaces									
Scalable									

Superior / Effective
 Passable / Somewhat Effective
 Inferior / Ineffective

Hospital Testing

- Testing Dates
 - Pre-Treatment – 1/25/18
 - Post-Treatment – 2/12/18
- Size: 15,700 sq ft
- Treatment area was the oncology floor of a large tertiary care hospital
 - Air and surface testing was conducted on the oncology floor and air testing was conducted in the elevator lobbies on each other floor of the hospital
 - Lab testing confirmed reduction of air and surface contaminants on the oncology floor, with some areas achieving virtually 100% reductions
 - airPHX also achieved average contaminant reduction in elevator lobbies of other floors of over 96%



* Independent testing conducted by Scientific Air Solutions, Turlock, CA.

Air | 94.8% reduction

Pre-Treatment Results: 767 cfu/m³

Post-Treatment Results: 40 cfu/m³

Surface | 98.8% reduction

Pre-Treatment Results: 17 cfu/cm²

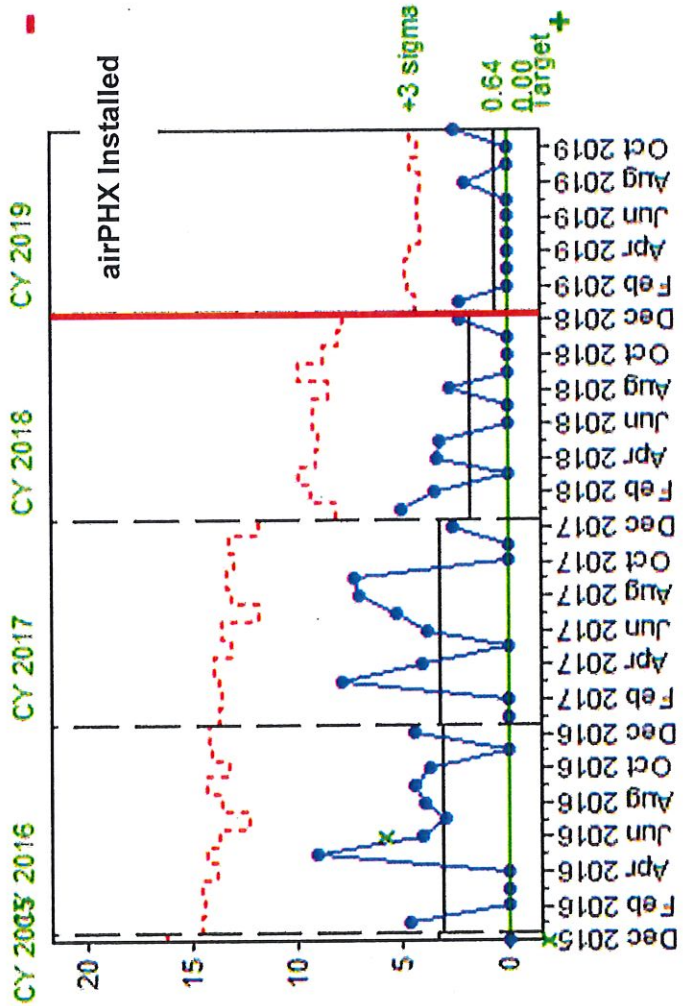
Post-Treatment Results: 0.21 cfu/cm²

Actual Infection Reductions

- One airPHX customer shared the following chart showing the impact of airPHX technology on Central Line Infections on one floor of a large tertiary care hospital. airPHX technology was deployed in mid-January.

U Chart 3-Sigma Summary

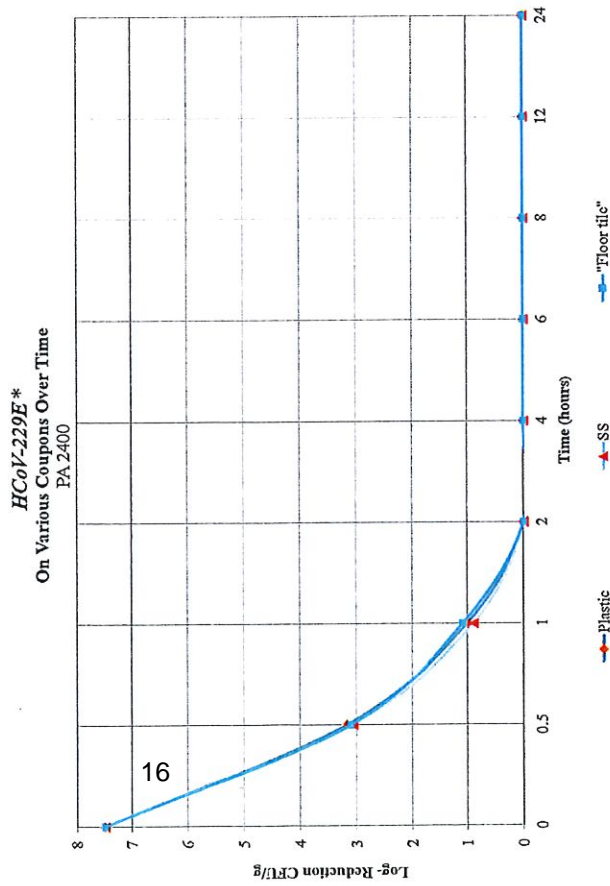
Central Line Infections per 1000 Line Days



Jan 6, 2020 14:18:24

Lab Testing

Lab tested effective on over 30 actual pathogens, including coronavirus HCoV-229E. Over 4-log reductions in 30 minutes on bacteria, viruses, protozoa and other pathogens (coronavirus results shown)



Bacteria	Virus	Protozoa/Other
Acinetobacter baumannii	Coronavirus	Blastocystis hominis
Bacteroides fragilis	Hepatitis A	Candida auris
Burkholderia cepacian	Hepatitis B	Cryptosporidium parvum
Carbapenem-resistant	Hepatitis C	Cyclospora cayetanensis
Clostridium difficile	H1N1	Entamoeba histolytic
Clostridium sordellii	Influenza A	Giardia lamblia
Enterococcus faecalis	Norovirus	Toxoplasma gondii
Escherichia coli	Rhinovirus	
Escherichia coli O157:H7		
Klebsiella pneumoniae		
Listeria monocytogenes		
Methicillin-resistant Staphylococcus aureus		
Mycobacterium tuberculosis		
Pseudomonas aeruginosa		
Salmonella spp		
Staphylococcus aureus		
Vancomycin-resistant Staphylococcus aureus		
Vancomycin-resistant Enterococci		

* Tests conducted by Scientific Air Solutions, a Biosafety Level 2 facility, in a test chamber (6' x 4' x 10') by exposing coupons inoculated with indicated organism – reflects actual virus and reductions over time. Advanced oxidation system developed by airPHX company. HCoV-229E shares the same genetic material as SARS-CoV-2.

Our Team

- We are headquartered in McLean, VA, with our engineering group working in the RTP area of NC
- Lead engineer invented and commercialized **non-thermal plasma technology**
- Our products are powered by U.S. developed technology and made in the U.S. through contract manufacturers
- The technology is fully developed and supported by issued and pending U.S. patents
- Leapfrog Group invited airPHX to join its prestigious Partners Advisory Committee upon learning of our technology

airPHX[®] HEALTH



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Contact airPHX to learn about our technology and how the science of airPHX is changing business and lives.

www.airPHXhealth.com
1-855-4airPHX 1-855-424-7749

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Chief Strategy Officer
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Jeff Kilduff
Chief Operating Officer
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AIRPHX Independent Testing

The efficacy of AIRPHX technology in addressing pathogen control has been tested (i) by independent third parties in laboratories, (ii) by independent third parties in field installations, (iii) by hospitals in connection with their tracking of hospital-acquired infections, and (iv) by a number of other independent entities, including governmental agencies.

1. Laboratory Testing

AIRPHX retained Scientific Air Solutions, an independent bio-safety level 2 laboratory, to conduct laboratory testing on over 30 actual pathogens (not surrogates), including bacteria, virus, fungi and protozoa. The complete list of tested pathogens is set forth below.

Two biosafety chambers (one experimental and one control) were used to isolate coupons that were placed inside a petri dish during the exposure of the surfaces to AIRPHX oxidizing molecules. The surfaces evaluated were surgical stainless steel, polyvinyl chloride and vinyl composition tile. Inside the experimental chamber, temperature and relative humidity were monitored constantly, with target temperature between 25-27°C and relative humidity between 50-80%.

A set of three random coupons per organism were tested immediately (0 hour) to determine the attachment level to the selected surfaces. In addition, four sets of three coupons per organism (randomly selected) were placed inside the experimental chamber at a 30° angle.

The twelve coupons per organism placed inside the experimental chamber were continuously treated with AIRPHX oxidizing molecules for 0.5, 1, 2, 4, 6, 8, 12 and 24 hours. Each chamber was allowed to stabilize at desired oxidizing molecule level, relative humidity and temperature levels prior to introducing the coupons. Oxidizing molecule levels were continuously monitored for oxidizing molecules in one minute intervals with an AeroQual Series 500 sensor (for ozone) and confirmed with Drager tubes (for hydrogen peroxide) prior to removing coupons for microbiological testing.¹

The twelve remaining coupons (controls) per organism were placed in a control chamber and held at environmental conditions to determine the natural decay of microbial populations over time. After removing the coupons, the chambers were allowed to re-stabilize at target levels of experimental parameters to minimize experimental variability in the chamber environment.

Samples (inoculated and controls) were aseptically collected for microbiological analysis at designated times (0.5, 1, 2, 4, 6, 8, 12 and 24 hours) after completion of the treatment process. Coupons by

¹ Ozone's primary purpose was as a marker to determine the level of oxidizing molecules in the treatment space. The levels of ozone produced by AIRPHX provided little, if any, disinfection in the treatment space. Hydrogen peroxide is an excellent disinfecting agent with a very long half life. The National Institute of Health confirms the efficacy of hydrogen peroxide: "Although nonflammable, [hydrogen peroxide] is a powerful oxidizing agent that can cause spontaneous combustion when it comes in contact with organic material."
<https://pubchem.ncbi.nlm.nih.gov/compound/Hydrogen-peroxide>. In response to general market concerns about ozone (as opposed to complaints from AIRPHX customers about irritation from ozone), AIRPHX developed a patent-pending catalyst that removes virtually all ozone produced by the AIRPHX unit through a thermal conversion process.

Air and Surface Infection Control

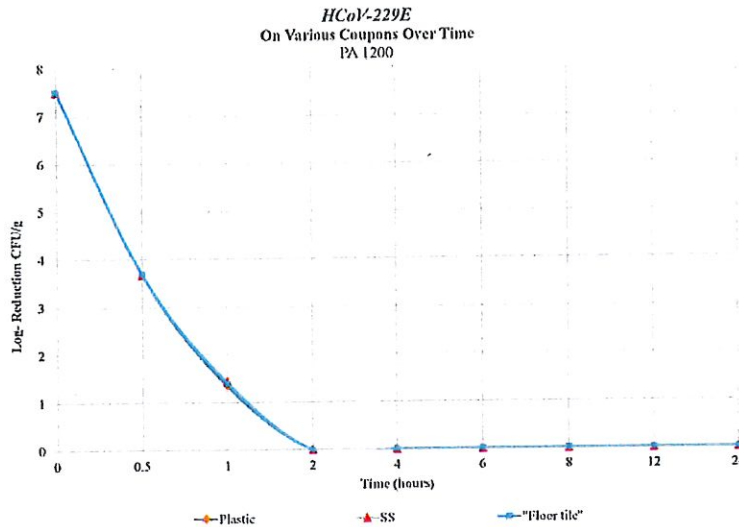
organism were individually placed inside a sterile centrifuge tube with 15 ml of 0.1% peptone and vortexed for 2 minutes. Serial dilutions (0-5) were made and 0.1 ml spread plated onto duplicate pour plates. Plates were incubated at the respective temperature and time for each organism. Populations were calculated and reported as Log₁₀ CFU/coupon. Reductions were calculated by obtaining the difference between populations recovered on the selective agar at each exposure time and the initial attachment level of the inoculum.

Independent laboratory testing of AIRPHX technology was conducted on the pathogens identified below. AIRPHX technology proved to be remarkably consistent in achieving dramatic reductions of pathogens in short periods of time. See Exhibit I for representative testing.

Bacteria	Virus	Protozoa/Other
Acinetobacter baumannii	Coronavirus	Blastocystis hominis
Bacteroides fragilis	Hepatitis A	Candida auris
Burkholderia cepacian	Hepatitis B	Cryptosporidium parvum
Carbapenem-resistant	Hepatitis C	Cyclospora cayetanensis
Clostridium difficile	H1N1	Entamoeba histolytic
Clostridium sordellii	Influenza A	Geobacillus
Enterococcus faecalis	Norovirus	Giardia lamblia
Escherichia coli	Rhinovirus	Toxoplasma gondii
Escherichia coli O157:H7		
Klebsiella pneumoniae		
Listeria monocytogenes		
Methicillin-resistant Staphylococcus aureus		
Mycobacterium tuberculosis		
Psuedomonas aeruginosa		
Salmonella spp		
Staphylococcus aureus		
Vancomycin-resistant Staphylococcus aureus		
Vancomycin-resistant Enterococci		

There is significant interest in whether AIRPHX has tested its technology against the novel coronavirus SARS-CoV-2 (cause of the COVID-19 sickness). AIRPHX attempted to locate a laboratory that could obtain and test the novel coronavirus, but the virus itself is under tight control. Scientific Air Solutions was able to acquire HCoV-229E, a genetic match with SARS-CoV-2. Testing was conducted in a test chamber, with the surface coupons inoculated with the virus. After being exposed to the AIRPHX device using the protocols described above, there was an approximate 3.7-log reduction in organisms in 30 minutes (a 4-log reduction is 10,000 organisms down to 1) with the virus being rendered completely inactive in two hours. This was not surprising because it is completely consistent with independent laboratory testing conducted on a number of other viruses, including influenza, norovirus, rhinovirus, hepatitis A, B and C, and H1N1.

Actual testing on HCoV-229E is set forth below.



2. Field Testing

AIRPHX prides itself on living outside the laboratory, so AIRPHX has a substantial number of independent testing results on actual field installations. An independent laboratory tested for both airborne and surface organisms.

Air Testing. Air sampling entailed drawing 30 liters of air per sample using a MicroBio MB1 volumetric air sampler. Air samples were impinged on 15x100 mm potato dextrose agar plates. Air sample morphology and enumeration was completed by Scientific Air Solutions. Recorded results are normalized to colony-forming units per cubic meter of air, or CFU/m³. The reports indicate the predominant organisms identified in the testing, which are generally mold/fungi, because they are typically the most prevalent in outdoor (fresh) air. Provision of “fresh” outside air into treatment spaces (as is currently advocated by the CDC) has the effect of continuously introducing these organisms into treatment spaces. There are many other organisms in the air in the treatment space, including harmful bacteria and viruses like the coronavirus.

Surface Testing. A uniform six inch-by-six inch square surface was swabbed for each sample, with swab sponges forwarded to Scientific Air Solutions for enumeration. All swab samples were examined for the number of organisms and recorded as colony forming units per square centimeter, or CFU/cm². The reports do not identify the predominant organisms in the surface samples, in part because the sponge medium is consumed in the culture process. AIRPHX has been advised by Scientific Air Solutions that the predominant organisms on surfaces likely are similar to those found in the air. Again there are many other organisms on surfaces in the treatment space, including harmful bacteria and viruses like the coronavirus.

Treatment. Sample locations were mapped and noted as either air sampling or surface swabbing. Upon completion of pre-treatment sampling, one or more AIRPHX PA2400 units (or in some cases an AIRPHX CID 75k) was placed in the treatment area and activated. The AIRPHX unit was

generally allowed to operate continuously for the duration of the test period (which was typically at least several weeks). At the end of the treatment period, in-treatment volumetric air samples and surface swabbing were taken in the same locations as the pre-treatment sampling. External air samples were taken to understand the influence of the supplied air to the test locations.

Predominant Microorganisms; Effect on Other Organisms. Currently, many people are concerned above the existence of harmful bacteria and viruses in their facilities, workplaces and residences. AIRPHX technology produces oxidizing molecules that are excellent disinfecting agents against a wide range of pathogens. Laboratory testing on a variety of pathogens confirms the efficacy (time to effectiveness and percentage of reduction) of AIRPHX technology across a broad spectrum of pathogens, including (in descending order of difficulty with geobacillus the most difficult) geobacillus, protozoa, mold spores, fungi, bacteria and viruses. Because AIRPHX technology is indiscriminate in its destruction (or rendering inactive) of pathogens, Scientific Air Solutions has advised AIRPHX that testing showing reductions of the predominant organisms supports the conclusion that AIRPHX technology is reducing similar or larger percentages of harmful bacteria and viruses in the treatment space, both in the air and on surfaces.

Target Levels of Organisms. Air quality scale for workplaces, public buildings, schools and homes are as follows: (i) less than 100 cfu/m³ is considered clean and acceptable; (ii) 100 to 300 cfu/m³ is marginal; and (iii) more than 300 cfu/m³ is not acceptable and needs corrective action. Contact surface quality scale for workplaces, public buildings, schools and homes are as follows: (i) less than 5 cfu/cm² is considered clean and acceptable; (ii) 5 to 10 cfu/cm² is considered marginal; and (iii) more than 10 cfu/cm² is considered not acceptable and needs corrective action.

Efficacy. When AIRPHX technology was deployed in occupied spaces consistent with proper usage as set forth in the user manual, the airborne organisms were reduced on average by 90+% and the surface organisms were reduced on average by 95+%. Those results generally rendered the treatment space "clean and acceptable".

Exhibit II summarizes independent laboratory results for third party field tests in occupied spaces.

3. Hospitals/Healthcare Facilities

AIRPHX technology has been deployed in a number of hospitals and other healthcare facilities, including in areas of those facilities where the most immune-compromised patient populations reside, such as cancer wings, transplant wings, intensive care units and neo-natal ICUs. AIRPHX is generally not provided hospital-generated healthcare associated infection (HAI) information due to confidentiality concerns. However, there is a lot of anecdotal experience shared with us by hospitals, physicians and staff. Exhibit III contains two charts shared by hospital customers with AIRPHX related to actual experience with HAIs after deploying AIRPHX. The first chart shows reductions in central line infections after deployment of AIRPHX technology on the transplant floor of a 450 head tertiary-care hospital in the mid-Atlantic region. The next three charts show reductions in clostridium difficile cases in three specialty hospitals with long-term chronic care patients. Anecdotal evidence includes a 75% reduction in candida auris infections at one of these specialty hospitals.

4. Other Testing and Reports

A number of government entities have over the years tested AIRPHX technology (principally when the technology was deployed by another company – AirOcare). Those government reports focused on food applications, where the government testing confirmed reduction of food borne pathogens and extension of shelf-life for foods. The government testing is listed below and reports are available upon request.

- Improving Quality and Shelf-Life of Fruits Using Reactive Oxygen Species Technology (ROS), Dr. Yaguang Luo, Ph.D., Produce Quality and Safety Lab USDA ARS
- Environmental Management System: Surface and Air Sanitation for Food Quality and Safety: Review and Efficacy for the Meat Industry, Sherry D. Clarke, Ph.D., June 2009
- Davis Fresh Technologies – AirOcare – Sweet Darling Project (Strawberries), May 26, 2005
- AIRPHX units have been verified by the Washington State Department of Agriculture to comply with USDA National Organic Standards (7 CFR Part 205)

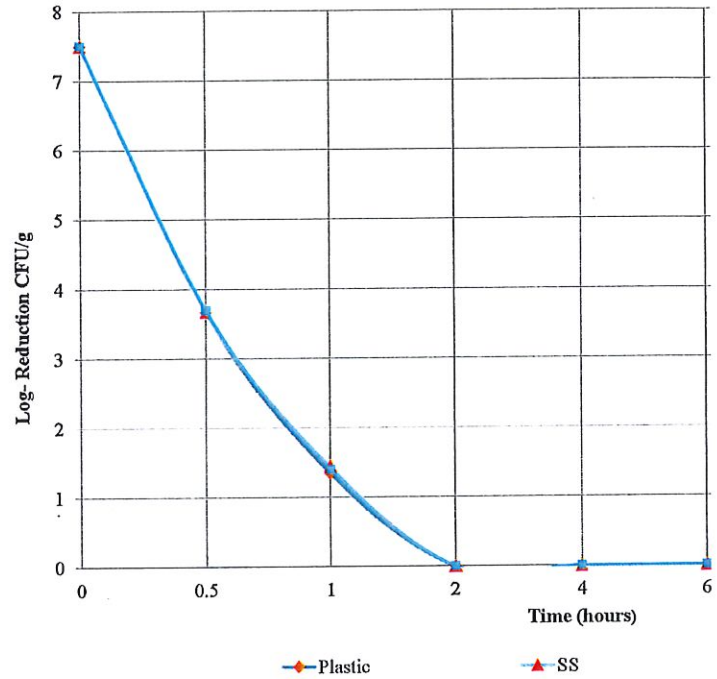
Effects of Advanced Oxidation Technology Human Coronavirus HCoV-229E on Various Sur HCoV-229E has the same genetics as SARS-CoV-2 (

PA 1200				
Time	Human Coronavirus 229E			Reduction
	Plastic			
	CFU	Log	SD	
0	32,000,000	7.51	0.4	-
0.5	4,700	3.67	0.2	3.84
1	22	1.34	0.1	6.17
2	<1	0.00	0.1	7.51
4	<1	0.00	0.1	7.51
6	<1	0.00	0.1	7.51
8	<1	0.00	0.1	7.51
12	<1	0.00	0.1	7.51
24	<1	0.00	0.1	7.51

PA 1200				
Time	Human Coronavirus 229E			Reduction
	Stainless Steel			
	CFU	Log	SD	
0	32,000,000	7.51	0.3	-
0.5	4,700	3.67	0.3	3.84
1	28	1.45	0.2	6.06
2	<1	0.00	0.1	7.51
4	<1	0.00	0.1	7.51
6	<1	0.00	0.1	7.51
8	<1	0.00	0.1	7.51
12	<1	0.00	0.1	7.51
24	<1	0.00	0.1	7.51

PA 1200				
Time	Human Coronavirus 229E			Reduction
	Floor Tile			
	CFU	Log	SD	
0	32,000,000	7.51	0.2	-
0.5	5,000	3.70	0.3	3.81
1	25	1.40	0.2	6.11
2	<1	0.00	0.1	7.51
4	<1	0.00	0.1	7.51
6	<1	0.00	0.1	7.51
8	<1	0.00	0.1	7.51
12	<1	0.00	0.1	7.51
24	<1	0.00	0.1	7.51

HCoV-229E
On Various Coupons Over Time
PA 1200



* Tests conducted by Scientific Air Solutions, a Biosafety Level 2 facility, in a test chamber (6' x 4' x 10') by exposing coupons inoculated with indi reductions over time. Advanced oxidation system developed by airPHX company. HCoV-229E shares the same genetic material as SARS-CoV-2.

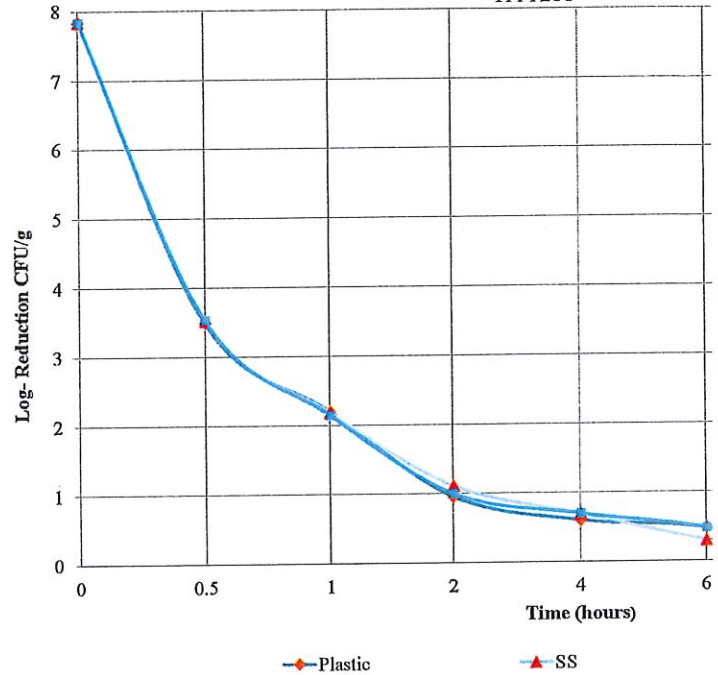
Effects of Advanced Oxidation Technology Emerging Fungus *Candida auris* on Various Sur

PA 1200				
Time	<i>Candida auris</i>			Reduction
	Plastic			
	CFU	Log	SD	
0	69,000,000	7.84	0.3	-
0.5	3,100	3.49	0.2	4.35
1	158	2.20	0.2	5.64
2	9	0.95	0.2	6.89
4	4	0.60	0.1	7.24
6	3	0.48	0.1	7.36
8	<1	0.00	0.1	7.84
12	<1	0.00	0.1	7.84
24	<1	0.00	0.1	7.84

PA 1200				
Time	<i>Candida auris</i>			Reduction
	Stainless Steel			
	CFU	Log	SD	
0	69,000,000	7.84	0.4	-
0.5	3,300	3.52	0.2	4.32
1	155	2.19	0.3	5.65
2	13	1.11	0.2	6.73
4	5	0.70	0.1	7.14
6	2	0.30	0.1	7.54
8	<1	0.00	0.1	7.84
12	<1	0.00	0.1	7.84
24	<1	0.00	0.1	7.84

PA 1200				
Time	<i>Candida auris</i>			Reduction
	Floor Tile			
	CFU	Log	SD	
0	69,000,000	7.84	0.3	-
0.5	3,400	3.53	0.2	4.31
1	140	2.15	0.2	5.69
2	10	1.00	0.2	6.84
4	5	0.70	0.1	7.14
6	3	0.48	0.1	7.36
8	<1	0.00	0.1	7.84
12	<1	0.00	0.1	7.84
24	<1	0.00	0.1	7.84

Candida auris
On Various Coupons Over Time
PA 1200



* Tests conducted by Scientific Air Solutions, a Biosafety Level 2 facility, in a test chamber (6' x 4' x 10') by exposing coupon inoculated with indicator reflects actual pathogens (not surrogates) and reductions in organisms over time. Advanced oxidation system developed by airPHX company.

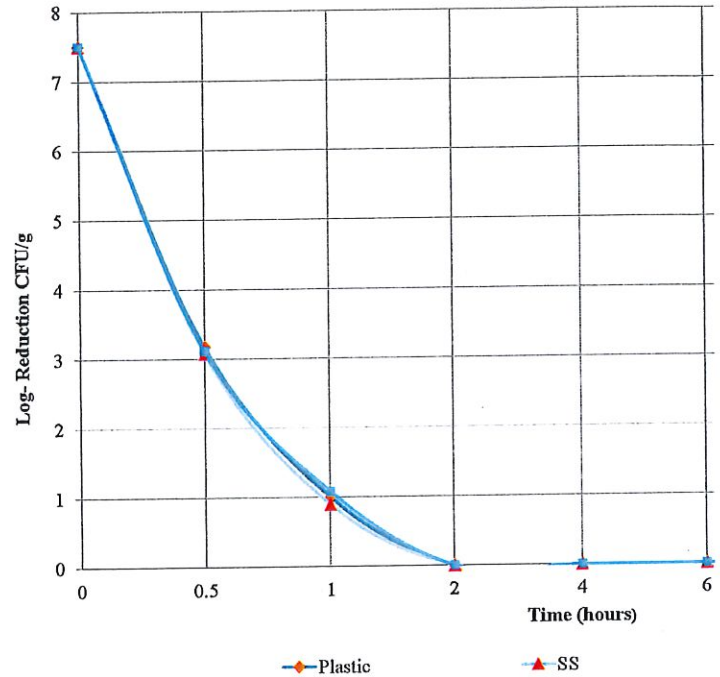
Effects of Advanced Oxidation Technology Human Coronavirus HCoV-229E on Various Sur HCoV-229E has the same genetics as SARS-CoV-2 (

PA 2400				
Time	Human Coronavirus 229E			Reduction
	Plastic			
	CFU	Log	SD	
0	32,000,000	7.51	0.3	-
0.5	1,510	3.18	0.2	4.33
1	10	1.00	0.2	6.51
2	<1	0.00	0.1	7.51
4	<1	0.00	0.1	7.51
6	<1	0.00	0.1	7.51
8	<1	0.00	0.2	7.51
12	<1	0.00	0.1	7.51
24	<1	0.00	0.1	7.51

PA 2400				
Time	Human Coronavirus 229E			Reduction
	Stainless Steel			
	CFU	Log	SD	
0	32,000,000	7.51	0.2	-
0.5	1,210	3.08	0.3	4.43
1	8	0.90	0.2	6.61
2	<1	0.00	0.1	7.51
4	<1	0.00	0.1	7.51
6	<1	0.00	0.1	7.51
8	<1	0.00	0.1	7.51
12	<1	0.00	0.1	7.51
24	<1	0.00	0.1	7.51

PA 2400				
Time	Human Coronavirus 229E			Reduction
	Floor Tile			
	CFU	Log	SD	
0	32,000,000	7.51	0.4	-
0.5	1,310	3.12	0.3	4.39
1	12	1.08	0.3	6.43
2	<1	0.00	0.1	7.51
4	<1	0.00	0.1	7.51
6	<1	0.00	0.1	7.51
8	<1	0.00	0.1	7.51
12	<1	0.00	0.1	7.51
24	<1	0.00	0.1	7.51

HCoV-229E
On Various Coupons Over Time
PA 2400



* Tests conducted by Scientific Air Solutions, a Biosafety Level 2 facility, in a test chamber (6' x 4' x 10') by exposing coupons inoculated with indicated reductions over time. Advanced oxidation system developed by airPHX company. HCoV-229E shares the same genetic material as SARS-CoV-2.

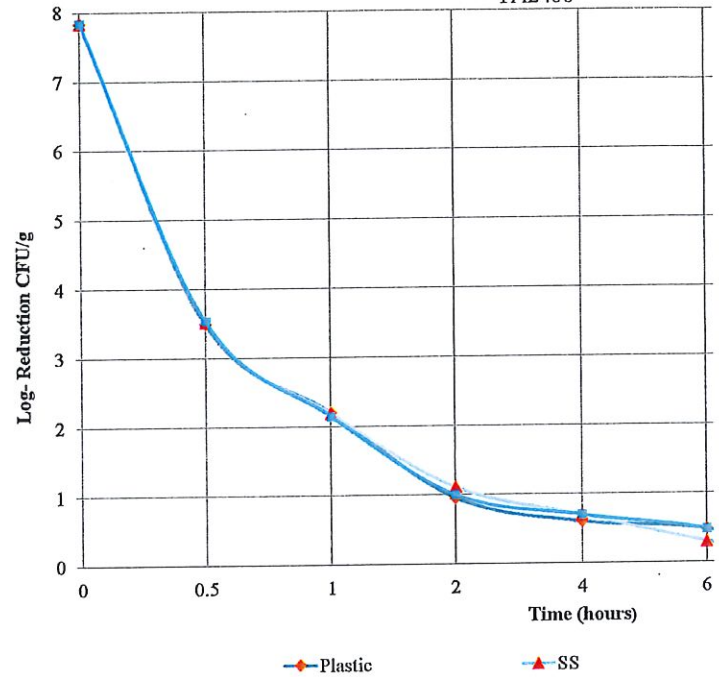
Effects of Advanced Oxidation Technology Emerging Fungus *Candida auris* on Various Sur

PA 2400				
Time	<i>Candida auris</i>			Reduction
	Plastic			
	CFU	Log	SD	
0	69,000,000	7.84	0.3	-
0.5	2,100	3.32	0.2	4.52
1	85	1.93	0.3	5.91
2	5	0.70	0.2	7.14
4	3	0.48	0.2	7.36
6	<1	0.00	0.1	7.84
8	<1	0.00	0.1	7.84
12	<1	0.00	0.1	7.84
24	<1	0.00	0.1	7.84

PA 2400				
Time	<i>Candida auris</i>			Reduction
	Stainless Steel			
	CFU	Log	SD	
0	69,000,000	7.84	0.4	-
0.5	2,300	3.36	0.2	4.48
1	70	1.85	0.2	5.99
2	9	0.95	0.2	6.89
4	3	0.48	0.3	7.36
6	<1	0.00	0.1	7.84
8	<1	0.00	0.1	7.84
12	<1	0.00	0.1	7.84
24	<1	0.00	0.1	7.84

PA 2400				
Time	<i>Candida auris</i>			Reduction
	Floor Tile			
	CFU	Log	SD	
0	69,000,000	7.84	0.3	-
0.5	2,200	3.34	0.2	4.50
1	93	1.97	0.3	5.87
2	6	0.78	0.2	7.06
4	4	0.60	0.2	7.24
6	<1	0.00	0.1	7.84
8	<1	0.00	0.1	7.84
12	<1	0.00	0.1	7.84
24	<1	0.00	0.1	7.84

Candida auris
On Various Coupons Over Time
PA2400



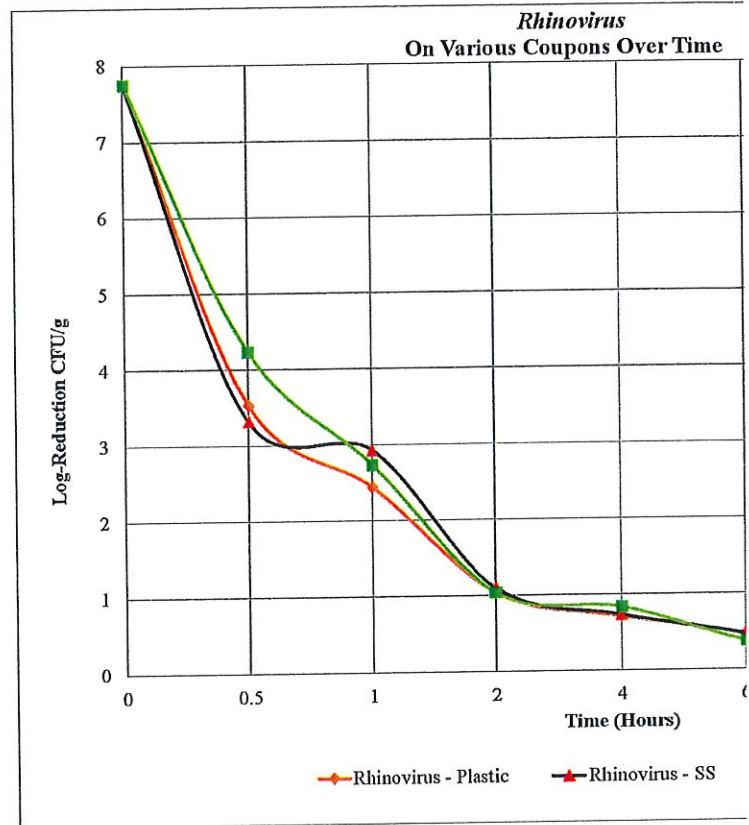
* Tests conducted by Scientific Air Solutions, a Biosafety Level 2 facility, in a test chamber (6' x 4' x 10') by exposing coupon inoculated with indicator reflects actual pathogens (not surrogates) and reductions in organisms over time. Advanced oxidation system developed by airPHX company.

Effects of Advanced Oxidation Technology on Rhinovirus on Various Surfaces*

Time	Rhinovirus			Reduction
	Plastic			
	CFU	Log	SD	
0	56,234,133	7.58	0.2	7.75
0.5	3,388	4.05	0.2	3.53
1	275	5.14	0.3	2.44
2	11	6.54	0.2	1.04
4	5	6.87	0.2	0.71
6	3	7.11	0.1	0.47
8	1	7.45	0.2	0.13
12	1	7.55	0.3	0.03
24	1	7.48	0.2	0.10

Time	Rhinovirus			Reduction
	Stainless Steel			
	CFU	Log	SD	
0	56,234,133	7.58	0.2	7.75
0.5	2,089	3.72	0.2	3.32
1	851	4.65	0.3	2.93
2	13	6.48	0.2	1.10
4	5	6.85	0.2	0.73
6	3	7.12	0.1	0.46
8	1	7.51	0.2	0.07
12	1	7.58	0.3	0.09
24	1	7.55	0.2	0.03

Time	Rhinovirus			Reduction
	Floor Tile			
	CFU	Log	SD	
0	56,234,133	7.58	0.2	7.75
0.5	16,982	3.35	0.2	4.23
1	537	4.85	0.2	2.73
2	11	6.55	0.2	1.03
4	7	6.75	0.2	0.83
6	2	7.21	0.2	0.57
8	1	7.52	0.1	0.06
12	1	7.55	0.1	0.03
24	2	7.35	0.1	0.23



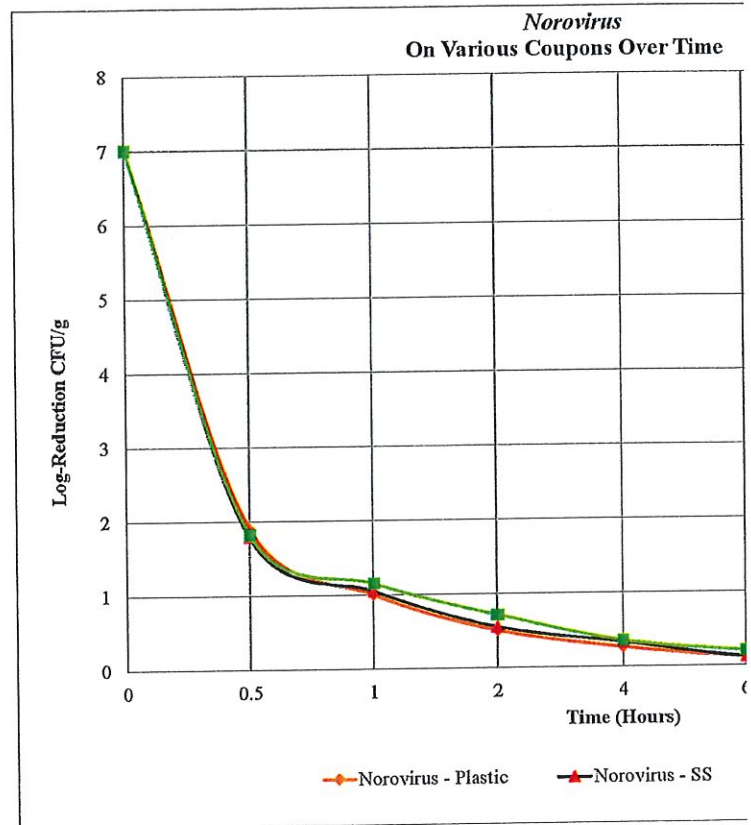
* Tests conducted by Scientific Air Solutions, Turlock, California, in a test chamber (6' x 4' x 10') by exposing coupon inoculated with indicated organism (not surrogates) and reductions in organisms over time. Advanced oxidation system developed by airPHX company.

Effects of Advanced Oxidation Technology on Norovirus on Various Surfaces*

Time	Norovirus Plastic			Reduction
	CFU	Log	SD	
0	10,000,000	7.00	0.2	7.00
0.5	79	5.10	0.2	1.90
1	10	6.00	0.3	1.00
2	3	6.50	0.2	0.50
4	2	6.74	0.2	0.26
6	1	6.88	0.1	0.12
8	1	6.85	0.2	0.15
12	1	6.95	0.3	0.07
24	1	6.89	0.2	0.11

Time	Norovirus Stainless Steel			Reduction
	CFU	Log	SD	
0	10,000,000	7.00	0.2	7.00
0.5	62	5.21	0.2	1.79
1	11	5.95	0.3	1.05
2	4	6.45	0.2	0.55
4	2	6.67	0.2	0.33
6	1	6.88	0.1	0.12
8	1	6.90	0.2	0.10
12	1	6.95	0.3	0.05
24	1	6.99	0.2	0.01

Time	Norovirus Floor Tile			Reduction
	CFU	Log	SD	
0	10,000,000	7.00	0.2	7.00
0.5	66	5.18	0.2	1.82
1	14	5.85	0.3	1.15
2	5	6.29	0.2	0.71
4	2	6.65	0.2	0.35
6	2	6.80	0.1	0.20
8	1	6.90	0.2	0.10
12	1	6.95	0.3	0.05
24	1	6.99	0.2	0.01



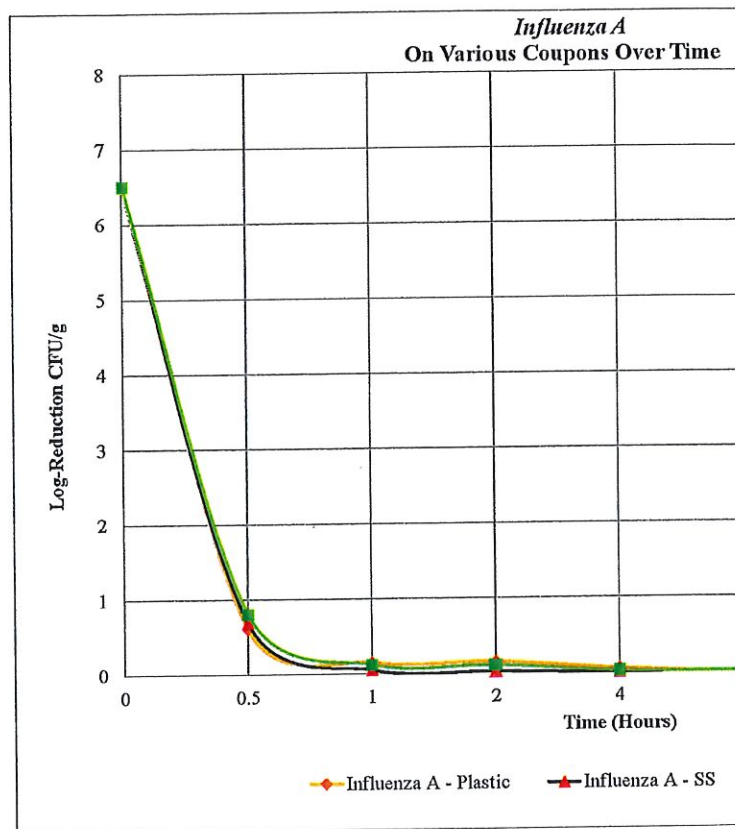
* Tests conducted by Scientific Air Solutions, Turlock, California, in a test chamber (6' x 4' x 10') by exposing coupon inoculated with indicated organism (not surrogates) and reductions in organisms over time. Advanced oxidation system developed by airPHX company.

Effects of Advanced Oxidation Technol *Influenza A* on Various Surfaces*

Time	Influenza A Plastic			Reduction
	CFU	Log	SD	
0	3,162,278	6.50	0.2	6.50
0.5	4	5.90	0.2	0.60
1	1	6.35	0.3	0.15
2	1	6.35	0.2	0.15
4	1	6.45	0.2	0.05
6	1	6.50	0.1	0.00
8	1	6.50	0.2	0.00
12	1	6.50	0.3	0.00
24	1	6.50	0.2	0.00

Time	Influenza A Stainless Steel			Reduction
	CFU	Log	SD	
0	3,162,278	6.50	0.2	6.50
0.5	5	5.81	0.2	0.69
1	1	6.45	0.3	0.05
2	1	6.48	0.2	0.02
4	1	6.50	0.2	0.00
6	1	6.50	0.1	0.00
8	1	6.50	0.2	0.00
12	1	6.50	0.3	0.00
24	1	6.50	0.2	0.00

Time	Influenza A Floor Tile			Reduction
	CFU	Log	SD	
0	3,162,278	6.50	0.2	6.50
0.5	6	5.70	0.2	0.80
1	1	6.38	0.3	0.12
2	1	6.40	0.2	0.10
4	1	6.48	0.2	0.02
6	1	6.50	0.1	0.00
8	1	6.50	0.2	0.00
12	1	6.50	0.3	0.00
24	1	6.50	0.2	0.00



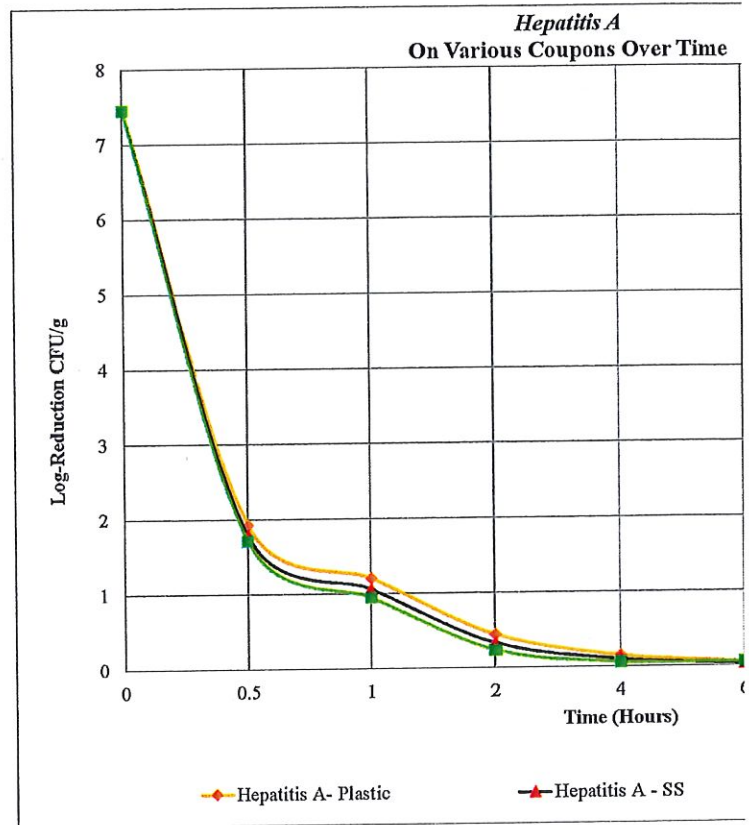
* Tests conducted by Scientific Air Solutions, Turlock, California, in a test chamber (6' x 4' x 10') by exposing coupon inoculated with indicated org (not surrogates) and reductions in organisms over time. Advanced oxidation system developed by airPHX company.

Effects of Advanced Oxidation Technol *Hepatitis A* on Various Surfaces*

Time	Hepatitis A Plastic			Reduction
	CFU	Log	SD	
0	28,183,829	7.45	0.2	7.45
0.5	83	5.53	0.2	1.92
1	16	6.25	0.3	1.20
2	3	7.01	0.2	0.44
4	1	7.30	0.2	0.15
6	1	7.40	0.1	0.05
8	1	7.45	0.2	0.00
12	1	7.45	0.3	0.00
24	1	7.45	0.2	0.00

Time	Hepatitis A Stainless Steel			Reduction
	CFU	Log	SD	
0	28,183,829	7.45	0.2	7.45
0.5	62	5.66	0.2	1.79
1	11	6.39	0.3	1.06
2	2	7.12	0.2	0.33
4	1	7.35	0.2	0.10
6	1	7.42	0.1	0.03
8	1	7.45	0.2	0.00
12	1	7.45	0.3	0.00
24	1	7.45	0.2	0.00

Time	Hepatitis A Floor Tile			Reduction
	CFU	Log	SD	
0	28,183,829	7.45	0.2	7.45
0.5	51	5.74	0.2	1.71
1	9	6.51	0.3	0.94
2	2	7.22	0.2	0.23
4	1	7.39	0.2	0.06
6	1	7.40	0.1	0.05
8	1	7.45	0.2	0.00
12	1	7.45	0.3	0.00
24	1	7.45	0.2	0.00



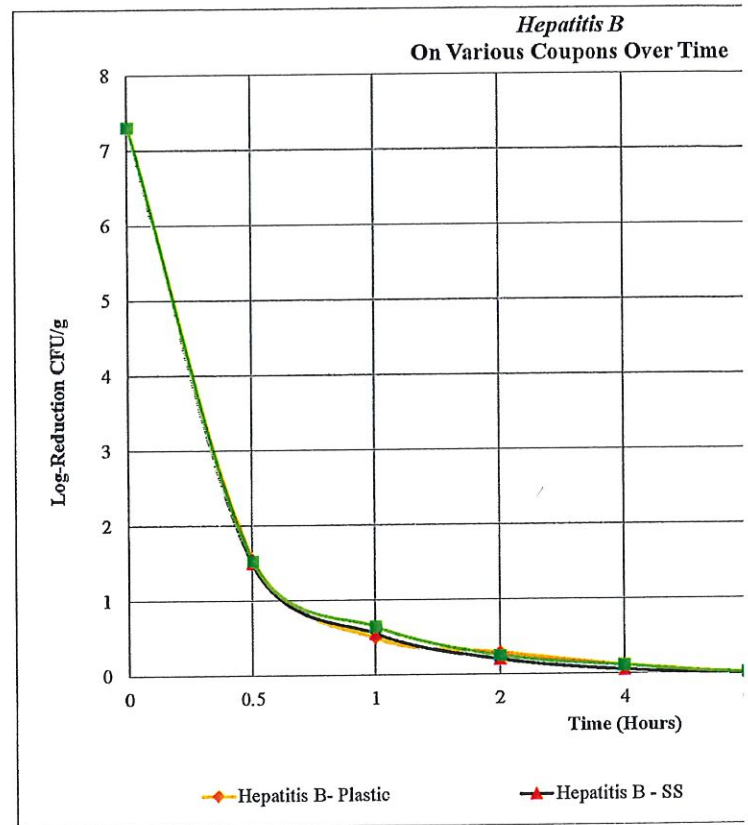
* Tests conducted by Scientific Air Solutions, Turlock, California, in a test chamber (6' x 4' x 10') by exposing coupon inoculated with indicated org (not surrogates) and reductions in organisms over time. Advanced oxidation system developed by airPHX company.

Effects of Advanced Oxidation Technol *Hepatitis B* on Various Surfaces*

Time	Hepatitis B Plastic			Reduction
	CFU	Log	SD	
0	19,952,623	7.30	0.2	7.30
0.5	35	5.75	0.2	1.55
1	3	6.81	0.3	0.49
2	2	7.01	0.2	0.29
4	1	7.19	0.2	0.11
6	1	7.30	0.1	0.00
8	1	7.30	0.2	0.00
12	1	7.30	0.3	0.00
24	1	7.30	0.2	0.00

Time	Hepatitis B Stainless Steel			Reduction
	CFU	Log	SD	
0	19,952,623	7.30	0.2	7.30
0.5	32	5.80	0.2	1.50
1	4	6.75	0.3	0.55
2	2	7.10	0.2	0.20
4	1	7.25	0.2	0.05
6	1	7.30	0.1	0.00
8	1	7.30	0.2	0.00
12	1	7.30	0.3	0.00
24	1	7.30	0.2	0.00

Time	Hepatitis B Floor Tile			Reduction
	CFU	Log	SD	
0	19,952,623	7.30	0.2	7.30
0.5	33	5.78	0.2	1.52
1	4	6.66	0.3	0.64
2	2	7.05	0.2	0.25
4	1	7.19	0.2	0.11
6	1	7.30	0.1	0.00
8	1	7.30	0.2	0.00
12	1	7.30	0.3	0.00
24	1	7.30	0.2	0.00



* Tests conducted by Scientific Air Solutions, Turlock, California, in a test chamber (6' x 4' x 10') by exposing coupon inoculated with indicated org (not surrogates) and reductions in organisms over time. Advanced oxidation system developed by airPHX company.

Time	Influenza A				Reduction
	CFU	Log	SD		
0	3,162,278	6.50	0.2	6.50	
0.5	4	0.60	0.2	0.60	
1	1	0.35	0.2	0.15	
2	1	0.35	0.2	0.15	
4	1	0.35	0.2	0.15	
6	1	0.35	0.2	0.15	
8	1	0.35	0.2	0.15	
12	1	0.35	0.2	0.15	
24	1	0.35	0.2	0.15	

Time	Norovirus				Reduction
	CFU	Log	SD		
0	10,000,000	7.00	0.2	7.00	
0.5	62	5.18	0.2	1.79	
1	10	6.00	0.3	1.00	
2	3	6.50	0.2	0.50	
4	2	6.74	0.2	0.26	
6	1	6.88	0.1	0.12	
8	1	6.85	0.2	0.15	
12	1	6.93	0.3	0.07	
24	1	6.89	0.2	0.11	

Time	Rhinovirus				Reduction
	CFU	Log	SD		
0	56,234,133	7.58	0.2	7.75	
0.5	3,388	4.05	0.2	3.53	
1	275	5.14	0.3	2.44	
2	11	6.54	0.2	1.04	
4	5	6.87	0.2	0.71	
6	3	7.11	0.1	0.47	
8	1	7.45	0.2	0.13	
12	1	7.55	0.3	0.03	
24	1	7.48	0.2	0.10	

Time	Influenza A				Reduction
	CFU	Log	SD		
0	3,162,278	6.50	0.2	6.50	
0.5	5	5.81	0.2	0.69	
1	1	6.45	0.3	0.05	
2	1	6.48	0.2	0.02	
4	1	6.50	0.2	0.00	
6	1	6.50	0.1	0.00	
8	1	6.50	0.2	0.00	
12	1	6.50	0.3	0.00	
24	1	6.50	0.2	0.00	

Time	Norovirus				Reduction
	CFU	Log	SD		
0	10,000,000	7.00	0.2	7.00	
0.5	62	5.21	0.2	1.79	
1	11	5.95	0.3	1.05	
2	4	6.45	0.2	0.55	
4	2	6.67	0.2	0.33	
6	1	6.80	0.1	0.12	
8	1	6.90	0.2	0.10	
12	1	6.95	0.3	0.05	
24	1	6.99	0.2	0.01	

Time	Rhinovirus				Reduction
	CFU	Log	SD		
0	56,234,133	7.58	0.2	7.75	
0.5	2,089	3.72	0.2	3.32	
1	811	4.65	0.3	2.93	
2	13	6.48	0.2	1.10	
4	5	6.85	0.2	0.73	
6	3	7.12	0.1	0.47	
8	1	7.51	0.2	0.07	
12	1	7.58	0.3	0.00	
24	1	7.55	0.2	0.03	

Time	Influenza A				Reduction
	CFU	Log	SD		
0	3,162,278	6.50	0.2	6.50	
0.5	6	5.70	0.2	0.80	
1	1	6.38	0.3	0.12	
2	1	6.40	0.2	0.10	
4	1	6.48	0.2	0.02	
6	1	6.50	0.1	0.00	
8	1	6.50	0.2	0.00	
12	1	6.50	0.3	0.00	
24	1	6.50	0.2	0.00	

Time	Norovirus				Reduction
	CFU	Log	SD		
0	10,000,000	7.00	0.2	7.00	
0.5	65	5.18	0.2	1.82	
1	14	5.85	0.3	1.15	
2	5	6.39	0.2	0.71	
4	2	6.65	0.2	0.35	
6	2	6.80	0.1	0.20	
8	1	6.90	0.2	0.10	
12	1	6.95	0.3	0.05	
24	1	6.99	0.2	0.01	

Time	Rhinovirus				Reduction
	CFU	Log	SD		
0	56,234,133	7.58	0.2	7.75	
0.5	16,982	3.35	0.2	4.23	
1	537	4.85	0.2	2.25	
2	11	6.55	0.2	1.03	
4	7	6.75	0.2	0.83	
6	2	7.21	0.2	0.37	
8	1	7.52	0.1	0.06	
12	1	7.55	0.1	0.03	
24	2	7.35	0.1	0.23	

Time	Acinetobacter baumannii				Reduction
	CFU	Log	SD		
0	70,794,578	7.85	0.2	7.85	
0.5	1,175	4.78	0.2	3.07	
1	224	5.70	0.3	2.55	
2	63	6.05	0.2	1.80	
4	25	6.45	0.2	1.40	
6	9	6.89	0.1	0.96	
8	4	7.23	0.2	0.63	
12	2	7.56	0.3	0.29	
24	1	7.77	0.2	0.08	

Time	Bacteroides fragilis				Reduction
	CFU	Log	SD		
0	35,481,339	7.55	0.2	7.55	
0.5	1,950	4.26	0.2	3.29	
1	63	5.75	0.3	1.80	
2	25	6.15	0.2	1.40	
4	14	6.41	0.2	1.14	
6	4	6.83	0.1	0.62	
8	2	7.19	0.2	0.36	
12	1	7.38	0.3	0.17	
24	1	7.53	0.2	0.02	

Time	Burkholderia cepacia				Reduction
	CFU	Log	SD		
0	23,984,329	7.38	0.2	7.38	
0.5	2,512	3.98	0.2	3.40	
1	214	5.05	0.3	2.33	
2	32	5.88	0.2	1.50	
4	13	6.25	0.2	1.13	
6	3	6.84	0.1	0.54	
8	2	7.08	0.2	0.30	
12	1	7.24	0.3	0.14	
24	1	7.38	0.2	0.06	

Time	Acinetobacter baumannii				Reduction
	CFU	Log	SD		
0	70,794,578	7.85	0.2	7.85	
0.5	1,862	4.58	0.2	3.27	
1	158	5.65	0.3	2.70	
2	56	6.10	0.2	1.75	
4	34	6.32	0.2	1.53	
6	10	6.86	0.1	0.99	
8	4	7.23	0.2	0.62	
12	2	7.67	0.3	0.18	
24	1	7.82	0.2	0.05	

Time	Bacteroides fragilis				Reduction
	CFU	Log	SD		
0	35,481,339	7.55	0.2	7.55	
0.5	1,023	4.54	0.2	3.01	
1	40	5.95	0.3	1.60	
2	32	6.30	0.2	1.50	
4	17	6.32	0.2	1.23	
6	5	6.86	0.1	0.69	
8	2	7.20	0.2	0.35	
12	1	7.45	0.3	0.10	
24	1	7.50	0.2	0.05	

Time	Burkholderia cepacia				Reduction
	CFU	Log	SD		
0	23,984,329	7.38	0.2	7.38	
0.5	2,089	4.05	0.2	3.32	
1	132	5.38	0.2	2.12	
2	27	6.20	0.2	1.43	
4	11	6.32	0.2	1.06	
6	3	6.86	0.1	0.52	
8	2	7.10	0.2	0.28	
12	1	7.30	0.3	0.08	
24	1	7.38	0.2	0.00	

Time	Acinetobacter baumannii				Reduction
	CFU	Log	SD		
0	70,794,578	7.85	0.2	7.85	
0.5	1,479	4.68	0.2	3.17	
1	309	5.36	0.3	2.69	
2	42	6.23	0.2	1.62	
4	12	6.77	0.2	1.08	
6	7	6.98	0.1	0.87	
8	3	7.33	0.2	0.52	
12	1	7.79	0.3	0.06	
24	1	7.85	0.2	0.00	

Time	Bacteroides fragilis				Reduction
	CFU	Log	SD		
0	35,481,339	7.55	0.2	7.55	
0.5	1,622	4.33	0.2	3.21	
1	54	5.82	0.3	1.73	
2	22	6.21	0.2	1.34	
4	10	6.53	0.2	1.02	
6	5	7.02	0.1	0.53	
8	2	7.29	0.2	0.26	
12	1	7.50	0.3	0.05	
24	1	7.52	0.2	0.03	

Time	Burkholderia cepacia				Reduction
	CFU	Log	SD		
0	23,984,329	7.38	0.2	7.38	
0.5	1,349	4.25	0.2	3.13	
1	85	5.45	0.3	1.93	
2	17	6.15	0.2	1.23	
4	5	6.69	0.2	0.69	
6	2	7.15	0.1	0.23	
8	1	7.29	0.2	0.09	
12	1	7.38	0.3	0.00	
24	1	7.38	0.2	0.00	

Time	Clostridium sporobium				Reduction
	CFU	Log	SD		
0	38,884,366	7.77	0.2	7.77	
0.5	1,698	4.54	0.2	3.23	
1	66	5.95	0.3	1.82	
2	10	6.75	0.2	1.01	
4	5	7.05	0.2	0.72	
6	3	7.35	0.1	0.42	
8	2	7.50	0.2	0.27	
12	1	7.68	0.3	0.09	
24	1	7.77	0.2	0.00	

Time	Carbapenem-resistant Enterobacteriaceae				Reduction
	CFU	Log	SD		
0	39,810,717	7.60	0.2	7.60	
0.5	6,607	3.78	0.2	3.82	
1	447	4.95	0.3	2.65	
2	32	6.10	0.2	1.50	
4	11	6.56	0.2	1.04	
6	3	7.16	0.1	0.44	
8	1	7.45	0.2	0.15	
12	1	7.55	0.3	0.03	
24	1	7.60	0.2	0.00	

Time	Enterococcus faecium				Reduction
	CFU	Log	SD		
0	47,863,069	7.68	0.2	7.68	
0.5	2,138	4.35	0.2	3.33	
1	61	5.88	0.3	1.80	
2	21	6.33	0.2	1.33	
4	5	6.98	0.2	0.70	

Time	E.coli O157:H7				Reduction
	CFU	Log	SD		
0	70,294,578	7.85	0.2	7.85	
0.5	437	5.21	0.2	2.64	
1	71	6.00	0.3	1.85	
2	6	6.94	0.2	0.91	
4	5	7.15	0.2	0.70	
6	3	7.36	0.1	0.49	
8	2	7.52	0.2	0.33	
12	1	7.80	0.3	0.00	
24	1	7.85	0.2	0.00	

Time	Hepatitis A				Reduction
	CFU	Log	SD		
0	28,183,829	7.45	0.2	7.45	
0.5	51	5.74	0.2	1.71	
1	7	6.31	0.3	0.94	
2	2	7.22	0.2	0.23	
4	1	7.39	0.2	0.06	
6	1	7.40	0.1	0.06	
8	1	7.45	0.2	0.00	
12	1	7.45	0.3	0.00	
24	1	7.45	0.2	0.00	

Time	Hepatitis B				Reduction
	CFU	Log	SD		
0	19,935,263	7.30	0.2	7.30	
0.5	33	5.78	0.2	1.52	
1	4	6.66	0.3	0.64	
2	2	7.05	0.2	0.25	
4	1	7.19	0.2	0.11	
6	1	7.20	0.1	0.00	
8	1	7.30	0.2	0.00	
12	1	7.30	0.3	0.00	
24	1	7.30	0.2	0.00	

Time	Hepatitis C				Reduction
	CFU	Log	SD		
0	25,118,864	7.40	0.2	7.40	
0.5	71	5.55	0.2	1.85	
1	7	6.54	0.3	0.86	
2	3	6.98	0.2	0.42	
4	2	7.10	0.2	0.30	
6	1	7.32	0.1	0.02	
8	1	7.40	0.2	0.00	
12	1	7.40	0.3	0.00	
24	1	7.40	0.2	0.00	

Time	Klebsiella pneumoniae				Reduction
	CFU	Log	SD		
0	63,095,734	7.80	0.2	7.80	
0.5	18,197	4.40	0.2	4.26	
1	2,435	4.41	0.3	3.39	
2	141	5.65	0.2	2.15	
4	49	6.11	0.2	1.69	
6	6	7.04	0.1	0.76	
8	2	7.56	0.2	0.24	
12	1	7.80	0.3	0.00	
24	1	7.80	0.2	0.00	

Time	Aeromonas hydrophila				Reduction
	CFU	Log	SD		
0	44,668,359	7.65	0.2	7.65	
0.5	15,849	3.45	0.2	4.20	
1	708	4.80	0.3	2.85	
2	50	5.95	0.2	1.70	
4	14	6.51	0.2	1.14	
6	6	6.90	0.1	0.75	
8	1	7.49	0.2	0.16	
12	1	7.65	0.3	0.00	
24	1	7.65	0.2	0.00	

Time	Hepatitis C				Reduction
	CFU	Log	SD		
0	25,118,864	7.40	0.2	7.40	
0.5	56	5.65	0.2	1.75	
1	6	6.61	0.3	0.79	
2	2	7.01	0.2	0.39	
4	1	7.25	0.2	0.15	
6	1	7.35	0.1	0.05	
8	1	7.40	0.2	0.00	
12	1	7.40	0.3	0.00	
24	1	7.40	0.2	0.00	

Time	Klebsiella pneumoniae				Reduction
	CFU	Log	SD		
0	63,095,734	7.80	0.2	7.80	
0.5	11,482	3.74	0.2	4.06	
1	1,413	4.65	0.3	3.15	
2	62	6.01	0.2	1.79	
4	19	6.52	0.2	1.28	
6	4	7.25	0.1	0.54	
8	1	7.66	0.2	0.14	
12	1	7.80	0.3	0.00	
24	1	7.80	0.2	0.00	

Time	Aeromonas hydrophila				Reduction
	CFU	Log	SD		
0	44,668,359	7.65	0.2	7.65	
0.5	26,303	3.23	0.2	4.42	
1	851	4.72	0.3	2.93	
2	60	5.87	0.2	1.78	
4	6	6.32	0.2	1.04	
6	6	6.86	0.1	0.79	
8	2	7.35	0.2	0.30	
12	1	7.65	0.3	0.00	
24	1	7.65	0.2	0.00	

Time	Hepatitis C				Reduction
	CFU	Log	SD		
0	25,118,864	7.40	0.2	7.40	
0.5	48	5.72	0.2	1.68	
1	4	6.75	0.3	0.65	
2	2	7.14	0.2	0.26	
4	1	7.30	0.2	0.10	
6	1	7.40	0.1	0.00	
8	1	7.40	0.2	0.00	
12	1	7.40	0.3	0.00	
24	1	7.40	0.2	0.00	

Time	Klebsiella pneumoniae				Reduction
	CFU	Log	SD		
0	63,095,734	7.80	0.2	7.80	
0.5	13,183	3.68	0.2	4.12	
1	1,622	4.59	0.3	3.21	
2	148	6.12	0.2	1.68	
4	20	6.49	0.2	1.31	
6	4	7.19	0.1	0.61	
8	1	7.63	0.2	0.17	
12	1	7.80	0.3	0.00	
24	1	7.80	0.2	0.00	

Time	Aeromonas hydrophila				Reduction
	CFU	Log	SD		
0	44,668,359	7.65	0.2	7.65	
0.5	19,933	3.35	0.2	4.30	
1	237	4.92	0.3	2.73	
2	43	6.02	0.2	1.63	
4	17	6.42	0.2	1.23	
6	5	6.95	0.1	0.70	
8	2	7.29	0.2	0.36	
12	1	7.65	0.3	0.00	
24	1	7.65	0.2	0.00	

Time	Aeromonas hydrophila				Reduction
	CFU	Log	SD		
0	35,481,339	7.55	0.2	7.55	
0.5	1,259	4.45	0.2	3.10	
1	49	5.71	0.3	1.85	
2	20	6.25	0.2	1.30	
4	6	6.75	0.2	0.80	
6	3	7.03	0.1	0.52	
8	2	7.30	0.2	0.25	
12	1	7.55	0.3	0.00	
24	1	7.55	0.2	0.00	

Time	Stenotrophomonas maltophilia				Reduction
	CFU	Log	SD		
0	39,810,717	7.60	0.2	7.60	
0.5	8,318	3.68	0.2	3.92	
1	417	4.93	0.3	2.65	
2	71	5.75	0.2	1.85	
4	5	6.86	0.2	0.67	
6	2	7.25	0.1	0.35	
8	1	7.49	0.2	0.11	
12	1	7.60	0.3	0.00	
24	1	7.60	0.2	0.00	

Time	Vancomycin-resistant Staphylococcus aureus				Reduction
	CFU	Log	SD		
0	47,863,069	7.68	0.2	7.68	
0.5	4,266	4.03	0.2	3.63	
1	115	5.62	0.3	2.06	
2	27	6.75	0.2	1.43	
4	5	6.98	0.2	0.70	
6	3	7.25	0.1	0.43	
8	1	7.51	0.2	0.17	
12	1	7.68	0.3	0.00	
24	1	7.68	0.2	0.00	

Time	Aeromonas hydrophila				Reduction
	CFU	Log	SD		
0	35,481,339	7.55	0.2	7.55	
0.5	1,696	4.51	0.2	3.04	
1	54	5.82	0.3	1.73	
2	17	6.31	0.2	1.24	
4	6	6.80	0.2	0.75	
6	3	7.15	0.1	0.40	
8	1	7.46	0.2	0.09	
12	1	7.55	0.3	0.00	
24	1	7.55	0.2	0.00	

Time	Stenotrophomonas maltophilia				Reduction
	CFU	Log	SD		
0	39,810,717	7.60	0.2	7.60	
0.5	7,079	3.75	0.2	3.85	
1	550	4.86	0.2	2.74	
2	60	5.82	0.2	1.78	
4	4	6.95	0.2	0.65	
6	2	7.32	0.1	0.28	
8	1	7.59	0.2	0.01	
12	1	7.60	0.3	0.00	
24	1	7.60	0.2	0.00	

Time	Vancomycin-resistant Staphylococcus aureus				Reduction
	CFU	Log	SD		
0	47,863,069	7.68	0.2	7.68	
0.5	2,089	4.21	0.2	3.32	
1	69	5.84	0.3	1.84	
2	15	6.50	0.2	1.18	
4	4	7.12	0.2	0.56	
6	2	7.56	0.1	0.22	
8	1	7.61	0.2	0.07	
12	1	7.68	0.3	0.00	
24	1	7.68	0.2	0.00	

Time	Aeromonas hydrophila				Reduction
	CFU	Log	SD		
0	35,481,339	7.55	0.2	7.55	
0.5	1,122	4.50	0.2	3.05	
1	39	5.79	0.3	1.76	
2	18	6.39	0.2	1.26	
4	5	6.85	0.2	0.70	
6	3	7.09	0.1	0.46	
8	1	7.43	0.2	0.12	
12	1	7.55	0.3	0.00	
24	1	7.55	0.2	0.00	

Time	Stenotrophomonas maltophilia				Reduction
	CFU				

AIRPHX Independent Field Testing*

	Testing Dates		AIR Samples (cfu/m ³)			Pre-Treatment
	Pre-Treatment	In-Treatment	Pre-Treatment	Post-Treatment	% CHANGE	
<u>College Sports Programs Treatment Area</u>						
BIG 10	Wrestling	10/8/19	1/7/20	307	10	-96.7%
SEC	ATR	9/27/19	11/8/19	427	39	-90.9%
USA	Football Equipment Room	1/28/19	11/4/19	679	43	-93.7%
PAC 12	Football ATR	8/15/19	11/5/19	367	49	-86.6%
BIG 10	Football - ATR (including Hydro)	8/7/19	10/1/19	427	42	-90.2%
BIG 10	Hockey (Locker/Weight/ATR)	8/7/19	10/1/19	436	39	-91.1%
SEC	Track & Field Locker	11/27/18	1/10/19	571	44	-92.3%
BIG 10	Football - ATR	8/20/19	10/10/19	355	26	-92.7%
BIG 10	**Wrestling Room (outside doors open)	8/20/19	10/10/19	2,100	446	-78.8%
BIG 10	ATR	8/21/19	10/10/19	838	71	-91.5%
BIG 10	***ATR	8/19/19	10/7/19	830	152	-81.7%
BIG 10	Hockey	8/8/19	10/2/19	313	19	-93.9%
BIG 10	ATR (including Hydro)	8/8/19	10/2/19	953	83	-91.3%
BIG 10	Locker - Football	8/12/19	10/28/19	(1)	92	NA
BIG 10	Wrestling	8/23/19	10/28/19	600	25	-95.8%
Winter Olympics	Athletic Training Room	10/22/19	3/30/20	321	9	-97.2%
CAA	Sports Medicine Room	7/14/17	9/6/17	1,896	61	-96.8%
Patriot	Strength Training Gym	12/13/17	1/24/18	706	81	-88.5%
NSIC	Football Locker Room	9/27/18	10/4/18	NA	NA	NA
Averages				713	74	-91.2%
<u>Completed (Adjacent areas)</u>						
BIG 10	Wrestling Locker Room	10/8/19	1/7/20	458	33	-92.8%
PAC 12	Hydro (just 1 surface sample)	8/15/19	11/5/19	350	117	-66.6%
BIG 10	ATR - Hydro (Halo effect)	8/7/19	10/1/19	383	100	-73.9%
BIG 10	Weight (Halo effect)	8/7/19	10/1/19	756	144	-81.0%
BIG 10	ATR - Hydro/Hall (Halo Effect)	8/20/19	10/10/19	458	192	-58.1%
BIG 10	ATR - Hydro (Halo effect)	8/21/19	10/10/19	650	283	-56.5%
BIG 10	Hallway/Nutrition/Turf (Halo)	8/19/19	10/7/19	1,050	622	-40.8%
BIG 10	ATR - Hydro (Halo effect)	8/8/19	10/2/19	1,367	134	-90.2%
Winter Olympics	Weight room	10/22/19	3/30/20	327	20	-93.9%
Averages				644	183	-72.6%
<u>In-treatment pending</u>						
PAC 12	Football Locker Room	11/5/19		405	pending	
BIG 10	Locker - Football	8/8/19		424	pending	
Averages				415		
<u>Indoor turf facilities</u>						
BIG 10	Turf Indoor	10/2/19		2,056	pending	
PAC 12	Turf Indoor	8/15/19		(1)	pending	

* Air quality scale for workplaces, public buildings, schools and homes are as follows: (i) less than 100 cfu/m³ is considered clean and acceptable; (ii) 100 to 300 cfu/m³ is marginal; and (iii) more than 300 cfu/m³ is not acceptable and needs corrective action. Contact surface quality scale for workplaces, public buildings, schools and homes are as follows: (i) less than 5 cfu/cm² is considered clean and acceptable; (ii) 5 to 10 cfu/cm² is considered marginal; and (iii) more than 10 cfu/cm² is considered not acceptable and needs corrective action.

** Results may be impacted by operating fans and open doorway -- outside air introduction

*** Results may be understated due to unit being shut off for some period for facilities review; doorways to hall open at time of testing may have introduced outside air

AIRPHX Independent Field Testing*

	Testing Dates		AIR Samples (cfu/m3)			Pre-Tre
	Pre-Treatment	In-Treatment	Pre-Treatment	Post-Treatment	% CHANGE	
<u>Commercial Gyms</u>						
Regional Chain Gym (Large)	10/20/16	2/7/17	NA	NA	NA	
Boutique Gym Chain	5/11/16	2/20/17	848	47	-94.5%	
HS Field House	10/26/17	12/4/17	758	91	-88.0%	
HS Weight & Wrestling	10/26/17	12/4/17	731	83	-88.6%	
Big Box Gym (NY)	11/7/17	12/14/17	1,514	20	-98.7%	
Big Box Gym (NJ)	11/7/17	12/14/17	1,074	15	-98.6%	
National Chain (Small Box)	1/31/18	3/7/18	1,149	76	-93.4%	
Yoga (Hot & Normal)	6/12/18	7/12/18	881	77	-91.3%	
Yoga (Hot & Normal)	6/19/18	7/19/18	1,083	42	-96.1%	
Military Base Gym	9/25/18	10/29/18	1,218	91	-92.5%	
HS Wrestling Gym	12/13/19	3/6/20	3,717	86	-97.7%	
HS gym (Halo Effect)	12/13/19	3/6/20	333	8	-97.6%	
Big Box Gym (MD)	6/9/20	7/14/20	323	22	-93.2%	
Hotel Gym & Surrounding Areas (DC)	6/16/20	7/20/20	312	107	-65.7%	
Averages			1,072	59	-92.0%	

AIRPHX Independent Field Testing*

	Testing Dates		AIR Samples (cfu/m3)			Pre-Treat
	Pre-Treatment	In-Treatment	Pre-Treatment	Post-Treatment	% CHANGE	
<u>Hospitals and Healthcare</u>						
Dental Office	3/24/17	3/26/17	586	80	-86.3%	
Dental Office	3/24/17	4/20/18	586	12	-98.0%	
Hospital Oncology Floor	1/25/18	2/12/18	767	40	-94.8%	
Hospital Nurse Station	1/25/18	2/12/18	1,113	80	-92.8%	
Hospital Elevator Bays (8)	1/25/18	2/12/18	1,640	78	-95.2%	
Hospital Oncology Floor	1/25/18	7/25/19	767	39	-94.9%	
Hospital Nurse Station	1/25/18	7/25/19	1,113	13	-98.8%	
Hospital Waiting Room	2/12/18	3/20/18	880	77	-91.3%	
Hospital ICU	7/25/19	10/16/19	279	18	-93.5%	
Hospital Floors (3)	4/23/19	6/1/19	292	44	-84.9%	
Specialty Hospital Floor	11/26/19	3/13/20	219	33	-84.9%	
Outpatient Facility	4/18/20	5/5/20	539	74	-86.3%	
Senior Living Center	6/18/20	7/9/20	393	31	-92.1%	
Averages			706	48	-91.8%	

AIRPHX Independent Field Testing*

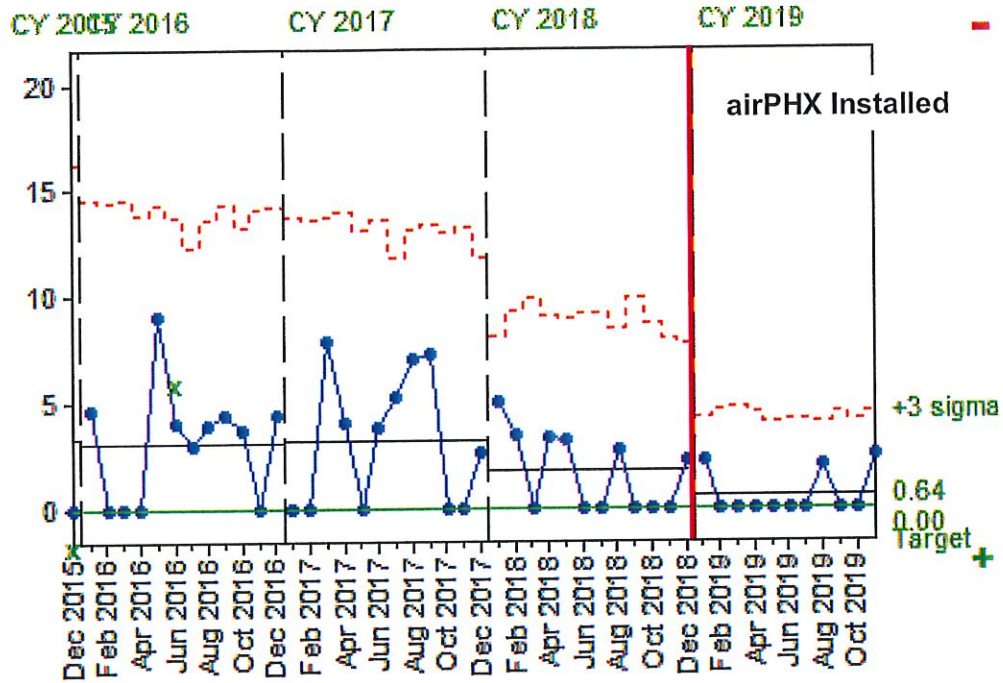
	Testing Dates		AIR Samples (cfu/m3)			Pre-Tre
	Pre-Treatment	In-Treatment	Pre-Treatment	Post-Treatment	% CHANGE	
<u>Miscellaneous Tests</u>						
School for Autistic Children	5/2/17	7/15/17	1,456	159	-89.1%	
Private Residence	10/5/17	11/2/17	1,121	108	-90.4%	
Private Residence	10/13/17	3/15/18	1,135	98	-91.4%	
Veterinarian	10/18/17	11/28/17	1,085	169	-84.4%	
Private Residence	2/13/18	3/14/18	1,650	83	-95.0%	
High School Building	4/5/18	5/2/18	NA	NA	NA	
County Rec Center	11/17/18	2/8/19	818	27	-96.7%	
County Office Building	11/29/18	1/10/19	433	4	-99.1%	
Pre-School	7/18/19	8/16/19	657	71	-89.2%	
Bank Branch	4/18/20	5/5/20	506	33	-93.5%	
Corporate Office	6/9/20	7/14/20	269	16	-94.1%	
Averages			913	77	-92.3%	

Exhibit III

U Chart 3-Sigma

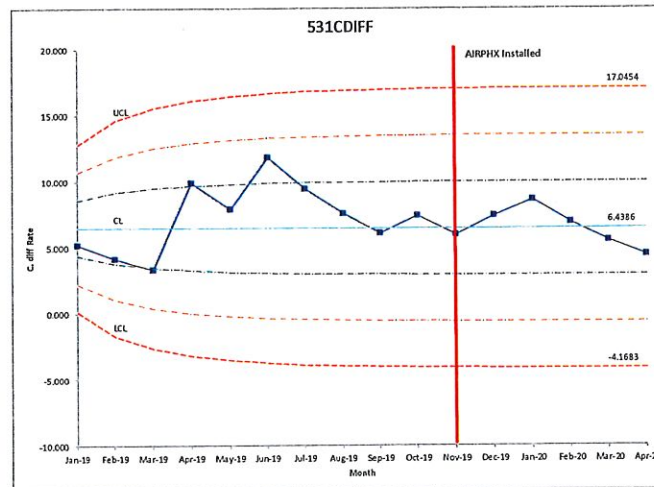
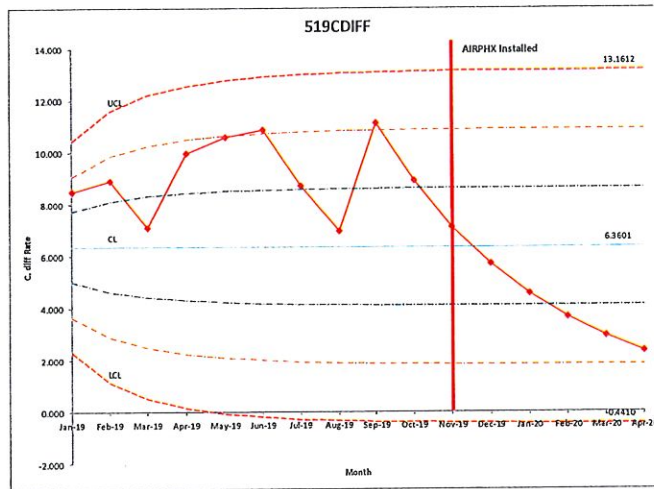
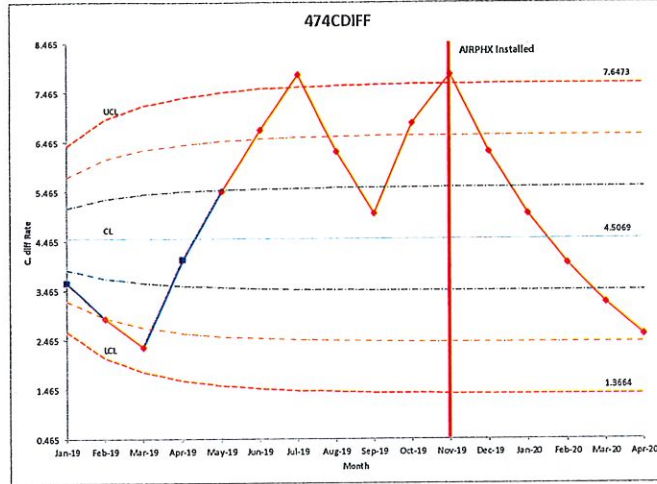
Central Line Infections per 1000 Line Days

Summary



Jan 6, 2020 14:18:24

Exhibit III Clostridium Difficile Time Series Data





Cheryl Harmon <charmon@cascade.k12.or.us>

Support for a Safe Return to Cascade School Campuses

1 message

Onica Kibby <okibby@gmail.com>

Mon, Jan 4, 2021 at 10:22 PM

To: Cheryl Harmon <charmon@cascade.k12.or.us>

Cc: Darin Drill <ddrill@cascade.k12.or.us>, Dan Petersen <dpetersen@cascade.k12.or.us>, Madeline Sattler <msattler@cascade.k12.or.us>

Hello,

Thank you for your service to our school district. Now more than ever, each of you serve in a consequential capacity.

With school districts responsible January 1, 2021 for decisions surrounding reopening, I wanted to take a minute to share my support for a truly safe reopening with you. Even if that means next fall. I am a parent of current and future district students and a family member of a district teacher. The decision to expand reopening would put my family, and our entire community at risk. My family's safety and the wellbeing of my community are issues on which I will, respectfully, not stay silent. I don't intend to add a voice of pressure. I would only like to add perspective and information to the conversation. The conversation about our collective community safety.

As you move through your decision process, I request you consider the following questions. (I have provided links to trusted sources for you to review for yourself.)

1. How does the district plan to introduce greater transparency and accessibility to the board for all stakeholders? I am concerned that the only way to interact with our board members is in person, at a meeting. My family and I are considered high-risk, and I will not attend in-person board meetings during the pandemic. It is my understanding, counties in extreme risk are to conduct all public business remotely, to the maximum extent possible. Without a virtual meeting, I cannot engage or interact with a board member. It seems there are barriers to equal access, and that would not be in line with the district's values.

2. How many lives are worth the risk to expand reopening? Please consider how close we are to having access to the vaccine. Please consider the impact the vaccine would have on the R factor (transmission rate) in our community if even only 40% of people chose or were able to be vaccinated.

<https://covid19.healthdata.org/united-states-of-america/oregon?view=daily-deaths&tab=trend>

3. How does COVID and variant strains spread among children? Please consider the science showing easier spread among children and today's UK emergency school closures in response to the new variant. Admittedly, it does feel strange that I must advocate for following the science and public health guidelines to our school district.

<https://www.nytimes.com/2021/01/04/world/europe/uk-lockdown.html>

4. How do you anticipate our community will comply with the safety measures necessary to reopen safely? Our community has proven many believe that masks are more political than preventative, and our district has demonstrated a lack of compliance and willingness to enforce the mask guidelines with staff and students. The CDC is clear that in order to reopen schools safely, community transmission must be low and following the safety measures is essential.

<https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/schools.html>

5. How does the district plan to cover the necessary expenses in order to safely reopen? Updated ventilation systems, upgraded facilities, and proper and adequate PPE will be expensive, even if the district is only "considering" the upgrades, as set out in the CDC guidelines.

Our community has many voices, and I know you are hearing many of them, very loudly. I wanted to be a supportive voice for staying the safe course. There is no loss in the learning our kids are doing during this difficult time. This is without a doubt shaping our children, and they are watching us all very closely. Think about the adults these children will grow into. We want them to be critical thinkers who respect the institutions that our incredible community, and country,

have built. We want them to be the change they want to see in the world through their kindness, their knowledge, and their compassion. They will get that from Cascade, if we show them the way. The Cascade Way!

Thank you again for your service, and your time.

Onica Kibby



Cheryl Harmon <charmon@cascade.k12.or.us>

A letter to the school board

1 message

Carrie Jones <formerlymcintyre@gmail.com>

Thu, Jan 7, 2021 at 1:53 PM

To: Cheryl Harmon <charmon@cascade.k12.or.us>, ddrill@cascade.k12.or.us

Cheryl, Darin, Board Members,

First and foremost, thank you for all you do for our children, especially during this unprecedented time. I am a former employee of the district, serving under the District Nurse as her assistant. I also substitute taught in the district for 3 years until the pandemic hit. I coach boys and girls basketball at the Junior High. I have had the privilege of attending most board meetings this year, as well as serving on the facility needs committee and participating in the recent stakeholders meeting. I am grateful for the quality of education Cascade provides my 4 children.

That being said, I have a lot at stake when it comes to the possibility of Cascade School District opening up for in person learning. Please make no mistake, I stand with my fellow community members in their beliefs that educating the next generation of leaders is our top priority. However, I would like to take this time to dispute arguments to open our district back up to full capacity.

1. The space to accommodate the students in our district in the current buildings we have, plain and simply, isn't available. With classes above the 30 threshold at Turner Elementary alone there is simply no way all students can safely attend and maintain the 35 square foot boundary.
2. What have we done to update our air filtration system? How can we expect students to attend safely when there are classrooms currently that do not offer proper ventilation or even access to a window?
3. How can you commit to student's safety when staff members and people in our community continue to disregard the mask mandate? My daughter participated in the "masks required" flag football season put on by Cascade only to find that masks were never enforced. Full teams where maybe one child was wearing a mask properly. Games consisted of multitudes of families huddled together in the cold, not a mask among them. When I voiced my concern, nothing changed.

A teacher from Turner Elementary has had "field trips" with her class (not her entire class, only the ones that are not high risk or were willing to take that risk), without masks or social distancing. How is this an equal opportunity? Not even a month ago, photos circulated of "Santa" visiting Turner Elementary taking photos with students and staff. Was "Santa" in a mask? No. Were they social distancing? No. With the continual disregard to the safety of anyone, how can we confidently send our students to school in these types of environments?

4. Which brings me to my biggest concern: equality in education. The parents that have continually spoken at the monthly board meetings repeatedly say, "It's about choice." If students return to school, the ones that do not want to, OR are high risk, can "choose" to do school at home online. -That is not a choice. We moved to this district to reap the benefits of the quality of education it provides, and the teachers who teach it. If the high risk category "chooses" to stay home and learn online, they forfeit that education. Learning geometry on APEX is NOT the same as learning from a teacher who specializes in math. In fact, it becomes a matter of discrimination against the high risk population in it's inability to offer the same quality of education that EVERY student deserves.

However, if there is a way to allow students who do not have proper internet access, computers, help at home, to attend in person WHILE the teachers continue to educate via zoom, that is absolutely something I can get on board with. It seems, in my opinion, to be the best option we have until vaccinations are made readily available to all.

On an entirely different note, I am also including a link, to help the board understand that if we do move forward, that it does not mean our district is exempt from the liability of when an outbreak occurs. <http://www.osba.org/News-Center/Announcements/2021/20210106Liability.aspx?fbclid=IwAR1sR0gGBBqfG9WrpDONRJICK5wYkq1hAt0sdBgtupFLtzGyTXUqKhVas4l>

I know that you want to do what's best for our community. And it seems as though the only thing I continually hear from those that want to reopen are that students are struggling. Yes, some students are. But on the flip side, there are absolutely students that are flourishing. Should we sacrifice one over the other? Absolutely not. It is the district's duty to work hard to help both.

Thank you for your service,
Carrie Jones

January 7th, 2021

Cascade School District School Board and Superintendent Drill,

I am writing to you regarding the reopening plans for Cascade School District. My name is Robyn Randall and I am the parent of three students that attend Turner Elementary, a resident of our community as is my sister and her family and my elderly parents, and I am employed by Cascade School District as the District Nurse, but today I am writing to you as a parent.

This time has been challenging for everyone in different ways. As one of the handful of medical professionals that works in this district, it would be an understatement to say that I have a different perspective regarding this pandemic and our community's response. There have been voices, loud voices, in our community putting undue pressure on this school board and district to disregard and violate public health mandates, that have been scientifically proven to reduce the spread of COVID-19. It has been disturbing to see certain members of our community, and even employees of our school district, try to bargain away the health and safety of our staff and students in an effort to return to "normalcy". They have even publicly stated that they represent this school district while simultaneously violating mask mandates and social distancing guidelines. They have been so bold as to brag about how many times they have put our community at risk with their reckless behavior in these very board meetings as if they have somehow "proven" it to be safe to relax and disregard public health mandates. I liken this to drinking and driving, sure one may get away with drinking and driving a certain number of times and NOT cause harm, but statistically harm will eventually happen.

These voices have not quieted, especially now that some scientific evidence supports that bringing students physically back to school with COVID-19 protocols in place and test positivity is down, has not shown a significant increase in the spread of COVID-19. I for one truly believe that we can accomplish bringing our students back safely and that it is the right thing to do. This, however, will be an inherently difficult task to accomplish unless the majority of our community works together to reduce the spread of COVID-19. This pandemic is a team sport, whether we like it or not. We can control our school environment, but not the actions of our community members. My concern is that our school district has worked incredibly hard to create a safe environment where staff can compassionately serve the needs of our students, only for that effort to be sabotaged by individuals in our community that have a personal and political agenda.

I appreciate this board and the fact you have been a compassionate ear to those in our district experiencing extraordinary challenges and that you have been steadfast in not compromising the safety of our staff and students at the behest of others. I have watched in horror at times, specifically during a Cascade sponsored flag football league, at the public display of public health mandate violations being tolerated. There is mounting evidence that a significant portion of our community either doesn't understand the public health mandates and/or doesn't care to participate in mitigating the risks of exposing others to this infectious illness.

Along with Governor Kate Brown, I urge this School Board and Superintendent Drill to be fully transparent in how decisions are going to be made in regards to how and when we reopen our schools and which stakeholders have been given the opportunity to provide input into the decisions. Please share any plans that the district has on improving our ventilation systems or any other efforts or plans that will help make our school environment as safe as possible. Parents and staff are entitled to know who is influencing these decisions as it will directly impact the health and safety of our families, schools and communities.

Thank you for your service and considering my perspective.

Robyn Randall
Mother of Parker, Finley, and Cooper Randall

In Person Learning

1 message

Scott Woodward <Scott@woodwardheating.com>
To: "ddrill@cascade.k12.or.us" <ddrill@cascade.k12.or.us>
Cc: "charmon@cascade.k12.or.us" <charmon@cascade.k12.or.us>

Fri, Jan 8, 2021 at 1:14 PM

Hey All,

I just wanted to throw my support in the hat for opening in person learning. Our kids have been out of school for far too long. They are getting behind educationally and socially. The long term effects on our children is anyone's guess at this point. Please don't continue to make them suffer when they don't have to. It has been nearly a year since they have seen the inside of a classroom. The stress it is putting on them and the parents needs to stop immediately. Please support us parents and open the schools.

I appreciate your time!

**Scott Woodward****President****Woodward Heating, Inc****Woodward Garage Doors****P: 503-448-4328****F: 503-448-0038****C: 503-930-5991****CCB # 153836**www.WoodwardHeating.comwww.WoodwardGarageDoors.com**"Like" us on Facebook to receive updated specials!**



Cheryl Harmon <charmon@cascade.k12.or.us>

School board meeting comments

1 message

Stuart Gamble <sgamble550@gmail.com>

Fri, Jan 8, 2021 at 6:47 PM

To: charmon@cascade.k12.or.us

Please include the following submission in the comments to be read at the school board meeting on Monday January 11th:

Let me begin by saying how much we appreciate all that our school district has done to support our children and the opportunities they have afforded them in this very difficult time.

I am concerned that we are not immediately taking a more aggressive approach to returning to in person learning. The governor has done what amounts to a complete about face on her policy towards opening schools, and the legislature has demonstrated their change of heart with the passage of HB 4402, limiting liability for schools for COVID related claims. These two indicators show that the politicians clearly realize they were wrong. This is a political move because they now realize that in a year or two the true effects on our children of closing schools for almost a year are going to come to light, and it's going to be horrific. In short, I believe their sudden change of heart is to avoid having egg on their faces later.

As a 25 year law enforcement veteran I can tell you that the damage to those children who are already in a vulnerable environment is probably not repairable. The number of child abuse reports is way down, because teachers are the biggest reporting group. These kids are stuck at home with no way to escape the abuse and neglect, and no one to speak up for them. A solid 10 months of abuse with no hope is more than most children will likely recover from.

As I teach new police recruits, my children, and any other young people I have a chance to mentor, it is time for us to be courageous and act decisively. The easy thing to do is to take our time, go slowly, and hope for the best. The courageous thing to do is to stand up and say what is happening to our children is wrong, and we're going to stop it right now. I encourage you to consider this path. History will look back and judge whether we did everything possible to salvage this forever damaged generation. If we fail to act now, the answer will be "No."

Again, I appreciate how difficult a time this is and all that you have done to this point to navigate us through it.

Respectfully,

Stuart Gamble
West Stayton



Cheryl Harmon <charmon@cascade.k12.or.us>

Safe School Reopening at Cascade

1 message

Kathy Kibby <kathykibby52@gmail.com>

Sun, Jan 10, 2021 at 3:24 PM

To: charmon@cascade.k12.or.us

Dear Board Members:

Although all of our own children are now young adults, we now have grandchildren attending Cascade District schools, and a daughter that teaches here as well.

Through the last 10 months of this pandemic, we have diligently worn our masks, stayed apart from our friends and families, had groceries delivered, and stayed home when we wished to travel. Now, at the very moment that a vaccine has been developed and is ready for distribution, we are figuring out how to get children and teachers and staff safely back into the classroom.

We urge you to go slowly. Although parents are banging on your doors demanding in-person school and sports and activities resume as soon as possible, please be transparent with the entire district. Inform parents what the school day will look like when their children come back to school. That it will be very different than when they were last in class in March. Exactly how much time will the child be in school per day and how many days per week. How bussing is going to look, and that sports are not on the table yet. How recess and lunchtime will be handled, if at all right now. Our desire is to wait another few weeks and get the school staff immunized if at all possible before in-person school resumes. Is another few weeks really that important after the previous 10 months of quarantine? Also, Mr. Drill has informed us that the ventilation systems in the school and district buildings are being updated to provide better air quality inside. At what point will those be completed?

We also are ready for school to resume in-person instruction, but safely please. This has been a terrible pandemic that we have no desire to continue with, but please err on the side of caution. Many people in our community are still resistant to mask wearing, and staying socially distant. Marion County has one of the highest infection rates in the state. Please take a bit more time.

Thank you,

Kathy and Brent Kibby



My letter to the school board for public comment :)

1 message

Ava Kibby <ava.kibby@cascade.k12.or.us>
To: charmon@cascade.k12.or.us

Sun, Jan 10, 2021 at 4:57 PM

Hello,

My name is Ava Kibby. I am a 5th grader at Turner Elementary. Ms. Taitano is my teacher and I think she is one of the best teachers I have ever had.

This year has obviously been hard for everyone, including me. Ms. Taitano has made it an awesome year, it's one of the best. Whenever I need a break or have anxiety, she will tell me that I can take a break or take a deep breath. I think that is really helpful to hear from a teacher, especially right now.

I have received awards, virtually, for being preparing and daring by solving issues that occurred on my side of the computer during distance learning. Though this year has been hard, I have also been successful and I think I want to stay with distance learning until I can get a vaccine for COVID. From a student who as asthma, I would need to stay in distance learning until the teachers and staff members and me could get a vaccine.

Of course I want to see my friends and my teachers especially since it is the last year at Turner for me. But I really do not want to get any of the people I love or care for sick with COVID. Even if I don't have any symptoms, I do not want to take the risk. I am also concerned that if I go back to school right away before we get a vaccine, that when I come home and see my mom and dad. And if I get my mom and dad sick and they see their mom and dad, I could get all of them sick. And I would not want to get my grandparent's or my parent's sick because they would be at a higher risk than I would be.

I know that some of my friends are having a harder time at distance learning then I am. I don't want my actions or needs to change how they are learning, because I feel that is just unfair for me to do. I want them to be as successful as I am.

I learned my persuasive writing skills at Turner. I love and I definitely will miss Turner. I am super sad that this is my last year at Turner, and that it had to be a weird year and not in person, but I know that I want everyone at Turner to stay safe, but still get a great education.

Sincerely, Ava Kibby :D

January 11, 2021

Cheryl Harmon
Cascade School Board Secretary
charmon@cascade.k12.or.us
Attn: Cascade School Board

Re: Pubic Comment for January 11, 2021 School Board Meeting

Dear Cascade School Board Members:

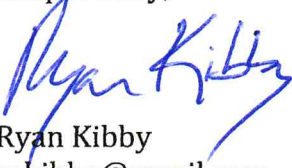
Thank you for considering my input regarding comprehensive distance learning (CDL) and limited in-person instruction (LPI) options for students in the Cascade School District.

The last ten months have been challenging as we learned to adopt physical distancing, mask-wearing, and other precautions to minimize the spread of COVID-19 in our small community. Providing high-quality education while ensuring the safety of students and staff is a momentous challenge, and I applaud you for your successes. The resources you allocated to district-wide CDL early in the pandemic allowed students to continue learning in the face of an unprecedented challenge. You've balanced community concerns with evolving safety requirements to keep students moving forward in their education.

The promise of a successful COVID-19 vaccination effort offers hope of returning to many of the normal activities we took for granted before last spring. However, I encourage you to also seize this opportunity and take bold, innovative actions that support equal access to education for all. Maintaining alternatives to in-person instruction has many benefits beyond the immediate health implications. When students experience illness or injury, lack adequate transportation, or even when they travel, your investment in CDL now, with funding and focused public interest, will pay dividends as students continue learning when they would have otherwise been absent.

I ask that you maintain your commitment to protecting students and staff by strictly adhering to relevant guidelines and respecting the voices of scientists, health professionals, educators, and families as you work toward full reopening. Please continue to offer all families a choice between CDL and LPI, which permits teacher-facilitated learning to a stable cohort of students while respecting the choices of families during these extraordinary times.

Respectfully,



Ryan Kibby
rekibby@gmail.com



Cheryl Harmon <charmon@cascade.k12.or.us>

1/11/21 Board meeting

1 message

Travis Newton <travis.newton@academymortgage.com>

Mon, Jan 11, 2021 at 1:49 PM

To: Matt Thatcher <mthatcher@cascade.k12.or.us>, Cheryl Harmon <charmon@cascade.k12.or.us>, Darin Drill <dadrill@cascade.k12.or.us>

Cc: Lisa Newton <lnewton5@aol.com>

Good evening Mr. Drill and Board.

I speak on behalf of a pro-school group of 250+ Cascade parents.

First I want to thank all of our teachers, administrators and staff for continuing to care for our Cascade Students and families. There is no other place like Cascade. I hear from 3-4 different teachers and staff members per week who reach out to thank our parent group for our love and support we give them and our students. We will NOT stop advocating to get our student back where they belong.... to IN PERSON learning.

We as a parent group are incredibly excited that our District has given EVERY parent and student an opportunity to CHOOSE their education. I have FULL faith that admin, educators, staff and students will be able to navigate the covid issues well... and more importantly protect the mental health and wellbeing of our students that have suffered in silence during these school closures. We always hear we need to "follow the science". The science is telling us it is SAFE to have our students IN school. Please...let's follow the science.

As speaker for our parent group I am asking the District and School board to have the public plan distributed to the community by 1/15/21. We see this as not only an attainable objective, but one of absolute urgency.

We are overjoyed that a mid-February start date is in the works. A Hybrid schedule with students attending 2 full days per week with optional days on Friday is a start. This will help us make sure the 2021-2022 school year is able to return to full time.

With that said, I feel we continue to fail our most precious children. I know I don't have to tell you all this, but a reminder is always necessary..... School is truly the ONLY safe place for an increasingly large group of students in our district. I am so thankful for our administrators who continue to do home visits. I've heard many stories of abuse, neglect, hunger and depression. We need all children (and especially this group) under the caring eyes of our District employees.

It's not just our "at risk" students who are suffering. A large group of students that we all assumed would be "just fine" are struggling mightily with anxiety and depression.

We just went over 305 days without our children being IN school to learn, love, explore, stay active, build relationships and self-confidence. Cascade must continue to put our children first. The time is NOW to be a leader..... Those district that continue to follow are a horrible example of loving our children, that's not who Cascade is..... We are all blessed to be part of a district that loves our children, and will continue to FIGHT for them. I urge you Mr. Drill, Admins and Board members..... PLEASE Do what is RIGHT for our students. Show our community and more importantly, our students why they WANT to be part of THIS District. Show them the love, care and dedication you have for them. We can continue to talk about putting our children first....or we can DO IT. This is your chance to listen to the science and put children FIRST.

Thank you



Travis Newton

Manager, Producing | NMLS # 269195

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travis.newton@academymortgage.com

[Visit my webpage](#)

[3831 Fairview Industrial Dr. SE | Salem, OR 97302](#)



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Tonight's Board meeting

Linda Martinka <martinkafam@gmail.com>

Mon, Jan 11, 2021 at 1:52 PM

To: Cheryl Harmon <charmon@cascade.k12.or.us>, "ddrill@cascade.k12.or.us" <ddrill@cascade.k12.or.us>, "mthatcher@cascade.k12.or.us" <mthatcher@cascade.k12.or.us>

Hello,

Now that it's finally up to you to decide how our kids will return to class, I'm hopeful our pleas won't fall on deaf ears!

While we appreciate all the efforts Cascade has put into CDL during this unprecedented time, it simply isn't appropriate for the long term and has exhausted its benefits for many households including my own.

I've watched my two academically excellent students struggle with comprehension to curriculum & assignments, especially in their AP classes. They've utilized the resources offered to them but sadly it often isn't enough and they fall behind. My children, like most, thrive with in-person, hands/on instruction and support.

The most serious downfall is the vitality of their mental health. While being in-person won't completely remedy the subject of mental health I'm confident that CDL and isolation away from their peers, teachers & sports has played a major role in developing a complete disinterest in school & other aspects of their lives.

Our family supports the return of full time, in-person education and sports even if that means volunteering to help sanitize classrooms with a team of parents daily, and for the smaller percentage who oppose returning, I hope that CDL options remain available to them until they feel safe enough to return their children to classes & sports in 2021.

Thank you for your time,
Linda Martinka

Tonights board meeting

1 message

Molly Martinka <molly.martinka@cascade.k12.or.us>

Mon, Jan 11, 2021 at 1:57 PM

To: Darin Drill <ddrill@cascade.k12.or.us>

Cc: Matt Thatcher <mthatcher@cascade.k12.or.us>, Cheryl Harmon <charmon@cascade.k12.or.us>

Hello,

My name is Molly Martinka and as you may know I am a sophomore student this year.

Though I may be one student writing to you, I'm not only speaking for myself, but on behalf of my like minded fellow classmates that desperately need in person learning as much as I do. This year has been extremely unprecedented for all of us, and although many have adjusted to this new reform in education, it is not as effective as in-person learning or face to face socialization. In a world that is already so digital, school was one of the few things students had that was an opportunity to get involved in things not digitally, but tactically and socially. I struggle with anxiety and depression, I have for a while, and this year took my mental health to new heights, or a more fitting term, new lows. It was scary. I have an incredible home life and supportive family, but I was still in such a dark place my safety was at risk of my own mind. Suicide death numbers from the past year are higher than the death numbers from the coronavirus. It scares me to think that the ones i love, my friends, or even myself could've been one of those numbers. It makes me think of all my classmates whose life at home is not enjoyable or safe. The classmates whose parents aren't as helpful and observant as mine. They need help. I don't want to lose any more classmates when there is an option for help and in person learning available. We students need each other and we need to be a part of a community. Not only has this form of learning been very difficult because we are away from our teachers and friends, but the communication errors and overload of work in classes has kept us stressed and in front of a screen for sometimes 8 hours a day. This is extremely unhealthy. I understand and respect those who do not want us to be back in person, but I and so many of my classmates need this. We need people. We need in person instruction and hands on learning. We need things to look forward to. Having distance learning as our only form of 'social interaction,' we are living the same day every single day. It gets exhausting and teens are becoming bored with life. People, especially students, high school students nonetheless, need to see our friends and feel supported. We need teachers to be there for us and be patient with us, and we need a classroom where we can ask questions at any given time. *Our education is at the mercy of poor internet connection.* I could write a lengthy essay about the pros and cons of going back to school, or a persuasive editorial on why students need this, but I will keep it simple for this letter. I dont know about you, but I would rather take a student being ill for a week or two than lose that student to suicide, especailly when it's preventable. We have an opportunity for change, and we need to take it.



Cheryl Harmon <charmon@cascade.k12.or.us>

Return to School

1 message

whimsybs@yahoo.com <whimsybs@yahoo.com>

Mon, Jan 11, 2021 at 2:09 PM

To: Ddrill@cascade.k12.or.us

Cc: Mthatcher@cascade.or.us, Charmon@cascade.k12.or.us

Just wanted to voice how important it is to us for our kids to get back to school full time sooner rather than later. We've spent over 300 days acting in fear of a virus with a very high recovery rate and it's damaged our kids. We've lost kids to suicide, to other states. These kids have lost months of education and at our house, with 4 Cascade students, I've seen their love of learning completely disintegrate.

Getting our kids back in the classroom is so important to us that we've made the drastic decision to leave the district if it's not resolved.

Thank you
Brittanie Gordon

Sent from my iPhone



Cheryl Harmon <charmon@cascade.k12.or.us>

Getting Students back in school

1 message

wileydogs <wileydogs@gmail.com>

Mon, Jan 11, 2021 at 2:09 PM

To: ddrill@cascade.k12.or.us

Cc: charmon@cascade.k12.or.us

Good afternoon Mr. Drill,

Our 2 students are very much awaiting the return to school. They miss the social aspect of seeing their peers while completing their school work. I am excited to see that you are fighting for our kids to be back in class. Thanks for all you are doing.

Mr & Mrs. Wiley

Sent from my Verizon, Samsung Galaxy smartphone



Fwd: Getting Our Kids Back to School

1 message

schneppsni@aol.com <schneppsni@aol.com>
Reply-To: schneppsni@aol.com
To: "charmon@cascade.k12.or.us" <charmon@cascade.k12.or.us>

Mon, Jan 11, 2021 at 2:11 PM

-----Original Message-----

From: schneppsni@aol.com
To: ddrill@cascade.k12.or.us <ddrill@cascade.k12.or.us>
Cc: charmon@cascade.k12.or.us <charmon@cascade.k12.or.us>
Sent: Mon, Jan 11, 2021 12:34 pm
Subject: Getting Our Kids Back to School

Mr. Drill and the Cascade School Board,

I am writing this letter to share the opinion of our family on returning all students to in person learning across our district. As I type I am reminded that we are coming up on an entire year from when we were first asked to stay home and flatten the curve. As months passed then it became wear a mask for two weeks and it will stop or slow the spread of the virus. We have done these things as we have been asked yet we are still not returning to any sense of normalcy.

My main concern now is not only getting my child back to school but so many others in our district. This situation we are currently in is caused by a virus that has over a 99% survival rate. More and more the data they are collecting continues to point to the fact that kids are not super spreaders of this virus. We totally understand and respect that there will be some families who do not want to return their kids to school as well as some teachers and staff members who do not want to return. Those are their choices. The majority of this community wants to see the students return to learning in a classroom with a teacher and be in the presence of their peers.

The mental health, especially of teens needs to be a top priority. These students have been isolated, forced to do school online only, had all extracurricular activities taken away and are losing so many high school memories that no one can give back. Education is HUGE but so are the social skills, problem solving skills, making lifelong friendships, proms, homecomings, sporting events and so much more that help shape them into adults one day.

Governor Brown has given the ability to each district to do what is best for students. My family and I have been consistent volunteers in this district for over 20 years. We have loved this community and its focus which has always been on what is in the best interest of kids. The majority of the staff has always made education and kids the most important. These are things we need to remember and get back to. Kids need to be back in the classrooms with their teachers learning and being helped during a full class period. They are desperate for the social interaction. The suicide, depression and anxiety rates are off the charts. This part breaks my heart because it doesn't need to be this way but as adults we are allowing this to happen. The fear of what we are being fed is outweighing our ability to do what is right. We have all done our due diligence and it is past time to return these students to the classroom. The staff members and families who are not ready to return can be easily teamed up and those teachers can teach those students. If there are some who just don't want to return to educating kids in person maybe it is time to replace them with those who do.

This situation is only about the corona virus. It is not about opinions or an easier way of doing things. I HOPE we have not lost sight of what education and this amazing district has always stood for? Not everyone is going to agree. That is okay. It is time for those who have been placed in positions of leadership to stand up and do what is right for kids. Open the doors back up, put masks on and let's get back to life!!

Thank you for your time and your willingness to hear what the community has to say. These students need you to stand up for them. They have trust and respect for their teachers and coaches. Please don't let them down. They have dealt with plenty of adversity over the last ten months. I would like to close with this final quote by John Maxwell:

The pessimist complains about the wind

The optimist expects it to change
A leader adjust the sails

Please adjust the sails and throw your shoulders back and lead. You were all placed in this position for such a time as this. Kids are counting on you to make the right choices.

Sincerely,
Jeff and Donna Schnepf



Cheryl Harmon <charmon@cascade.k12.or.us>

Board meeting

1 message

Camdyn Martinka <camdyn.martinka@cascade.k12.or.us>

Mon, Jan 11, 2021 at 2:31 PM

To: Darin Drill <ddrill@cascade.k12.or.us>, Cheryl Harmon <charmon@cascade.k12.or.us>

Hello, I'm Cami, a seventh grade Cascade student. I wanted to write this email to ask you to please let anyone who would like to come back to school return. Personally, I would love to be back in the classroom to learn and to be able to play basketball in the gym again.

Thank you,
Cami.



Cheryl Harmon <charmon@cascade.k12.or.us>

Back in school

1 message

seth steele <sethmeghansteele@yahoo.com>

Mon, Jan 11, 2021 at 3:06 PM

To: ddrill@cascade.k12.or.us

Cc: charmon@cascade.k12.or.us

I was asked to write a letter expressing why I feel that my children should be back in school. My kids are both super outgoing and enjoy school very much. My oldest is very social and has a large friend group. With being out of school for so long her emotional health has began to suffer. She is fearful of coming to school fearful of being around people. The emotional toll has been very hard to witness. This is typically a very healthy child emotionally so I can only imagine the toll this has taken on other families and other children. Our youngest cannot wait to be back in school. Earlier in the year when she was able to come in just for pictures and had to go through the school to get some things from the office just the little bit she was able to be in the school building was such a huge burst to her emotional stability. Kids need to be around kids. For their social and emotional health for no other reason!

Thank you!

[Sent from Yahoo Mail for iPhone](#)

Letter to the School Board

1 message

James Swift <James.swift7@outlook.com>

Mon, Jan 11, 2021 at 3:14 PM

To: "Charmon@cascade.k12.or.us" <Charmon@cascade.k12.or.us>, "Mthatcher@cascade.or.us" <Mthatcher@cascade.or.us>, "Ddrill@cascade.k12.or.us" <Ddrill@cascade.k12.or.us>

I want to open by saying that we truly appreciate the hard work that the school board and the Cascade school district has done to try to provide a learning environment for our children during this time. It is truly evident that you have the youth's best interest in mind. Doctors and health officials to include the CDC, have affirmed and reaffirmed that having kids physically in school should be the goal and this can be done while following safety protocols. The American Academy of pediatrics has listed measures and guidance that will make it safe for schools to reopen. Information has shown the opening schools does not significantly increase the transmission of the virus. Although we know some kids are operating just fine in this learning environment we have witnessed firsthand many many families and youth that are struggling in this learning environment and are falling behind in their education. We want to continue to advocate for school choice and parent choice because we firmly believe that parents know what is best for their children. We do understand that some kids will need to continue distance education , but we also strongly believe that for the majority of the population we need to get them back into the school now. We can no longer afford to let our youth fall behind in the education and continue to go deeper into anxiety and depression. As you are already aware some children are really suffering without the support of in person classroom or adequate technology at home. When school was initially going to open in the fall Cascade had put out a modified school attendance plan that was eventually taken away from us and we were required to do all distance-learning. We would love to see that plan implemented right away to start getting these kids back to school. There has never been a time in history where our kids needed us to stand up for them as there is right now.

James and Tisha Swift

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1/11/21 Board Meeting

1 message

Lisa Newton <lnewton5@gmail.com>

Mon, Jan 11, 2021 at 3:38 PM

To: mthatcher@cascade.k12.or.us, charmon@cascade.k12.or.us, ddrill@cascade.k12.or.us

Thank you for always making an effort to listen & consider the desires of our district community. As we start this new year, I hope that we are all taking the opportunity to make a renewed effort to address how we can better the circumstances that the children in our district are currently in. They have just surpassed 300 days since they physically attended school. This has had devastating effects on so many of them. I understand that some are thriving with this new way of learning, which is fantastic, but as you are aware, many are not. Many who have placed academic achievement as a high priority in their lives are struggling to grasp this abrupt change in their methods of learning & are subsequently watching their academic aspirations dwindle. Other children depend on the social interactions and access to trusted confidants school provides to help them navigate the overwhelming emotions they are dealing with, and attempting to process in everyday teenaged life. We have seen an alarming rise in the consequences of such emotional turmoil when these children feel they have no one to talk to and no way out. Our children need to be our priority. They and their best interests should be (and hopefully are) the reason that we are all here. ONLINE OPTIONS HAVE ALWAYS BEEN & WILL CONTINUE TO BE AN OPTION FOR THOSE WHO PREFER IT. Children who NEED in person school to survive & thrive DESERVE the same opportunities. PLEASE do what is right for all children in our district & continue to work toward the reopening of in-person school.

Thank you,
Lisa Newton

Sent from my iPhone