

School Reopening Task Force Kickoff Meeting

June 16, 2020

6pm - 8pm

Virtual Meeting - Streamed live and still available on [District Youtube Channel](#)

6:00 - The meeting started on time and all Task Force Members except for Thalia Williams. Additional guests included; Board President Scott Wheeler, and Task Force Facilitators Mark Hansen and Chris Thompson, as well as support personnel Christy Westphal and Christy Schmid.

Board President Scott Wheeler welcomed the task force members, thanked them for their service to our students and our community. Superintendent Mark Hansen followed with his own words of thanks, and framed the work of the Task Force as, given current data, how can we help prepare our system to open safely on September 1. Task Force Co-Chairs Jean Lambert and Tom Gehl also introduced themselves as current and former board members respectively, as well as long-time parents and residents in the District.

6:15 - Chris Thompson, task force facilitator, led the group through an introduction activity where each participant introduced herself/himself to the group.

6:30 - Chris Thompson then presented the meeting objectives, Task Force purpose and reporting requirements, timeline, and group norms. These are located on slides 6-11. Chris also presented a CDC framework to think about preparations for the Fall:

Low Risk (of COVID-19 spread): Students and teachers engage in virtual-only classes, activities, and events.

More Risk: Small, in-person classes, activities, and events. Groups of students stay together and with the same teacher throughout/across school days and groups do not mix.

High Risk: Full sized, in-person classes, activities, and events. Students are not spaced apart, share classroom materials or supplies, and mix between classes and activities.

Chris forecasted that the task force will spend the majority of its time helping the District define how we approach education in the “More Risk” category.

6:40 - Chris Thompson shared a brief data story of the District that included enrollment, capacity, bus ridership, food service participation and more. Members shared something that surprised them:

A sample of responses included: varying capacity/size of elementary schools, attendance data (97-98%), # of volunteers (2,000 people annually, thousands of hours), total number of students (7,370 forecasted), where staff lived, # of children with underlying health conditions (600).

6:50 - Mark Hansen presented the flow of decision-making and how it could impact our District and our work. As it did this spring, the WI Department of Health Services (DHS) or Waukesha County could determine that the District needs to transition from an in-person delivery model to virtual. The District expects DHS will defer to local control going forward. Therefore, it is our intent, to work closely with the County on establishing protocols and procedures so we can safely reopen, along with all other school districts in the county.

Because of the importance of these two organizations, along with guiding influence from the CDC, the District has identified these three sources of information as Primary Sources. While other sources of information such as state reopening guides, industry specific guidelines (e.g. food service) may be used to guide planning details, the task force will rely heavily on information from these three sources.

Waukesha County has put together a [data dashboard](#), that will also be used to inform district decisions. The key indicators (2nd tab) are all green for the first time since its inception. Mustafa Hussein offered that he can also share similar data from Milwaukee County that could be used to inform our staff approach as well (23% of staff live in Milwaukee County). At this time, the District will not create its own dashboard, however, as it typically would do, will use student/staff attendance, flu, or other data to inform decisions and responses to changing conditions.

7:05 - Chris Thompson provided some context about developing a Workforce Strategy. Over the course of two months, the task force will consider big topics such as workforce screening, facility capacity, student/staff mobility, transportation, and co-curricular activities. The District has organized work teams that will use Task Force feedback to develop action plans, which will then be returned to the task force for review/feedback. This two meeting cycle will help us reach decisions fast, particularly on items that need time/resources for advance planning.

The Task Force then split into small groups of 4-5 using Zoom's breakout room tool. Each group discussed the three prompts below, and the notes from their conversations are included here in the minutes.

Options	Staff member self-screens at home, reports symptoms only if abnormal	Staff member self-screens at home and uses app to report status daily (app can also record picture of thermometer)	Staff member comes to work and is screened by digital device (no human involved)	Staff member comes to work and is screened by another staff member once each day	Staff member comes to work and is screened by another staff member 2x per day
Pros	Easy and convenient Time saving Sign a certification	Builds a daily habit and get a daily census Keeps people off site if symptomatic	Standard method More Reliable Option Same Device - consistency	Redeployed staff to do screening at designated entrances with infrared therm with screening questions Avoid passiveness	Standard method Unbiased Additional safety measure

	<p>that they will self report</p> <p>Low cost</p> <p>Easiest option Cost Effective - no additional cost</p> <p>Temp screening before coming to school</p> <p>Empowerment / ownership for staff Preventative Level of trust</p> <p>Convenient Has been effective</p> <p>Low cost</p>	<p>Confidential reporting</p> <p>Trend data on contact tracing for any hotspots</p> <p>No cost in staff</p> <p>Good yield in other settings previous QR code</p> <p>Easy Option Still a cost effective option An additional accountability layer</p> <p>Simple, accurate Provides good data Reasonable Ease of use Confidence to honestly self-evaluate</p> <p>Level of trust Preventative Empowerment Transparency</p> <p>Routine and can set a time to have finished so you are aware of staff count. Screen at home - don't bring it to school Not collecting too much info from staff Answer 5 key questions Uploading it to app</p> <p>Convenient Has been effective Elmbrook has been doing this and it has been working</p> <p>Increased accountability</p>	<p>You may catch a temperature more reliably than forehead check</p> <p>Large events?</p> <p>Digital</p> <p>Additional safety measure</p>	<p>Quality Control over the process - team dedicated towards screening</p> <p>It works and can be quick Marquette is doing it and it works.</p> <p>Unbiased Additional safety measure</p>	
Cons	<p>Passive</p> <p>Not a habit forming</p> <p>Only report if abnormal</p> <p>Pressure to not be honest to avoid missing work</p>	<p>Cost could be may need to provide staff with thermometer</p> <p>Report fatigue</p> <p>Access to APP/thermometer Lacks reliability Definition of fever - operational definition Human error</p>	<p>Confidentiality</p> <p>Cost</p> <p>Reliability on device and temperature as a symptom</p> <p>Unlikely to detect infected people with airport security</p>	<p>Confidentiality</p> <p>Labor intensive</p> <p>Staff come and go - how to staff</p> <p>How long to be in the site before taking temperature when arriving and exposure while waiting?</p>	<p>Confidentiality</p> <p>Labor intensive</p> <p>Staff come and go - how to staff</p> <p>Logistics</p> <p>Cross Contamination</p>

	<p>Lacks Reliability operational definition</p> <p>Human error Lack of transparency Feel the need to come to work Pressure to come to work (job specifics, sub shortages, etc.).</p> <p>Rely on Trust What happens if a false report?</p> <p>Follow-through</p> <p>Honesty in reporting Pressure to come to work</p>	<p>Some similar as previous column Equipment malfunction Technology malfunction Learning curve Cost</p> <p>Trust but verify</p> <p>Follow-through</p> <p>Cost? Honesty in reporting Privacy Compounded with flu symptoms?</p>	<p>Needs to be monitored</p> <p>Show up at site and cause exposure</p> <p>Stigma</p> <p>Already sick and on campus Too late to replace someone</p> <p>Cost - Expensive Equipment</p> <p>Less human contact Data-based</p> <p>Time consuming? Cost Lack of equipment Sometimes, fever is not a symptom Evidence to suggest it is not an effective screening tool (temperature alone)</p> <p>Time/ Staffing</p> <p>Difficulty acquiring thermometers Difficult logistically Social Distancing issues at access points</p> <p>Cost? Possible system failure False negative/false positive Compounded with flu symptoms?</p>	<p>Logistics</p> <p>Quality Control over the process - team dedicated towards screening</p> <p>Cost?</p> <p>Temp Checks False negatives/false positives Recommendations state person would need to be inside with little activity Kids may receive tylenol in the morning Multiple staff dedicated to this Reliability of data? Cost?</p> <p>HIPAA?</p> <p>Making decisions of sending staff home</p> <p>Time consuming Exposes others</p> <p>Time/Staffing More difficult Who takes the temp?</p> <p>Difficulty acquiring thermometers Difficult logistically Social Distancing issues at access points Labor intensive</p> <p>Compounded with flu symptoms? Increased person to person interaction PPE for screening personnel? Potential cost Where is this recorded?</p>	<p>Cost?</p> <p>Temp Checks False negatives/false positives Recommendations state person would need to be inside with little activity Kids may receive tylenol in the morning Multiple staff dedicated to this Reliability of data? Cost?</p> <p>Time consuming</p> <p>Time/ Staffing</p> <p>Difficulty acquiring thermometers Difficult logistically Social Distancing issues at access points Labor intensive</p> <p>Excessive? Compounded with flu symptoms? Increased person to person interaction PPE for screening personnel? Potential cost Where is this recorded?</p>
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Groups were asked to consider the following prompt. Responses will be used to inform questions on the staff survey, as well as the District’s Health/Safety work team approach.

As we scan the environment, employment law says all staff need to come back to work (if we are 100% face to face). What ideas or strategies could we employ that show care and concern for the safety of all staff, and in particular those who are determined to be medically fragile, while recognizing work expectations for our essential workers?

Group 1

- Essential job function is to be on site, you need to be on site
- ADA accommodations could be required
- CHW uses a process for personal preference to try to accommodate families
- How can sick leave be accessed for leave
- PPE for people at higher risk

Group 2

- What is the policy for PTO? Sick Days Allotment
- Donation of sick days
- N95 Mask and face shields
- Access/Choices to PPE
- Guidelines for usage
- Technology (Zoom/Google) to lead instruction remotely while classroom is supported by another adult
- How does it rank where parents want students to be?

Group 3

- Clear, consistent language when messaging out our framework
- We allow staff to self-select whether they feel comfortable going to work
- Virtual instruction as an option for staff and students?
- Flexibly shifting of roles/responsibilities and what work can be virtual?
- Relationship with teacher's union and invitation for collaboration

Group 4

- Produce medical certification stating what restrictions are related to medical state.
- District be clear about what constitutes a COVID-related exemption. (see item above)
- Take EFMLA related to being high-risk
- Virtual option for some staff?
- Reconfigure job roles for some staff, shift roles, etc.

Group 5

- Cannot be black and white
- Can back to work mean teacher is beaming in virtually - classroom supervision is a consideration
- Be prepared for both students and staff to be attending virtually
- Do everything possible to make reasonable accommodations
- How to do tech education; art?

Group 6

- Find out who we're talking about and try to make accommodations.
- How would an issue be documented?
- Have staff members have conversations with their physicians about risks/benefits.

- “We can get you to low-risk, but to no-risk will be a difficult step.”
- Look for alternative ways for staff members to do their jobs.
- Summary: 1) Needs to be documented by a physician 2) Will work to pair folks with jobs that match their risks

Group 7

- What is the definition of “show up for work?”
- Are those unable or fearful to come to work assigned to virtual teaching?
- Providing appropriate PPE
- Easy sanitation stations
- Clear safety guidelines communicated
- Creation of distinct small groupings?

Groups were asked to answer the following prompt. Responses will help inform a District staff survey, with results anticipated by the June 30th meeting. What other staff data would help inform our workforce strategy? What information should we collect from staff (via survey) that could also be used to inform a workforce strategy?

- Assessment of comfort with return to work of staff
- What they feel should be in place to increase comfort
- Where are most vulnerable staff located (settings, roles and responsibilities)
- Do you feel any of the PPE will be prohibitive to you

Group 2

- Surveys for staff to re-engage at work at physical site
- Budget ramifications/parameters to work within
- Size of classroom space

Group 3

- Data?
- Survey staff’s comfortability with coming to school

Group 4

- Fluid situation; stay educated
- Job security/genuine answers
- Family

Group 5

- Would be great to know about the staff - how many have situations where they’re caring for someone who’s a medical risk
- How many staff have kids who - when they’re sick - they’ll have to teach and manage their sick kids
- Google Survey for all staff
- What is manageable

Group 6

- Find out what would help staff members come back?
- Find out how the staff is feeling about this.
- Would your health conditions limit you from doing your job face-to-face (per doctor's advice)
- Ask about different scenarios- 'would you come to work if...?'
- Town hall type meetings

Group 7

- What would teachers choose to do?
- Can we create district wide grade level collaboration?
- How can we build on the expertise of those within our district
- What are reasons and concerns for returning?

7:40 - The group returned to one large meeting group, and took a poll regarding their personal, preferred approach to workforce screening. Results of the poll were:

- 21 people - Option 2 - Self-screen at home and report via app
- 3 people - Option 3 - Arrive at work, screen by digital device
- 9 people - Option 4 - Arrive at work, screen by staff member

Group reporters spoke to the pros/cons of each option and shared valuable feedback from their recent experiences at their places of employment. Workforce reporting fatigue, time spent screening onsite, value/accuracy of temperature screening, privacy of healthcare information, and the ability to analyze trends based on self-reported data were all noted to support positions.

Next Step: Task Force members and district staff Tanya Fredrich and Kathy Adams will take the input from the task force and formulate a workforce screening plan, which will be presented for feedback at the next task force meeting on June 30.

7:50 - Two more polls were conducted:

100% of members supported the 6pm-8pm time for each of the meeting dates. Chris will send calendar invites this week.

Members were asked if they would be interested in participating in a face-to-face meeting. 75% indicated they would be willing to meet in a face-to-face setting. Chris mentioned that due to the District Office move to a new location in the coming weeks, this option may not be possible until our July 15 meeting. Several people noted the efficiency and flexibility of meeting virtually, while others highlighted that a school reopening decision that requires students and staff to return to school, may need to be represented with in-person meetings by the task force. A meeting plan will be shared at our June 30th meeting, which will remain virtual.

7:58 - The meeting adjourned, two minutes early.

Resources used for the meeting

All resources for the meeting can be found on the District's [public website](http://www.elmbrookschools.org) dedicated to the work of the Task Force (www.elmbrookschools.org - Community - School Reopening Task Force).

Objectives for the Meeting

1. I know the scope of work the task force is being asked to consider, and I can identify the critical success factors.
2. I can communicate the expectations of task force members.
3. I understand the need to standardize on key resources and data to inform our task force's work.
4. I can represent my experience and perspective with essential workers to help inform a district workforce strategy.

Agenda:

- 6:00 - 6:10: District Welcome and Introductions
- 6:10 - 6:20 - Task Force Scope of Work and Group Norms
- 6:20 - 6:30 - Group Introductions
- 6:30 - 6:50 - District Overview and Profile
- 6:50 - 7:20 - Resources and Key Data
- 7:20 - 7:50 - Workforce Strategy
- 7:50 - 8:00 - Review objectives, and wrap-up

Support Materials

- Agenda
- Task Force Meeting #1 Presentation
- CDC Guidelines (updated 3/11)