

**WAUNAKEE COMMUNITY SCHOOL DISTRICT  
BOARD OF EDUCATION REGULAR ADDITIONAL MEETING**

Monday, October 5, 2020

6:00 PM

District Administration & Maintenance Center  
905 Bethel Circle  
Waunakee, Wisconsin 53597

Public may access the meeting via live stream video

at: <https://www.waunakee.k12.wi.us/district/Agendas.cfm>

Public comments related to the agenda items are to be sent to Rebecca McDonough at [district\\_administrator@waunakee.k12.wi.us](mailto:district_administrator@waunakee.k12.wi.us) by 5:00 p.m. the day of the Board meeting. All comments will be reviewed by the board members, if you would like your comment read at the meeting please clearly indicate this in the email. Comments must include the commenter's name, address, their connection to the District (if any), and any group they are representing.

If you would like to address the Board in-person, you will be greeted outside the buildings and brought into the meeting individually to present. You will be asked to abide by guidelines required to enter public locations in Dane County. Comments must include the commenter's name, address, their connection to the District (if any), and any group they are representing. We will be adhering to social distance guidelines and with space limitations at the District Office, you will not be able to stay inside for the remainder of the meeting after your comments.

**AGENDA**

**I. CALL TO ORDER**

**II. ROLL CALL**

**III. PUBLIC COMMENTS**

Individuals may use this time to comment on any items listed as part of the meeting agenda. A copy of Board Policy 187 —Public Participation at Board Meetings is enclosed for your reference. Past practice has allowed 30 minutes for this section of the agenda.

**IV. APPROVAL OF AGENDA AND ADDITIONS**

A motion will be necessary to approve the agenda as presented (or) with changes as recommended.

**V. CONSIDERATION OF SCHOOL REOPENING DECISIONS AND RECOMMENDATIONS FROM THE AD HOC MEDICAL ADVISORY COMMITTEE**

Attached please find the documents that were shared with the Medical Advisory Ad Hoc Committee on Wednesday, September 30th. I recommend that the Board watch the video of the Ad Hoc Committee Meeting prior to Monday night. Here is the link to the VIDEO.

Additionally, the administration will be updating the data dashboard numbers on Monday and will bring the most current data from 10-5-20 to the meeting.

The key questions for Monday night include:

1. Should the district consider bring back grades 3-4 on October 19th?
2. Per the conversation at the Ad Hoc Committee, should the District consider hiring additional LTE Contact Tracers, as needed?
3. Update and consideration of vaccination clinic in Waunakee.

The administration will also present and review with the Board a timeframe that better aligns decision making of the Board with the ad hoc committee meetings.

## **VI. REVIEW AND CONSIDER HIGH SCHOOL FIELDHOUSE FLOOR DAMAGE REPAIR/REPLACEMENT**

Attached please see a memo from John Cramer as well as the comments below, from Steve Summers.

The purpose of this agenda item to request consideration of either a repair or a replacement of the high school field house gym floor. Please refer to the memo from John Cramer that provides a background on the cause of the damage, the quotes received, the insurance settlement, and the rationale for considering a gym floor replacement.

The gym floor replacement option would require the district to contribute approximately \$92,000 above the insurance settlement amount. As of October 1st, here is a high level update on the financial situation in the district:

1. The September student count is down 80 students from the estimated September student count. This is an approximate \$275,000 reduction in budgeted revenues, for 20-21, and the next two fiscal years. The \$275,000 reduction in budgeted revenues will need to be matched up with permanent expenditure reductions of \$275,000, by the end of October when the School Board approves the final version of the budget.
2. The 20-21 budget planning process was based on the 19-21 state budget. The state budget ended the fiscal year on June 30th, 2020 in a stronger position than expected, which may eliminate the need for a state budget repair bill that would impact school districts.
3. The unbudgeted COVID/school reopening related expenses continues to increase. A successful November referendum will allow the district to align these unbudgeted COVID/school reopening related expenses with a source of revenue, the \$2.1 million being shifted from the debt service fund to the general fund. An unsuccessful November referendum will require the School Board to evaluate a range of options to determine how these unbudgeted COVID/school reopening related expenses will be addressed.
4. Due to a majority of students currently learning online, temporarily reallocating funds from two expenditure categories can be accomplished. These two expenditure categories are salary/benefits and transportation. The salary/benefit savings are related to vacant positions that were budgeted for. The approximate year to date salary/benefit savings is \$75,000, which will increase to approximately \$150,000 by the end of October. The transportation savings are related to a reduction in bus routes. The approximate year to date transportation savings is \$55,000, which will increase to approximately \$110,000 by the end of October.

5. The district contingency account of \$100,000 remains available.  
If the School Board approves a gym floor replacement, administration would recommend reallocating the cost via a one-time transfer from the transportation budget to the maintenance budget. This transfer would need to be reversed for the 21-22 fiscal year.  
Please feel free to email Steve Summers with any questions/feedback.

**VII. FUTURE AGENDAS AND MEETINGS**

**VIII. ADJOURN**

“Any person who has a qualifying disability as defined by the Americans with Disabilities Act who requires assistance with access or materials should contact the Waunakee Community School District Office at 849-2000, 905 Bethel Circle Drive Waunakee, WI 53597, at least twenty-four hours prior to the commencement of the meeting so that necessary arrangements can be made to accommodate the request.”

# PUBLIC COMMENT PERIODS DURING BOARD MEETINGS

Policy 187

Waunakee Community School District

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While the public has the right to attend meetings of the Board of Education that have not been convened in a closed session, individuals or groups generally do not have a right to be included on a Board meeting agenda or a right to enter into the discussions or deliberations of the Board. However, without affecting the Board's discretion to authorize other forms of input or participation during Board meetings from persons who are not Board members, the Board expressly authorizes and directs limited public participation during duly-noticed public comment periods as follows:

1. The Superintendent and Board President shall ensure that the agenda and public notice of the Board's primary regular business meeting each month includes a period for public comment. During a public comment period noticed under this paragraph, interested persons may briefly address the Board on topics that are reasonably germane to some aspect of the District's policies, practices, programs, or operations, regardless of whether the speaker's topic is otherwise noticed as a specific subject matter of the meeting in question.
2. Subject to any more specific decision or directive of the Board, the Board President has discretion to include a period of public comment on the agenda and public notice of additional Board meetings. In exercising such discretion, the President may specify on the public notice of the meeting that speaker comments during the public comment period will be limited to topics that are sufficiently germane to the noticed subject matter of the meeting.

When a public comment period is expressly included on the public notice of a Board meeting and there is sufficient interest in addressing the Board, the period shall either include at least 10 individual speakers or extend for 30 actual minutes, whichever limitation permits the greater total number of speakers. However, the Board may extend the total duration of a noticed public comment period at any meeting by a majority vote.

The Superintendent, or his/her designee, will implement a viewpoint-neutral speaker registration process that establishes an order for speaking in the event that the interest in appearing before the Board at any meeting may exceed the time that is allocated for the public comment period. Each speaker, upon being recognized by the presiding officer, will state his/her name and identify his/her connection to the District (if any) and to any group they are representing in connection with their remarks.

Each speaker's presentation is normally limited to a maximum of 3 minutes. However, at a meeting the Board may vote to reduce the time limit to no shorter than 2 minutes per speaker in order to accommodate a greater total number of speakers. In addition, at the Board's discretion, a speaker's time may be briefly extended provided that, upon request, a similar extension shall be granted to other speakers at the same meeting. Any individual may speak only once during the public comment period at any meeting.

Speakers generally should not expect an immediate response or reaction to their comments from the Board. Further:

1. If, at applicable meetings, a speaker raises a topic during a public comment period that was not among the publicly-noticed subject matter of the meeting, the extent of any response to

# PUBLIC COMMENT PERIODS DURING BOARD MEETINGS

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the speaker and his/her remarks shall be limited in accordance with applicable law.

2. During a public comment period, Board members will not engage in a substantive discussion of or otherwise attempt to materially investigate or reach a Board resolution of either (a) complaints or grievances regarding the conduct of individual staff members or individual students; or (b) attempts to appeal staff or administrative decisions relating to individual District employees or students. A public comment period during a Board meeting is not the preferred or established means of processing such issues or bringing such matters to the Board's attention.
3. If time or other limitations preclude an interested person from addressing the Board at a specific meeting, the person may submit written information to the Board and/or attempt to utilize a public comment period at a future meeting.

Subject to an appeal to the Board that is made by a Board member, the presiding officer of the Board meeting shall have the authority to conduct and maintain proper order in connection with any authorized public comment period, including the authority to (1) recognize speakers; (2) enforce established time limits; (3) interject and request that speakers voluntarily redirect specific complaints, grievances, or attempted appeals to more appropriate District procedures; and (4) terminate the remarks of any individual who does not adhere to established rules and procedures for public participation, who speaks in a threatening or profane manner, whose comments are repetitive of that person's previous comments, or whose conduct is disruptive and impedes the Board's ability to conduct its business in an orderly and timely fashion.

Individuals who are permitted to address the Board during a meeting are responsible for the content of their comments. The forum represented by a public comment period does not exempt a speaker from any liability arising from his/her comments (e.g., for defamation or for any breach of legally-protected confidentiality).

This policy and any rules and/or procedures that may be adopted related to the administration of public comment periods under this policy are not intended to apply to the following:

1. A meeting or any portion of a meeting that constitutes a formal public hearing on a particular topic or issue.
2. Instances where the Board seeks or agrees, by majority vote, to accept input that is relevant to a noticed agenda item from a person who is not a Board member in order to (for example) resolve a formal or informal point of information that arises during the Board's discussion of an agenda item.
3. Meetings of any standing or ad hoc committee that may be established by the Board.

## Legal References:

### Wisconsin Statutes

- [Section 19.81](#) [state policy on open meetings]  
[Section 19.83\(2\)](#) [discussion during period of public comment]

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[Section 19.84\(2\)](#) [public notice of board meetings, including public comment period]  
[Section 19.85](#) [exemptions to open meetings]

## Cross References:

WASB PRG 187 Sample Policy 4 (with substantial local adaptation)

## Adoption/Revision Date(s):

October 1989  
March 1994  
September 1994  
January 2000  
February 2002  
May 2020

Revised COVID-19 Census Tract Data for Waunakee Area

	9/15/2020	9/16/2020	9/17/2020	9/18/2020	9/19/2020	9/20/2020	9/21/2020	9/22/2020	9/23/2020	9/24/2020	9/25/2020	9/26/2020	9/27/2020	9/28/2020	9/29/2020	9/30/2020
<b>Census Tract 111.02</b>																
Population of Census Tract	8834	8834	8834	8834	8834	8834	8834	8834	8834	8834	8834	8834	8834	8834	8834	8834
Positive Cases Aggregate	79	81	82	86	91	92	93	93	93	95	95	96	99	99	103	104
Negative Cases Aggregate	2468	2487	2526	2556	2592	2610	2623	2673	2694	2714	2740	2747	2754	2766	2780	2801
Positive Case Change Per Day		2	1	4	5	1	1	0	0	2	0	1	3	0	4	1
Daily Total Tests Reported		21	40	34	41	19	14	50	21	22	26	8	10	12	18	22
<b>Census Tract 112</b>																
Population of Census Tract	9500	9500	9500	9500	9500	9500	9500	9500	9500	9500	9500	9500	9500	9500	9500	9500
Positive Cases Aggregate	75	77	81	83	86	87	87	87	92	92	92	92	92	93	96	98
Negative Cases Aggregate	2650	2664	2681	2701	2724	2738	2754	2781	2790	2799	2826	2838	2856	2863	2880	2898
Positive Case Change Per Day		2	4	2	3	1	0	0	5	0	0	0	0	1	3	2
Daily Total Tests Reported		16	21	22	26	15	16	27	14	9	27	12	18	8	20	20
<b>Census Tract 113.01</b>																
Population of Tract	6766	6766	6766	6766	6766	6766	6766	6766	6766	6766	6766	6766	6766	6766	6766	6766
Positive Cases Aggregate	66	69	70	73	73	75	75	76	77	77	78	79	81	82	85	87
Negative Cases Aggregate	1717	1725	1751	1772	1793	1808	1818	1848	1897	1903	1922	1924	1930	1931	1943	1951
Positive Case Change Per Day		3	1	3	0	2	0	1	1	0	1	1	2	1	3	2
Daily Total Tests Reported		11	27	24	21	17	10	31	50	6	20	3	8	2	15	10
<b>Census Tract 113.02</b>																
Population of Census Tract	3286	3286	3286	3286	3286	3286	3286	3286	3286	3286	3286	3286	3286	3286	3286	3286
Positive Cases Aggregate	32	34	33	33	36	38	38	38	40	40	40	40	40	42	42	42
Negative Cases Aggregate	779	785	794	800	807	813	817	829	834	839	844	844	846	851	855	860
Positive Case Change Per Day		2	-1	0	3	2	0	0	2	0	0	0	0	2	0	0
Daily Total Tests Reported		8	8	6	10	8	4	12	7	5	5	0	2	7	4	5
<b>Totals for Waunakee Area</b>																
Total Population	28386	28386	28386	28386	28386	28386	28386	28386	28386	28386	28386	28386	28386	28386	28386	28386
Positive Cases Aggregate	252	261	266	275	286	292	293	294	302	304	305	307	312	316	326	331
Negative Cases Aggregate	7614	7661	7752	7829	7916	7969	8012	8131	8215	8255	8332	8353	8386	8411	8458	8510
Positive Case Change Per Day		9	5	9	11	6	1	1	8	2	1	2	5	4	10	5
Daily Total Tests Reported		56	96	86	98	59	44	120	92	42	78	23	38	29	57	57
Daily Percent Positive Tests		16.07%	5.21%	10.47%	11.22%	10.17%	2.27%	0.83%	8.70%	4.76%	1.28%	8.70%	13.16%	13.79%	17.54%	8.77%
7 Day Average								6	5.86	5.43	4.29	3.00	2.86	3.29	4.57	4.14
14 Day Average															5.29	5.00
Positive Cases Per 100,000 Daily Positive Cases		31.68	17.6	31.68	38.72	21.12	3.52	3.52	28.16	7.04	3.52	7.04	17.6	14.08	35.2	17.6
Positive cases last 14 days															74	70
Burden Rate (Total Positive Cases Per 100K last 14 days)															18.61	17.60

TO: Medical Advisory Ad Hoc Committee  
FROM: Randy Guttenberg, Superintendent  
RE: Materials and Data for September 30th Meeting  
DATE: September 29, 2020

When the Medical Advisory Ad Hoc Committee met on September 16, 2020, the direction from the committee was to establish guiding principles to utilize in determining the degree of disease burden that is currently occurring within the community and the WCSD school system. These principles would be used to inform decisions related to the instructional delivery model and further expansion of in-person school options. The key guiding principles to consider to assess the degree of disease burden are:

1. Are the District's established contact tracing and nursing processes working effectively, and are the necessary levels of staff in place to manage the workflow in the health offices as more students are returned to in-person instruction?
2. Does the internal COVID-19 data for students and staff reflect a level of activity that allows or hinders the decision to support or maintain students for in-person learning? Internal data includes positive cases, close contacts, symptom tracking, and the number of staff/students in quarantine/isolation.
3. What is the trend of COVID-19 data for our community and how does the system respond over time?
  - a. Dane County Metrics per PHMDC
  - b. Waunakee Trends per Census Data from Wisconsin DHS
  - c. Hospitalization Data
  - d. Testing Capacity Data

### **Contact Tracing and Nursing Practices**

Since the previous meeting, the District has further established their contract tracing process. A contact tracing protocol is being used and staff are being trained on its use. Additionally, the school board approved adding a 0.5 FTE nurse to our staff and a LTE Contact Tracing Position. Both of these positions are posted and interviews will take place during the week of October 5th. It is our assessment that we are in a stronger place with contact tracing and nursing practices since our last meeting, and if a recommendation is acted upon to bring grades 3-4 back in-person for an a.m./p.m. hybrid model, the staff and processes are in place to support this decision.

### **Internal Data**

The District Data Dashboard has been established to track our internal data. This data continues to show increased activity and our practices are also improving to ensure that all staff/students who need to be tracked are included in our data metrics. The level of internal activity has been manageable, thus far, and with additional staff being added in the coming weeks, the current level of activity and additional measured increases in activity, should be able to be dealt with by our staff.

Should a significant issue occur where the immediate contact tracing load exceeds our staffing capacity, we are prepared to close down a program, classroom, or school until the work can be completed to ensure the process is completed with fidelity.

### **Community Data**

The District Data Dashboard has been established to also track the Community Data. September 29th served as the date where we were able to secure a 14-day window of data and establish a two-week trend. We will review this data with the Committee on Wednesday evening. We also have added the data and dashboard to our website: <https://www.waunakee.k12.wi.us/learning/public-health-updates.cfm>

Attachments:

- WCSD Decision Making Framework and Dashboard
- WCSD Key Data Tables
- PHMDC Data Snapshot from September 24, 2020
- WCSD Contact Tracing Protocols
- For your Information: Dr. Matt Anderson also forwarded this article from the New York Times. <https://www.nytimes.com/interactive/2020/us/coronavirus-us-cases.html>

### **Assessment of Data and Decision Points**

Per the data and processes set forth in our guiding principles, is it reasonable to consider returning grades 3-4 to school for an in-person a.m./p.m. hybrid instructional model? (If this is the case, the school board will consider that action on Monday, October 5th and the 3-4 grades students would be able to return under this model on Monday, October 19th.)

What does the Committee see in their review of this data?

Are there other factors that we need to consider?

# DANE COUNTY COVID-19 DATA

September 24, 2020 *Data from September 8—September 21*

We provide these data to help everyone understand how decisions are being made to loosen or tighten some restrictions as we continue to respond to COVID-19. To establish these metrics, we conducted a deep review of existing plans, emerging scientific literature on COVID-19 spread, regional data, and national data.

In addition to these nine public-facing metrics, we are monitoring process measures to help us understand where there may be gaps in the system. The table below shows the measures we're using for a phased reopening of Dane County, and our current status, with process measures reported where they are impacting an individual metric. We are no longer reporting region data for every measure in the snapshot and instead are following the activity level at the Regional level using the [DHS activity level tracker](#)—click on “South Central HERC Region.” Given the continuously evolving epidemic, this overall metric gives a good sense of the spread in the region.

Domain	Measure	Dane County Status
<b>Epidemiology:</b> We must have few enough cases of COVID-19 to be swiftly contained. This is an important parameter, and our thresholds for phased reopening are set at levels that align with the progression of our epidemic locally—a lower positivity rate than what is seen at the state level and a low number of cases per 100,000 residents.	1. Below a threshold of 5% for positive tests as a percent of total tests averaged across most recent 14 day period	5.0%
	2. Below a low incidence threshold of 0.71 new cases per 100,000 people per day (this is below 4 cases per day for Dane County)	179
<b>Healthcare:</b> A sustained, high testing level is a critical metric, as testing is how we detect active infection and prevent transmission of COVID-19. Alongside testing to monitor the course of the epidemic, it is vital that healthcare systems are equipped to manage patient care in the context of a surge caused by COVID-19 as well as protect healthcare workers from infection.	3. Testing supplies and staff facilitate adequate testing for disease control and surveillance (goal of over 800 per day for Dane County)	3565
	4. Percent of hospitals reporting robust testing in place for healthcare workers in the past week	100%
	5. Percent of hospitals reporting ability to treat all cases without crisis care <ul style="list-style-type: none"> <li>• Facility use</li> <li>• Staffing</li> <li>• Critical supply</li> </ul>	100%
	6. Decreasing or stable numbers of infected healthcare workers	
	7. All positive cases be contacted quickly to facilitate rapid isolation and quarantine for disease control	54%
	8. Proportion of new cases over the most recent 14 day period who don't know where they could have gotten COVID	29%
<b>Public Health:</b> Our ability to identify and isolate infections is critical to prevent further spread. Through rapid contact tracing, we can identify and notify contacts who have been exposed. Through education and isolation assistance, we can help keep people who test positive and their contacts separated from others for the duration of the infectious period, and lower the risk of spread in the community. Monitoring community spread—the percentage of cases with an unidentified risk factor—is how we can gain a sense of the scale of undetected disease spread.	9. Downward or stable trajectory of COVID-like syndromic cases reported within a 14 days period	

# DANE COUNTY COVID-19 DATA

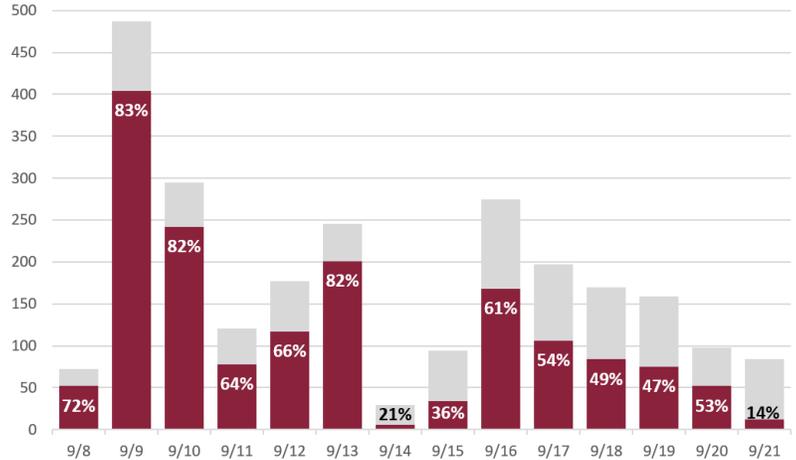
September 24, 2020 *Data from September 8—September 21*

## Characteristics of Cases From UW-Madison vs. Non-UW

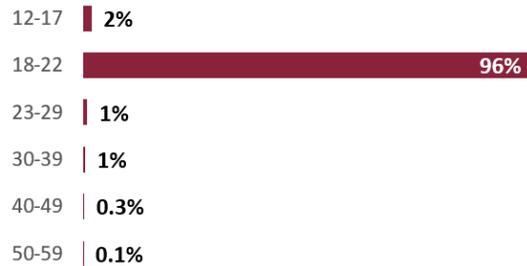
During this 14-day period, **1,612 UW students and 19 staff (1,631 total) tested positive**, making up 65% of our total cases.

There was a **significant decrease** in the number of cases from **UW** during this 14-day period, and a **significant increase** in the number of cases **not affiliated with UW**.

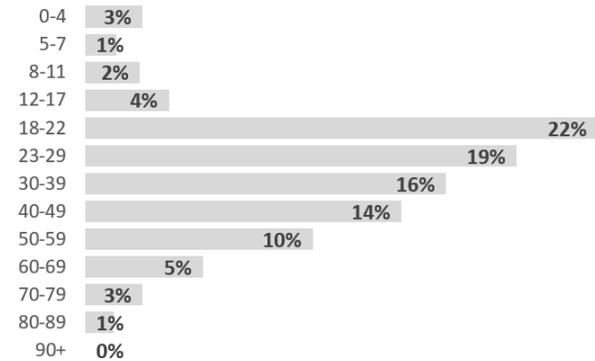
576 (35%) of the **UW** cases were linked to dorms, 144 (9%) were linked to fraternities and sororities, and 510 (31%) were linked to apartment complexes on or near campus that have at least 10 or more cases. Note that these are not mutually exclusive: a student could, for example, live in a dorm but also be a member of a fraternity.



**96%** of the **UW cases** were between the ages of 18-22.



**22%** of the **non-UW cases** were between the ages of 18-22.



## Characteristics of UW and Non-UW Cases

	UW cases (1,631 total)	Non-UW cases (872 total)
<b>Testing characteristics</b>		
Tested by a community test site	332 (20%)	523 (60%)
Tested by University Health Services	1,202 (74%)	-
Tested at other sites, such as health care settings	97 (6%)	349 (40%)
<b>Risk characteristics</b>		
Close contact with another COVID-19 case*	1,094 (71%)	454 (58%)
Attended a gathering or party in the past 2 weeks*	366 (24%)	146 (19%)
Associated with a cluster	63 (4%)	127 (15%)
Non-UW college student	-	45 (5%)

Of the 63 UW cases associated with a cluster, 40 were from UW sports teams, 13 were from UW campus facilities such as dining halls, 3 were from restaurants and bars, 3 were from health care facilities, 2 were from a house party, 1 was from a church, and 1 was from a congregate facility.

\*Calculated among people fully interviewed so far (1,546 UW cases and 784 non-UW cases)  
See page 4 for more information about non-UW cases associated with a cluster

# DANE COUNTY COVID-19 DATA

September 24, 2020 *Data from September 8—September 21*

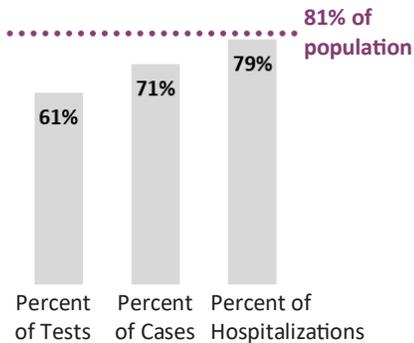
## Demographics

In this 14-day period, 35,259 people so far have tests processed for COVID-19. 2,503 people tested positive, and 14 of the people who tested positive were reported hospitalized to the Wisconsin Electronic Disease Surveillance System. There was 1 hospitalization in the 50-59 age group, 2 in each of the 18-22, 23-29, 40-49, 60-69, and 80-89 age groups, and 3 in the 30-39 age group. Hispanic Dane County residents who tested positive were **overrepresented in cases** compared to their representation in the **overall Dane County population**.

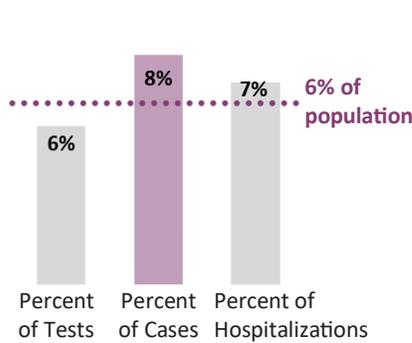
### Data from September 8 to September 21 below

See our [data dashboard](#) for all-time demographic data

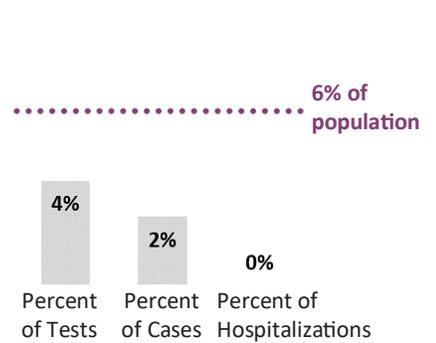
#### White, non-Hispanic



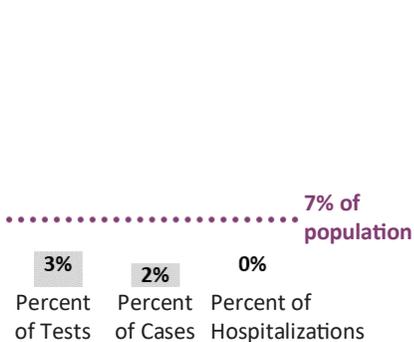
#### Hispanic or Latinx



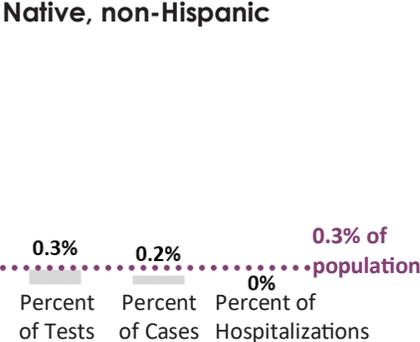
#### Black, non-Hispanic



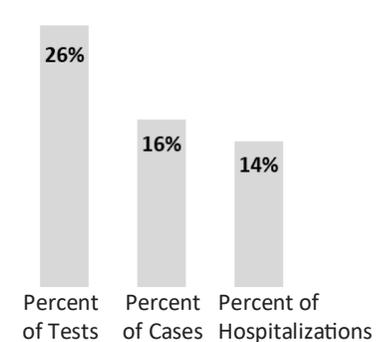
#### Asian, non-Hispanic



#### American Indian/Alaska Native, non-Hispanic



#### Other/Unknown

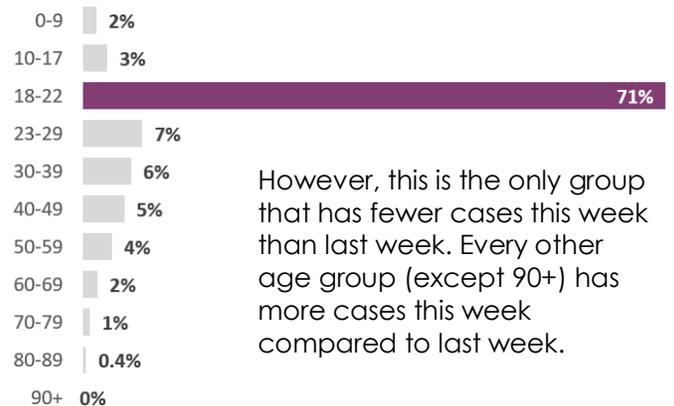


Note: 9% of cases and 20% of tests had an unknown ethnicity and were included in the "non-Hispanic" or "Other/Unknown" charts.

Just over half of those who tested positive in this 14-day period were **male**.



The age group with the highest number of cases is **ages 18-22**.



However, this is the only group that has fewer cases this week than last week. Every other age group (except 90+) has more cases this week compared to last week.

# DANE COUNTY COVID-19 DATA

September 24, 2020 *Data from September 8—September 21*

## Epidemiology

We must have few enough cases of COVID-19 to be swiftly contained. This is an important parameter, and our thresholds for phased reopening are set at levels that align with the progression of our epidemic locally. This week, we had another increase in the average number of cases per day. We are still in the red for average number of cases.

### Clusters Among Non-UW Cases

Of the 872 non-UW cases in this 14-day period, 127 (15%) were associated with a cluster: 29 from workplaces, 16 from health care facilities, 15 from sports teams, 14 from bars and restaurants, 14 from childcare facilities, 14 from college-aged housing (including apartment complexes with 10 or more cases and non-UW dorms), 9 from churches, 9 from congregate facilities, 4 from schools, 2 from weddings, and 1 from a house party.

- Of the 29 workplace cluster cases, 6 were from more public-facing and 23 were from less public-facing workplaces.
- Of the 32 total cases from childcare facilities and schools, 17 were children and 15 were adults.

A single case in a congregate living facility (e.g., long term care facilities, fraternities and sororities), a childcare facility, or a school initiates a facility investigation by our staff. These types of facilities are prone to outbreaks and can contain vulnerable populations, and our case investigators work with them to ensure they are following best safety practices. The goal is to prevent a cluster of cases from occurring within the facility.

In this 14-day period, there were 8 schools, 6 childcare facilities, and 1 congregate facility that had a single case but have so far prevented further spread from occurring.

**Measure:** Below a threshold of 5% for positive tests as a percent of total tests average across the most recent 14-day period

5.0%

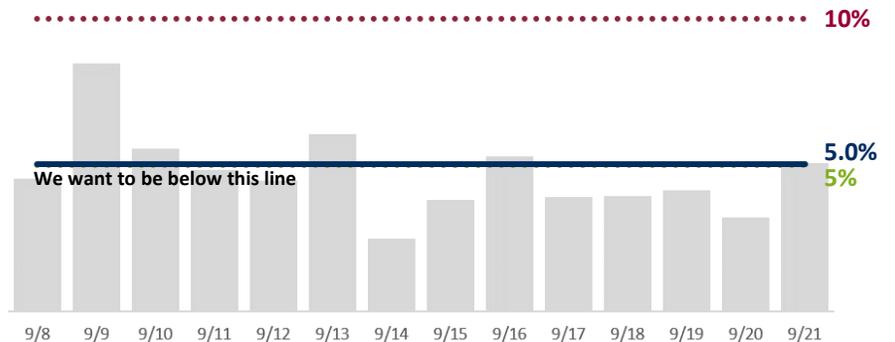
**GREEN:** Below 5% positivity

**YELLOW:** 5-10% positivity

**RED:** Above 10% positivity

**An average of 5.0% of tests were positive which was above the desired threshold.**

Daily positivity ranged from 2.5% to 8.5%.



**Measure:** Below a low incidence threshold of 0.71 new cases per 100,000 people per day (this is below 4 cases per day for Dane County) averaged over a 14-day period

179

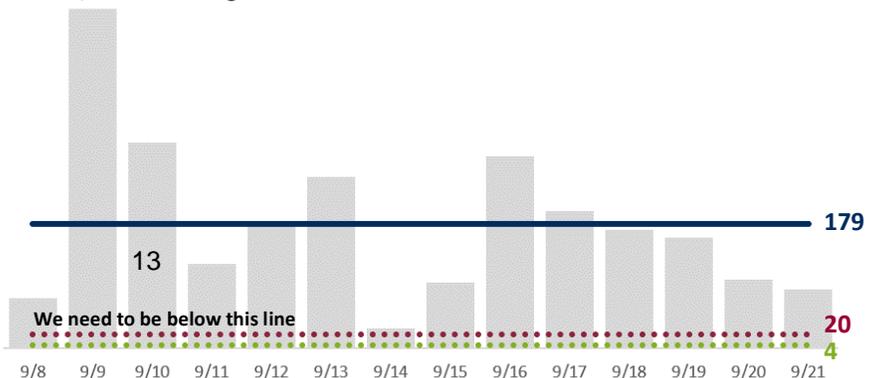
**GREEN:** Below 4 cases

**YELLOW:** 4– 20 cases

**RED:** Greater than 20 cases

**There was an average of 179 cases per day which was above the level we need to be at.**

Daily cases ranged from 29 to 487.



# DANE COUNTY COVID-19 DATA

September 24, 2020 *Data from September 8—September 21*

## Healthcare

A sustained, high testing level is a critical metric that ensures our epidemiology criteria are meaningful. Testing is how we detect active infection, which leads to contact tracing and prevention of further disease transmission. There have been varied estimates for what a minimal level of testing may require, ranging from Wisconsin’s statewide target of 85,000 tests/week (which would correlate to 1,128 tests per day for Dane County), to state-level estimates from Harvard Global Health Institute of 68 tests/100,000 population/day (372 tests/day for Dane County). We are aiming for a robust testing level of 800 tests per day since the case metrics are dependent on sufficient testing levels. If testing numbers decrease, process measures will be used to understand if the reason is due to lessened capacity or demand.

Alongside testing to monitor the course of the epidemic, it is vital that healthcare systems are equipped to manage patient care in the context of a surge caused by COVID-19. To establish that hospitals are operating outside of crisis care, one of our metrics measures facility use, staffing, and critical supplies across Dane County hospitals—the same metric used by the Badger Bounce Back plan. Given that healthcare workers power healthcare systems, we need to ensure evidence of robust testing of healthcare workers, and sustained low rates of positivity among healthcare workers.

**Measure:** Testing supplies and staff facilitate adequate testing for disease control and surveillance

3565

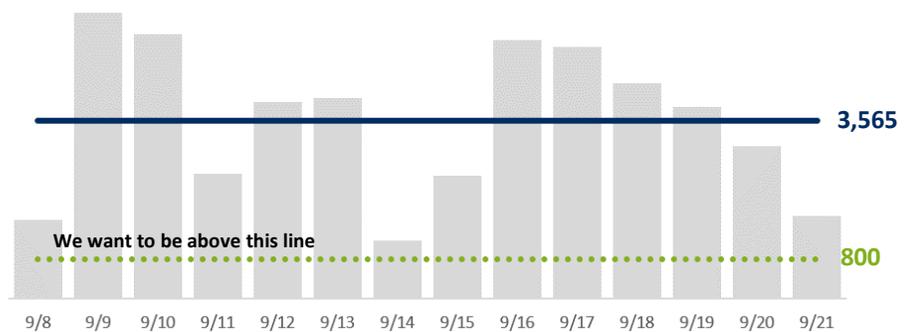
**GREEN:** 800+ per day

**YELLOW:** 400-800 per day

**RED:** <400 per day

**An average of 3,565 tests were conducted each day, which was above the desired threshold.**

Daily tests ranged from 1,167 to 5,736.



**Measure:** Robust testing in place for healthcare workers

100%

**GREEN:** 95% of hospitals arranged for testing of all COVID-19 symptomatic clinical staff per CDC guidelines

**RED:** <95% of hospitals arranged for testing of all COVID-19 symptomatic clinical staff per CDC guidelines

**100% of hospitals reported that they arranged for testing of all symptomatic clinical staff per CDC guidelines, which was above the desired threshold.**

Healthcare workers, including non-medical staff who work in patient care settings, are at higher risk for exposure to COVID due to the nature of the essential service they provide to the community. Testing of healthcare workers is critical to protecting this workforce and ensure their capacity to care for patients seeking medical care.

# DANE COUNTY COVID-19 DATA

September 24, 2020 *Data from September 8—September 21*

**Measure:** Treat all patients without crisis care based on facility use, staffing status, and critical supply status

100%

**GREEN:** 95% of hospitals answer no to all 3 questions:

- *Facility use status:* the facility is damaged/unsafe or non-patient care areas are being used by the facility for patient care
- *Staffing status:* trained staff are unavailable or unable to adequately care for the volume of patients even with extension techniques
- *Critical supply status:* critical supplies are lacking, resulting in reallocation of life-sustaining resources and/or other extreme operating conditions

**RED:** Yes to one or more questions

**100% of hospitals reported that they treated all patients without crisis care** which was above the desired threshold.

Keeping the healthcare system stable is essential to ensuring care for COVID and non-COVID patients.

**Measure:** Decreasing or stable numbers of infected healthcare workers



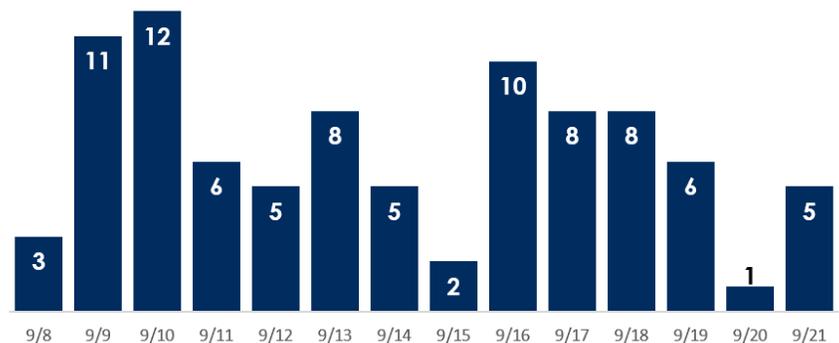
**GREEN:** No significant increase in healthcare worker infections for most recent 14 days

**YELLOW:** Significant increase in healthcare worker infections due to a known cluster in a single facility for most recent 14 days

**RED:** Significant increase in healthcare worker infections for most recent 14 days not contained to a single facility

**There was no statistically significant change in the number of healthcare workers who tested positive for COVID-19.**

Daily infections among healthcare workers ranged from 1 to 12.



Healthcare workers, including non-medical staff who work in patient care settings, are at higher risk for exposure to COVID and for spreading COVID to vulnerable community members due to the nature of the essential service they provide to the community.

Ensuring that infections among healthcare workers are not increasing is important to ensure that the healthcare workforce is not depleted and is not unknowingly passing on the virus to other individuals in the healthcare setting.

An increase of healthcare workers testing positive in a single facility is different than a significant increase in healthcare workers across the system—the former may be more straightforward to address, whereas the latter may indicate a larger underlying issue.

# DANE COUNTY COVID-19 DATA

September 24, 2020 *Data from September 8—September 21*

## Public Health

Our ability to identify and isolate people with COVID is critical to prevent further spread. Through rapid lab result reporting, followed by rapid contact tracing, we can identify and notify contacts who have been exposed. Through education and isolation assistance, we can help keep people who test positive and their contacts separated from others for the duration of the infectious period, and lower the risk of spread in the community.

Monitoring community spread—the percentage of cases with an unidentified risk factor—is how we can gain a sense of the scale of undetected disease spread. Keeping a pulse on the numbers of folks entering emergency departments and urgent care with COVID-like symptoms can help us understand potential surges in COVID that are not being captured by testing data.

**Measure:** All positive cases can be reported and interviewed quickly to facilitate rapid isolation and quarantine for disease control

54%

**GREEN:** 85% or more of all new cases are contacted within 48 hours of being tested

**YELLOW:** 70-84% of cases are contacted within 48 hours of being tested

**RED:** <70% of cases are contacted within 48 hours of being tested

**54% of cases were contacted within 48 hours of being tested.**

In order to contain the spread of the virus it is imperative to quickly identify who has the virus and contact them to ensure they are isolated from others. We want to see a high percentage of cases contacted within this 48 hour window. This metric is also highly dependent on how quickly individual labs can process tests and report the results. 45% of positive tests were reported within 24 hours, and 73% of cases were interviewed within 24 hours of their test result.

**Measure:** Proportion of contacted COVID-19 cases who don't know where they could have gotten COVID in most recent 14-day period

29%

**GREEN:** <20% of cases don't know where they could've gotten COVID-19

**YELLOW:** 20-30% of cases don't know where they could've gotten COVID-19

**RED:** Over 30% of cases don't know where they could've gotten COVID-19

**29% of cases who tested positive didn't know where they could've gotten COVID-19.**

We calculate this measure based on several known risk factors for COVID-19, such as being in close contact with someone who has tested positive for COVID-19. A high percent of cases who don't know how they got sick means there likely are people unknowingly spreading the virus in the community.

**Measure:** Downward or stable trajectory of COVID-like syndromic cases reported within a 14 day period



**GREEN:** No significant increase in COVID-like syndromic cases for most recent 14 days

**RED:** Significant increase in COVID-like syndromic cases for most recent 14 days

**There was no statistically significant change in COVID-like syndromic cases.**

Syndromic cases can be an early warning indicator for future hospitalizations.



DATE: \_\_\_\_\_ INTERVIEWER NAME/INITIALS \_\_\_\_\_ / \_\_\_\_\_  
 STUDENT NAME: \_\_\_\_\_  IN-PERSON  VIRTUAL GRADE: \_\_\_\_\_  
 PARENT/GUARDIAN NAME: \_\_\_\_\_  
 TEACHER NAME: \_\_\_\_\_

**Script for students who are absent with symptoms or who develop symptoms at school**

Has there been contact with someone who tested positive for COVID-19? Y N  
 (IF YES.....Go to Script for students who are reported to be in close contact with someone who tested positive for COVID-19)

Has the student been tested for COVID-19? Y N Date: \_\_\_\_\_

Test Result? Pos Neg  
 (IF POS.....Go to Script for students who test positive for COVID-19)

If NO.....What symptoms does the student have?

<b>Circle</b> Student is considered symptomatic if they have one of the symptoms marked with an * or two of the other symptoms above baseline for them.	
New loss of taste or smell*	Headache
Cough*	Sore throat
Shortness of breath or difficulty breathing*	Congestion or runny nose
Fatigue	Nausea or vomiting
Muscle or body aches	Diarrhea
Fever or Chills Date/ time of last Temp $\geq 100.4$ _____	Other: _____

When did symptoms start? Date: \_\_\_\_\_

Has the child been to a health care provider for an evaluation? Y N Date: \_\_\_\_\_

Diagnosis/recommendations? \_\_\_\_\_

Have symptoms improved or worsened?

Which members of the household are participating in WCSD classes (virtual or in-person) or school sponsored activities?

NAME	GRADE	VIRTUAL/IN-PERSON/ACTIVITY
_____	_____	_____
_____	_____	_____
_____	_____	_____

**RETURN TO SCHOOL: SYMPTOMS BUT NO CLOSE CONTACTS**

You should notify your health care provider that your student has symptoms of COVID-19 and request evaluation and/or testing. **You should call us with your health care provider’s recommendations and/or test results at (school number) as soon as possible and your student should remain out of school and activities until they are evaluated or receive test results.**

Since your student has **not** been identified as a close contact to someone with COVID-19, if they have a negative COVID-19 test or their healthcare provider diagnoses another condition (ie., ear infection), they may return to school when they are feeling better, have been fever-free for 24 hours, and meet other criteria in the WCSD Health Guidelines for Attendance. Please request a health care provider note stating the date the student is cleared to return to school.

If your child has a positive COVID-19 test, they may not return for approximately 10 days. The exact date will be determined when you call us with the test result.

If your child is not tested for COVID-19 or treated by their healthcare provider for another condition, they can return to school when ten days have passed from onset of symptoms, on **[soonest date of return calculated below]**, if they are feeling better and have been fever-free for 24 hours without fever-reducing medication.

**Date of soonest return** \_\_\_\_\_ + 11 days = \_\_\_\_\_  
**NO TEST**                      date of symptom onset                      date of soonest return  
(if date falls on weekend, next school day)

Thank you for your time and for sharing this important information with us. We will be sending a follow-up email with the dates of soonest return we discussed as well as a document entitled Returning to School After COVID-19 that reviews public health guidance for when to return to school after COVID and non-COVID related illness. You can always call or email us with questions and to share new information.

DATE: \_\_\_\_\_ INTERVIEWER NAME/INITIALS \_\_\_\_\_ / \_\_\_\_\_  
 STUDENT NAME: \_\_\_\_\_  IN-PERSON  VIRTUAL GRADE: \_\_\_\_\_  
 PARENT/GUARDIAN NAME: \_\_\_\_\_  
 TEACHER NAME: \_\_\_\_\_

***Script for students who are reported to be in close contact with someone who tested positive for COVID-19***

Does the student have symptoms? Y / N

Has the student been tested for COVID-19? Y N Date: \_\_\_\_\_ Test Result: Pos  
 Neg

*(IF POS.....Go to Script for students who are reported to be in close contact with someone who tested positive for COVID-19)*

Did the person who tested positive (close contact) have symptoms? Y N

When did close contact symptoms start? Date: \_\_\_\_\_

What was the date the sample was taken for the positive test? Date: \_\_\_\_\_

When did the close contact receive results? Date: \_\_\_\_\_

If close contact is a household member, can the person who tested positive completely isolate from other household members (own bedroom and preferably own bathroom or able to follow bathroom cleaning guidelines from public health)? Y N

If able to isolate or not a household member what was the last date of contact with the person who tested positive for COVID-19? Date: \_\_\_\_\_

If unable to isolate, what is the last day of isolation for the person who tested positive?

**Last day of isolation for person testing positive**

	_____	+ 10 days = _____
<i>if symptomatic</i>	date of symptom onset	last day of isolation
<i>if asymptomatic</i>	date of positive test sample taken	

Which members of the household had close contact with the individual who tested positive for COVID-19 and are participating in WCSD classes (virtual or in-person) or school sponsored activities?

NAME	GRADE	VIRTUAL/IN-PERSON/ACTIVITY
_____	_____	_____
_____	_____	_____
_____	_____	_____



DATE: \_\_\_\_\_ INTERVIEWER NAME/INITIALS \_\_\_\_\_ / \_\_\_\_\_  
 STUDENT NAME: \_\_\_\_\_  IN-PERSON  VIRTUAL GRADE: \_\_\_\_\_  
 PARENT/GUARDIAN NAME: \_\_\_\_\_  
 TEACHER NAME: \_\_\_\_\_

***Script for students who test positive for COVID-19***

Did the student have symptoms? Y / N

When did the student's symptoms start? Date: \_\_\_\_\_

What was the date the sample was taken for the positive test? Date: \_\_\_\_\_

What was the last date the student who tested positive participated in in-person classes or school sponsored activities:

Class/Activity	Date/ Dates
_____	_____
_____	_____
_____	_____
_____	_____

Which members of the household had close contact with the individual who tested positive for COVID-19 and are participating in WCSD classes (virtual or in-person) or school sponsored activities?

**Close contact includes:**

- Within 6 feet for 15 minutes or greater in a 24 hour period
- Sharing a drinking glass or eating utensil
- Physically touching the person who tested positive for COVID-19
- Touching things that may have germs on them like dirty tissues or towels
- Being coughed or sneezed on

NAME	GRADE	VIRTUAL/IN-PERSON/ACTIVITY
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Any other close contacts you are aware of who are participating in WCSD classes (virtual or in-person) or school sponsored activities? (neighbors, team mates, friends, relatives, etc)

NAME/GROUP	GRADE	VIRTUAL/IN-PERSON/ACTIVITY
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**RETURN TO SCHOOL:**  
**STUDENT TESTED POSITIVE FOR COVID-19**

**Date of soonest return**

\_\_\_\_\_ + 11 days = \_\_\_\_\_  
*if symptomatic*      date of symptom onset      date of soonest return  
*if asymptomatic*      date of positive test sample taken

Your student may return to school on **(date of soonest return calculated above)** if they meet the following criteria:

- Fever-free without the use of fever reducing medications for at least 24 hour
- Symptoms have improved

All household members and other individuals identified as having close contact with the student who tested positive must remain home for at least 14 days after last contact with the student. If household members are unable to isolate completely, the 14 day quarantine begins after the student has completed their isolation period (10 days from symptom onset or positive test, fever free for at least 24 hours without the use of fever reducing medication, and symptoms improved). ***See Script for students who are reported to have been in close contact with someone testing positive for COVID-19***

**If other household members develop symptoms, you should call your health care provider and request testing and also notify the school at [phone number] to discuss when the household members can return to school.** If a household member has a negative test result before the end of the 14 day quarantine period, they still need to finish the quarantine. If a household member develops symptoms or has a positive COVID-19 test, their quarantine may need to be extended.

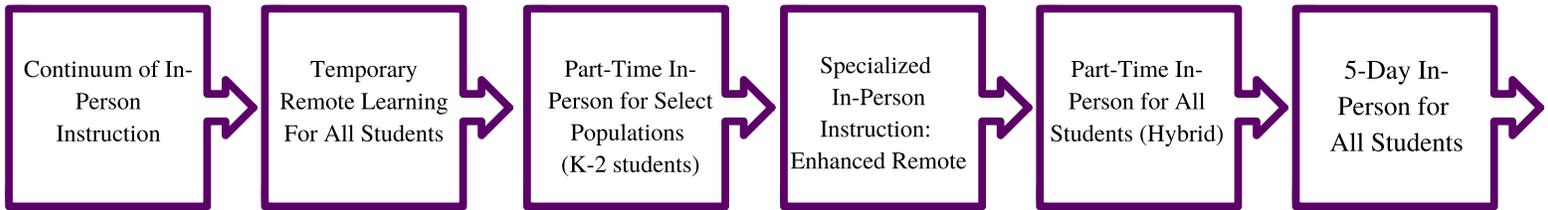
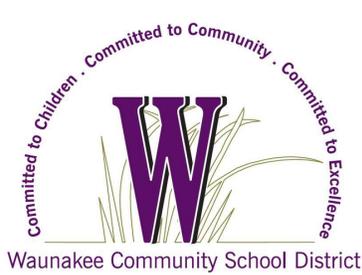
Thank you for your time and for sharing this important information with us. We will be sending a follow-up email with the dates of soonest return we discussed as well as a document entitled Returning to School After COVID-19 that reviews public health guidance related to COVID-19 symptoms and when to return to school after COVID and non-COVID-related illness. You can always call or email us with questions.

## DOCUMENTATION:

- Add student to Building Specific Illness Reporting (Google Sheets)
- **WHO NEEDS TO KNOW?**
  - Student out due to illness/symptoms
    - **Soonest Date of Return Email** to parent/guardian, Kurt Eley, Building Administrators, Classroom teacher, Attendance, Health Assistant and School Nurse
  - Student out due to close contact
    - **Soonest Date of Return Email** to parent/guardian, Kurt Eley, Building Administrators, Classroom teacher, Attendance, Health Assistant and School Nurse
  - Student out due to positive test
    - **Soonest Date of Return Email to** parent/guardian, Kurt Eley, Building Administrators, Health Assistant and School Nurse
  -
- Send EMAIL templates - COVID Email Templates (Google Docs)
- Email parent / or handout at pick-up; [Return to School Guidelines-Public Health Table](#)
- Returning to school after COVID-19 [Returning to School After COVID-19 ENGLISH](#) (English)
- 
- [Returning to School After COVID-19 SPANISH](#) (Spanish)
- 

### Students

- we will be contacting you on day three to see if you are developing symptoms- if
- We will also be contacting on 12 to be sure that



## Decision Making Approach

District, Waunakee Community, and Dane County data and information will be assessed monthly by the Medical Ad Hoc Committee and the District Administration Team. Any change to the District's approach to K-12, in-person instruction requires approval by the Board of Education.

When practicable, the District will project changes two weeks in advance to allow for families to enact care plans and plan for staffing needs within our school district. Dramatic changes in the data and staffing needs may require more urgent action at the classroom, grade level, or school level and will be determined by the Superintendent and the District Administration Team.

### Board of Education

Focus: Longer-term, sustained decisions in response to staffing, attendance, and disease spread trend information



#### Medical Ad Hoc Committee

Focus: Expert analysis of latest data and science

#### District Administration Team

Focus: Expert analysis of district operations and continuity of learning

## Data Reporting and Communication Commitments

The Waunakee Community School District will deploy an approach that balances an individual's right to privacy and keeping the school community informed of cases that may impact others at school or in the District. Specifically, the District will:

- 1 Update the District COVID-19 daily, reporting School (5 or greater) and District totals of students and staff in isolation or quarantine.
- 2 Update the Community and County COVID-19 information.
- 3 Post a **monthly** summary analysis from the Medical Advisory Board and Administrative Team.
- 4 Provide a **monthly** update to the Board of Education and community to inform long-term strategies regarding in-person learning.
- 5 Work with Dane County to communicate possible contact or close contact information during the disease investigation.

# Key Data (Sample tables below)

## District

School	# Staff Positive Cases	# Staff Close Contacts	# Student Positive Cases	# Student Close Contacts	# Students Symptoms Of Illness	# Classes Closed Due to COVID-19	# Activities Closed Due to COVID-19
4K	*	*	*	*	*	-	-
Arboretum Elementary	*	*	*	5	19	-	-
Heritage Elementary	*	*	*	*	12	-	-
Prairie Elementary	*	*	*	6	6	-	-
Intermediate School	*	*	*	*	*	-	-
Waunakee Middle School	*	*	*	*	*	-	-
Waunakee High School	*	7	*	23	5	-	-
Bethel Circle	*	*	-	-	-	-	-
<b>Total</b>	<b>5</b>	<b>13</b>	<b>3</b>	<b>44</b>	<b>42</b>	<b>0</b>	<b>0</b>

This chart is updated **weekly** based on student and staff attendance data. As students/staff return from quarantine and isolation, they are removed from the school and district counts. Confirmed cases or number in quarantine less than five at a school are not reported to protect the privacy of our students and staff.

\* Case and quarantine totals less than five are not reported to protect the privacy of individual students and staff. Quarantine status can be a result of case exposure at home, school, or in the community.  
 \* Staff and Students may be monitored with symptoms, but not a Close Contact or have a Positive COVID-19 test result.  
 \*Updated 9/29/20

## Community - Waunakee Area

Metric	9/25/2020	9/26/2020	9/27/2020	9/28/2020	9/29/2020
Waunakee Area Total Positive Cases	1	2	5	4	10
Waunakee Area Total Negative Cases	77	21	33	25	47
Waunakee Area Daily % Positive Cases	1.28%	8.70%	13.16%	13.79%	17.54%
7 Day Average Positive Cases	4.29	3.0	2.86	3.29	4.57
14 Day Average Positive Cases	n/a	n/a	n/a	n/a	5.29
Burden Rate 7 Day Model per 100,000	15.10	10.56	10.07	11.58	16.09
Burden Rate 14 Day Model per 100,000	n/a	n/a	n/a	n/a	18.62

This data is calculated and reported **weekly** using information from Public Health Madison & Dane County (PHMDC) and the Department of Health Services. This data is used to evaluate community and regional disease spread among all age groups, and includes the following metrics:

- **Case Rate:** Reflects the current rate of infection, typically across a denominator of 100,000 people.
- **% Positive:** Of all who are tested, the percentage who test positive. A percentage of less than **xx%** typically suggests adequate testing is available and the number of active cases reflects the current spread of the disease. Higher percentages may suggest that the disease is more prevalent than the number of active cases represents.
- **Active Cases:** Current, confirmed COVID-19 positive cases.
- **Prevalence Rate:** Percentage of all people in the community/county who have tested positive. Used to evaluate spread in the community versus the county.

\*Total Population: 28,386  
 \*Census Tract data includes the Waunakee Area, including 111.02, 112, 113.01, and 113.02  
 \*Updated 9/29/20

## Dane County

Metric	September 3	September 10th	September 17th	September 24th
% Positive Tests (14 day average)	1.6%	3.0%	5.2%	5.0%
County Case Rate 14 Day Average	45	94	170	179
Burden Rate 14 Day Model Per 100,000	7.58	15.82	28.62	30.13
Testing Capacity	Green	Green	Green	Green
Hospitals Ability to Treat	Green	Green	Green	Green

\*Data from Public Health Madison & Dane County (PHMCD)  
 \*Updated 9/29/20

# District

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Arboretum Elementary	*	*	*	5	19	-	-
Heritage Elementary	*	*	*	*	12	-	-
Prairie Elementary	*	*	*	6	6	-	-
Intermediate School	*	*	*	*	*	-	-
Waunakee Middle School	*	*	*	*	*	-	-
Waunakee High School	*	7	*	23	5	-	-
Bethel Circle	*	*	-	-	-	-	-
<b>Total</b>	<b>5</b>	<b>13</b>	<b>3</b>	<b>44</b>	<b>42</b>	<b>0</b>	<b>0</b>

\* Case and quarantine totals less than five are not reported to protect the privacy of individual students and staff. Quarantine status can be a result of case exposure at home, school, or in the community.

\* Staff and Students may be monitored with symptoms, but not a Close Contact or have a Positive COVID-19 test result.

\*Updated 9/29/20

# Community

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Burden Rate 7 Day Model per 100,000	15.10	10.56	10.07	11.58	16.09
Burden Rate 14 Day Model per 100,000	n/a	n/a	n/a	n/a	18.62

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*\*Updated 9/29/20*

# Dane County

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Testing Capacity	Green	Green	Green	Green
Hospitals Ability to Treat	Green	Green	Green	Green

*\*Data from Public Health Madison & Dane County (PHMDC)*

*\*Updated 9/29/20*



# Memo

To: WCSD

From: John Cramer

Subject: High School fieldhouse flooring water damage

Date: 9/30/2020

Due to an abnormally fast and heavy rain event that occurred around noon on Tuesday September 1, 2020, the high school sump, and sump pumps could not keep up with the amount of water. The sump alarm activated, the pit overflowed, and water began to enter the field house at the same elevation as the overflowing sump. One of our custodians was actually already onsite and began mitigation of the water immediately, and he attempted to stop the flow into the fieldhouse. Damage to the fieldhouse floor resulted.

We have received quotes from two reputable flooring contractors. Each provided quotes to repair the damaged area and to replace the entire floor:

High School	Stalker Sports Floors	Schmidt Flooring	
Fieldhouse entire floor	\$ 272,210	\$ 350,996	
Fieldhouse repair only	\$ 179,650	\$ 159,587	
	8500 sq ft quoted	5040 sq ft quoted	

The original floor was installed in 2004. A significant portion of the floor was repaired in 2010 due to water damage in a separate area. Stalker informed me that during the 2010 repair they discovered the original installation had an improperly sealed vapor retarder and improperly sealed foam layer (found unsealed in the area of repair).



The District's insurance provider has reviewed the two repair quotes and two replacement quotes. The insurance company has provided an agreed repair estimate of \$179,650.

Upon my consultation with experts at Eppstein Uhen Architects (below), an engineer at Vogel Brothers Construction, and gymnasium flooring contractors, knowing the reported vapor retarder and foam barrier issue, all have recommended a full floor replacement.

Jeremy's comments (EUA):

Abie, I agree with your recommendation. Ideally they could use the insurance money toward a complete replacement. If the current install is indeed inadequate I wouldn't recommend to replace only the damaged portion as the entire floor should function as a complete system. It would be interesting to hear the opinion on why the current install is inadequate, and if the inadequate installation is causing other performance problems. If so that would more justify a complete replacement.

**Jeremy Hackbart, RA, CDT**

Senior Project Architect : Associate

Abie's comments (EUA):

John, based on what you are saying I would recommend a complete new installation so as to thoroughly dry their concrete floor and get a continuous new dry vapor retarder down under a new floor. As Tory indicates a vented system is what is needed; the floor would sit on neoprene hemispheres or pads that are usually at 12" on center both ways; these would sit on a dry concrete floor with a continuous vapor retarder on the floor before the flooring with hemispheres (which create the vented area) are installed. The floor boards are tightly fitted against each other, but the entire floor has a gap at the perimeter with a shoe type base which allows for expansion and contraction of the entire system. Our shared concern is that without a new entire system the floor will not perform as originally intended.

Thank you,

**Abie Khatchadourian**

Senior Project Manager : Associate

The District is recommending the Board consider replacement of the entire high school field house floor by the low bidder at \$272,210. The insurance reimbursement of \$179,650 would be applied toward the new floor, leaving \$92,560 out of pocket expenses for the District.

Options to finance the \$92,560 per Steve Summers:

The gym floor replacement option would require the district to contribute approximately \$92,000 above the insurance settlement amount. As of October 1st, here is a high level update on the financial situation in the district:

1. The September student count is down 80 students from the estimated September student count. This is an approximate \$275,000 reduction in budgeted revenues, for 20-21, and the next two fiscal years. The \$275,000 reduction in budgeted revenues will need to be matched up with permanent expenditure reductions of \$275,000, by the end of October when the School Board approves the final version of the budget.
2. The 20-21 budget planning process was based on the 19-21 state budget. The state budget ended the fiscal year on June 30th, 2020 in a stronger position than expected, which may eliminate the need for a state budget repair bill that would impact school districts.
3. The unbudgeted COVID/school reopening related expenses continues to increase. A successful November referendum will allow the district to align these unbudgeted COVID/school reopening related expenses with a source of revenue, the \$2.1 million being shifted from the debt service fund to the general fund. An unsuccessful November referendum will require the School Board to evaluate a range of options to determine how these unbudgeted COVID/school reopening related expenses will be addressed.
4. Due to a majority of students currently learning online, temporarily reallocating funds from two expenditure categories can be accomplished. These two expenditure categories are salary/benefits and transportation. The salary/benefit savings are related to vacant positions that were budgeted for. The approximate year to date salary/benefit savings is \$75,000, which will increase to approximately \$150,000 by the end of October. The transportation savings are related to a reduction in bus routes. The approximate year to date transportation savings is \$55,000, which will increase to approximately \$110,000 by the end of October.
5. The district contingency account of \$100,000 remains available.

If the School Board approves a gym floor replacement, administration would recommend reallocating the cost via a one-time transfer from the transportation budget to the maintenance budget. This transfer would need to be reversed for the 21-22 fiscal year.

Please feel free to email Steve Summers with any questions/feedback.