

**NEW TRIER TOWNSHIP HIGH SCHOOL DISTRICT 203
SPECIAL MEETING OF THE BOARD OF EDUCATION
October 13, 2020
New Trier Township High School
7 Happ Road
Northfield, IL 60093
Via Zoom**

A **Special Meeting** of the Board of Education of New Trier Township High School District 203, Cook County, Illinois was held on Tuesday, October 13, 2020 at 6:00 p.m.

Members Present

Ms. Cathy Albrecht, President
Mr. Keith Dronen
Ms. Carol Ducommun
Dr. Marc Glucksman, Vice President
Ms. Jean Hahn
Mr. Brad McLane
Mr. Greg Robitaille

Administrators Present

Dr. Paul Sally, Superintendent
Mr. Christopher Johnson, Associate Superintendent for Finance & Operations
Mrs. Denise Dubravec, Winnetka Campus Principal
Dr. Tim Hayes, Assistant Superintendent for Student Services
Dr. Joanne Panopoulos, Assistant Superintendent for Special Education
Mr. Paul Waechtler, Northfield Campus Principal

Also Present

Ms. Lindsey Ruston, Board of Education Secretary; other administrators, faculty and staff, members of the press and community.

BUSINESS MEETING

***I. CALL TO ORDER – 6:00 p.m. – Zoom**

Ms. Albrecht called the Special Meeting of October 13, 2020 of the Board of Education to order at 6:00 p.m., virtually, via Zoom. Ms. Albrecht then stated that a full in-person meeting is not practical or prudent due to the Governor’s declared disaster.

Roll call was taken, and all members were present, except for Ms. Ducommun.

II. Communications

Ms. Albrecht explained that, due to the remote Board meeting, public comments were to be submitted via a Google Form to the Board of Education secretary by 3:00 p.m. Commenters were instructed to write their comments in accordance with Board Policy 2-230 Public Participation at Board Meetings, including ensuring a 3-minute time limit when read. There were four public comments submitted and Ms. Ruston read them into the record.

The first was from Ms. Heather Walsh who shared comments that her son returned to school last week and that none of his teachers were there. Her understanding was that only one of his teachers was not able to attend school. She shared other comments around students being penalized for school not being open.

Mr. Scott and Ms. Neilly Hallermann shared their comments on the need for in-person learning and questioned why it is not happening. They also expressed that the benefits of in-person learning outweigh the risks from the virus for children age 0-19. They also expressed their concerns if a return to in-person does not happen soon.

Ms. Maya Crystal encouraged New Trier to recognize Indigenous Peoples’ Day. She has created a petition on change.org to this effect. She also urged the District to issue a land acknowledgement as well as work with local Indigenous groups to support their work and help the school to create curriculum.

Mr. Patrick Quinn shared his disappointment that the school did not open in August. He had several questions asking for details about the number of teachers willing and able to teach in-person, how many have medical risks and are therefore remote, those who have not secured child care if their children’s schools are not open and how many students have opted for remote.

Ms. Albrecht thanked them for their comments.

It was then noted that Ms. Ducommun was present and attending by phone. Shortly thereafter she was in attendance via video.

Dr. Sally welcomed Dr. Ed Campbell, who is a Board of Education member at LaGrange District 102 and a professor of microbiology and virology at Loyola University. He went on to share some comments about New Trier's pause to in-person learning prior to the presentation on the potential COVID screening process. Dr. Sally noted that responses to this pause were across the board, however, understandably, many shared their frustration of this decision. He went on to say that some of this frustration turned to anger and judgment which then turned into contentious, divisive behavior by some members of the community. Dr. Sally made it clear that the school did not pause in-person learning because a set of students have COVID. Students will get COVID and may pass it to others, this is not unexpected. People are getting COVID from several different places. It needs to be handled honestly and correctly, and in speaking with these families, that is what they did, by recognizing mild symptoms, proactively testing and immediately quarantining. Dr. Sally emphasized that New Trier paused in-person learning because the rates of COVID in the Township zip codes and in the wider New Trier Staff zip codes exceeded its metrics for four straight days and were continuing to increase. This is much bigger than any social gathering. Those metrics were set in consultation with medical professionals and the District's Reopening Advisory Board (RAB). Although some may disagree with the metrics, the District will stick by them.

Dr. Sally noted that he was surprised by the negative reaction to his email that families have had to deal with and did not expect it. He did not write the email to elicit that reaction, chastise or judge those students or families. He went on to own his part of this situation, while intending to encourage everyone to do their best, the way the email was written tied positive COVID students to the school's pause. The pause was not because students and staff have tested positive for COVID. He apologized to the families and students who have had to deal with the judgment and castigation over the past 24 hours. Dr. Sally wants everyone to do their best and support one another and not let one's frustration and anger get the better of them.

Dr. Sally noted that continued problem solving is needed, which is what the District has been doing, but there are no simple solutions to this issue. He reminded everyone that there is COVID and public health science and research along with guidance from the Illinois Department of Public Health (IDPH) that must be followed and is part of the decision making. While the Township's sender schools are in-person, there are significant differences that that guidance has on comprehensive, large high schools like New Trier. All remote learning requires the school to wrestle with the mental health impact on students. The path for the school, through all of this has been and will continue to be, working to keep the path to in-person learning open as that is what the District values and is working hard to make happen.

The District's approach has been to measure the risk of COVID exposure in the buildings, which are the metrics as well as the infection control measures to mitigate that risk. Dr. Sally shared the seven infection control measures that are in place, noting that cohorts are used when appropriate, such as with athletics or some of the special education populations, but usually a comprehensive high school is not able to cohort well. The District must measure the risk of COVID exposure in the building by knowing the positivity rate in the community and where staff live as well as new weekly cases per 100,000 people in these areas as well. Dr. Sally then shared graphs of the positivity rate and the incidences of new cases per 100,000 people both in the Township's zip codes and Staff zip codes. The District has been transparent on its website about the number of students and staff who are in quarantine for various reasons. The proposed screening will improve the ability to measure the risk of COVID in the building. It is a more accurate and local measure that will allow the school to have more sustainable in-person learning. Dr. Sally also noted that this screening will allow for a look at a comprehensive strategy for capacity and scheduling. The District is working through the significant cost and logistics to implementing this screening. He noted, once again, that everyone is trying to do their best and kindness and compassion continue to be needed.

***III. Special Orders of Business**

A. COVID Screening Pilot Discussion and Approval

Mr. Chris Johnson, Associate Superintendent for Finance and Operations, then presented on the COVID-19 Screening Program. He acknowledged Dr. Campbell and noted he would be available for the discussion portion of the meeting. He also thanked the members of the Reopening Advisory Board (RAB) who have been helpful during the process by attending meetings with Dr. Campbell and thinking about how the screening process could work at New Trier. He also thanked those who participated in the pilot last week as it helped to hone the process and provided great feedback.

Mr. Johnson went through the purpose of the COVID-19 Screening, noting that it supplements, but does not take the place of any other mitigation measures. The District would continue to focus on social distancing, personal protective

equipment (PPE) as well as other practices both in and out of school. The goal is to identify potential cases which reduces transmission and drives down the overall rates in the community. The hope is that it also reduces the need for school closures. The screening is non-diagnostic, and those with a presumptive positive must go on to have a PCR test done by their doctor or state testing center. A presumptive positive will be treated as a positive by the school. Dr. Campbell has shared with the District that there have been no false positives to date.

New Trier has partnered with Glenbrook District 225 to explore the possibility of implementing COVID screening. This partnership, along with others, has been helpful to think through how to best implement these procedures. The District reviewed screening provider options from the University of Illinois as well as other commercial providers. Mr. Johnson shared the characteristics that were considered for these screeners. They included using non-invasive saliva-based and nasal swab samples, the test could be self-administered, the District wanted to avoid those screeners who required assistance and/or supervision by licensed medical professionals, it had to be able to detect the presence of active COVID instead of just antibodies and finally, the screener could offer results quickly to the District so it could begin necessary steps such as contact tracing.

The District requested pricing and timelines from several providers. Costs ranged from \$11, with the one the District has selected, to those around \$100. All providers required a level of commitment to a certain number of weeks. A pilot was conducted the week of October 5th with selected students and staff. The District selected SafeGuard Screening as the provider. The screening process was adapted by Dr. Campbell and used at his district, LaGrange 102. Volunteers will be screened weekly at a cost of \$11 per sample paid for by the District and students and staff will opt-in to the program. Other districts are reporting 90% participation rates. It is a self-administered saliva-based screening that can be done at home and is confidential. The tube has an identifier only known to the school, not to the lab. Mr. Johnson then shared the screening workflow that includes six steps. Staff and students would receive enough barcodes and associated materials for the first semester. The District is encouraging sample collection at home, so masks are not removed in order to provide the sample in the building or on the premises. Samples are dropped off and then taken to the lab with results being sent to the school within 24 hours. The school would then notify those students and/or employees that they are presumed positive and would begin contact tracing and quarantining procedures.

Mr. Johnson then shared projections for the cost of screening, noting each sample is \$11. At the current step (half of students in each week), on the low end, the estimate for 2,100 total potential samples, is \$20,790 per week. On the high end, this would include everyone, students and staff, coming in each week, for a total of 4,700 samples at \$46,530 per week. Those numbers are then extrapolated to a per year cost of \$561,330 to \$1,256,310. Testing students weekly equals \$297 per student for the balance of the year. It is important to note that these are estimates and billing is based upon the number of tests actually submitted.

Next steps include determining a schedule to align screening before students and staff come on campus and to balance lab availability. The District will have to consider staffing needs for sample collection at each campus and for delivery to the lab. A webinar and other communication materials would be developed for parents and students about the purpose and benefits of the program. Procedures need to be determined for sample drop off at each campus as well as ordering and distributing screening supplies to families. Although Mr. Johnson had more technical slides of the process, he paused to take questions and comments from Board members. Dr. Campbell was also available to answer any questions. Dr. Glucksman has also been very helpful in the process and was invited to share his expertise.

Mr. Robitaille thanked Dr. Campbell for joining the meeting. Mr. Robitaille inquired of him, to the extent that it has been implemented at LaGrange, how Dr. Campbell has woven this into the metrics and decisions about how to reopen his school. The same question would then be for Dr. Sally, if this informs, in a formal way, the metrics associated with moving up the ladder. Dr. Campbell responded that in his district, they decided to not set a hard limit on when they would take certain actions. The screening is not only being used to remove teachers and students from the classroom setting, but to give their district an internal metric of what the prevalence rate is in the school. Their plan is if they see the case level rise by certain metrics or if the school is seeing a rise in the number of cases being detected in the student and teacher population, an emergency meeting would be scheduled. Their board would not necessarily act, but it would allow them to discuss and review it in a public forum. This is how LaGrange is using the surveillance as part of how they are informing their decision, which could be necessary if unfortunate things happen in the community.

Dr. Sally responded that New Trier would handle this in a similar way. First, the District will continue to take care of and watch our infection control measures and mitigation strategies that are in place in the school. The COVID metrics are used as a broader sense of what the risk is of any given person having COVID who comes into the school. Ruvna helps to screen out those who are symptomatic. This COVID screening changes the game in Dr. Sally's opinion as it is

very local data. Within the thresholds of this test, it has been very successful in capturing positives and for keeping those who are infectious out of the building. Once the District can increase its confidence in this through testing, he believes it can open a lot of possibilities of what can be done in person.

Ms. Ducommun thanked Dr. Campbell for attending the meeting and for his previous help and presentation. Ms. Ducommun inquired how this testing would have changed the decision the District had to make to pause due to the number of new cases. She noted that she is certainly for testing and believes this test can even detect the virus before people show symptoms if their viral load is high enough, but her job as a Board member is to look at the big picture. If the District is going to have to spend half a million to a million dollars to implement this and the school is still going to be taken out of the game having to pause because of the collection of the zip codes which staff represent, she needs to be convinced that this is a worthy use of the District's money. If the larger metric, which the school cannot impact by its behavior or via testing, could stop in-person learning, that leads her to be less enthusiastic about the surveillance program.

Dr. Campbell shared two items with Ms. Ducommun that he also shared with his district as he was proposing to implement it there. The first is the extent to which students are surveilled, with this level of surveillance, one would expect to positively impact one's community prevalence rate. There are people who will never walk through the school doors who will benefit from this as the school is making people aware of their status, so they are not going out to restaurants or participating in sports or those types of things. Dr. Campbell is hopeful to see, as this program is expanded to other districts, and an epidemiologist would expect, that over the course of time this kind of surveillance should impact a community's prevalence rate. This screening test would also help in obtaining real data about the community of children the school is really working with as opposed to teasing out this data from zip code data. Ms. Ducommun understands this, and within the New Trier community, she would anticipate that there would be better knowledge and decision-making. Staff come from far and wide and she does not believe that the testing will impact the data rates that impact those zip codes. If the District has to shut down because of this data point, then this is not an investment she thinks as fondly of as she did prior, considering the situation the District is in right now. Dr. Campbell responded by noting that in his district, they are offering testing to remote students with the same goals in mind that he alluded to before.

In the case of a shutdown, SafeGuard Screening will work with the District and not hold it to the number of tests that are in the contract. There is, however, still real value in continuing surveillance, even in a remote setting, as the pathway to potentially reopening involves this screening to ensure the building is reopening in a safe way. Ms. Ducommun shared that if there is a metric that exists that is able to shut the school down over which it has no control, she believes that the District either has to not have that metric or it has to be changed such that behaviors and spending have a positive outcome on getting New Trier students into school more regularly than they are right now. If spending money does not allow that to happen, she is not a fan of it. She noted that she loves the technology and made other comments, remarking that she does not know why the District would spend the money unless it is willing to change the metrics. She stated that Dr. Sally began by stating that there would be no change to the metrics and for her, there is a disconnect. Dr. Sally responded that the testing can change the game and explained, with people coming into the building from all over, though many from the Township, the District needs some sense of what the risk is in the building. Testing allows for increased understanding and drive down the risk of exposure in the building. The testing metrics need to look differently than they do right now. Dr. Sally agrees that if the testing is not going to sustain in-person for longer then why should the Board spend that money, but he thinks that it will help to sustain in-person learning. Ms. Ducommun shared additional comments and Dr. Sally responded that discussing the metrics with the RAB needs to be part of the conversation. Discussion continued between the two.

Mr. McLane noted how he was thankful for the National Public Radio (NPR) interview that Dr. Campbell did with Mr. Scott Simon, noting it was, for him, life changing as he heard an answer, though it is one of many components, it was an informative answer. He appreciates how the administration responded quickly and directly and the District is now on the cusp of a huge move. He noted it has been a slow process for him, he wants to see the school open, but he did not think the school was ready for it, but feels it is getting there. The dashboard and the thresholds are in place and being refined all the time. The second item that Mr. McLane wanted to see was testing, this would bring facts that the school can operate on, regarding who is in the building instead of the Ruvna screening. Tracing and tracking are still an issue as is "after 3:30 p.m." He believes that having this testing will give the school more control over what it knows and can be done on a very timely basis. He appreciates the steps the District has made, the opportunity to have the Board meeting this evening, to hopefully vote positively on this, and move forward so the District can go on to tackle the next elements.

Mr. McLane inquired if the questions he asked Mr. Johnson earlier about financing would be covered. Mr. Johnson replied that addressing the overall cost piece is that the District is looking at this as part of the operating budget for this year. This is a unique year with a lot of uncertainty and the District is looking to get as close to a balanced budget as possible. While some areas are seeing an increase in cost, others are seeing reduced costs. This screening does inform about people being in the building safely as well as the overall metrics. If this moves forward, New Trier will be one of the first schools to have testing in place and having that local data and knowing that people in the building are testing weekly will inform the metrics discussion leading to modifications or adjustments of them.

Dr. Glucksman commented that the District has to determine how it is defining its universe, essentially the school and its grounds. In looking just at the school, the Board did not need to vote necessarily on a budget for PPE, plexiglass and social distancing measures. To him, the screener is an additional layer, perhaps the first one and is a gatekeeping and preemptive measure. In terms of the community, he is convinced that this surveillance method will lower the New Trier Township infectivity rate per 100,000. The infectivity rate is about 2.5 people, furthermore, it is worse because there are a lot of people, especially in New Trier's population, that are asymptomatic. In looking at the metrics used this week, the slope of the infectivity rate in the Township was higher than that of New Trier's faculty and staff environs was. He noted that this also helps the community and went on to add that he thinks this screener is something that is great and is driven by science. It is sound science as week after week, the methodology that is being employed, as well as, the surveillance and epidemiology which reinforces this program.

Next, Ms. Hahn shared that to her, the metrics that have been developed on the dashboard, while very useful, is a blunt instrument to try and measure one's risk to exposure in the building. This testing program is a more precise, surgical method of measuring that risk. Not only will students and families embrace this, but staff will participate too at high rates. It allows the District to reexamine its internal metrics and dashboard, but the school is still required to adhere to the state metrics, which is at a threshold of 8% and anything above that would require the state to move to a different phase of Restore Illinois. Perhaps as the University of Illinois rolls out their Shield program, the entire state can start to reexamine those metrics and start using more precise measures for the risk of exposure. When combined with the infection control measures, the school can operate closer to normal, more sustainably and in a safe way for students. She thinks the screening is an expense that should be paid. Ms. Hahn went on to share comments on the Township zip codes and how the positivity rates increases even higher due to being a population under 100,000, making the Township less susceptible to these fluctuations based on very small rates of infection. She is cautiously optimistic about this being a game changer to getting the school back to in-person.

Mr. Robitaille responded that he agreed with Ms. Hahn about what the District has now is a blunt instrument and is measuring a broad population across a broad area and the screening is a precise tool. Regarding Ms. Ducommun's comments, he inquired why the District would not have a commitment or an actual plan to embed it into its metrics for reopening. Mr. Robitaille thought he heard Dr. Sally say earlier that the District was not going to embed the screening into its metrics. Dr. Sally apologized if he was not being clear, he thinks that it has to be embedded in the metrics, but the conversation, in detail, has not been had with the RAB, who needs to be able to talk intelligently about this as they represent various groups. He wants this process to be as collaborative as it can be while the Board and he, as Superintendent, make decisions.

Ms. Ducommun added that the criteria was developed absent other information. If the District wanted a proxy to say how likely are the students coming in to be infectious then the school looks at the zip codes where students live and likewise for staff. Now, if the District has the testing data, which she hopes it will, she is also trying to have the Board make the right decision, instead of having to have a proxy via the zip codes, the school will have more definitive information, in real time, from people who actually come into the building regarding their infectious rate. To her, that information should supersede the zip code data. Her thoughts are that if the District is going to invest everyone's time, energy, money, hopes and dreams about controlling this within the student population, the last thing she wants to do is shut down the school because a zip code, that there is no way to impact other than the number of staff coming from that zip code, seems like a disconnect. She does not believe the school needs the proxies of those zip codes as much as it does now because there will be more specific data about the school's own population.

Dr. Sally agreed, noting that this as probably as good of data as the school can get about what the risk really is in the building. It will supersede any other metric the District has in terms of the local data that it knows. If the school is trying to reduce the risk, then this lets the District recognize that. He is not able to provide what the new dashboard might look like until he is able to have a conversation with the RAB. Discussion continued between the two around this topic. Ms. Ducommun noted that the main goal is to get New Trier students in the building to educate them the way the school knows best and wants to make sure that everything aligns to get that to happen. To her, it is all about

educating New Trier students and there are then ancillary benefits such as a decrease in the community transmission rate. Their job, as a School Board, is to educate its students and Ms. Ducommun does not want there to be a measure out there that prohibits that when the school understands the infectious rates of students and staff coming into the building.

Mr. Johnson acknowledged Ms. Ducommun's points and went on to share additional details about the process. Dr. Sally and Mr. Johnson have been working with the RAB, Dr. Campbell, Dr. Glucksman and Ms. Hahn, for the past two weeks, this has been the focus and a lot of time has been spent on it. At this point, questions that needed to be answered, have been, with the understanding there are other items to work through. He noted that there is a 30-day ramp up period. While the lab does that, there are tasks on New Trier's end that need to ramp up as well such as logistics and conversations with the RAB around the metrics.

Mr. Dronen believes this is a game changer and if testing is delayed it may result in more pauses. By having this in place, it will ease parents', students' and teachers' concerns about coming into the building. According to Dr. Campbell, about 7500 tests have been completed with no false positives, which is great news. To the extent that the school gets the data out there, that will drive the opinions on the RAB to change the metrics on the staff zip codes. Mr. Dronen noted that his daughter was the first to participate and the process was easy. He believes that when people see the results that it will pay off. He appreciates the significant amount of work that the administration has done in the past few weeks as well as the work that Dr. Campbell has done. He also reiterated that new science comes out frequently, new things are learned, and one adapts to those changes. He would like this to begin right away as it will have a tremendous impact on the school.

Ms. Hahn added that the RAB is not wedded to the metrics and did hear Dr. Campbell's presentation. She noted that the theme of the year is "we're all in this together" and they need to make sure that everyone comes along with them on the program for it to be successful. She does not see the RAB as a major problem that has to be convinced, they understand it and seemed excited by the program. Ms. Hahn noted the importance to take the time to make sure that constituents and stakeholders understand the basics and are appreciative of it and believes that will get there. The science is too good and promising and is cautiously optimistic that the RAB will not be a sticking point.

Ms. Albrecht noted that having the other metrics, such as the Township and Staff zip codes, attempts get the District to know what the risk is within the New Trier High School community. This test gets the District much closer to that. The big issue is participation and the hope is for 90% as that is what informs the school. If that percentage is not reached, those other metrics come into play more than if there is strong participation. Ms. Albrecht also noted the importance of staff participation. The test will allow the District to home in on New Trier's community and its safety within it.

Ms. Albrecht then noted that there have been no false positives with 7500 tests done. She inquired if there was any evidence of false negatives. Dr. Campbell responded that there is no information that they have ever missed someone and as a scientist he shared that the absence of evidence is not evidence of absence, but what he knows, that is correct. The two continued this discussion briefly. Ms. Ducommun stated that the point that is in the scientific articles, which she thanked Dr. Campbell for sharing, regarding false negatives, is one does not know about unless that person gets sick. She discussed the seven-day window of transmission and noted that if there is a regular testing protocol, one will find those people within that window. She noted that the literature also mentioned that this is testing the system, and, in this case, it is all the people within New Trier and is a measure of how infectious people are in the building. Dr. Campbell confirmed that this explanation was correct.

Mr. Robitaille stated that he would approve this subject to the commitment of the administration and the RAB to consider how to incorporate this as a significant metric in determining the movement on the ladder. If that is the premise for the vote, he is in favor of it and if something else, the Board should continue to talk. Mr. Johnson and Dr. Sally gave the commitment with Dr. Sally sharing additional thoughts. He noted that Ms. Hahn's point was a good one about discussions that need to happen with the constituents involved.

Ms. Albrecht inquired if this has been communicated with the staff, to which Mr. Johnson shared that staff have received an email. Mr. Johnson noted he and Dr. Sally spoke with the RAB twice and they have informed some of their constituents. Also, this was presented to the campus leadership teams today to inform teacher leaders.

Ms. Albrecht then inquired if the pilot could be expanded and Dr. Campbell noted that he would need to check with those on his team. They are trying to get other schools in as well and 30 days is what he knows can be done, but it may take less time than that to ramp up.

Ms. Hahn inquired if staff are voluntarily opting in or if it is a requirement. Mr. Johnson commented that it is voluntary for staff, as it is for everyone, as it is unclear whether the District can legally require it. Mr. Johnson noted that the District is working to present a picture of why it is important along with the benefits to having a safe school and workplace. It is also beneficial so one's family knows that they do not have Covid. There are many benefits to it and Mr. Johnson believes that will lead to a significant opt-in rate. Ms. Albrecht noted that a high percentage of participants is key in order to have it be meaningful data.

Mr. Dronen then inquired about the percentage of students participating in Dr. Campbell's district. Dr. Campbell replied, that on average, it is close to 80%. There are several schools within the LaGrange district and those that more closely resemble the New Trier community are above 90%.

Ms. Ducommun then inquired if the Board was still going to discuss how often tests are conducted and the goal of getting students into the building and at what frequency that happens and how this interplays with that. Dr. Sally hopes that every student and staff are tested prior to being in the building, however, the District will not be able to bring in 100% of the students. The school is still trying to ramp up from 25% to around 50% of students being in. Lunch is a particular issue that needs to be solved on each campus when more students are brought in. Some schools have students in half a day, so either morning or afternoon, without lunch. This allows them to bring in a larger number of students each week and does not require a solution to the lunch problem. He shared examples of different models. The goal is to increase the number of in-person hours any students receives through testing. Conversation continued between Ms. Ducommun and Dr. Sally with him stating that the District thinks it can get up to 50% of students in. She wanted to articulate what would happen, by investing time, effort and money, if the transmission rates go down. Discussion continued between the two. The District is capped at 50% unless the Governor states otherwise as the buildings do not allow capacity beyond that. Additional thoughts were shared including Ms. Ducommun noting that the goal of this is to get 50% of the students in the building by a particular point. Dr. Sally responded that the start of second semester at the end of January is a nice marker. That allows for time to see how the screening regimen works within the building and that the school can still stick to the IDPH protocols that are required.

Ms. Albrecht noted that New Trier was one of two large, public high schools in the area to go to hybrid first. Dr. Sally responded that this is the challenge of a comprehensive high school which leads to questions about why the sender schools are in-person while the high school is not. It is because the high school cannot cohort students in the same way the sender schools can. New Trier has a comprehensive education with electives and several different languages, so students are moving all around the building. There are no simple solutions, but Dr. Sally believes that this screening allows the District to get to a better solution than it has now.

Dr. Glucksman shared that a couple of years ago a lot of time and money was committed to security for the school. This needs to be thought of in the viral sense as this is virtual, but tangible security. Essentially this is adding "gates" to the school for safety. He reiterated that now that there is a system in place, and has potential, there needs to be some weighted metric of this in addition to what the District is currently using.

Mr. Robitaille motioned, and Dr. Glucksman seconded, that the Board of Education approves the contract with SafeGuard Screening, LLC and authorize the Associate Superintendent to execute the agreement, subject to attorney review.

Upon a roll call vote being taken, the members voted as follows:

AYE: Ms. Ducommun, Dr. Glucksman, Ms. Hahn, Mr. McLane, Mr. Robitaille, Mr. Dronen, Ms. Albrecht

NAY: none

The motion passed.

The Board thanked Dr. Campbell and he, in turn, shared that he looked forward to working with New Trier.

***IV. ADJOURNMENT**

Mr. Robitaille moved, and Ms. Ducommun seconded, the motion to adjourn. Upon a roll call vote being taken, the members voted as follows:

AYE: Mr. Dronen, Ms. Ducommun, Dr. Glucksman, Ms. Hahn, Mr. McLane, Mr. Robitaille, Ms. Albrecht

NAY: none

The motion passed.

The meeting adjourned at 7:22 p.m.

Respectfully submitted,

Lindsey Ruston, Secretary

Cathleen Albrecht, President