CARES Act: Elementary and Secondary School Emergency Relief Funds - UPDATE

November 18, 2020
Tentative Timeline for Data Reporting

• December 2, 2020 – Public Comment for the ESSER Data Collection Guidance ends
• Mid December 2020 – Reporting guidance should be sent out
• Mid to end December 2020 – guidance sent to USD’s
• Mid January 2021 – Data collection from LEAs ends
• February 1, 2021 – Data will be submitted to USDOE
KSDE Annual CARES Act Reporting

• Which Programs Are Included This Collection:
  • ESSER
  • ESSER-SPED

• Which Programs Are Not Included:
  • SPARK
  • Children’s Cabinet Aid
  • Other CARES Act aid, etc..
Reporting Items: What to Watch for

• All funds must be used in response to COVID-19
• Reporting staff FTE going back to September 2017.
• Classifying expenditures by one of the 12 allowable uses
• Methods of providing internet to students and number of students served
• Methods of measuring student participation and engagement
• Provision of equitable services to private schools

This is not an exhaustive list, but is based on the drafts released by ED for public comment.
ESSER and ESSER-SPED Resources:


Details on the ESSER funds, including application, allowable uses, and other requirements will continue to be posted to the KSDE website.
The Kansas State Department of Education does not discriminate on the basis of race, color, national origin, sex, disability or age in its programs and activities and provides equal access to the Boy Scouts and other designated youth groups. The following person has been designated to handle inquiries regarding the nondiscrimination policies: KSDE General Counsel, Office of General Counsel, KSDE, Landon State Office Building, 900 S.W. Jackson, Suite 102, Topeka, KS 66612, (785) 296-3201.
<table>
<thead>
<tr>
<th>Lab Names</th>
<th>Contact Main</th>
<th>Contact Facility setup/testing/logistics/PO</th>
</tr>
</thead>
<tbody>
<tr>
<td>4M Healthcare</td>
<td>Jerred Mann&lt;br&gt;E: <a href="mailto:jerred@4mhealthlabs.com">jerred@4mhealthlabs.com</a>&lt;br&gt;C: 913-633-9958</td>
<td>Name: Mandy O’Rear&lt;br&gt;E: <a href="mailto:mandy@4mhealthlabs.com">mandy@4mhealthlabs.com</a>&lt;br&gt;O: 913-222-5600</td>
</tr>
<tr>
<td>Clinical Reference Lab</td>
<td>N: Robert Thompson&lt;br&gt;E: <a href="mailto:robert.thompson@crlcorp.com">robert.thompson@crlcorp.com</a>&lt;br&gt;T: 913-693-5404&lt;br&gt;T: 913-492-3652</td>
<td>James Sotos&lt;br&gt;E: <a href="mailto:james.sotos@crlcorp.com">james.sotos@crlcorp.com</a>&lt;br&gt;O: 913-693-5499</td>
</tr>
<tr>
<td>MAWD</td>
<td>Jeff Wilson&lt;br&gt;E: <a href="mailto:jwilson@mawdpathology.com">jwilson@mawdpathology.com</a>&lt;br&gt;O: 913.396.8511&lt;br&gt;C: 913.206.1660</td>
<td>Cory Morgan&lt;br&gt;E: <a href="mailto:cmorgan@mawdpathology.com">cmorgan@mawdpathology.com</a>&lt;br&gt;O: 913.339.8575&lt;br&gt;C: 913.339.8575</td>
</tr>
<tr>
<td>NicUSA</td>
<td>Mukesh Patel&lt;br&gt;E: <a href="mailto:mukesh@egov.com">mukesh@egov.com</a>&lt;br&gt;C: (813) 787-4329</td>
<td>Nate Hogan&lt;br&gt;E: <a href="mailto:nate.hogan@egov.com">nate.hogan@egov.com</a>&lt;br&gt;C: (816) 726-2983</td>
</tr>
<tr>
<td>Quest</td>
<td>Matt Hamlin&lt;br&gt;E: <a href="mailto:Matthew.J.Hamlin@questdiagnostics.com">Matthew.J.Hamlin@questdiagnostics.com</a>&lt;br&gt;O: 630-475-4651</td>
<td>Name: Tasha Thilking&lt;br&gt;E: <a href="mailto:Tasha.L.Thilking@questdiagnostics.com">Tasha.L.Thilking@questdiagnostics.com</a>&lt;br&gt;O: 816-726-1994</td>
</tr>
<tr>
<td>Sinochips</td>
<td>Adam Pessetto&lt;br&gt;E: <a href="mailto:Apessetto@Sinochipsdiagnostics.com">Apessetto@Sinochipsdiagnostics.com</a>&lt;br&gt;O: 913-945-5301&lt;br&gt;C: 913-200-0722</td>
<td></td>
</tr>
<tr>
<td>KU</td>
<td>Arda Peterson&lt;br&gt;<a href="mailto:Apetersen3@kumc.edu">Apetersen3@kumc.edu</a>&lt;br&gt;P: 913-588-2875</td>
<td>Lisa Muha&lt;br&gt;E: <a href="mailto:lmuha@kumc.edu">lmuha@kumc.edu</a>&lt;br&gt;P:913-945-7936&lt;br&gt;-------------------------------&lt;br&gt;With cc to&lt;br&gt;Aaron Mulgrue&lt;br&gt;E: <a href="mailto:amulgrue@kumc.edu">amulgrue@kumc.edu</a>&lt;br&gt;O: 913-588-0427&lt;br&gt;-------------------------------&lt;br&gt;With cc to Aaron Mulgrue:&lt;br&gt;<a href="mailto:amulgrue@kumc.edu">amulgrue@kumc.edu</a>&lt;br&gt;P: 913-588-0427</td>
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<tr>
<td>Wellhealth</td>
<td>Amir Kuzbari&lt;br&gt;E: <a href="mailto:amir@wellhealth.studio">amir@wellhealth.studio</a>&lt;br&gt;C: 469-363-3593</td>
<td>Amir Kuzbari&lt;br&gt;E:<a href="mailto:amir@wellhealth.studio">amir@wellhealth.studio</a>&lt;br&gt;C: 469-363-3593&lt;br&gt;-------------------------------&lt;br&gt;Teyseer Elashyi&lt;br&gt;E:<a href="mailto:teyseer@wellhealth.studio">teyseer@wellhealth.studio</a>&lt;br&gt;C: 214-289-3127</td>
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<tr>
<td>WSU</td>
<td>Debra Franklin&lt;br&gt;E: <a href="mailto:Debra.Franklin@wichita.edu">Debra.Franklin@wichita.edu</a>&lt;br&gt;O: 316.978.5209&lt;br&gt;C: 316.213.4238</td>
<td></td>
</tr>
<tr>
<td>Physical Address (Of Contact)</td>
<td>Pop</td>
<td></td>
</tr>
<tr>
<td>---------------------------------------------------------------------------------------------</td>
<td>---------</td>
<td></td>
</tr>
<tr>
<td>15110 Glenwood Overland Park, KS 66223 913-222-5600</td>
<td>LTC</td>
<td></td>
</tr>
<tr>
<td>CLINICAL REFERENCE LABORATORY INC 8433 QUIVIRA ROAD LENEXA, KS 66215-2802</td>
<td>Schools</td>
<td></td>
</tr>
<tr>
<td>MAWD Pathology Group, PA 14425 College Blvd. Ste. 130 Lenexa, KS 66215</td>
<td>LTC/Schools</td>
<td></td>
</tr>
<tr>
<td>25501 West Valley Parkway, Suite 300 Olathe, Kansas 66061</td>
<td>LTC/Schools</td>
<td></td>
</tr>
<tr>
<td>10101 Renner Blvd. Lenexa, KS 66219</td>
<td>LTC</td>
<td></td>
</tr>
<tr>
<td>2002 W. 39th Ave Suite G029, Kansas City, KS 66103</td>
<td>Schools</td>
<td></td>
</tr>
<tr>
<td>University of Kansas Health System Department of Pathology and Laboratory Medicine 4000 Cambridge, MS4049 Kansas City, KS 66160 <a href="https://www.wichita.edu/research/mdl/">https://www.wichita.edu/research/mdl/</a></td>
<td>LTC</td>
<td></td>
</tr>
<tr>
<td>6827 Communications Parkway Suite 320 Plano, Texas 75024</td>
<td>LTC/Schools</td>
<td></td>
</tr>
<tr>
<td>WSU Molecular Diagnostics Laboratory 4174 S. Oliver, Bld. #174H Wichita, KS 67210</td>
<td>LTC/Schools</td>
<td></td>
</tr>
</tbody>
</table>
KDHE in the process of working with at-risk Kansas populations to roll out a Unified Testing Strategy with 3 types of testing

The Kansas Unified Testing Strategy uses diagnostic, screening, and surveillance COVID-19 testing to keep Kansans healthy and safely accelerate the economy.

**Diagnostic**
- PUI Criteria
  - Rapidly provide resources to community members who meet KDHE PUI Criteria

**Screening**
- Regular testing of groups of asymptomatic and unexposed people

**Surveillance**
- Random sampling on an on-going basis

**Outbreak**
- Quickly detect & deploy testing when a cluster is identified within the community
### KDHE Person Under Investigation (PUI) Criteria

<table>
<thead>
<tr>
<th>Epidemiologic Risk (Exposure)</th>
<th>&amp;</th>
<th>Clinical Features</th>
</tr>
</thead>
<tbody>
<tr>
<td>Close contact with a person that has laboratory-confirmed COVID-19</td>
<td></td>
<td>Asymptomatic&lt;sup&gt;5&lt;/sup&gt;</td>
</tr>
<tr>
<td>OR</td>
<td>Developed one or more of the following symptoms within 14 days of last exposure:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• fever&lt;sup&gt;*&lt;/sup&gt;</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• chills</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• rigors</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• myalgia</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• malaise</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• headache</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• sore throat</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• lower respiratory illness (cough, shortness of breath, or difficulty breathing)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• new olfactory and taste disorders</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• congestion or runny nose</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• nausea or vomiting</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• diarrhea without an alternate more likely diagnosis.</td>
<td></td>
</tr>
</tbody>
</table>

Travel to locations on the KDHE Travel Related Quarantine Table [https://www.coronavirus.kdheks.gov/175/Travel-Exposure-Related-Isolation-Quaran](https://www.coronavirus.kdheks.gov/175/Travel-Exposure-Related-Isolation-Quaran)

<table>
<thead>
<tr>
<th>No source of exposure has been identified</th>
<th>&amp;</th>
<th>One or more of the following symptoms:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• fever&lt;sup&gt;*&lt;/sup&gt;</td>
<td></td>
</tr>
<tr>
<td></td>
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<td></td>
</tr>
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</tr>
</tbody>
</table>

| & | • lower respiratory illness (cough, shortness of breath, or difficulty breathing) |
| | • new olfactory and taste disorders |
| | • congestion or runny nose |
| | • nausea or vomiting |
| | • diarrhea without an alternate more likely diagnosis. |

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<sup>5</sup> You are a "close contact" if any of the following situations happened while you spent time with a person with COVID-19, even if they didn’t have symptoms:
- Were within 6 feet of the person for 10 consecutive minutes or more
- Had contact with the person’s respiratory secretions (for example, coughed or sneezed on; kissed; contact with a dirty tissue; shared a drinking glass, food, towels, or other personal items)
- Lived with the person or stayed overnight for at least one night in a house with the person.

The chance of spreading the virus is greater the longer an infected person or persons are close to someone. It also matters if the infected person is coughing, sneezing, singing, shouting, or doing anything else that produces more respiratory droplets that contain virus or if there are exposures to more than one infected person. Under these higher risk situations, you may want to consider a close contact someone who has been within 6 feet of an infectious person or persons for 10 cumulative minutes or more in a 24-hour period.

The final decision on what constitutes close contact is made at the discretion of public health.

<sup>6</sup> Most people develop disease 5 to 7 days after exposure. Asymptomatic testing should be done on day 7 or later.

<sup>7</sup> Measured fever of ≥100.4°F (≥38°C). Fever CANNOT be subjective.
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Priority Populations for Expanded Testing

- Diagnostic testing of anyone meeting KDHE PUI criteria and to control outbreaks
- CMS-regulated and state licensed Long-Term Care and Acute Care facilities
- Pre-K through 12 schools
- Communities of Color and Tribal Populations
- First Responders and Healthcare Personnel
- Universities and Community Colleges
- Certain Private Industries
  - Critical Trades and Agriculture
  - Meatpacking
  - Warehouse and Distribution Centers
  - Service Providing Establishments including Retail and Restaurants
  - Aerospace
  - Other Manufacturing
Kansas Unified Testing Strategy | Public Health response tools to be used differently across priority populations based on public health risk & virus prevalence

Note: Public Health Risk defined as vulnerability of population & widespread transmission risk
Source: KUMC, KDHE, OSHA
Each population’s public health risk and prevalence will evolve over time – thus moving the dots on the graph
• Diagnostic Testing: Given strained testing resources in your community (ie through the local health department, clinics and hospitals) could the school district help address some of the demand for diagnostic testing?
  • Teachers, staff and students that become symptomatic during the school day
  • Teachers, staff and students that are identified as close contacts
  • Teachers, staff and students after potential exposures (think returning after the holidays). Would focus on those people that have not been positive within the last three months as immunity is assumed.
Questions for Your Consideration

• Screening Testing: Have you identified groups within your schools that you would like to test regularly to detect disease early?
  • Teachers and staff
  • Teachers, staff and students engaged in higher risk activities like contact sports
  • Students with Special Education needs as part of a strategy to keep in-person learning as long as possible
Questions for Your Consideration

• What would you need as far as staffing and Personal Protective Equipment to offer testing?
  • Nasopharyngeal Specimen Collection *(ideal for asymptomatic patients)*
  • Nasal Mid-Turbinate Specimen Collection (appropriate for symptomatic patients)
  • Anterior Nares Specimen Collection (appropriate for symptomatic patients)
Nasopharyngeal Specimen Collection Procedure (linked below)

Available at: https://www.coronavirus.kdheks.gov/170/Healthcare-Providers
Nasal Mid-Turbinate Specimen Collection Procedure (linked below)

Available at: https://www.coronavirus.kdheks.gov/170/Healthcare-Providers
Anterior Nares Specimen Collection Procedure (linked below)

Available at: https://www.coronavirus.kdheks.gov/170/Healthcare-Providers
KS Unified Testing Strategy | Geographic coverage for pre-K through 12 Schools and Other Populations by Vendor

Updated: 11/11/2020

Note: Other Populations include Diagnostic Testing, Communities of Color and Tribal Populations, Universities and Community Colleges, and Certain Private Industries (Critical Trades and Agriculture, Meatpacking, Warehouse and Distribution Centers, Service Providing Establishments Including Retail and Restaurants, Aerospace, and Other Manufacturing)
### Vendor Lab Allocations | Pre-K through 12 and Other Populations

**NicUSA**
- Cheyenne
- Rawlins
- Decatur
- Norton
- Phillips
- Smith
- Sherman
- Thomas
- Sheridan
- Graham
- Rooks
- Osborne
- Wallace
- Logan
- Gove

**Wellhealth**
- Trego
- Ellis
- Russell
- Greeley
- Wichita
- Scott
- Lane
- Ness
- Rush
- Barton
- Hamilton
- Stanton
- Kiowa
- Morton
- Comanche
- Hodgeman
- Ford
- Finney
- Gray
- Meade
- Haskell
- Clark
- Seward
- Kearny
- Grant
- Stevens

**MAWD**
- Pawnee
- Edwards
- Kiowa
- Comanche
- Hodgeman
- Ford
- Finney
- Gray
- Meade
- Haskell
- Clark
- Seward
- Kearny
- Grant
- Stevens
- Johnson
- Miami
- Douglas
- Franklin

**Clinical Reference Lab**
- Riley
- Doniphan
- Atchison
- Jefferson
- Washington
- Dickinson
- Republic
- Cloud
- Ottawa
- Jewell
- Mitchell
- Lincoln
- Pottawatomie
- Wabaunsee
- Nemaha
- Jackson
- Brown
- Marshall
- Geary
- Leavenworth
- Ellsworth
- Saline
- Wyandotte
- Shawnee

**Sinochips**
- Linn
- Bourbon
- Crawford
- Cherokee
- Anderson
- Allen
- Neosho
- Labette
- Wilson
- Woodson
- Coffey
- Osage
- Chautauqua
- Elk
- Greenwood

**WSU**
- Stafford
- Pratt
- Barber
- Reno
- Kingman
- Harper
- Harvey
- Sedgwick
- Sumner
- Butler
- Cowley
- Rice
- McPherson
- Marion
- Chase

Note: Other Populations include Diagnostic Testing, Communities of Color and Tribal Populations, Universities and Community Colleges, and Certain Private Industries (Critical Trades and Agriculture, Meatpacking, Warehouse and Distribution Centers, Service Providing Establishments Including Retail and Restaurants, Aerospace, and Other Manufacturing)
<table>
<thead>
<tr>
<th>Lab Names</th>
<th>Provide Sample Collection</th>
<th>PCR Options</th>
<th>In Lab Antigen Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>4M</td>
<td>4M Healthcare can sample</td>
<td>PCR (Nasal Swab)</td>
<td>No</td>
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<tr>
<td>Clinical Reference Lab</td>
<td>Saliva is self collected</td>
<td>PCR Saliva Tests (Pooled and Unpooled)</td>
<td>No</td>
</tr>
<tr>
<td>MAWD</td>
<td>Does not provide sampling</td>
<td>PCR RT (Saliva, Nasal, NP)</td>
<td>No</td>
</tr>
<tr>
<td>NicUSA</td>
<td>Impact Health will provide the sampling services</td>
<td>PCR RT (Saliva or Nasal)</td>
<td>Yes</td>
</tr>
<tr>
<td>Quest</td>
<td>Does not provide sampling</td>
<td>PCR (Nasal Swab)</td>
<td>No</td>
</tr>
<tr>
<td>Sinochips</td>
<td>Does not provide sampling</td>
<td>PCR (Saliva, Pooled)</td>
<td>No</td>
</tr>
<tr>
<td>KU</td>
<td>Specific sample collection sites</td>
<td>PCR (Nasal)</td>
<td>No</td>
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<tr>
<td>Wellhealth</td>
<td>Provides sampling services</td>
<td>PCR RT (Saliva, Nasal, Oral, or Pooled)</td>
<td>Yes</td>
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<tr>
<td>WSU</td>
<td>Does not provide sampling</td>
<td>PCR RT (Saliva or Nasal)</td>
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## Lab Contact Information

<table>
<thead>
<tr>
<th>Lab</th>
<th>Contact Name</th>
<th>Contact Email</th>
<th>Contact Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>MAWD</td>
<td>Cory Morgan</td>
<td><a href="mailto:cmorgan@mawdpathology.com">cmorgan@mawdpathology.com</a></td>
<td>913.339.8575</td>
</tr>
<tr>
<td>WSU</td>
<td>David Melgren</td>
<td><a href="mailto:researchcontracts@wsu.edu">researchcontracts@wsu.edu</a></td>
<td>316-978-3285</td>
</tr>
<tr>
<td>Wellhealth</td>
<td>Amir Kuzbari</td>
<td><a href="mailto:amir@wellhealth.studio">amir@wellhealth.studio</a></td>
<td>469-363-3593</td>
</tr>
<tr>
<td>NicUSA</td>
<td>Angela Fultz Nordstrom</td>
<td><a href="mailto:angelal@egov.com">angelal@egov.com</a></td>
<td>615-294-7238</td>
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<tr>
<td>Sinochips</td>
<td>Adam Pessetto</td>
<td><a href="mailto:apessetto@sinochipsdiagnostics.com">apessetto@sinochipsdiagnostics.com</a></td>
<td>913-945-5301</td>
</tr>
<tr>
<td>Clinical Reference Lab</td>
<td>Robert Thompson</td>
<td><a href="mailto:Robert.Thompson@crlcorp.com">Robert.Thompson@crlcorp.com</a></td>
<td>913-492-3652</td>
</tr>
</tbody>
</table>
Lab vendor and facility/community should align on the following (as applicable)

<table>
<thead>
<tr>
<th>Source testing supplies</th>
<th>Sampling logistics</th>
<th>Transportation logistics</th>
<th>Results processing</th>
<th>Results sharing</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. How many tests will be sent from lab and at what cadence will tests be sent? (e.g., daily, weekly, etc.)</td>
<td>1. Who will conduct sampling? (facilities, labs, ancillary lab?)</td>
<td>1. How will tests and samples be sent between labs and facilities? (e.g., UPS, courier, etc.)</td>
<td>1. How long will processing of results to take? Is that from time of sample or from time of arrival at site?</td>
<td>1. How will results be communicated back, and who will receive the results? (e.g., by portal, by email, by phone, etc.)</td>
</tr>
<tr>
<td>2. What types of tests will be used? (e.g., PCR Nasal or PCR NP)</td>
<td>2. Are there enough nurses / staff available to perform necessary sampling duties?</td>
<td>2. At what cadence will tests and samples be sent between labs and schools?</td>
<td>- Please note: All results must be processed &lt;48hrs of receipt of test</td>
<td>2. What is the cadence of sharing results? What days should we expect to see reports?</td>
</tr>
<tr>
<td></td>
<td>3. What days will the sampling take place, on a weekly basis?</td>
<td>3. What are the specifics of the cadence (day(s), time(s), etc.)</td>
<td></td>
<td>3. How can we follow up with labs, with any questions or update requests?</td>
</tr>
</tbody>
</table>
Guidance on things to consider before contacting vendors, and to confirm with them

Plan testing volume

- 1. How many tests are we targeting, at what frequency?
  - Do we want to do diagnostic only (test symptomatic students & staff and contacts), or screening as well (periodic testing of asymptomatic students & staff, prioritizing high risk / high contact ones)

- 2. What types of tests will be used (e.g., PCR Nasal or PCR NP)?

Testing logistics

- 1. Where would testing take place (e.g. school, local health department, vendor site, etc.)?
- 2. If at school, who is conducting the test sampling? Are there enough nurses / staff available to perform necessary sampling duties?
- 3. If at school, what days will testing be taking place, on a weekly basis?
- 4. If testing is done at local health department / vendor site, would appointments be necessary, or walk-in?

Transportation logistics

- 1. If testing is done at school, how will tests and samples be sent between vendors and schools?
- 2. If testing is done at local health department / vendor site, would school organize transportation of students and staff being tested?

Results processing

- 1. How long is the turnaround time of testing? Is that from time of sample collection to patient notification?
- 2. If testing is done at local health department / vendor site, how long should wait time be for appointment vs. walk-in?
- Please note: All results must be processed <48hrs of receipt of test

Results sharing

- 1. How will results be communicated back to patients (e.g., by portal, by email, by phone, etc.)?
- 2. Would the schools want the vendors to ask patients to take actions following receipt of testing results (e.g. if positive, isolate and notify school)?
- 3. How would vendors report data to local and state health department? What data (e.g. do we collect school information)?
- 4. How can schools follow up with vendors, with any questions or update requests?
Any questions or concerns?