RISK MANAGEMENT DEPARTMENT

WORKERS' COMPENSATION

Broward County Public Schools

ANNUAL REPORT

2014 - 2015

Introduction to Workers' Compensation

Workers' Compensation (WC) is a statutorily mandated (Chapter 440, Florida Statutes) entitlement program for covered employees, who become injured/ill from a work-related accident or exposure. When appropriate, WC provides specific guaranteed benefits such as relevant medical care and partial wage replacement. The goal of the District's WC program is to provide access to timely, high quality medical care and claims management services to our valued injured employees in order to obtain optimal outcomes, in both human and financial terms.

VISION

To have the Broward County Public School's Workers Compensation (WC) program's culture of trust, collaboration, and clarity through criteria-based decision-making serve as a model for our organization, our industry, and the community we so proudly serve.

MISSION

Broward County Public Schools Workers' Compensation Unit is committed to effectively, efficiently, & ethically managing the workers' compensation program, thereby producing consistently superior outcomes, both in human and financial terms.

WC Program History and Background

Rather than purchase a traditional insurance policy, the District self-insures our WC program. Self-Insurance means the District pays all claim costs out of pocket from a designated self-insurance fund managed by the Risk Management Department. Historically, the District has contracted with a Third Party Administrator (TPA) to manage the District's WC claims, while paying out of the District's self-insurance fund.

In FY 2006-07, the District implemented a new approach to the management of claims known as the Criteria Based Model (CBM™). This CBM™ is a comprehensive and integrated "global" approach to managing claims that features an evidence based, aggressive sports medicine philosophy. There was also an implementation of a Stay at Work /Return to Work (SAW/RTW) program, which was supported by the District's senior leadership and unions. This SAW/RTW philosophy gives injured employees the opportunity to work in a modified or transitional capacity while they are being treated for their workplace injury, without any financial or social disruption.

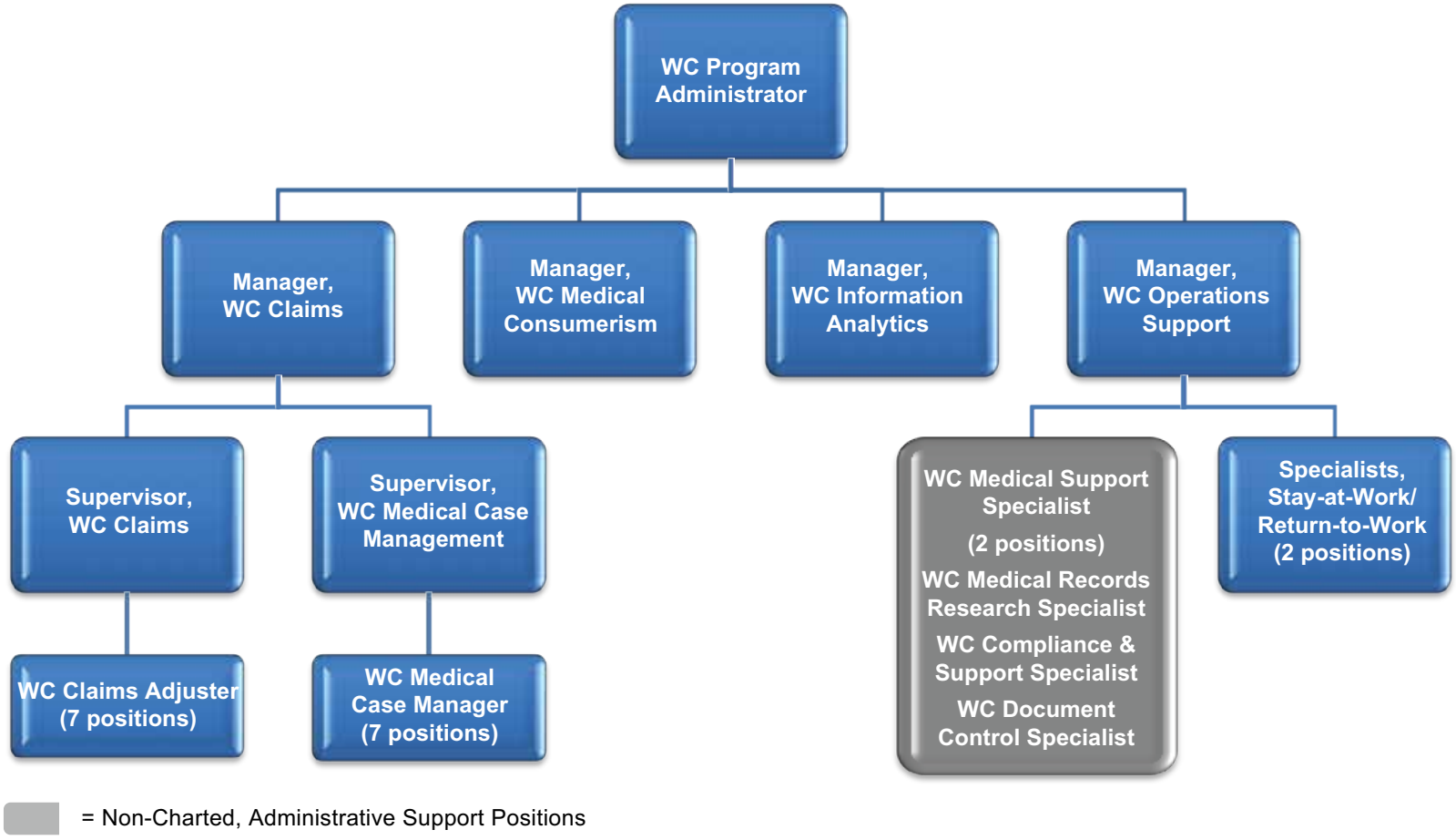
Time Frame	Insurance Status	Claims Admin.	Claims Model
Prior to July 2006	Self-Insured	TPA	Traditional
July 2006 - September 2013	Self-Insured	TPA	CBM™
October 2013 to present	Self-Insured	Self-Administered (select TPA services)	CBM™

The new program under the CBM™ yielded remarkable results in all performance measures, including but not limited to, annual claims expense, average incurred cost per net claim and lost work days. While the program sustained excellent results over the first few years in the program, it was difficult to sustain the operational performance and results due to the divergent interest and misaligned incentives of industry providers, as well as an unprecedented increase in mergers and acquisitions.

In order to protect our unique CBM™ program from the volatile insurance and healthcare industry, the District made the decision to move away from an outsourced TPA model towards self-administration, thereby bringing the "core decision making" staff "in house" and creating internal capacity to provide services through the establishment of a self-administered WC unit. This was a bold decision by the School Board to take the next step in the evolution of an already successful WC program; further reinforcing the District's commitment to continuous improvement, one of its three main goals.

As shown in the Organizational Chart below The District's Self-Administered WC Unit Organizational Chart is comprised of 28 dedicated positions including a program administrator, four mangers, two supervisors, seven claims adjusters, seven medical case managers, two SAW/RTW specialists and five operations support positons.

Composition - Workers' Compensation Unit



The District continues to utilize a TPA contract with Comp Options Insurance Company Inc. (COIC) for select ancillary services (intake & triage, claim system, bill payments, bill review and vendor management). Given the economies of scale, 24-hour support, complexities of ever-changing statutory and regulatory requirements, and a widely divergent provider market environment, these services were better suited to remain outsourced. The District was approved by the State of Florida, Department of Financial Services Division of Workers' Compensation to self-administer claims effective October 1, 2013 in accordance with Rule 69L-5.216(2) of the Florida Administrative Code (F.A.C.) WC staff completed a five week training session on WC protocols, the CBM™ philosophy, and District operations, prior to the "go live" date of October 7, 2013.

Transition Year – FY 2013-14

During this massive multifaceted transition, there was no interruption in service to our valued District employees. During the year, document workflow, procedures, and reports were all revised to ensure we were providing services in an effective and efficient manner. The staff of the WC Unit and Risk Management Department was fully engaged and committed to this endeavor and went above and beyond to assure the success of the transition. While there is often a modest or delayed expectation of success during a transition year, the initial results and leading indicators for FY 2013-14 were positive. For additional information on FY 2013-14, the annual report can be found on the webpage:

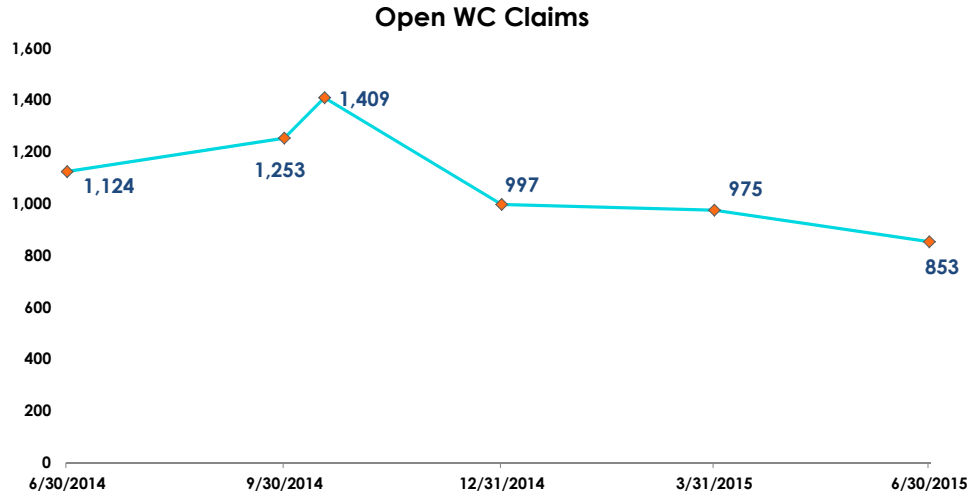
http://www.broward.k12.fl.us/rmt/WorkersCompensationAnnualReports.html

Year 2 in Review – FY 2014-15

One of the primary reasons to bring the "core decision making process" staff "in house" was to protect our unique program from the volatile healthcare and insurance industry. At the time the recommendation to self-administer our WC program was initially made to the School Board in December 2012, it was not anticipated the contracted TPA at the time, COIC, would be a likely candidate for acquisition due to its strong and stable parent company in Florida Blue (Blue Cross Blue Shield of Florida). However, prior to the conclusion of the first year in self-administration (FY 2013-14), it was announced that COIC was in the process of being acquired by AmTrust North America (ANA). The acquisition was finalized on October 1, 2014, three months into the second year of the District's select service TPA contract with COIC. While this acquisition did create some changes in staffing and operations in regard to the District's WC Program, it was minimal due to the fact the District began its "in house" program a year prior. The acquisition did not lead to any staffing changes in the District's 28 designated WC positions. The impact would have been significantly more disruptive had our relationship with COIC been under the prior full service TPA contract. The acquisition of COIC reinforces the forward thinking and bold, proactive decision of the District to self-administer our WC program.

Shortly after the acquisition, COIC approached the District as they desired to move the District from our current claims management system (Comp Suite), that we had just transitioned to a year earlier, to the proprietary ANA claims system. This would have created a significant disruption and required substantial retraining of all District WC staff, as well as possible issues with data conversion and reports. Insurance companies and TPAs often continue to utilize outdated claims systems due to the challenges and disruptions moving to a new system involves, even when it is a clearly superior platform/system. After several demonstrations of the AmTrust system and brainstorming sessions with COIC and District staff on how to customize it to fit the needs of the District, it was ultimately determined that it was not the right system or time for the District to change systems. COIC leadership ultimately concurred and agreed to support our current claim system.

As the District's WC program moved into its second year of self-administration, the leadership team was able to move its focus from the stabilization of the program and begin to explore innovative ways to drive program success. One of the initial initiatives for FY 2014-15 focused on open claim volume (total open claims for all accident dates), as the transition year consistently posted higher levels than had been reached under the CBM™, prior to the transition. While 2014-15 FY began with 1,124 open claims, once schools opened in August and the daily number of injuries increased, the total open claims rapidly increased and peaked at 1,409 open claims on October 17, 2014. WC leadership staff then determined (through programmatic reports and individual claim reviews) that many claims that had been resolved and were no longer active remained open, therefore inflating the actual open claim volume and individual adjuster and nurse case manager caseloads. This led to the development of a specific report to identify claims that were inactive (lack of claim note entries, bill payments, and medical reports received.) for a period of time and/or had a low outstanding reserve. Even if claims that appeared on this report were not appropriate for closure, they required some action by the claims adjuster (reserve increase) or nurse case manager (medical status). While this report is not meant to replace the responsibility of the claims adjuster or the nurse case manager, it is a supplemental tool to assure there are not significant gaps in claims management, as well as a supervisory tool for staff evaluation and oversight. This initiative proved successful as shown in the graph below, the total open claims at the end of FY 2014-15 had decreased 24% to 853 open claims, which reduces the District's future financial exposure.



Legacy Project

In conjunction with the initiative to reduce the number of total open claims was the implementation of a "Legacy Claim Project". As claims do not improve with time, this project targeted claims that occurred before June 30, 2012 and remain open. These claims require unique attention for various reasons in order to facilitate closure efforts.

The Legacy Project consisted of 375 claims which represented $24.8 million in outstanding reserves with an accident date before July 1, 2012. The eight month project that began in November 2014 resulted in the closure of 100 claims which reduced the outstanding reserves by $2.1million for the selected claim years. While the Legacy Project may have impacted the claims expense for FY 2014-15, the reduction in reserves significantly reduces the District's future financial exposure/liabilities. Additionally, the remaining claims have been updated with comprehensive reviews and action plans to mitigate future exposure.

WC Legacy Project Progress

Valued as of	10/31/2014	11/25/2014	12/9/2014	1/1/2015	2/2/2015	3/5/2015	4/13/2015	5/20/2015	6/30/2015
Outstanding Reserves	**$24,834,085**	**$24,276,126**	**$24,640,598**	**$23,492,234**	**$23,794,595**	**$23,942,607**	**$ 23,446,684**	**$23,500,226**	**$ 22,717,647**
Open Claims	**304**	**344**	**330**	**332**	**301**	**311**	**307**	**287**	**275**
Closed Claims (cummulative)	*0*	*16*	*37*	*43*	*74*	*64*	*68*	*88*	*100*
Total Claims	*304*	*360*	*367*	*375*	*375*	*375*	*375*	*375*	*375*

*An additional 47 claims were transferred to the Legacy Project on 11/24/14, based on their date of accident.

Prior to reviewing the Key Performance Indicators (KPIs) of the District's WC program, it is imperative to revisit the Administrative Costs associated with the program. Below is a brief excerpt from the FY 2013-14 WC Annual Report addressing the financial evaluation of the WC program.

The District's annual WC direct expense is comprised of two types of expenditures; administrative costs and claim costs. Administrative costs tend to be relatively fixed and are a far smaller portion of the overall costs, while the proportionally larger claim costs are infinitely variable. For example, over the past ten years the District's administrative costs have averaged about 19% of total WC costs, while claim costs have averaged 81%. Further, administrative costs consist predominately of claims personnel, as well as any administrative contracts required to service claims. In contrast, claim costs are those dollars directly paid out as benefits on individual claims (medical, indemnity, legal, expense).

Administrative costs can be interpreted as the investment in claims management, while the claims costs are the return on the investment. Therefore, based on the Criteria Based Model (CBM™) tenets, and the relative proportion and variability make-up of the various cost buckets, the WC Unit's core strategy is to invest in effective claims management in order to appropriately drive performance in reducing overall claims costs.

Administrative Costs

As shown in the table below, administrative costs for the first year of self-administration (FY 2013-14) were approximately $4.1 million. This was a $366,580 reduction from the three year pre-transition average in the outsourced Third Party Administrator (TPA) model.

In FY 2014-15 administrative costs were approximately $3.7 million, which represented a $768,143 reduction from the three year pre-transition average. This represents an average savings of $634,289 per year in self-administration when compared to the 3 year pre-transition average in the TPA model.

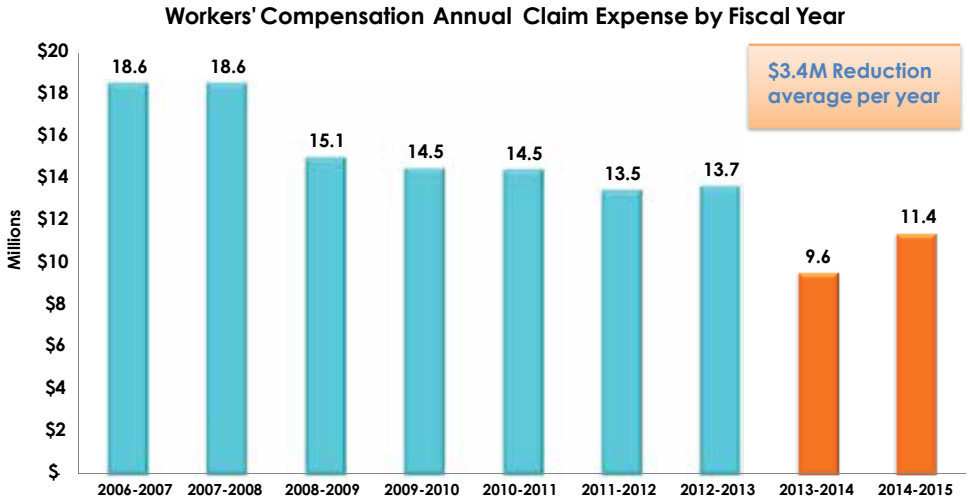
	Pre - Transition			Post - Transition		
Fiscal year	**2010-11**	**2011-12**	**2012-13**	**2013-14**	**2014-15**	**2015-16**
TPA Fees	$ 4,500,000	$ 4,000,000	$ 4,000,000	$ 2,350,000	$ 1,800,000	$ 1,800,000
WC Staff (Salary and Benefits)	$ 273,304	$ 273,304	$ 273,304	$ 1,723,391	$ 1,871,828	$ 1,871,828
Total Administrative Costs	**$ 4,773,304**	**$ 4,273,304**	**$ 4,273,304**	**$ 4,073,391**	**$ 3,671,828**	**$ 3,671,828**
Average Cost Per Year		**$4,439,971**			**$3,805,682**	
Average Reduction per year	**$634,289**					

Key Performance Indicators

Workers' Compensation claim metrics can be best described as a movie rather than a still photograph. This means that most Key Performance Indicators (KPIs) are never set in stone and may vary (positive or negative) year after year until all the claims that occurred in a certain claim year are closed. As the District's Self-Administered WC program is still in its infancy, it is premature to confidently assess overall program performance as the KPIs have not had appropriate time to develop. Industry standards for initial evaluations range between 24 to 36 months of development. However, this section, similar to last year, includes several leading indicators that would suggest program improvement and continue to support the District's decision to self-administer our WC program.

The first metric is claim expenses/costs paid out annually from the District's Self-Insurance WC Fund. WC claim expenses from an accounting perspective includes all WC costs paid out or credited on all open WC claims (regardless of accident year) during each financial fiscal year. Claim expenses include medical benefits, indemnity benefits, legal, and other expenses paid by the District. It also includes any reimbursements the District may have recovered from excess carrier coverage or the State of Florida's Special Disability Trust Fund (SDTF).

	Pre - Transition			Post - Transition	
Fiscal year	2010-11	2011-12	2012-13	2013-14	2014-15
Claims Costs	$ 14,467,490	$ 13,501,523	$ 13,700,001	$ 9,574,973	$ 11,448,855
Average Claims Costs per year		$13,889,671		$10,511,914	
Average Savings per year			$3,377,757		



As shown in the graph above, the first year of self-administration (FY 2013-14), the claims costs for the program were approximately $9.6 million. This was a remarkable $4.1 million reduction from FY 2012-13. This reduction was primarily attributed to the recommitment to the CBM™ by staff of the District's new WC Unit, including notable reductions of $1.4 million in hospital and physician payments and increased reimbursements of $1.7 million from Excess WC Coverage and SDTF.

In FY 2014-15 the WC claims costs were $11.4 million. While this was an increase from FY 2013-14, the claim costs are still significantly below the three year pre-transition average of $13.9 million, as shown in the table to the left. The escalation in claim costs from FY 2013-14 to FY 2014-15 of $1.8M can be attributed to increases in hospital visits, physician visits, global settlements, and legal defense costs. There was also a significant reduction in reimbursement from the SDTF.

The average reduction of $3.4 million per year when compared to the 3 years pre transition can be invested to better facilitate the needs of the District to assist with our core business of educating students.

Incoming claim volume or claim count by claim year is the total amount of claims received in a claim year. When analyzing incoming claims per year, it is necessary to break down the claims into two categories: net claims and record only claims. Net Claims are claims that have some cost associated with them. Record only claims have zero cost associated with them, as an employee did report an injury, however did not require medical care. Net claims require that reserves be set aside for future financial liability and are managed by the adjuster and nurse case managers. Record only claims do not require any medical attention and are just kept on file, should an injured employee request medical treatment in the allotted timeframe.

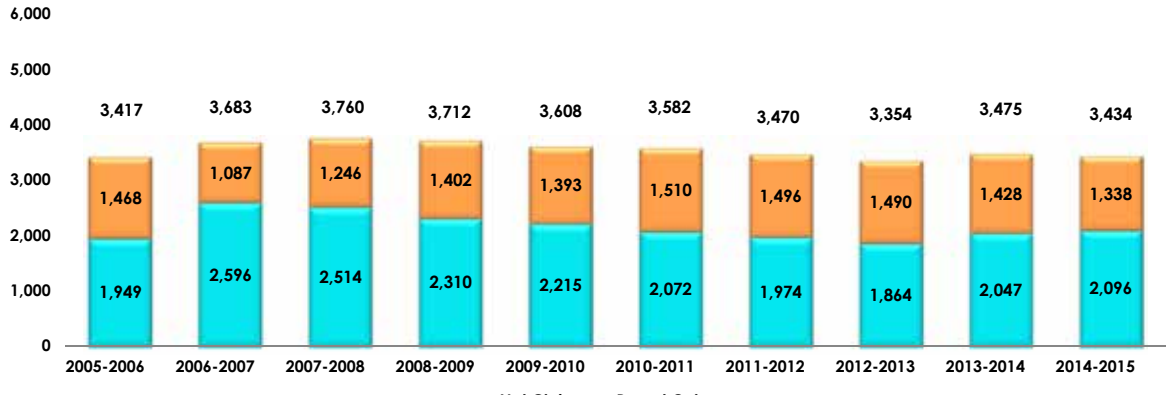
In addition, there is also the likelihood of late reporting where claims are reported after the end of the claim year in which the accident occurred. These claims are referred to as Incurred But Not Reported (IBNR) Claims and are usually few in number. These IBNR claims can cause the claim count for any given year to slightly increase when evaluated yearly.

As shown in the graph to the right, the District's incoming claim volume per year has remained fairly consistent over the past 10 years, with as average of 3,550 claims per year, despite variations in the number of employees. This can be broken down into 2,164 (61%) net claims and 1,386 (39%) record only claims on an annual basis during this timeframe. It should be noted that after a constant decrease in net claims from FY 2006-07 to FY 2011-12, the trend has reversed over the last 3 years.

Closing claims timely and appropriately reduces the financial liability of the District and is an indicator of the rate at which employees are recovering from their injuries and returning to work. The District measures the number of claims closed in each fiscal year by calculating a closure rate (percentage of net claims closed of total claims occurring in a claim year) at different valuation periods, similar to the average cost incurred per net claim.

The graph on the next page displays the District's net claim closure rates by valuation up to 48 months over the last ten claim years. The net claim closure rate is relatively consistent for each valuation time period, averaging 73.2 % at 12 months with a significant increase averaging 95.5% at 24 months and almost plateauing at 48 months with an average closure rate of 98.6%. This would suggest that at the 48 month valuation period of any claim year there should be little or no development in the total incurred cost associated with that claim year and that the ultimate cost of each claim year would

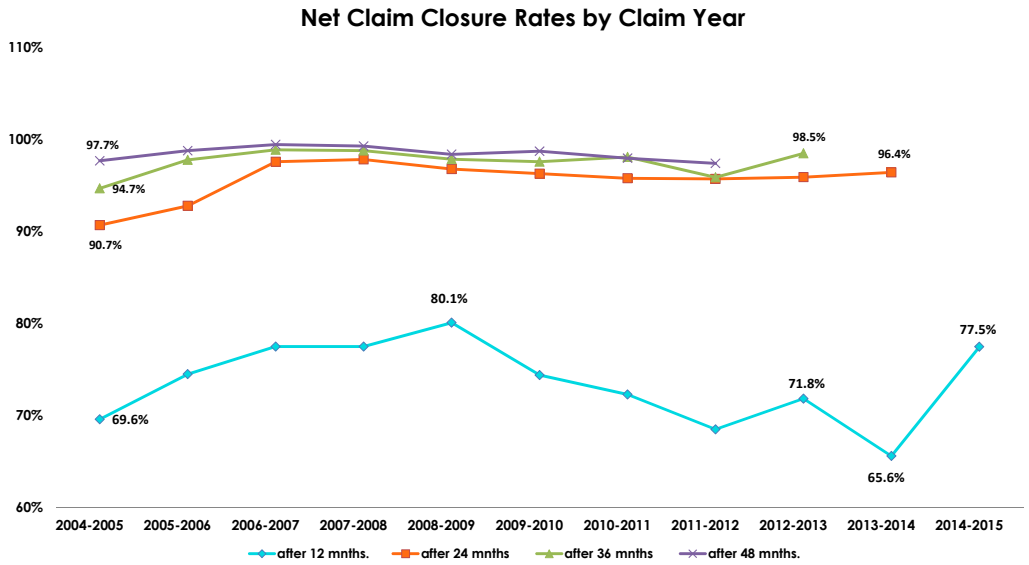
Claim Volume by Claim Year



be more predictable. However, usually the claims that remain open past 48 months tend to have a high total incurred, as claims rarely get better with time.

Due to some of the minor delays and obstacles during the transition year in FY 2013-14, the District had its lowest closure rate at the 12 month valuation period for the past nine years. During the middle of the fiscal year the closure rate was at 35%, so reports were developed to help claims adjusters identify claims that were appropriate for closure to ensure the closure rate would reach close to the normal expectation. The closure rate for that year concluded at 65.6% at 12 months which was largely due to the mid-year identification and intervention of WC leadership staff. In the most recent year of the transition the closure rate for FY 2013-14 is at 96.4% at 24 months and the closure rate at 12 months for FY 2014-15 is at 77.5% which is in line with historical expectations.

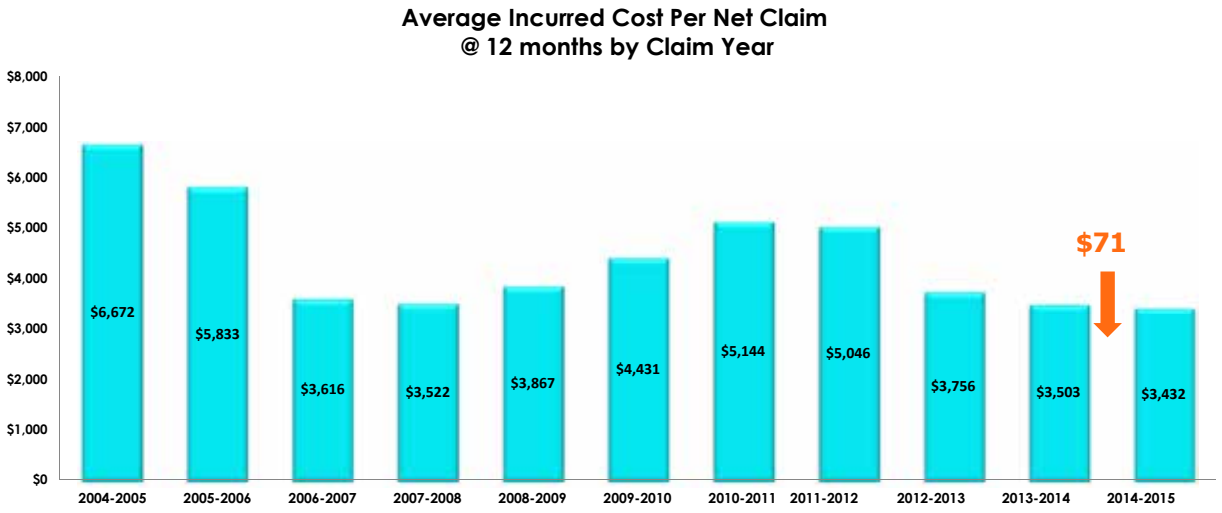
The total incurred cost for a WC claim is the amount the District expects to have paid out at the time the claim is closed. For open claims it is calculated by taking the total paid on a claim added to the outstanding reserve. For closed claims there is not an outstanding reserve, so the total paid and total incurred are equal. While looking at the total incurred cost for an entire claim year (sum of total incurred for all claims with accident dates that occurred within the year) is an industry standard measure, it may be skewed if there is a significantly higher or lower claim count in a particular year compared to other claim years. This is



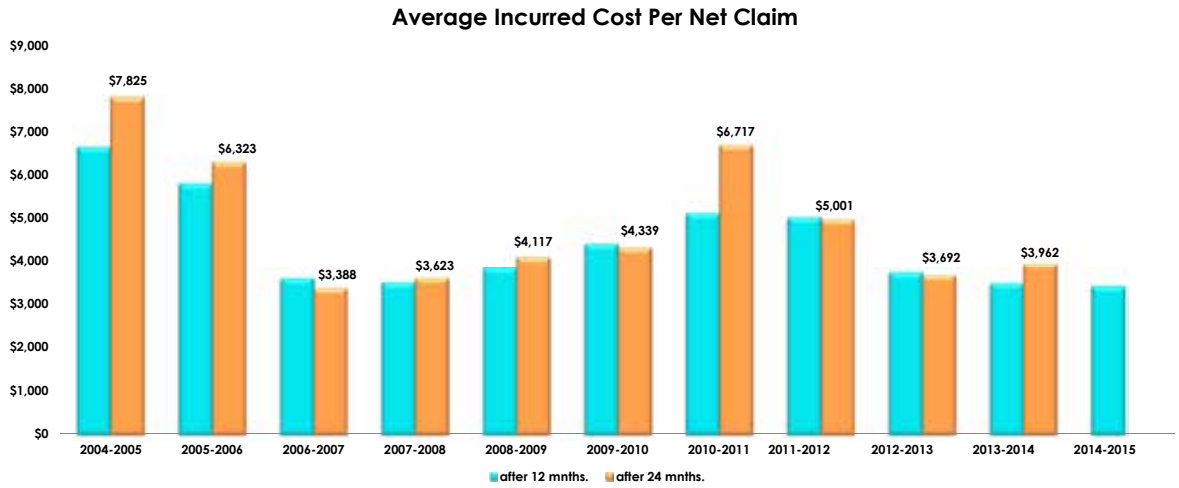
why the District prefers to utilize the average incurred cost per net claim which is calculated by dividing the total incurred for the claim year by the total number of net claims in that year. This is the most accurate statistic to make an "apples to apples" comparison with respect to incurred claim cost since it uses the net claim count to normalize the indicator.

The District's average incurred cost per net claim over the last 11 claim years at the 12 month valuation time period is shown on the next page. The average incurred cost per net claim has declined by 49% since the 2004-2005 fiscal year and has declined by 2% as compared to the previous fiscal year at the 12 month valuation time period.

With this KPI, it's important to look at claims at progressive valuations, since each valuation will differ in average cost. As the valuation dates, measured in months increases, the percentage of closed claims should also increase, making the KPI less volatile.



Lowest Average Incurred at 12 months over last 11 years



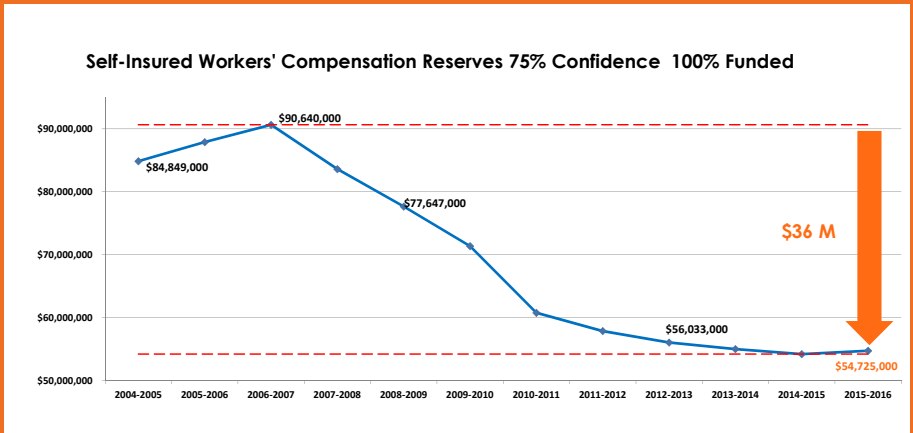
After completing the second year in self-administration, we are now able to look at the average incurred cost per net claim at the 24 month valuation time period for FY 2013-14, as shown below, which has increased by 13% as compared to the 12 month valuation period. In reviewing the last ten years at the 24 month valuation period, six of the years had an increase from 12 months. This was the regular trend, prior to the District's WC program moving to the CBM™ philosophy in 2006-07. Overall the expectation is to have more fluctuation in the first few years of development, while the majority of claims close and the outstanding reserves are properly adjusted for the remaining open claims, while significant changes in later valuations should be minimal usually due to litigation or a significant change in a medical condition.

Each year the outstanding workers' compensation reserves are estimated for outstanding claim liabilities at the end of the fiscal year. This is a requirement of the District to be in compliance with Government Accounting Standards Board Statement Number 10 ("GASB 10").

The District engages an independent actuarial consultant to perform the Outstanding Workers' Compensation Claim Liability Assessment for its self-insurance WC program. The District supplied payroll, historical loss development information (by accident year and by type of coverage) for incurred and paid losses through May 31, 2015. The calculations of loss reserves are subject to potential errors of estimation because the ultimate liability for claims is subject to the outcome of events yet to occur, e.g., case law decisions and claimant behavior with respect to settlements. In projecting loss emergence, it was assumed that historical loss development patterns and insurance industry loss development patterns are predictive of future patterns. There has not been any extraordinary change in the legal, social or economic environment that might affect the ultimate cost of claims. The uncertainties that ultimate liabilities are subject to cannot be reasonably estimated. Therefore, the assumptions and methods are reasonable in the estimation process but there is no guarantee that actual results will not differ, perhaps substantially, from the estimates.

Until 2009, the District set aside reserves with a 75% confidence level and 100% funding. This meant 75% of the time the actual amount paid would be less than the amount estimated and 100% of the estimated reserve was set aside. In 2009, the District adjusted its funding strategy to set aside reserves at a 50% confidence level and 75% funded. Eventually in 2011, the current funding level was set to a 50% confidence level and 50% funded level and remains financially sound to meet the Districts liability obligations.

The District also purchases excess insurance coverage to protect itself from significant financial exposure in the event of a catastrophic accident. The estimates contained in the actuarial report assume that this excess coverage is valid and collectible.



The graph above shows the trend in WC reserves for each fiscal year using the criteria prior to 2009 (75% confidence and 100 % funded), as this is the most accurate way to measure trends in WC reserves and make any legitimate "apples to apples" comparisons. Had this reserving philosophy remained consistent there would have been a $36 million decrease in the WC reserve from 2006 to 2015. This is primarily due to the success of the District's WC program since the major reform in 2006. However, after eight consecutive years of a decrease in the WC Reserve, the reserve set for 2015-16 had a slight increase. Per the District's actuarial report, there is an increase in the reserve level because the reserves included for new FY 2014-15 accidents exceeded the reserve reduction of prior years' claims. The District's current WC reserve at the current level (50% confidence and 50% funded) is $22,507,000.

As a self-insured entity, the District is required to pay an annual assessment to the state in order to be self-insured. This assessment is based on a formula called the Experience Modification Factor which uses payroll and claim loss data submitted by the District to compare the claims experience of the District to all other similar organizations in the state. If the actual claim experience is better (less) than expected, the modification factor will be less than 1, and will serve to lower the assessment charged. Conversely, if the actual experience is worse (greater) than expected, the modification factor will be greater than 1, and increase the assessment charged. As shown in the table below, the District's Experience Modification Factor for FY 2015-16 is 1.14 which is the lowest since the transition to the CBM™ in 2006. This generated a reduction of $132K for the State Self-Insurer Assessment for FY 2015-16.

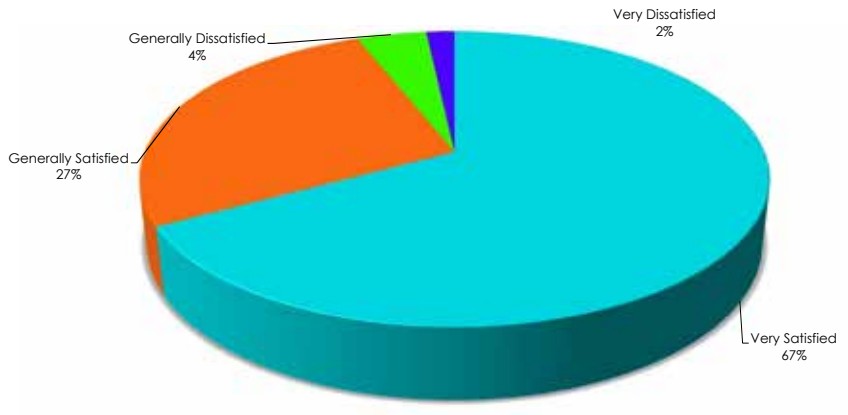
Fiscal year	Experience Modification
2006-2007	2.33
2007-2008	1.99
2008-2009	1.76
2009-2010	1.39
2010-2011	1.21
2011-2012	1.31
2012-2013	1.27
2013-2014	1.25
2014-2015	1.43
2015-2016	1.14

There was a 2% decrease in total lost work days from FY 2013-14 (6,426) to FY 2014-15 (6,271), these lost work days remain relatively consistent with an average of 6,148 lost work days between FY 2006-07 and FY 2012-13.

Customer Satisfaction

Customer Satisfaction surveys measure the satisfaction level of injured employees with the medical care and service they receive. If injured employees are dissatisfied with the treatment or care they receive, they may seek legal representation which would result in litigation and unnecessary cost to the District. The District has maintained a consistent high customer satisfaction rate of 94% when combining employees who were very satisfied (67%) and generally satisfied (27%) as shown in the pie chart above in the two years of the self-administered program.

Overall Patient Satisfaction for Fiscal Years 2013-14 and 2014-15



Overall WC Program Cost

To summarize the overall financial impact of the District's Self-Insured, Self-Administered WC Program, please see the table below. There is an annual reduction of $3.9 million per year when comparing the initial two years in self-administration to the pre-transition three year average. This reduction along with the early performance measures and satisfaction rating listed above strongly supports the decision to self-administer the District's WC program.

	Pre - Transition			Post - Transition	
Fiscal Year	**2010-11**	**2011-12**	**2012-13**	**2013-14**	**2014-15**
Total Administrative Costs	$ 4,773,304	$ 4,273,304	$ 4,273,304	$ 4,073,391	$ 3,671,828
Claims Costs	$ 14,467,490	$ 13,501,523	$ 13,700,001	$ 9,574,973	$ 11,448,855
Total WC Costs	**$ 19,240,794**	**$ 17,774,827**	**$ 17,973,305**	**$ 13,648,364**	**$ 15,120,683**
Average Cost Per Year		$18,329,642		$14,384,524	
Average Reduction per year	**$3,945,118**				

Looking Ahead

Loss Prevention

The WC unit and Risk Management Department have been working with the District's insurance broker on a new loss prevention initiative to increase safety, prevent accidents, and reduce claim volume, which ultimately will lead to reductions in District expenses, both direct and indirect. As FY 2014-15 was the first year of the loss prevention initiative, there were only six risk assessments conducted. However, 30 locations are currently scheduled for FY 2015-16.

Data Driven Decisions

The WC unit has increased its capabilities of analyzing relevant data/reports in real time as part of a data driven management approach to decision making which has led to several of the accomplishments stated in this report. WC leadership is committed to maximize our use of relevant data to increase the effectiveness and efficiency of our WC program.

Continuing Education

The WC Unit has continued education consisting of multiple trainings to reinforce claim management practices and philosophies within the District and with external strategic partners. Ongoing reinforcement and training of staff and strategic partners focused on CBM™ principles will be provided on a regular basis to prevent slippage or complacency. Staff will continue to attend Industry conferences and participation in professional associations to stay current on industry trends.

Customer Satisfaction Enhancement

The WC unit is committed to ensuring that we maintain a high standard of excellence in providing benefits and services to our injured employees. As part of this commitment, we will continue to explore and implement methods to receive feedback from injured employees, District administrators, and strategic partners. One initiative will be to create an injured employee survey to complete upon reaching Maximum Medical Improvement (MMI), which is usually near the conclusion of a claim. At that time, the employee will be able to assess the overall treatment and services received over the course of their recovery. This feedback, along with other initiatives for continuous improvement, will assist the District to achieve and maintain a "Best-in-Class" WC program.

The School Board of Broward County, Florida

Top Row: (L to R) Abby M. Freedman, Nora Rupert, Heather P. Brinkworth, Dr. Rosalind Osgood, Laurie Rich Levinson, Ann Murray

Front Row: (L to R) Donna P. Korn (Vice Chair), Robert W. Runcie (Superintendent of Schools), Patricia Good (Chair), Robin Bartleman

For Questions or Comments Please Contact

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