

Project: ACE-IT—Frequently Asked Questions (FAQs) for the Community, effective 1/26/21

School districts and health organizations across southeastern Pennsylvania are committed to keeping staff and students healthy and safe during the COVID-19 pandemic. That's the basis of Project: ACE-IT (Assisting Childhood Education through Increased Testing), a collaborative regional effort offering routine in-school, rapid COVID-19 testing for staff and high-risk students; and testing for students and staff who become sick during the school day—all free of charge.

This document offers information on the tests and testing program.

Background and General Information

What is Project: ACE-IT and what are its goals?

Project: ACE-IT is a public health intervention aimed at reducing the risk of spread of COVID-19 within schools. The program serves staff and students in school districts across the five-county southeastern Pennsylvania region, and takes a dual-pronged approach to detecting COVID-19 in people participating in or supporting in-person learning through testing:

- 1) “Assurance Testing”: Staff and select students who do not have symptoms but are tested on a regular basis in order to identify asymptomatic cases within the school community; and
- 2) “Symptomatic Testing”: Staff and students who report to school feeling well but then develop [symptoms consistent with COVID-19](#) during the school day.

In particular, Project: ACE-IT is designed to prioritize testing for the most vulnerable populations in the region’s school districts, such as students with special needs who are unable to wear personal protective equipment (PPE) effectively and staff members who provide them with high-touch support.

Why is Project: ACE-IT focused on both assurance testing and symptomatic testing?

Project: ACE-IT strives to create the safest possible working and learning environment. The approaches to testing described below reflect the most up-to-date practices recommended by infectious disease and epidemiological experts. Importantly, the program will help to alleviate worries among school staff and families of students about the possibility of transmission in school by detecting the virus in those who are not displaying symptoms.

Assurance Testing: Sometimes called “surveillance” testing, assurance testing is key because it identifies COVID-19 in people who do not have symptoms but are still able to spread the virus. In fact, those who have COVID and do not realize it are at the greatest risk of transmitting the virus to others. This approach focuses on staff and certain student groups—such as those unable to wear masks, those who require less than six feet of distance from others, athletes in close-contact sports, and members of band and chorus.

Weekly assurance testing anticipates identification of [about 80%](#) of COVID-19 cases in people who are carrying the virus but are not showing symptoms. Assurance testing can help alleviate some of the fears that teachers, staff, and families have about returning to in-person learning.

Symptomatic Testing: School-based testing of students and staff who come to school feeling well but develop [symptoms consistent with COVID-19](#) during the day is critical to cases of COVID-19 present in the school population as soon as possible. This way, anyone with the virus can be sent home to isolate, with appropriate quarantine and testing recommendations made for their close contacts. This approach protects the health of fellow students and their families, as well as school staff, like teachers, bus drivers, and custodians, and their families.

An automated, secure reporting platform known as the [PA Rapid Test app](#), allows for test results to be automatically encrypted and reported daily—as required by law—to state and county health departments to support contact tracing and protect close contacts in the school environment and community.

What kind of testing does Project: ACE-IT use?

Project: ACE-IT uses [BinaxNOW™ rapid tests](#) that detect proteins (antigens) on the surface of the SARS-CoV-2 virus, the cause of COVID-19, if they are present in a nasal swab. The test is performed on secretions collected by swabbing the front, inner-walls of the nostril (not a deep swab) and delivers results in 15 minutes. These [antigen](#) tests are highly accurate, detecting between [93%](#) and [97%](#) of symptomatic individuals; and [79%](#) of asymptomatic individuals—much higher than previous generations of rapid antigen tests.

In addition to the BinaxNOW test, Project: ACE-IT uses rapid point of care tests from a company called [Cue Health](#). The [Cue is a molecular amplification test](#), similar in accuracy to a traditional PCR-based test, used for confirmation of results from a rapid antigen test. Like the BinaxNOW tests, Cue tests provide results in 15 minutes.

For more information on different types of COVID-19 tests, look [here](#).

Why wouldn't Project: ACE-IT just use the Cue test for all testing if it is more accurate than a rapid antigen test such as BinaxNOW?

Through Children's Hospital of Philadelphia (CHOP), the U.S. Department of Health and Human Services provided 900,000 BinaxNOW cards for rapid, point-of-care testing in schools in the southeastern PA region (of [150 million](#) in 2020); as well as a much smaller number of [Cue tests and readers](#)—for free.

What is more, the goal of Project: ACE-IT is not to accurately diagnose every case of COVID-19. By framing this as a public health approach, our school-based testing program's goal is to *reduce* the amount of potential COVID-19 transmission in schools and likewise, in the surrounding communities.

BinaxNOW tests can handily detect COVID-19 in test subjects with high viral load, and those with high viral load—especially those without any symptoms—are the *most* likely to transmit the virus to others.

The Cue test will be used for confirmatory testing; meaning, anyone who gets an unexpected result—a symptomatic person whose result is negative or an asymptomatic person whose result is positive—will receive a Cue test or another molecular test, thus maximizing resources and making efficient use of everyone's time.

Who will perform the school-based tests for Project: ACE-IT?

This testing will be performed by trained school nurses and others who have taken a special training course to learn how to use the rapid tests.

According to the Food and Drug Administration's (FDA) emergency use authorization (EUA) from [August 26, 2020](#), one does not need to be a health care professional to perform the BinaxNOW test; although, there must be a health care professional on the premises during testing.

What is CHOP's and PolicyLab's role in this project?

CHOP is responsible for access to COVID-19 tests for schools in southeastern Pennsylvania via the U.S. Department of Health and Human Services.

In collaboration with local health departments and education leadership across Bucks, Chester, Delaware, Montgomery, and Philadelphia counties, CHOP is supporting school districts in setting up COVID-19 testing for staff and students. In particular, [experts](#) from [PolicyLab](#), a research center at CHOP, are providing infectious disease, policy, and implementation expertise, as well as training and technical assistance to participating schools. Additionally, PolicyLab is supporting program evaluation in collaboration with partners.

How is CHOP benefiting from Project: ACE-IT?

CHOP is offering point-of-care, rapid antigen tests to schools throughout the region as a free service. CHOP is also donating the services of its Project: ACE-IT Team in-kind for the duration of the need for school-based testing.

CHOP is not directly collecting data from school-based testing. All data are transmitted directly and securely to local and [state](#) health authorities, as well as the [Centers for Disease Control and Prevention \(CDC\)](#) as required by law.

There is no relationship with the BinaxNOW manufacturer, [Abbott](#), or with [Cue Health](#), in which CHOP is a financial beneficiary.

Is Project: ACE-IT a research study?

Project: ACE-IT is a public health program; it is not a research study. As with all public health programs, Project: ACE-IT will be evaluated for its effectiveness in reducing transmission of COVID-19 in school settings, as well as for continuous quality assurance and improvement.

By law, all test results must be reported to local and [state](#) health authorities, as well as the [CDC](#). At the state and federal levels, these data are de-identified and aggregated, meaning they do not contain any personal information. Like most other public health data, results may ultimately be analyzed along with other public health data collected by CDC as part of an overall program evaluation strategy.

Is it legal for schools to run COVID-19 tests out of their building?

Yes. Effective December, 17, 2020, former PA Secretary of Health, Dr. Rachel Levine, issued an [Order Authorizing the Use of Satellite Testing Locations for COVID-19](#), permitting testing in schools under current CLIA licenses of each county health department. The order outlines the criteria for any oversight laboratory that wishes to operate satellite testing locations at schools. Section 2B of the order outlines what an oversight laboratory needs to do before operating any of these satellite locations.

For more information on CLIA waivers and lab licensures in Pennsylvania, look [here](#).

Will Project: ACE-IT require any students or staff to be tested?

Whether or not school staff will be mandated to participate in testing will be determined by each school district. Certain groups of students, such as student-athletes or performing artists, may be mandated to undergo testing in order to participate in specific extracurricular activities during which physical distancing cannot always be maintained. Individual county health departments or school districts will notify students, teachers, and staff of any policies mandating testing for specific groups.

What happens when someone tests positive at school?

What happens after someone tests positive at school is determined by each district, in collaboration with education and public health leadership, but will include: notification of parents/guardians (if a student tests positive), counseling about the need for isolation and symptomatic care, and recommendations for when to seek additional medical attention. All schools should follow public health guidance from the Pennsylvania Department of Health and the CDC, that any individual who tests positive for COVID-19 be removed from the campus, instructed to isolate and possibly referred for another type of test to confirm the positive result.

If a student tests positive for COVID-19 while at school, they will be isolated on campus until a guardian or designee is able to pick them up.

How long is this school-based testing program slated to run?

The testing program duration will depend on the number of BinaxNOW test kits that are ultimately provided by our federal partners and the level of participation from school districts.

Program Eligibility and Participation

If I (or my student) feel sick, can I (they) come to the school to be tested?

No staff or students are allowed to enter a school building if they believe they have been exposed to COVID-19 or have [symptoms consistent with COVID-19](#). Instead, they must seek testing from [another testing location](#). This safety protocol is critical to the safety of the school community. In-school testing will only be available to staff and students who are participating in regular assurance testing; or, who come to school feeling healthy and have not been exposed but begin to feel symptomatic during the school day.

Who will be tested and when?

Each school district will determine the testing model that works best—including who administers the tests—for their students and staff, using the strongest public health guidance available. Local health departments will lead this process. Project: ACE-IT's current allotment of tests provide for: 1) weekly asymptomatic or *assurance* testing of staff and limited groups of students; and 2) symptomatic testing of students and staff—between January and April 2021. All testing is limited to students and staff who are participating in or supporting in-person education.

According to the Food and Drug Administration's (FDA) emergency use authorization (EUA) from [August 26, 2020](#), one does not need to be a health care professional to perform the BinaxNOW test; although, there must be a health care professional on the premises during testing.

Who is eligible to participate in Project: ACE-IT?

Students learning and staff working in schools that are providing in-person learning are eligible to participate in Project: ACE-IT.

Testing is provided at no cost to participants, whether or not they have insurance.

Who is not eligible to participate in Project: ACE-IT?

Because Project: ACE-IT is intended to complement other measures aimed at keeping in-school learning safe and healthy, it does not include testing of students, teachers, and staff working and learning in a fully virtual format. Siblings and other family members of students, teachers, and staff who are working and learning in person are also not eligible for testing through Project: ACE-IT. The initiative, however, will help preserve their health and safety by providing rapid testing for symptomatic individuals and identifying asymptomatic cases in schools, both of which will reduce the risk of spread of COVID-19 among anyone in the school community.

Staff and students who are not feeling well and have [symptoms consistent with COVID-19](#) should not come to school to get tested. Schools will only test those who come to campus feeling completely well and then begin to feel unwell during the school day. Those who think they may be sick before coming to school should contact their pediatrician or primary care provider or [arrange for a COVID-19 test outside of the school](#).

Can relatives of school system employees or students be tested at schools?

No. At this point, relatives of school system employees and students are not eligible for testing through Project: ACE-IT. Relatives who believe they may have had an exposure should seek testing through their physician, pharmacy, county health department, or search [here](#).

If someone has tested positive for COVID-19 in the past, at what point in time do they become eligible to participate in assurance/surveillance testing?

It is possible for a person previously infected with COVID-19 to contract the virus again, and a small number of cases of reinfection have been documented in the U.S. and abroad. Individuals who were previously infected with COVID-19 would be eligible to participate in assurance/surveillance testing after a period of three months with no symptoms, or after they have been confirmed by PCR testing to have cleared the original SARS-CoV-2 infection.

BinaxNOW™ Test Information

What type of test is the BinaxNOW test? Who manufactures these tests?

The BinaxNOW COVID-19 Ag Card test is a rapid test that detects SARS-CoV-2 proteins (antigens) in secretions collected by a swab taken from the front of the nostril. Nasal secretions can be collected by the test subject under observation of a proctor, or the test provider can perform the nasal swab. After both nostrils are swabbed, the swab is inserted into the test card along with a reagent solution, which causes a reaction on the test strip. The result indicates whether or not SARS-CoV-2 proteins (antigens) are present in the sample on the swab from the nostrils. The card should be read no earlier than 15 minutes before and no later than 30 minutes after the card is sealed, providing the ability to produce rapid results. [Read more about the BinaxNOW COVID-19 Ag Card.](#)

The BinaxNOW test is manufactured by [Abbott](#), a medical device and technology company. There is no relationship between Abbott and CHOP in which CHOP is a financial beneficiary.

Please watch this ~8-minute video for a demonstration of how to prepare for and run the BinaxNOW test: <https://youtu.be/rRZLDwEHkgY>.

How does an antigen test differ from a PCR test and an antibody test?

Antigen tests identify the virus by detecting the proteins from the virus.

Molecular tests (RT-PCR) detect the genetic material of the virus to determine if an individual has evidence of a current or recent COVID-19 infection.

An antibody test looks for antibodies that are made by the immune system in response to SARS-CoV-2. Antibody tests do not help in the diagnosis of COVID-19; rather, they can reveal if a person has ever been infected with the virus. [Read more about the different types of COVID-19 tests in this FDA guide for consumers.](#)

Does this test identify the common cold, strep throat, flu or any other illnesses besides COVID-19?

No. The BinaxNOW rapid test was designed specifically to detect the COVID-19 virus, SARS-CoV-2. Its result, whether positive or negative, cannot be used to rule out possible bacterial infections or other viruses.

Does a positive BinaxNOW test mean someone has COVID-19?

A positive BinaxNOW test indicates the presence of SARS-CoV-2 antigens in the sample

taken from the nostrils. That these antigens were detected means it is highly possible that the individual tested has SARS-CoV-2.

A positive result on the BinaxNOW rapid test, in combination with either one major or two minor symptoms, is a “presumptive positive,” meaning that an additional confirmatory test is not warranted and the person should behave like they have COVID-19 by isolating immediately and quarantining for an appropriate amount of time.

Anyone who is not symptomatic and receives a positive result should be referred for a confirmatory molecular test. If your child is asymptomatic and received a positive result on the BinaxNOW rapid test and was not immediately referred for molecular testing, please inquire with the test administrator on-site and follow up with your pediatrician.

A formal medical evaluation and certified laboratory verification with a molecular test is needed in addition to the BinaxNOW rapid test result to diagnose a COVID-19 infection.

Does a self swab mean the BinaxNOW test can be administered at home?

No. Although adults and some older children may be able to swab themselves for the BinaxNOW test, a certified test administrator must be present both to ensure the swab is taken correctly, to administer the reagent, read the test card, and enter the results in the [PA Rapid Test app](#) so that they are transmitted securely to the proper public health authorities, including the [state](#) health authorities, as well as the [CDC](#).

Although test administrators need not be medical or health care professionals, they do need to complete a specific training in order to properly administer and read the tests. Click [here](#) for more information about how to become a certified BinaxNOW test administrator.

The tests being used in Project: ACE-IT cannot be distributed for home use.

Is CHOP making money from the use of BinaxNOW tests?

No. CHOP has brought about 900,000 BinaxNOW tests to the area through a relationship with the U.S. Department of Health and Human Services, for free. Likewise, CHOP is offering these tests, along with training and technical assistance, to schools throughout the region as a free service.

CHOP is also donating the services of its employees in-kind for Project: ACE-IT.

There is no relationship between CHOP and the BinaxNOW manufacturer, [Abbott](#), in which CHOP is a financial beneficiary.

I've heard that the BinaxNOW test is not the *most* accurate test. Why are we using it in schools?

The BinaxNOW test is excellent for identifying people who have COVID-19 with [very high accuracy](#), including those who have symptoms as well as those who do not have symptoms, but are at a high risk of transmitting the virus to others. These testing strategies represent critical public health interventions for helping schools operate by reducing the amount of potential COVID-19 transmission in schools and likewise, in the surrounding communities.

BinaxNOW tests can handily detect COVID-19 in test subjects with high viral load; and it is those with high viral load—especially those without any symptoms—who are the most likely to transmit COVID-19 to others.

Traditional PCR-based tests can detect minute quantities of COVID-19 and are considered more sensitive than BinaxNOW tests, but they are also: 1) much more expensive, 2) require transportation by courier to a lab for processing, 3) take much longer (24-28 hours) to get a result; and 4) may show positive results for days or weeks after a person is no longer infectious.

On the other hand, BinaxNOW tests are much less expensive (they retail for \$5, but ours were issued by the U.S. government to CHOP for free) and offer a turnaround time of 15 minutes.

To reduce the risk of inaccuracy associated with use of the BinaxNOW test, we offer confirmatory testing in situations in which we know there is an increased risk of an inaccurate result. Anyone who gets an *unexpected* result—meaning a symptomatic person whose result is negative or an asymptomatic person whose result is positive—will be referred locally for a confirmatory test (i.e., a PCR-based or similarly accurate molecular amplification test), thus maximizing resources and making efficient use of everyone's time.

Can a person have a false negative result on the rapid test if they are tested too soon after being exposed to COVID-19?

Yes. This is why it is essential for all people to follow guidelines for isolation after a confirmed exposure. If someone who is participating in weekly assurance testing is exposed to COVID-19 and does not receive a molecular test confirming they do not have COVID, they must skip that week of assurance testing and only resume participating in their weekly schedule of testing after their quarantine period has ended.

Anyone who gets an *unexpected* result—meaning a symptomatic person whose result is negative or an asymptomatic person whose result is positive—will be referred locally for a confirmatory test (i.e., a PCR-based or similarly accurate molecular amplification test), thus maximizing resources and making efficient use of everyone's time

Can a person have a false positive result on the rapid test?

While much less likely than a false negative, it is possible to get a false positive.

Anyone who gets an *unexpected* result—meaning a symptomatic person whose result is negative or an asymptomatic person whose result is positive—will be referred locally for a confirmatory test (i.e., a PCR-based or similarly accurate molecular amplification test), thus maximizing resources and making efficient use of everyone’s time

How accurate is the BinaxNOW test?

The “real world” accuracy of the BinaxNOW test depends on a person’s “viral load,” or the amount of virus in their body, and how much virus is circulating in the community.

Typically, symptomatic people who have recently become infected with COVID-19 have high viral loads, and in this circumstance the test does an excellent job in diagnosing COVID-19. Similarly, asymptomatic people typically have no detectable virus, and this test also does a very good job in confirming that someone who doesn’t have symptoms is not infectious. For example, a [clinical study by Abbott](#) evaluating the BinaxNOW test showed that among people who are symptomatic for up to 7 days, the test has a sensitivity, or true positive, rate of 97.1% and specificity, or true negative, rate of 98.5%. This means that the likelihood is very low for the test to render a false negative or false positive.

Strikingly, a recent study conducted by CDC and issued on [January 22, 2021](#) in the Morbidity and Mortality Weekly Report (MMWR) reveals that among asymptomatic people, the BinaxNOW test can detect infection at a rate of 79%.

Likewise data increasingly recommend use of antigen tests such as BinaxNOW, particularly in settings where people live or spend a lot of time in close quarters, like schools. Data suggest the best use of BinaxNOW rapid tests to identify people with asymptomatic infection is to do once or twice weekly testing of a well-defined population, such as a school. In many real-world situations, repeat testing of the same group of people can quickly identify asymptotically infected individuals with high viral loads who are at risk of transmitting to others for immediate isolation.

When used alongside traditional measures such as masking, distancing, and good hand hygiene, antigen tests can provide powerful protection for the community.

PA Rapid Test App and Test Results

How does the PA Rapid Test app work with the BinaxNOW rapid test cards?

[PA Rapid Test](#) is an automated, secure reporting web-based platform. In advance of testing, participants are asked to visit a [registration website](#), enter key demographic

information and then generate a personalized QR code. Participants are asked to print this QR code or save it to “photos” on their smartphone for use at testing events.

At the testing event, the proctor scans the unique bar code on the top right corner of the BinaxNOW card and then scans the participant’s QR code. This action marries the test that will be administered to the participant’s demographic data, as well as their answers to several clinical questions that will be asked just prior to the test, and ultimately to their test result. These data are aggregated and transmitted to the appropriate public health department and to the test subject’s preferred method of contact (email or text).

After the results are entered into the app, they are encrypted and automatically pushed to the test taker’s email address and cell phone number. In order to read the results, the test subject’s date of birth must be entered when prompted. Once a day, the data are aggregated, encrypted, and pushed from a secure server to the PA NEDSS repository and any other public health entities as determined appropriate by project leadership and authorities.

Please note that this web-based app replaces use of the BinaxNOW mobile app called NAVICA™ mentioned on the manufacturer’s website. The NAVICA™ mobile app will not be utilized for Project: ACE-IT.

How is personal information entered into the web-based app being used?

All personal and health information collected in registration, as well as results, will be handled under local, state, and national privacy rules and in accordance with HIPAA.

Individual-level demographic and result information will only be shared with the appropriate local and state public health agencies as required by law.

Aggregate-level information *without personally identifiable* information may be shared with school systems; however, please check with your individual school to learn about their policies for handling test results of staff and students.

How are test results shared with the person being tested or with parents/guardians of students tested?

As part of the test registration process, the individual or their guardian’s cell phone number and email address are entered into the site: <https://register.pennrapidtest.org/> so that they may generate a personalized QR code. Presenting this QR code for every testing encouraging will make testing much more efficient.

Once the subject’s results are entered into the [PA Rapid Test app](#), a text message and email are automatically generated to notify the individual of the result. In order to access the results, the test subject’s month, day, and year of birth must be

entered when prompted.

Currently there is no auto-generated report to let the school system know when a positive test is resulted or who has tested positive; however proctors will have access to this information as they are reading test results. Each school should determine if an additional process for notification is needed.

Are the test results generated through Project: ACE-IT automatically shared with the local health department and Pennsylvania Department of Health so they can be used for contact tracing and other strategies to prevent the spread of COVID-19?

Yes.

Parent/Guardian Concerns

How will I learn if my child develops symptoms and needs a test at school, and how will information on their test results be used?

Each school will decide how best to communicate with parents/guardians about their student if they become symptomatic and are tested—with a guardian’s consent—during the school day. Staff who are tested and families of students who are tested will receive results via text or email shortly after they are known.

All test results will be shared with the local health department as required for public health reporting and contact tracing, as well as to determine the stay-at-home period for those testing positive. School staff will also be able to quickly isolate anyone who has a positive result. All data will be protected through encryption and transferred to the appropriate government data repositories via a secure server.

Will parents need to give permission for their child to be tested at school?

Yes. Parental permission is required for any child under age 18 to be tested at school, and permission forms will be used to obtain permission along with some additional information that is needed to perform the test. Each county and school district participating in Project: ACE-IT has its own protocol for handling parental permission, so please refer to your school district for specifics.

If my child tests positive on the BinaxNOW rapid test card, does that mean they have COVID-19?

A positive BinaxNOW test means that the presence of antigens of SARS-CoV-2, the virus that causes COVID-19, were detected. A positive test for someone who has symptoms of COVID-19 is considered a “presumptive” positive test—meaning we would assume this person has COVID-19 because they have symptoms and have tested positive. In this

scenario, no further testing is needed.

Anyone who is asymptomatic and tests positive should be counseled that they may have an asymptomatic infection and, therefore, need to isolate immediately and get a confirmatory molecular test within 24 hours.

Is there a minimum age for children to be tested?

No. There is no minimum age cut off.

Community Benefits and Looking Ahead

How does Project: ACE-IT benefit the larger community?

By helping to keep schools open and operating safely during the COVID-19 pandemic, Project: ACE-IT ensures that the essential service of education can continue to be offered for students and their families. Schools are a critical part of the community, and providing a safe environment for learning to continue in-person where possible both ensures that students do not fall behind academically or socially as a result of the pandemic. Schools provide a safe place for children to spend time, allowing their parents or guardians to work when needed. [Read more from PolicyLab on evidence and guidance for safely reopening schools.](#)

Are there any plans to expand use of this type of testing beyond schools?

As of now, Project: ACE-IT is focused specifically on testing in schools. Local health departments may use rapid antigen tests in other settings.

Will testing still be necessary or useful after all teachers are vaccinated?

Testing will absolutely still be necessary or useful after teachers are vaccinated, for several reasons:

1. There is no way to know when all teachers and staff will be able to be vaccinated.
2. The first dose of the currently approved vaccines only provides about 50% protection against COVID-19.
3. There is a period of time between when a person receives their second dose of the COVID-19 vaccine and when they achieve full possible protection from the virus.
4. Even after you are vaccinated and considered protected from COVID-19, it is not clear whether you are still able to carry the virus and transmit it to other people.

5. Because the vaccines developed for COVID-19 have been tested only in adults and some older teenagers, it will be some time before young children are able to receive vaccines.

Therefore, we will need to continue testing—alongside traditional measures such as masking, distancing and good hand hygiene—until the pandemic has ended.

Where can I learn more about Project: ACE-IT and how can I stay informed on its progress?

To stay informed about the progress of Project: ACE-IT, please fill out this e-form: <https://forms.gle/L6rdhs8oDETD4CHB6>.

Questions for those in any stage of school-based testing? Join the conversation: bit.ly/Project-ACE-IT-Slack