**OPERATIONAL BLUEPRINT FOR SCHOOL REENTRY 2020-21**

Updated 8/11/2020

Under ODE’s ***Ready Schools, Safe Learners*** guidance, each school[[1]](#footnote-1) has been directed to submit a plan to the district[[2]](#footnote-2) in order to provide on-site and/or hybrid instruction. Districts must submit each school’s plan to the local school board and make the plans available to the public. This form is to be used to document a district’s, school’s or program’s plan to ensure students can return for the 2020-21 school year, in some form, in accordance with Executive Order 20-25(10). Schools must use the [***Ready Schools, Safe Learners*** guidance](https://www.oregon.gov/ode/students-and-family/healthsafety/Documents/Ready%20Schools%20Safe%20Learners%202020-21%20Guidance.pdf) document as they complete their Operational Blueprint for Reentry. ODE recommends plan development be inclusive of, but not limited to, school-based administrators, teachers and school staff, health and nursing staff, association leadership, nutrition services, transportation services, tribal consultation,[[3]](#footnote-3) parents and others for purposes of providing expertise, developing broad understanding of the health protocols and carrying out plan implementation.

1. Please fill out information:

| **SCHOOL/DISTRICT/PROGRAM INFORMATION** | |
| --- | --- |
| Name of School, District or Program | Eugene Montessori School |
| Key Contact Person for this Plan | Jobina Peterson |
| Phone Number of this Person | 541-345-7124 |
| Email Address of this Person | [info@eugenemontessorischool.com](mailto:info@eugenemontessorischool.com) |
| Sectors and position titles of those who informed the plan | Director |
| Local public health office(s) or officers(s) | Lane County Public Health  Luis Pimentel-Mendia, MPH  Lane County Public Health | Communicable Disease  151 W. 7th Ave. Eugene, OR 97401  541-682-8961 office, 541-556-5298 cell Luis.PIMENTEL@lanecountyor.gov |
| Name of person Designated to Establish, Implement and Enforce Physical Distancing Requirements | Jobina Peterson, Karen Gescher |
| Intended Effective Dates for this Plan | September 14, 2020 through June 18, 2020 |
| ESD Region |  |

1. Please list efforts you have made to engage your community (public health information sharing, taking feedback on planning, etc.) in preparing for school in 2020-21. Include information on engagement with communities often underserved and marginalized and those communities disproportionately impacted by COVID-19.

| The School Board and Director has been collaborating plans for reopening. Letters were sent out in July and August on reducing hours as well as the number of children in each classroom. This would allow more social distancing for children and staff. The Parent Handbook was updated to reflect the new Health and Safety Guidelines from the Early Learning Division as well as new OHA recommendations due to COVID. |
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1. Indicate which instructional model will be used.

| *Select One:* | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **On-Site Learning** |  |  | **Hybrid Learning** |  |  | **Comprehensive Distance Learning** |

1. If you selected Comprehensive Distance Learning, you only have to fill out the green portion of the Operational Blueprint for Reentry (i.e., page 2 in the initial template).
2. If you selected On-Site Learning or Hybrid Learning, you have to fill out the blue portion of the Operational Blueprint for Reentry (i.e., pages 3-19 in the initial template) and [submit online](https://app.smartsheet.com/b/form/a4dedb5185d94966b1dffc75e4874c8a). (<https://app.smartsheet.com/b/form/a4dedb5185d94966b1dffc75e4874c8a>) by August 17, 2020 or prior to the beginning of the 2020-21 school year.

\* **Note:** Private schools are required to comply with only sections 1-3 of the ***Ready Schools, Safe Learners*** guidance.

**REQUIREMENTS FOR COMPREHENSIVE DISTANCE LEARNING OPERATIONAL BLUEPRINT**

*This section must be completed by any school that is seeking to provide instruction through Comprehensive Distance Learning. For Private Schools, completing this section is optional (not required).* ***Schools providing On-Site or Hybrid Instructional Models do not need to complete this section.***

| **Describe why you are selecting Comprehensive Distance Learning as the school’s Instructional Model for the effective dates of this plan.** |
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| **In completing this portion of the Blueprint you are attesting that you have reviewed the Comprehensive Distance Learning Guidance.** [**Here is a link to the overview of CDL Requirements.**](https://www.oregon.gov/ode/students-and-family/healthsafety/Documents/Comprehensive%20Distance%20Learning%20Requirements%20Review.pdf) **Please name any requirements you need ODE to review for any possible flexibility or waiver.** |
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| **Describe the school’s plan, including the anticipated timeline, for returning to Hybrid Learning or On-Site Learning consistent with the *Ready Schools, Safe Learners* guidance.** |
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***The remainder of this operational blueprint is not applicable to schools operating a Comprehensive Distance Learning Model.***

**ESSENTIAL REQUIREMENTS FOR HYBRID / ON-SITE OPERATIONAL BLUEPRINT**

*This section must be completed by any school that is providing instruction through On-Site or Hybrid Instructional Models.*

***Schools providing Comprehensive Distance Learning Instructional Models do not need to complete this section unless the school is implementing the* Limited In-Person Instruction *provision under the Comprehensive Distance Learning guidance.***

| Heart with pulse | **0. Community Health Metrics** |
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**METRICS FOR ON-SITE OR HYBRID INSTRUCTION**

|  | The school currently meets the required metrics to successfully reopen for in-person instruction in an On-Site or Hybrid model. *If this box cannot yet be checked, the school must return to Comprehensive Distance Learning but may be able to provide some in-person instruction through the exceptions noted below.* |
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**EXCEPTIONS FOR SPECIFIC IN-PERSON INSTRUCTION WHERE REQUIRED CONDITIONS ARE MET**

|  | The school currently meets the exceptions required to provide in-person person education for students in grades K-3 (see section 0d(1) of the ***Ready Schools, Safe Learners*** guidance). |
| --- | --- |
|  | The school currently meets the exceptions required to provide limited in-person instruction for specific groups of students (see section 0d(2) of the ***Ready Schools, Safe Learners*** guidance). |
|  | The school currently meets the exceptions required for remote or rural schools in larger population counties to provide in-person instruction (see section 0d(3) of the ***Ready Schools, Safe Learners*** guidance). |
|  | The school currently meets the exceptions required for smaller population counties to provide in-person instruction (see section 0d(4) of the ***Ready Schools, Safe Learners*** guidance). |
|  | The school currently meets the exceptions required for schools in low population density counties (see section 0d(5) of the ***Ready Schools, Safe Learners*** guidance). |
|  | The school currently meets the exceptions required for small districts to provide in-person instruction (see section 0d(6) of the ***Ready Schools, Safe Learners*** guidance). |

| **""** | **1. Public Health Protocols** |
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**1a. COMMUNICABLE DISEASE MANAGEMENT PLAN FOR COVID-19**

| **OHA/ODE Requirements** | | **Hybrid/Onsite Plan** |
| --- | --- | --- |
|  | Implement measures to limit the spread of COVID-19 within the school setting. | Each Staff person has read the Early Learning Divisions Health & Safety Guidelines for COVID. All rules, regulations and protocols are being followed.  The school uses the 4J COVID-19 Communicable Disease Management Plan.  The Director will be responsible for enforcing physical distancing.  Luis Pimentel-Mendia of LCPH as well as the LCPH team.  All Staff has read the ELD requirement of Health & Safety Guidelines for Child Care and Early Education Operating During COVID-19 and was given sections 1 – 3 of the Ready Schools, Safe Learners guidance. The Director reached out to staff members for any questions or clarifications.  The LCPH will be notified of any confirmed COVID-19 cases among students or staff.  Protocol is set up for disinfection of classrooms, offices, bathrooms, playground, etc. with the Electrostatic Sprayer.  A cluster of any illnesses will be reported to LCPH and to cooperate with their recommendations. Copies of all logs will be given to them at time of request.  See 1f. for protocol for screening students and staff.  See 1i. for protocol for isolating an ill or exposed person.  See 1e. for protocol for communicating potential COVID-19 cases to the school community and school board.  Each classroom, stable cohort has a daily log for contact tracing with the following information, child’s name, drop-off and pick-up time, parent/guardian emergency contact information and any staff that interact with that cohort. All records are kept for the school year.  A visitor log is kept in the office for anyone who enters the building for maintenance, deliveries, etc. until the end of the school year.  The Director will notify LCPH if there is anyone who has entered school and has been diagnosed with COVID-19 and the buildings will be cleaned, sanitized and disinfected. |
|  | Update written Communicable Disease Management Plan to specifically address the prevention of the spread of COVID-19. |  |
|  | Designate a person at each school to establish, implement and enforce physical distancing requirements, consistent with this guidance and other guidance from OHA. |  |
|  | Include names of the LPHA staff, school nurses, and other medical  experts who provided support and resources to the district/school policies and plans. Review relevant local, state, and national evidence to inform plan. |  |
|  | Process and procedures established to train all staff in sections 1 - 3 of the ***Ready Schools, Safe Learners*** guidance. Consider conducting the training virtually, or, if in-person, ensure physical distancing is maintained to the maximum extent possible. |  |
|  | Protocol to notify the local public health authority ([LPHA Directory by County](https://www.oregon.gov/oha/ph/providerpartnerresources/localhealthdepartmentresources/pages/lhd.aspx)) of any confirmed COVID-19 cases among students or staff. |  |
|  | Plans for systematic disinfection of classrooms, offices, bathrooms and activity areas. |  |
|  | Process to report to the LPHA any cluster of any illness among staff or students. |  |
|  | Protocol to cooperate with the LPHA recommendations. |  |
|  | Provide all logs and information to the LPHA in a timely manner. |  |
|  | Protocol for screening students and staff for symptoms (see section 1f of the ***Ready Schools, Safe Learners*** guidance). |  |
|  | Protocol to isolate any ill or exposed persons from physical contact with others. |  |
|  | Protocol for communicating potential COVID-19 cases to the school community and other stakeholders (see section 1e of the ***Ready Schools, Safe Learners*** guidance). |  |
|  | Create a system for maintaining daily logs for each student/cohort for the purposes of contact tracing. This system needs to be made in consultation with a school/district nurse or an LPHA official. Sample logs are available as a part of the [Oregon School Nurses Association COVID-19 Toolkit](https://www.oregonschoolnurses.org/resources/covid-19-toolkit).   * If a student(s) is part of a stable cohort(a group of students that are consistently in contact with each other or in multiple cohort groups) that conform to the requirements of cohorting (see section 1d of the ***Ready Schools, Safe Learners*** guidance), the daily log may be maintained for the cohort. * If a student(s) is not part of a stable cohort, then an individual student log must be maintained. |  |
|  | Required components of individual daily student/cohort logs include:   * Child’s name * Drop off/pick up time * Parent/guardian name and emergency contact information * All staff (including itinerant staff, district staff, substitutes, and guest teachers) names and phone numbers who interact with a stable cohort or individual student |  |
|  | Protocol to record/keep daily logs to be used for contact tracing for a minimum of four weeks to assist the LPHA as needed. |  |
|  | Process to ensure that all itinerant and all district staff (maintenance, administrative, delivery, nutrition, and any other staff) who move between buildings keep a log or calendar with a running four-week history of their time in each school building and who they were in contact with at each site. |  |
|  | Process to ensure that the school reports to and consults with the LPHA regarding cleaning and possible classroom or program closure if anyone who has entered school is diagnosed with COVID-19. |  |
|  | Protocol to respond to potential outbreaks (see section 3 of the ***Ready Schools, Safe Learners*** guidance). |  |

**1b. HIGH-RISK POPULATIONS**

| **OHA/ODE Requirements** | | **Hybrid/Onsite Plan** |
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|  | Serve students in high-risk population(s) whether learning is happening through On-Site, Hybrid (partially On-Site and partially Comprehensive Distance Learning models), or Comprehensive Distance Learning models. | At this time, we do not have any students that have these severe medical conditions. However, a few of our staff members can be categorized under high risk populations. They are taking all precautions outlined from the OHA to reduce their risk to COVID such as wearing a face covering, social distancing when possible with the young children and frequent handwashing. Each teacher is working with a group of 10 students in a stable group.  ECCARES is now providing speech therapy online for students who qualify. |
| **Medically Fragile, Complex and Nursing-Dependent Student Requirements** | |
|  | All districts must account for students who have health conditions that require additional nursing services. Oregon law ([ORS 336.201](https://www.oregonlaws.org/ors/336.201)) defines three levels of severity related to required nursing services:   1. Medically Complex: Are students who may have an unstable health condition and who may require daily professional nursing services. 2. Medically Fragile: Are students who may have a life-threatening health condition and who may require immediate professional nursing services. 3. Nursing-Dependent: Are students who have an unstable or life-threatening health condition and who require daily, direct, and continuous professional nursing services. |
|  | Staff and school administrators, in partnership with school nurses, or other school health providers, should work with interdisciplinary teams to address individual student needs. The school registered nurse (RN) is responsible for nursing care provided to individual students as outlined in ODE guidance and state law:   * Communicate with parents and health care providers to determine return to school status and current needs of the student. * Coordinate and update other health services the student may be receiving in addition to nursing services. This may include speech language pathology, occupational therapy, physical therapy, as well as behavioral and mental health services. * Modify Health Management Plans, Care Plans, IEPs, or 504 or other student-level medical plans, as indicated, to address current health care considerations. * The RN practicing in the school setting should be supported to remain up to date on current guidelines and access professional support such as evidence-based resources from the Oregon School Nurses Association. * Service provision should consider health and safety as well as legal standards. * Appropriate medical-grade personal protective equipment (PPE) should be made available to [nurses and other health providers](https://www.oregon.gov/ode/students-and-family/healthsafety/Documents/Additional%20Considerations%20for%20Staff%20Working%20with%20Students%20with%20Complex%20Needs.pdf). * Work with an interdisciplinary team to meet requirements of ADA and FAPE. * High-risk individuals may meet criteria for exclusion during a local health crisis. * Refer to updated state and national guidance and resources such as: * U.S. Department of Education Supplemental Fact Sheet: Addressing the Risk of COVID-19 in Preschool, Elementary and Secondary Schools While Serving Children with Disabilities from March 21, 2020. * ODE guidance updates for Special Education. Example from March 11, 2020. * OAR 581-015-2000 Special Education, requires districts to provide ‘school health services and school nurse services’ as part of the ‘related services’ in order ‘to assist a child with a disability to benefit from special education.’ * OAR 333-019-0010 Public Health: Investigation and Control of Diseases: General Powers and Responsibilities, outlines authority and responsibilities for school exclusion. |

**1c. PHYSICAL DISTANCING**

| **OHA/ODE Requirements** | | **Hybrid/Onsite Plan** |
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|  | Establish a minimum of 35 square feet per person when determining room capacity. Calculate only with usable classroom space, understanding that desks and room set-up will require use of all space in the calculation. This also applies for professional development and staff gatherings. | All classrooms have been reduced from 20 students to 10. This allows for more social distancing and there is more than 35 square feet per student.  The children’s work tables are now individual work areas which provides more than the required six feet.  The children are also eating their snack and lunch in their classroom at their designated table to allow the space needed.  When standing in line the children are increasing their distance to allow extra space.  The outdoor recess is scheduled to allow two classrooms at the same time but at opposite sides of the large playground. The play equipment is then sanitized in between groups. Children wash their hands when entering the classroom.    Staff meetings are held in the cafeteria to allow physical distancing. Parent conferences will be over the phone. |
|  | Support physical distancing in all daily activities and instruction, maintaining six feet between individuals to the maximum extent possible. |
|  | Minimize time standing in lines and take steps to ensure that six feet of distance between students is maintained, including marking spacing on floor, one-way traffic flow in constrained spaces, etc. |
|  | Schedule modifications to limit the number of students in the building (e.g., rotating groups by days or location, staggered schedules to avoid hallway crowding and gathering). |
|  | Plan for students who will need additional support in learning how to maintain physical distancingrequirements. Provide instruction; don’t employ punitive discipline. |
|  | Staff should maintain physical distancing during all staff meetings and conferences, or consider remote web-based meetings. |

**1d. COHORTING**

| **OHA/ODE Requirements** | | **Hybrid/Onsite Plan** |
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|  | Where feasible, establishstable cohorts: groups should be no larger than can be accommodated by the space available to provide 35 square feet per person, including staff.   * The smaller the cohort, the less risk of spreading disease. As cohort groups increase in size, the risk of spreading disease increases. | The school has reduced each classroom size from 20 students to 10. This allows more physical distancing in the classroom. The children then go to the music room and P.E. Both areas are disinfected in between the cohorts and the teachers wash/sanitize their hands in between groups.  The staff person in the hall supervises the children as they walk to the restroom, they then clean an disinfect restrooms in between the different cohorts.  Each classroom has a daily paper log of drop off and pick up and any staff that interacts with their cohort. The logs are stored in the office and Public Health can contact the office.  Only staff assigned to a cohort may enter the classroom.  Each staff person has their daily cleaning and disinfecting protocol. High touch surfaces are cleaned multiple times a day.  All children have access to manipulatives and their teacher to be able to work to their highest level regardless of age or group.  Staff who interact with multiple groups wash their hands in between stable groups. |
|  | Students cannot be part of any single cohort, or part of multiple cohorts that exceed a total of 100 people within the educational week. Schools should plan to limit cohort sizes to allow for efficient contact-tracing and minimal risk for exposure. |
|  | Each school must have a system for daily logs to ensure contract tracing among the cohort (see section 1a of the ***Ready Schools, Safe Learners*** guidance). |
|  | Minimize interaction between students in different stable cohorts (e.g., access to restrooms, activities, common areas). Provide access to All Gender/Gender Neutral restrooms. |
|  | Cleaning and disinfectingsurfaces (e.g., desks, door handles, etc.) must be maintained between multiple student uses, even in the same cohort. |
|  | Design cohorts such that all students (including those protected under ADA and IDEA) maintain access to general education, grade-level academic content standards, and peers. |
|  | Staff who interact with multiple stable cohorts must wash/sanitize their hands between interactions with different stable cohorts. |

**1e. PUBLIC HEALTH COMMUNICATION**

| **OHA/ODE Requirements** | | **Hybrid/Onsite Plan** |
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|  | Communicate to staff at the start of On-Site instruction and at periodic intervals explaining infection control measures that are being implemented to prevent spread of disease. | Monthly staff meetings go over the importance of maintaining infection control measures to prevent the spread of COVID-19 or other contagious diseases. Updated information is also posted in the staff room.  Staff and families will be contacted through email or phone if there has been a confirmed case at the school.  A detailed email will go out to staff and families with information depending on the exposure. It will outline how the school will respond to the new case of COVID-19 |
|  | Develop protocols for communicating with students, families and staff who have come into close contact with a confirmed case.   * The definition of exposure is being within 6 feet of a COVID-19 case for 15 minutes (or longer). |
|  | Develop protocols for communicating immediately with staff, families, and the community when a new case(s) of COVID-19 is diagnosed in students or staff members, including a description of how the school or district is responding. |
|  | Provide all information in languages and formats accessible to the school community. |

**1f. ENTRY AND SCREENING**

| **OHA/ODE Requirements** | | **Hybrid/Onsite Plan** |
| --- | --- | --- |
|  | Direct students and staff to stay home if they, or anyone in their homes or community living spaces, have COVID-19 symptoms**,** or if anyone in their home or community living spaces has COVID-19. COVID-19 symptoms are as follows:   * Primary symptoms of concern: cough, fever (*temperature* greater than 100.4°F) or chills, shortness of breath, or difficulty breathing. * Note that muscle pain, headache, sore throat, new loss of taste or smell, diarrhea, nausea, vomiting, nasal congestion, and runny nose are also symptoms often associated with COVID-19. More information about COVID-19 symptoms is available [from CDC.](https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html) * In addition to COVID-19 symptoms, students should be excluded from school for signs of other infectious diseases, per existing school policy and protocols. See pages 9-12 of [OHA/ODE Communicable Disease Guidance](https://www.oregon.gov/ode/students-and-family/healthsafety/Documents/commdisease.pdf?utm_medium=email&utm_source=govdelivery). * Emergency signs that require immediate medical attention: * Trouble breathing * Persistent pain or pressure in the chest * New confusion or inability to awaken * Bluish lips or face (lighter skin); greyish lips or face (darker skin) * Other severe symptoms | The parent handbook asks families to prescreen their children before coming to school. The staff will then take the child’s temperature and ask if they have any of the following symptoms before they enter the building:  Temperature of 100.4 or higher  Cough  Shortness of breath or difficulty breathing  Chills  Sore Throat  Headache  Loss of taste of smell  Diarrhea  Nausea or vomiting  Congestion or runny nose  Muscle pain  The parent will also be asked, if they or their child have been exposed to a positive or presumptive case of COVID-19 any time during the 14 days after the confirmed or presumptive COVID-19 case first showed symptoms.  The same questions are asked of each staff person.  If a staff member or child has been identified as close contact to someone outside the classroom community who is diagnosed with COVID-19, the staff member or child will be required to self-quarantine for 14 days.  **Hand Hygiene**  Everyone entering the school is required to wash their hands with running water and soap for at least 20 seconds. Staff signing in are required to also use hand sanitizer before their temperature check.  Everyone will wash hands as they enter the classroom, after using the restroom, before eating snacks or lunch, before and after playing outdoors, before and after touching your face, after coming in contact with bodily fluid. |
|  | Screen all students and staff for symptoms on entry to bus/school every day. This can be done visually and/or with confirmation from a parent/caregiver/guardian. Staff members can self-screen and attest to their own health.   * Anyone displaying or reporting the primary symptoms of concern must be isolated (see section 1i of the ***Ready Schools, Safe Learners*** guidance) and sent home as soon as possible. [See table “*Planning for COVID-19 Scenarios in Schools.*”](https://www.oregon.gov/ode/students-and-family/healthsafety/Documents/Planning%20and%20Responding%20to%20COVID-19%20Scenarios%20in%20Schools%20August%202020.pdf) * [Additional guidance](https://www.oregon.gov/ode/students-and-family/healthsafety/Documents/Additional%20Considerations%20for%20Staff%20Working%20with%20Students%20with%20Complex%20Needs.pdf) for nurses and health staff. |
|  | Follow LPHA advice on restricting from school any student or staff known to have been exposed (e.g., by a household member) to COVID-19. [See table“*Planning for COVID-19 Scenarios in Schools.*”](https://www.oregon.gov/ode/students-and-family/healthsafety/Documents/Planning%20and%20Responding%20to%20COVID-19%20Scenarios%20in%20Schools%20August%202020.pdf) |
|  | Staff or students with a chronic or baseline cough that has worsened or is not well-controlled with medication should be excluded from school. Do not exclude staff or students who have other symptoms that are chronic or baseline symptoms (e.g., asthma, allergies, etc.) from school. |
|  | Hand hygiene on entry to school every day: wash with soap and water for 20 seconds or use an alcohol-based hand sanitizer with 60-95% alcohol. |

**1g. VISITORS/VOLUNTEERS**

| **OHA/ODE Requirements** | | **Hybrid/Onsite Plan** |
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|  | Restrict non-essential visitors/volunteers.   * Examples of essential visitors include: DHS Child Protective Services, Law Enforcement, etc. * Examples of non-essential visitors/volunteers include: Parent Teacher Association (PTA), classroom volunteers, etc. | There are no volunteers in the school and adults are limited to staff or essential adults for maintenance of building.  Essential visitors, must wear a mask, get their temperature taken, have a health screening, use hand sanitizer, maintain six-foot distancing and they will have limited access to the building. Access will be restricted by anyone who has had contact with a confirmed case of COVID-19. |
|  | Screen all visitors/volunteers for symptoms upon every entry. Restrict from school property any visitor known to have been exposed to COVID-19. [See table“*Planning for COVID-19 Scenarios in Schools.*”](https://www.oregon.gov/ode/students-and-family/healthsafety/Documents/Planning%20and%20Responding%20to%20COVID-19%20Scenarios%20in%20Schools%20August%202020.pdf) |
|  | Visitors/volunteers must wash or sanitize their hands upon entry and exit. |
|  | Visitors/volunteers must maintain six-foot distancing, wear face coverings, and adhere to all other provisions of this guidance. |

**1h. FACE COVERINGS, FACE SHIELDS, AND CLEAR PLASTIC BARRIERS**

| **OHA/ODE Requirements** | | **Hybrid/Onsite Plan** |
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|  | Face coverings or face shields for all staff, contractors, other service providers, or visitors or volunteers following [CDC guidelines for Face Coverings](https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/diy-cloth-face-coverings.html). Individuals may remove their face coverings while working alone in private offices. | All staff and any contractors or service providers are required to wear masks. Any child 5 and up is required to wear a mask. It is recommended that all other children wear masks while at school. If children need assistance with adjusting their mask. Staff will wash hands before and after helping the student.  At this time there is no student that is on an IEP.  If a staff person needs and accommodation they will work with the Director for a solution. |
|  | Face coverings or face shields for all students in grades Kindergarten and up following [CDC guidelines for Face Coverings](https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/diy-cloth-face-coverings.html). |
|  | If a student removes a face covering, or demonstrates a need to remove the face covering for a short-period of time:   * Provide space away from peers while the face covering is removed. In the classroom setting, an example could be a designated chair where a student can sit and take a 15 minute “sensory break;” * Students should not be left alone or unsupervised; * Designated area or chair should be appropriately distanced from other students and of a material that is easily wiped down for disinfection after each use; * Provide additional instructional supports to effectively wear a face covering; * Provide students adequate support to re-engage in safely wearing a face covering; * Students cannot be discriminated against or disciplined for an inability to safely wear a face covering during the school day. |
|  | Face masks for school RNs or other medical personnel when providing direct contact care and monitoring of staff/students displaying symptoms. School nurses should also wear appropriate Personal Protective Equipment (PPE) for their role.   * [Additional guidance](https://www.oregon.gov/ode/students-and-family/healthsafety/Documents/Additional%20Considerations%20for%20Staff%20Working%20with%20Students%20with%20Complex%20Needs.pdf) for nurses and health staff. |
| **Protections under the ADA or IDEA** | |
|  | If any student requires an accommodation to meet the requirement for face coverings, districts and schools should limit the student’s proximity to students and staff to the extent possible to minimize the possibility of exposure. Appropriate accommodations could include:   * Offering different types of face coverings and face shields that may meet the needs of the student. * Spaces away from peers while the face covering is removed; students should not be left alone or unsupervised. * Short periods of the educational day that do not include wearing the face covering, while following the other health strategies to reduce the spread of disease; * Additional instructional supports to effectively wear a face covering; |
|  | For students with existing medical conditions and a physician’s orders to not wear face coverings, or other health related concerns, schools/districts **must not** deny any in-person instruction. |
|  | Schools and districts must comply with the established IEP/504 plan prior to the closure of in-person instruction in March of 2020.   * If a student eligible for, or receiving services under a 504/IEP, **cannot** wear a face covering due to the nature of the disability, the school or district must:  1. Review the 504/IEP to ensure access to instruction in a manner comparable to what was originally established in the student’s plan including on-site instruction with accommodations or adjustments. 2. Placement determinations cannot be made due solely to the inability to wear a face covering. 3. Plans should include updates to accommodations and modifications to support students.  * Students protected under ADA/IDEA, who abstain from wearing a face covering, or students whose families determine the student will not wear a face covering, the school or district must:  1. Review the 504/IEP to ensure access to instruction in a manner comparable to what was originally established in the student’s plan. 2. The team must determine that the disability is not prohibiting the student from meeting the requirement.  * If the team determines that the disability is prohibiting the student from meeting the requirement, follow the requirements for students eligible for, or receiving services under, a 504/IEP who cannot wear a face covering due to the nature of the disability, * If a student’s 504/IEP plan included supports/goals/instruction for behavior or social emotional learning, the school team must evaluate the student’s plan prior to providing instruction through Comprehensive Distance Learning.  1. Hold a 504/IEP meeting to determine equitable access to educational opportunities which may include limited in-person instruction, on-site instruction with accommodations, or Comprehensive Distance Learning. |
|  | For students not currently served under an IEP or 504, districts must consider whether or not student inability to consistently wear a face covering or face shield as required is due to a disability. Ongoing inability to meet this requirement may be evidence of the need for an evaluation to determine eligibility for support under IDEA or Section 504. |
|  | If a staff member requires an accommodation for the face covering or face shield requirements, districts and schools should work to limit the staff member’s proximity to students and staff to the extent possible to minimize the possibility of exposure. |

**1i. ISOLATION AND QUARANTINE**

| **OHA/ODE Requirements** | | **Hybrid/Onsite Plan** |
| --- | --- | --- |
|  | Protocols for exclusion and isolation for sick students and staff whether identified at the time of bus pick-up, arrival to school, or at any time during the school day. | If a student or staff person is feeling ill, they will go to the sick room. This is a very large room and there is enough space to have more than one person if needed as they can be at opposite ends of the room and the window can be cracked open for fresh air. The time will be documented when the person arrived in the room. Their temperature will be taken and logged with any other symptoms present. The office person will have put on a lab coat, mask, face shield and gloves before entering the room. No other person shall enter the sick room unless there is an emergency. Sick person should continue to wear face mask if possible. The parent will be called and the child will be picked up as soon as possible. Staff person will be sent home immediately.  Protocol will be followed and recommendations given depending on symptoms using the Tool kit for COVID-19 Scenarios in Schools. Call LCPH if there are any questions.  If a well child is coming to get a routine medication, they are to go to the office not the sick room.  When children are brought to the sick room, they are reassured that we will take good care of them until their parents arrive. The staff person will wear a lab coat, mask, face shield and gloves. When the child is picked up by the parent the lab coat and mask will be placed in a plastic bag to be laundered separately. Face shield will be disinfected. Disposable gloves will be bagged and thrown away. Hands will be washed with soap and water for at least 20 seconds. Room will be aired out and disinfected with the electrostatic sprayer.  Staff and students must stay home if they are feeling ill and let the office know if they are having any COVId-19 symptoms so it can be documented if needed. |
|  | Protocols for screening students, as well as exclusion and isolation protocols for sick students and staff identified at the time of arrival or during the school day.   * Work with school nurses, health care providers, or other staff with expertise to determine necessary modifications to areas where staff/students will be isolated. If two students present COVID-19 symptoms at the same time, they must be isolated at once. If separate rooms are not available, ensure that six feet distance is maintained. Do not assume they have the same illness. * Consider required physical arrangements to reduce risk of disease transmission. * Plan for the needs of generally well students who need medication or routine treatment, as well as students who may show signs of illness. * [Additional guidance](https://www.oregon.gov/ode/students-and-family/healthsafety/Documents/Additional%20Considerations%20for%20Staff%20Working%20with%20Students%20with%20Complex%20Needs.pdf) for nurses and health staff. |
|  | Students and staff who report or develop symptoms must be isolated in a designated isolation area in the school, with adequate space and staff supervision and symptom monitoring by a school nurse, other school-based health care provider or school staff until they are able to go home. Anyone providing supervision and symptom monitoring must wear appropriate face covering or face shields.   * School nurse and health staff in close contact with symptomatic individuals (less than 6 feet) should wear a medical-grade face mask. Other Personal Protective Equipment (PPE) may be needed depending on symptoms and care provided. Consult a nurse or health care professional regarding appropriate use of PPE. Any PPE used during care of a symptomatic individual should be properly removed and disposed of prior to exiting the care space. * After removing PPE, hands should be immediately cleaned with soap and water for at least 20 seconds. If soap and water are not available, hands can be cleaned with an alcohol-based hand sanitizer that contains 60-95% alcohol. * If able to do so safely, a symptomatic individual should wear a face covering. * To reduce fear, anxiety, or shame related to isolation, provide a clear explanation of procedures, including use of PPE and handwashing. |
|  | Establish procedures for safely transporting anyone who is sick to their home or to a health care facility. |
|  | Staff and students who are ill must stay home from school and must be sent home if they become ill at school, particularly if they have COVID-19 symptoms. Refer to table in[“*Planning for COVID-19 Scenarios in Schools.*”](https://www.oregon.gov/ode/students-and-family/healthsafety/Documents/Planning%20and%20Responding%20to%20COVID-19%20Scenarios%20in%20Schools%20August%202020.pdf) |
|  | Involve school nurses, School Based Health Centers, or staff with related experience (Occupational or Physical Therapists) in development of protocols and assessment of symptoms (where staffing exists). |
|  | Record and monitor the students and staff being isolated or sent home for the LPHA review. |

| **""** | **2. Facilities and School Operations** |
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| Some activities and areas will have a higher risk for spread (e.g., band, choir, science labs, locker rooms). When engaging in these activities within the school setting, schools will need to consider additional physical distancing or conduct the activities outside (where feasible). Additionally, schools should consider sharing explicit risk statements for instructional and extra-curricular activities requiring additional considerations (see section 5f of the ***Ready Schools, Safe Learners*** guidance). |
| --- |

**2a. ENROLLMENT**

*(Note: Section 2a does not apply to private schools.)*

| **OHA/ODE Requirements** | | **Hybrid/Onsite Plan** |
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|  | Enroll all students (including foreign exchange students) following the standard Oregon Department of Education guidelines. | The school follows all ELD protocol for attendance. |
|  | The temporary suspension of the 10-day drop rule does not change the rules for the initial enrollment date for students:   * The ADM enrollment date for a student is the first day of the student’s actual attendance. * A student with fewer than 10 days of absence at the beginning of the school year may be counted in membership prior to the first day of attendance, but not prior to the first calendar day of the school year. * If a student does not attend during the first 10 session days of school, the student’s ADM enrollment date must reflect the student’s actual first day of attendance. * Students who were anticipated to be enrolled, but who do not attend at any time must not be enrolled and submitted in ADM. |
|  | If a student has stopped attending for 10 or more days, districts must continue to try to engage the student. At a minimum, districts must attempt to contact these students and their families weekly to either encourage attendance or receive confirmation that the student has transferred or has withdrawn from school. This includes students who were scheduled to start the school year, but who have not yet attended. |
|  | When enrolling a student from another school, schools must request documentation from the prior school within 10 days of enrollment per OAR 581-021-0255 to make all parties aware of the transfer. Documentation obtained directly from the family does not relieve the school of this responsibility. After receiving documentation from another school that a student has enrolled, drop that student from your roll. |
|  | Design attendance policies to account for students who do not attend in-person due to student or family health and safety concerns. |
|  | When a student has a pre-excused absence or COVID-19 absence, the school district should reach out to offer support at least weekly until the student has resumed their education. |
|  | When a student is absent beyond 10 days and meets the criteria for continued enrollment due to the temporary suspension of the 10 day drop rule, continue to count them as absent for those days and include those days in your Cumulative ADM reporting. |

**2b. ATTENDANCE**

*(Note: Section 2b does not apply to private schools.)*

| **OHA/ODE Requirements** | | **Hybrid/Onsite Plan** |
| --- | --- | --- |
|  | Grades K-5 (self-contained): Attendance must be taken at least once per day for all students enrolled in school, regardless of the instructional model (On-Site, Hybrid, Comprehensive Distance Learning, online schools). | Attendance is taken daily during the daily drop off and health screening. |
|  | Grades 6-12 (individual subject): Attendance must be taken at least once for each scheduled class that day for all students enrolled in school, regardless of the instructional model (On-Site, Hybrid, Comprehensive Distance Learning, online schools). |
|  | Alternative Programs: Some students are reported in ADM as enrolled in a non-standard program (such as tutorial time), with hours of instruction rather than days present and days absent. Attendance must be taken at least once for each scheduled interaction with each student, so that local systems can track the student’s attendance and engagement. Reported hours of instruction continue to be those hours in which the student was present. |
|  | Online schools that previously followed a two check-in per week attendance process must follow the Comprehensive Distance Learning requirements for checking and reporting attendance. |
|  | Provide families with clear and concise descriptions of student attendance and participation expectations as well as family involvement expectations that take into consideration the home environment, caregiver’s work schedule, and mental/physical health. |

**2c. TECHNOLOGY**

| **OHA/ODE Requirements** | | **Hybrid/Onsite Plan** |
| --- | --- | --- |
|  | Update procedures for district-owned or school-owned devices to match cleaning requirements (see section 2d of the ***Ready Schools, Safe Learners*** guidance). | Eugene Montessori School is a hands-on learning environment that does not include any electronic devices. |
|  | Procedures for return, inventory, updating, and redistributing district-owned devices must meet physical distancing requirements. |

**2d. SCHOOL SPECIFIC FUNCTIONS/FACILITY FEATURES**

| **OHA/ODE Requirements** | | **Hybrid/Onsite Plan** |
| --- | --- | --- |
|  | **Handwashing:** All people on campus should be advised and encouraged to wash their hands frequently. | * **Handwashing:** There is a sign at every sink for a reminder for students and staff to encourage handwashing. * **Equipment:** Materials have been purchased so each student has their own set of markers, pencils, etc. The child washes their hands after putting work away and before getting new work out. * **Events:** There are no field trips. * **Transitions/Hallways:** A staff member is positioned in each hall to supervise physical distancing. * **Personal Property**: Water containers were purchased for each student to have on their desk. They are washed and sanitized in the dishwasher. |
|  | **Equipment:** Develop and use sanitizing protocols for all equipment used by more than one individual or purchase equipment for individual use. |
|  | **Events:** Cancel, modify, or postpone field trips, assemblies, athletic events, practices, special performances, school-wide parent meetings and other large gatherings to meet requirements for physical distancing. |
|  | **Transitions/Hallways:** Limit transitions to the extent possible. Create hallway procedures to promote physical distancing and minimize gatherings. |
|  | **Personal Property**: Establish policies for personal property being brought to school (e.g., refillable water bottles, school supplies, headphones/earbuds, cell phones, books, instruments, etc.). If personal items are brought to school, they must be labeled prior to entering school and use should be limited to the item owner. |

**2e. ARRIVAL AND DISMISSAL**

| **OHA/ODE Requirements** | | **Hybrid/Onsite Plan** |
| --- | --- | --- |
|  | Physical distancing, stable cohorts, square footage, and cleaning requirements must be maintained during arrival and dismissal procedures. | There is an hour to drop off in the morning and a half hour to pick up in the afternoon. This gives parents a nice long window. Through the parent handbook and staff reminders parents are giving each other more than six feet at the drop off doors.  Each classroom has a designated outside door for drop-off and pick-up. Parents do not come into the building.  The same staff person signs in parents at designated door and does the health screening. There is a separate pen.  An alcohol-based hand sanitizer is at each door and out of reach of children along with a thermometer. |
|  | Create schedule(s) and communicate staggered arrival and/or dismissal times. |
|  | Assign students or cohorts to an entrance; assign staff member(s) to conduct visual screenings (see section 1f of the ***Ready Schools, Safe Learners*** guidance). |
|  | Ensure accurate sign-in/sign-out protocols to help facilitate contact tracing by the LPHA. Sign-in procedures are not a replacement for entrance and screening requirements. Students entering school after arrival times must be screened for the primary symptoms of concern.   * Eliminate shared pen and paper sign-in/sign-out sheets. * Ensure hand sanitizer is available if signing children in or out on an electronic device. |
|  | Ensure alcohol-based hand sanitizer (with 60-95% alcohol) dispensers are easily accessible near all entry doors and other high-traffic areas. Establish and clearly communicate procedures for keeping caregiver drop-off/pick-up as brief as possible. |

**2f. CLASSROOMS/REPURPOSED LEARNING SPACES**

| **OHA/ODE Requirements** | | **Hybrid/Onsite Plan** |
| --- | --- | --- |
|  | **Seating:** Rearrange student desks and other seat spaces *s*o that staff and students’ physical bodies are six feet apart to the maximum extent possible while also maintaining 35 square feet per person; assign seating so students are in the same seat at all times. | * **Seating:** With the reduced classroom size of 20 to now 10 this allows for more physical space per student. The desks have also been arranged so they are six feet apart. * **Materials**: Each child has their own set of supplies at their desk. There is a box of tissues in each classroom and a sink. * **Handwashing:** Children are taught to cover their sneezes or coughs with their elbow or a tissue. They are then reminded to wash their hands with soap and water at the sink in the classroom. |
|  | **Materials:** Avoid sharing of community supplies when possible (e.g., scissors, pencils, etc.). Clean these items frequently. Provide hand sanitizer and tissues for use by students and staff. |
|  | **Handwashing:** Remind students (with signage and regular verbal reminders from staff) of the utmost importance of hand hygiene and respiratory etiquette. Respiratory etiquette means covering coughs and sneezes with an elbow or a tissue. Tissues should be disposed of in a garbage can, then hands washed or sanitized immediately.   * Wash hands with soap and water for 20 seconds or use an alcohol-based hand sanitizer with 60-95% alcohol. |

**2g. PLAYGROUNDS, FIELDS, RECESS, BREAKS, AND RESTROOMS**

| **OHA/ODE Requirements** | | **Hybrid/Onsite Plan** |
| --- | --- | --- |
|  | Keep school playgrounds closed to the general public until park playground equipment and benches reopen in the community (see Oregon Health Authority’s [Specific Guidance for Outdoor Recreation Organizations](https://sharedsystems.dhsoha.state.or.us/DHSForms/Served/le2342E.pdf)). | The school is on private property and is fenced with a no trespassing sign.  There is a staff person in the hall supervising the children washing their hands with soap and water for 20 seconds after using the toilet.  Students wash their hands in the classroom sink before and after using the playground.  One cohort at a time can be on one end of the playground. It is then disinfected after each use.  Children social distance as much as possible for the age group of 2 ½ through six.  Each classroom is its own stable cohort.  Outdoor equipment is disinfected in between classes and at the end of the day in accordance with CDC guidelines.  There are staggered breaks for staff and an extra room for breaks if needed to maintain the six feet of physical space. The staff room window can also be opened to let in fresh air. There are also signs to remind everyone to clean and disinfect when leaving and to wash hands. |
|  | After using the restroom students must wash hands with soap and water for 20 seconds. Soap must be made available to students and staff. |
|  | Before and after using playground equipment, students must wash hands with soap and water for 20 seconds or use an alcohol-based hand sanitizer with 60-95% alcohol. |
|  | Designate playground and shared equipment solely for the use of one cohort at a time. Disinfect at least daily or between use as much as possible in accordance with[CDC guidance.](https://www.cdc.gov/coronavirus/2019-ncov/community/clean-disinfect/index.html) |
|  | Cleaning requirements must be maintained (see section 2j of the ***Ready Schools, Safe Learners*** guidance). |
|  | Maintain physical distancing requirements, stable cohorts, and square footage requirements. |
|  | Provide signage and restrict access to outdoor equipment (including sports equipment, etc.). |
|  | Design recess activities that allow for physical distancing and maintenance of stable cohorts. |
|  | Clean all outdoor equipment at least daily or between use as much as possible in accordance with [CDC guidance](https://www.cdc.gov/coronavirus/2019-ncov/community/clean-disinfect/index.html). |
|  | Limit staff rooms, common staff lunch areas, elevators and workspaces to single person usage at a time, maintaining six feet of distance between adults. |

**2h. MEAL SERVICE/NUTRITION**

| **OHA/ODE Requirements** | | **Hybrid/Onsite Plan** |
| --- | --- | --- |
|  | Include meal services/nutrition staff in planning for school reentry. | The students now eat in their classroom as a stable group and are served by the teacher. The teacher cleans and disinfects tables before the students eating. The meal is left outside the classroom on a cart and the teacher brings it in. Children wash their hands at the classroom sink. They each eat at their desk which are spaced six feet apart. Children wash hands in the classroom sink before eating. The teacher wears a mask while serving the food. The children continue to wear theirs until they are ready to eat. When the meal is finished the dishes are rolled out to the hall and the cook retrieves them and takes them to the kitchen. Children wash hands after eating.  The cook adheres to all CDC health and safety guidelines for food, preparation, handling and delivery. Appropriate cleaning, sanitizing and disinfecting of all meal items and kitchen will be followed.  Staff are able to eat in the staff room because of staggered break and lunch times. |
|  | Prohibit self-service buffet-style meals. |
|  | Prohibit sharing of food and drinks among students and/or staff. |
|  | At designated meal or snack times, students may remove their face coverings to eat or drink but must maintain six feet of physical distance from others, and must put face coverings back on after finishing the meal or snack. |
|  | Staff serving meals and students interacting with staff at mealtimes must wear face shields or face covering (see section 1h of the **Ready Schools, Safe Learners** guidance). |
|  | Students must wash hands with soap and water for 20 seconds or use an alcohol-based hand sanitizer with 60-95% alcohol before meals and should be encouraged to do so after. |
|  | Appropriate daily cleaning of meal items (e.g., plates, utensils, transport items). |
|  | Cleaning and sanitizing of meal touch-points and meal counting system between stable cohorts. |
|  | Adequate cleaning and disinfection of tables between meal periods. |
|  | Since staff must remove their face coverings during eating and drinking, staff should eat snacks and meals independently, and not in staff rooms when other people are present. Consider staggering times for staff breaks, to prevent congregation in shared spaces. |

**2i. TRANSPORTATION**

| **OHA/ODE Requirements** | | **Hybrid/Onsite Plan** |
| --- | --- | --- |
|  | Include transportation departments (and associated contracted providers, if used) in planning for return to service. | N/A |
|  | Buses are cleaned frequently. Conduct targeted cleanings between routes, with a focus on disinfecting frequently touched surfaces of the bus (see section 2j of the ***Ready Schools, Safe Learners*** guidance). |
|  | Develop protocol for loading/unloading that includes visual screening for students exhibiting symptoms and logs for contact-tracing. This should be done at the time of arrival and departure.   * If a student displays COVID-19 symptoms, provide a face shield or face covering (unless they are already wearing one) and keep six feet away from others. Continue transporting the student. * The symptomatic student should be seated in the first row of the bus during transportation, and multiple windows should be opened to allow for fresh air circulation, if feasible. * The symptomatic student should leave the bus first. After all students exit the bus, the seat and surrounding surfaces should be cleaned and disinfected. * If arriving at school, notify staff to begin isolation measures. * If transporting for dismissal and the student displays an onset of symptoms, notify the school. |
|  | Consult with parents/guardians of students who may require additional support (e.g., students who experience a disability and require specialized transportation as a related service) to appropriately provide service. |
|  | Drivers wear face shields or face coverings when not actively driving and operating the bus. |
|  | Inform parents/guardians of practical changes to transportation service (i.e., physical distancing at bus stops and while loading/unloading, potential for increased route time due to additional precautions, sanitizing practices, and face coverings). |
|  | Face coverings or face shields for all students in grades Kindergarten and up following [CDC guidelines](https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/diy-cloth-face-coverings.html) applying the guidance in section 1h of the ***Ready Schools, Safe Learners*** guidance to transportation settings. |

**2j. CLEANING, DISINFECTION, AND VENTILATION**

| **OHA/ODE Requirements** | | **Hybrid/Onsite Plan** |
| --- | --- | --- |
|  | Clean, sanitize, and disinfect frequently touched surfaces (e.g. door handles, sink handles, drinking fountains, transport vehicles) and shared objects (e.g., toys, games, art supplies) between uses multiple times per day. Maintain clean and disinfected ([CDC guidance)](https://www.cdc.gov/coronavirus/2019-ncov/community/clean-disinfect/index.html) environments, including classrooms, cafeteria settings and restrooms. | Each staff person has designated areas to clean, sanitize and disinfect during the day. Drinking fountains are not being used. Each student has their own drinking container. Classroom teachers and hall staff clean throughout the day, Specialists disinfect between different cohorts, and the Cook takes care of the kitchen area each day. The housekeeper cleans throughout the day as well as using the electrostatic cleaner at the end of each day in both buildings. Housekeeper logs cleaning each day on cleaning schedule.  The playground equipment is disinfected between cohorts and at the end of the day.  The product being used is Bioesque which kills COVID-19 in 4 minutes.  The HVAC system is only a couple of years old and has regular minor and major maintenance as recommended by the manufacturer.  Outside doors are opened frequently throughout the day when going to Specialists or outside for recess allowing fresh air to enter the classroom. |
|  | Clean and disinfect playground equipment at least daily or between use as much as possible in accordance with [CDC guidance](https://www.cdc.gov/coronavirus/2019-ncov/community/clean-disinfect/index.html). |
|  | Apply disinfectants safely and correctly following labeling direction as specified by the manufacturer. Keep these products away from students. |
|  | To reduce the risk of asthma, choose disinfectant products on the EPA List N with asthma-safer ingredients (e.g. hydrogen peroxide, citric acid, or lactic acid) and avoid products that mix these with asthma-causing ingredients like peroxyacetic acid, sodium hypochlorite (bleach), or quaternary ammonium compounds. |
|  | Schools with HVAC systems should evaluate the system to minimize indoor air recirculation (thus maximizing fresh outdoor air) to the extent possible. Schools that do not have mechanical ventilation systems should, to the extent possible, increase natural ventilation by opening windows and doors before students arrive and after students leave, and while students are present. |
|  | Consider running ventilation systems continuously and changing the filters more frequently. Do not use fans if they pose a safety or health risk, such as increasing exposure to pollen/allergies or exacerbating asthma symptoms. Consider using window fans or box fans positioned in open windows to blow fresh outdoor air into the classroom via one window, and indoor air out of the classroom via another window. Fans should not be used in rooms with closed windows and doors, as this does not allow for fresh air to circulate. |
|  | Consider the need for increased ventilation in areas where students with special health care needs receive medication or treatments. |
|  | Facilities should be cleaned and disinfected at least daily to prevent transmission of the virus from surfaces (see [CDC’s guidance on disinfecting public spaces](https://www.cdc.gov/coronavirus/2019-ncov/community/reopen-guidance.html)). |
|  | Consider modification or enhancement of building ventilation where feasible (see [CDC’s guidance on ventilation and filtration](https://www.cdc.gov/coronavirus/2019-ncov/community/guidance-business-response.html) and [American Society of Heating, Refrigerating, and Air-Conditioning Engineers’ guidance](https://www.ashrae.org/news/ashraejournal/guidance-for-building-operations-during-the-covid-19-pandemic)). |

**2k. HEALTH SERVICES**

| **OHA/ODE Requirements** | | **Hybrid/Onsite Plan** |
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|  | OAR 581-022-2220 Health Services, requires districts to “maintain a prevention-oriented health services program for all students” including space to isolate sick students and services for students with special health care needs. While OAR 581-022-2220 does not apply to private schools, private schools must provide a space to isolate sick students and provide services for students with special health care needs. | The sick room is very large and has an outside door for parents to pick up from rather than walking through the building. |
|  | Licensed, experienced health staff should be included on teams to determine district health service priorities. Collaborate with health professionals such as school nurses; SBHC staff; mental and behavioral health providers; dental providers; physical, occupational, speech, and respiratory therapists; and School Based Health Centers (SBHC). |

**2l. BOARDING SCHOOLS AND RESIDENTIAL PROGRAMS ONLY**

| **OHA/ODE Requirements** | | **Hybrid/Onsite Plan** |
| --- | --- | --- |
|  | Provide specific plan details and adjustments in Operational Blueprints that address staff and student safety, which includes how you will approach:   * Contact tracing * The intersection of cohort designs in residential settings (by wing or common restrooms) with cohort designs in the instructional settings. The same cohorting parameter limiting total cohort size to 100 people applies. * Quarantine of exposed staff or students * Isolation of infected staff or students * Communication and designation of where the “household” or “family unit” applies to your residents and staff | N/A |
|  | Review and take into consideration[CDC guidance](https://www.cdc.gov/coronavirus/2019-ncov/communication/toolkits/shared-congregate-housing.html) for shared or congregate housing:   * Not allow more than two students to share a residential dorm room unless alternative housing arrangements are impossible * Ensure at least 64 square feet of room space per resident * Reduce overall residential density to ensure sufficient space for the isolation of sick or potentially infected individuals, as necessary; * Configure common spaces to maximize physical distancing; * Provide enhanced cleaning; * Establish plans for the containment and isolation of on-campus cases, including consideration of PPE, food delivery, and bathroom needs. |

**2m. SCHOOL EMERGENCY PROCEDURES AND DRILLS**

| **OHA/ODE Requirements** | | **Hybrid/Onsite Plan** |
| --- | --- | --- |
|  | In accordance with [ORS 336.071](https://www.oregonlegislature.gov/bills_laws/ors/ors336.html) and [OAR 581-022-2225](https://secure.sos.state.or.us/oard/viewSingleRule.action?ruleVrsnRsn=145271) all schools (including those operating a Comprehensive Distance Learning model) are required to instruct students on emergency procedures. Schools that operate an On-Site or Hybrid model need to instruct and practice drills on emergency procedures so that students and staff can respond to emergencies.   * At least 30 minutes in each school month must be used to instruct students on the emergency procedures for fires, earthquakes (including tsunami drills in appropriate zones), and safety threats. * Fire drills must be conducted monthly. * Earthquake drills (including tsunami drills and instruction for schools in a tsunami hazard zone) must be conducted two times a year. * Safety threats including procedures related to lockdown, lockout, shelter in place and evacuation and other appropriate actions to take when there is a threat to safety must be conducted two times a year. | Emergency drills are practiced once a month, which include a fire and earthquake drill. All children and staff wash hands after practicing a drill. Twice a year a lockdown, lockout, and shelter in place are practiced. This is documented in our ELD licensing file.  All staff have been trained on emergency drills and procedures. |
|  | Drills can and should be carried out as close as possible to the procedures that would be used in an actual emergency. For example, a fire drill should be carried out with the same alerts and same routes as normal. If appropriate and practicable, COVID-19 physical distancing measures can be implemented, but only if they do not compromise the drill. |
|  | When or if physical distancing must be compromised, drills must be completed in less than 15 minutes. |
|  | Drills should not be practiced unless they can be practiced correctly. |
|  | Train staff on safety drills prior to students arriving on the first day on campus in hybrid or face-to-face engagement. |
|  | If on a hybrid schedule, conduct multiple drills each month to ensure that all cohorts of students have opportunities to participate in drills (i.e., schedule on different cohort days throughout the year). |
|  | Students must wash hands with soap and water for 20 seconds or use an alcohol-based hand sanitizer with 60-95% alcohol after a drill is complete. |

**2n. SUPPORTING STUDENTS WHO ARE DYSREGULATED, ESCALATED, AND/OR EXHIBITING SELF-REGULATORY CHALLENGES**

| **OHA/ODE Requirements** | | **Hybrid/Onsite Plan** |
| --- | --- | --- |
|  | Utilize the components of Collaborative Problem Solving or a similar framework to continually provide instruction and skill-building/training related to the student’s demonstrated lagging skills. | At this time, we do not have any students that have dysregulated, escalated or exhibiting self-regulatory challenges. If this changes the proper training will be given to staff to support the student. |
|  | Take proactive/preventative steps to reduce antecedent events and triggers within the school environment. |
|  | Be proactive in planning for known behavioral escalations (e.g., self-harm, spitting, scratching, biting, eloping, failure to maintain physical distance). Adjust antecedents where possible to minimize student and staff dysregulation. Recognize that there could be new and different antecedents and setting events with the additional requirements and expectations for the 2020-21 school year. |
|  | Establish a proactive plan for daily routines designed to build self-regulation skills; self-regulation skill-building sessions can be short (5-10 minutes), and should take place at times when the student is regulated and/or is not demonstrating challenging behaviors. |
|  | Ensure all staff are trained to support de-escalation, provide lagging skill instruction, and implement alternatives to restraint and seclusion. |
|  | Ensure that staff are trained in effective, evidence-based methods for developing and maintaining their own level of self-regulation and resilience to enable them to remain calm and able to support struggling students as well as colleagues. |
|  | Plan for the impact of behavior mitigation strategies on public health and safety requirements:   * Student elopes from area * If staff need to intervene for student safety, staff should:   + Use empathetic and calming verbal interactions (i.e. “This seems hard right now. Help me understand… How can I help?”) to attempt to re-regulate the student without physical intervention.   + Use the least restrictive interventions possible to maintain physical safety for the student and staff.   + Wash hands after a close interaction.   + Note the interaction on the appropriate contact log. * \*If unexpected interaction with other stable cohorts occurs, those contacts must be noted in the appropriate contact logs. * Student engages in behavior that requires them to be isolated from peers and results in a room clear. * If students leave the classroom:   + Preplan for a clean and safe alternative space that maintains physical safety for the student and staff   + Ensure physical distancing and separation occur, to the maximum extent possible.   + Use the least restrictive interventions possible to maintain physical safety for the student and staff.   + Wash hands after a close interaction.   + Note the interaction on the appropriate contact log. * \*If unexpected interaction with other stable cohorts occurs, those contacts must be noted in the appropriate contact logs. * Student engages in physically aggressive behaviors that preclude the possibility of maintaining physical distance and/or require physical de-escalation or intervention techniques other than restraint or seclusion (e.g., hitting, biting, spitting, kicking, self-injurious behavior). * If staff need to intervene for student safety, staff should:   + Maintain student dignity throughout and following the incident.   + Use empathetic and calming verbal interactions (i.e. “This seems hard right now. Help me understand… How can I help?”) to attempt to re-regulate the student without physical intervention.   + Use the least restrictive interventions possible to maintain physical safety for the student and staff   + Wash hands after a close interaction.   + Note the interaction on the appropriate contact log. * \*If unexpected interaction with other stable cohorts occurs, those contacts must be noted in the appropriate contact logs. |
|  | Ensure that spaces that are unexpectedly used to deescalate behaviors are appropriately cleaned and sanitized after use before the introduction of other stable cohorts to that space. |
| **Protective Physical Intervention** | |
|  | Reusable Personal Protective Equipment (PPE) must be cleaned/sanitized after every episode of physical intervention (see section 2j of the ***Ready Schools, Safe Learners*** guidance: Cleaning, Disinfection, and Ventilation). |

| "" | **3. Response to Outbreak** |
| --- | --- |

**3a. PREVENTION AND PLANNING**

| **OHA/ODE Requirements** | | **Hybrid/Onsite Plan** |
| --- | --- | --- |
|  | Review the “[*Planning for COVID-19 Scenarios in Schools*](https://www.oregon.gov/ode/students-and-family/healthsafety/Documents/Planning%20and%20Responding%20to%20COVID-19%20Scenarios%20in%20Schools%20August%202020.pdf)” toolkit. | Reviewed “Planning for COVID-19 Scenarios in Schools” toolkit. We have spoken to Luis Pimentel-Mendia at LCPH and understand they we would call them if there is a positive case. |
|  | Coordinate with Local Public Health Authority (LPHA) to establish communication channels related to current transmission level. |

**3b. RESPONSE**

| **OHA/ODE Requirements** | | **Hybrid/Onsite Plan** |
| --- | --- | --- |
|  | Review and utilize the “[*Planning for COVID-19 Scenarios in Schools*](https://www.oregon.gov/ode/students-and-family/healthsafety/Documents/Planning%20and%20Responding%20to%20COVID-19%20Scenarios%20in%20Schools%20August%202020.pdf)” toolkit. | EMS is a private school licensed as an emergency Child Care Center and will follow the recommendations of LCPH in regards to COVID-19. We do not offer distance learning or meals outside of school. |
|  | Ensure continuous services and implement Comprehensive Distance Learning. |
|  | Continue to provide meals for students. |

**3c. RECOVERY AND REENTRY**

| **OHA/ODE Requirements** | | **Hybrid/Onsite Plan** |
| --- | --- | --- |
|  | Review and utilize the “[*Planning for COVID-19 Scenarios in Schools*](https://www.oregon.gov/ode/students-and-family/healthsafety/Documents/Planning%20and%20Responding%20to%20COVID-19%20Scenarios%20in%20Schools%20August%202020.pdf)” toolkit. | The “Planning for COVID-19 Scenarios in Schools” will be followed with the support and recommendations from LCPH for reopening. The school buildings would be cleaned, sanitized and disinfected with the Electrostatic Sprayer following all CDC guidelines.  The classrooms have already been reduced in half and have separate entry and exit points of students to allow physical distancing. |
|  | Clean, sanitize, and disinfect surfaces (e.g., playground equipment, door handles, sink handles, drinking fountains, transport vehicles) and follow [CDC guidance](https://www.cdc.gov/coronavirus/2019-ncov/community/clean-disinfect/index.html) for classrooms, cafeteria settings, restrooms, and playgrounds. |
|  | When bringing students back into On-Site or Hybrid instruction, consider smaller groups, cohorts, and rotating schedules to allow for a safe return to schools. |



**ASSURANCES**

*This section must be completed by any public school that is providing instruction through On-Site or Hybrid Instructional Models.*

***Schools providing Comprehensive Distance Learning Instructional Models do not need to complete this section unless the school is implementing the* Limited In-Person Instruction *provision under the Comprehensive Distance Learning guidance.***

*This section does not apply to private schools.*

|  | We affirm that, in addition to meeting the requirements as outlined above, our school plan has met the collective requirements from ODE/OHA guidance related to the 2020-21 school year, including but not limited to requirements from:   * Sections 4, 5, 6, 7, and 8 of the [***Ready Schools, Safe Learners***](https://www.oregon.gov/ode/students-and-family/healthsafety/Documents/Ready%20Schools%20Safe%20Learners%202020-21%20Guidance.pdf) guidance, * The [***Comprehensive Distance Learning***](https://www.oregon.gov/ode/educator-resources/standards/Pages/Comprehensive-Distance-Learning.aspx) guidance, * The [***Ensuring Equity and Access: Aligning Federal and State Requirements***](https://www.oregon.gov/ode/students-and-family/healthsafety/Documents/Ensuring%20Equity%20and%20Access%20Aligning%20State%20and%20Federal%20Requirements.pdf) guidance, and * [***Planning for COVID-19 Scenarios in Schools***](https://www.oregon.gov/ode/students-and-family/healthsafety/Documents/Planning%20and%20Responding%20to%20COVID-19%20Scenarios%20in%20Schools%20August%202020.pdf) |
| --- | --- |
|  | We affirm that we cannot meet all of the collective requirements from ODE/OHA guidance related to the 2020-21 school year from:   * Sections 4, 5, 6, 7, and 8 of the [***Ready Schools, Safe Learners***](https://www.oregon.gov/ode/students-and-family/healthsafety/Documents/Ready%20Schools%20Safe%20Learners%202020-21%20Guidance.pdf) guidance, * The [***Comprehensive Distance Learning***](https://www.oregon.gov/ode/educator-resources/standards/Pages/Comprehensive-Distance-Learning.aspx) guidance, * The [***Ensuring Equity and Access: Aligning Federal and State Requirements***](https://www.oregon.gov/ode/students-and-family/healthsafety/Documents/Ensuring%20Equity%20and%20Access%20Aligning%20State%20and%20Federal%20Requirements.pdf) guidance, and * [***Planning for COVID-19 Scenarios in Schools***](https://www.oregon.gov/ode/students-and-family/healthsafety/Documents/Planning%20and%20Responding%20to%20COVID-19%20Scenarios%20in%20Schools%20August%202020.pdf)   We will continue to work towards meeting them and have noted and addressed which requirement(s) we are unable to meet in the table titled “Assurance Compliance and Timeline” below. |

| "" | **4. Equity** |
| --- | --- |

| "" | **5. Instruction** |
| --- | --- |

| "" | **6. Family, Community, Engagement** |
| --- | --- |

| "" | **7. Mental, Social, and Emotional Health** |
| --- | --- |

| "" | **8. Staffing and Personnel** |
| --- | --- |

**Assurance Compliance and Timeline  
If a district/school cannot meet the requirements from the sections above, provide a plan and timeline to meet the requirement.**

| **List Requirement(s) Not Met** | **Provide a Plan and Timeline to Meet Requirements**  *Include how/why the school is currently unable to meet them* |
| --- | --- |
|  |  |

1. For the purposes of this guidance: “school” refers to all public schools, including public charter schools, public virtual charter schools, alternative education programs, private schools and the Oregon School for the Deaf. For ease of readability, “school” will be used inclusively to reference all of these settings. [↑](#footnote-ref-1)
2. For the purposes of this guidance: “district” refers to a school district, education service district, public charter school sponsoring district, virtual public charter school sponsoring district, state sponsored public charter school, alternative education programs, private schools, and the Oregon School for the Deaf. [↑](#footnote-ref-2)
3. Tribal Consultation is a separate process from stakeholder engagement; consultation recognizes and affirms tribal rights of self-government and tribal sovereignty, and mandates state government to work with American Indian nations on a [government-to-government](http://www.nrc4tribes.org/files/Tab%209_9H%20Oregon%20SB770.pdf) basis. [↑](#footnote-ref-3)