

OPERATIONAL BLUEPRINT FOR SCHOOL REENTRY 2020-21

Based on Template v4 (Updated 8/11/2020)

Under ODE’s **Ready Schools, Safe Learners** guidance, each school¹ has been directed to submit a plan to the district² 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](#) 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 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	Childpeace Montessori School and Metro Montessori Middle School
Key Contact Person for this Plan	James Moudry
Phone Number of this Person	503 222 1197
Email Address of this Person	james@childpeace.org
Sectors and position titles of those who informed the plan	Head of School, Assistant Head of School for Operations, Toddler/Children's House Program Director, Elementary Program Director, Middle School Program Director, Facilities Manager
Local public health office(s) or officers(s)	Multnomah County Health Department Greg Belisle, eo liaisonschools@multco.us 503-988-0061
Name of person Designated to Establish, Implement and Enforce Physical Distancing Requirements	James Moudry
Intended Effective Dates for this Plan	1 September 2020 - 18 June 2021
ESD Region	Multnomah ESD

2. 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.

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.

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.

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](#) basis.

- Parent surveys related to distance learning (June 2020)
- Initial plans released (10 July 2020)
- Online town hall presentation (17 July 2020)
- Weekly updates (from 24 July 2020)
- Technology access family survey (7 August 2020)

- Indicate which instructional model will be used.

Select One:

**On-Site Learning
for kindergarten**

Hybrid Learning

**Comprehensive Distance Learning for
grade 1-8**

- 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).
- 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/a4dedb5185d94966b1dff75e4874c8a). (<https://app.smartsheet.com/b/form/a4dedb5185d94966b1dff75e4874c8a>) 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.

We are using CDL for grades 1-8 as we track the ODE/OHA metrics for having students return to campus. Choosing CDL gives our faculty and families the most predictability as we return to school. Kindergarten-aged children will be on-site in our Children's House program for ages 3-6.

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.](#) Please name any requirements you need ODE to review for any possible flexibility or waiver.

No requirements for a waiver.

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.

We will use CDL for grades 1-8 (not for kindergarten) during our first stage of the school year, until Friday, 16 October.

On Friday, 2 October, we will publish an update to our community regarding our plans for returning to campus or continuing with CDL starting 19 October. Any change will comply with the ODE/OHA metrics for returning to in-person instruction. We have been actively preparing for on-campus instruction to comply with RSSL guidelines. This operational blueprint will be updated by 2 October if we are planning to change to on-campus instruction.

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.



0. Community Health Metrics

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.*

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

1a. COMMUNICABLE DISEASE MANAGEMENT PLAN FOR COVID-19

OHA/ODE Requirements	Hybrid/Onsite Plan
<ul style="list-style-type: none"><input type="checkbox"/> Implement measures to limit the spread of COVID-19 within the school setting.<input type="checkbox"/> Update written Communicable Disease Management Plan to specifically address the prevention of the spread of COVID-19.<input type="checkbox"/> Designate a person at each school to establish, implement and enforce physical distancing requirements, consistent with this guidance and other guidance from OHA.<input type="checkbox"/> Include names of the LPHA staff, school nurses, and other medical experts who provided support and resources to the district/school	<p>This school uses the Communicable Disease Guidance published by the Oregon Department of Education and the Oregon Health Authority.</p> <p>Here is the link to the school's COVID-19 Specific Communicable Disease Management Plan.</p>

- 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](#)) 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](#).
 - 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).

The Head of School is responsible for enforcing physical distancing requirements.

The school's annual staff training in August will include sections 1-3 of the Ready Schools, Safe Learners guidance.

The school has a protocol for reporting any confirmed cases of COVID-19, as well as any clusters of illness among staff or students or anyone who has entered the school building.

The school has posted protocols throughout the school building that outline the disinfecting protocols for each area: classrooms, bathrooms & activity areas, as well as who is responsible for each area.

The school's weekly attendance and drop off/pick up logs will be available for submission and review at any time by the LPHA contact tracing team.

The school's screening Drop-Off & Pick-Up procedures are outlined in section 1f.

The isolation of students with potential symptoms is covered in section 1i.

Section 3 covers the protocol to respond to potential outbreaks.

Each classroom/cohort within the school will have its own daily log that will include the following information:

- 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

These logs will be kept on site for a minimum of four weeks.

Staff who travel between cohorts will keep a daily log of their time spent with each cohort. This information may be included on each cohort's daily log. This information will also be kept for a minimum of four weeks.

If anyone who has entered the school reports to the school that they have tested positive for COVID-19, the school will consult with the LPHA regarding the cleaning and possible program closure.

1b. HIGH-RISK POPULATIONS

OHA/ODE Requirements	Hybrid/Onsite Plan
<p><input type="checkbox"/> 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.</p> <p>Medically Fragile, Complex and Nursing-Dependent Student Requirements</p> <p><input type="checkbox"/> All districts must account for students who have health conditions that require additional nursing services. Oregon law (ORS 336.201) defines three levels of severity related to required nursing services:</p> <ol style="list-style-type: none"> 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. <p><input type="checkbox"/> 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:</p> <ul style="list-style-type: none"> • 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. • 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: <ul style="list-style-type: none"> ○ 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. 	<p>High-risk populations include elders over 65 years of age or people who have one or more of the following medical conditions: Asthma, Heart Disease, compromised immunity due to recovering from major illnesses such as cancer, HIV, or organ transplants, obesity, diabetes, or other diseases of vital organs such as kidney, liver, or sickle cell disease.</p> <p>Currently, our kindergarten student population on site does not include a child with any of these severe medical conditions, but a few of our staff members can be categorized as members of high-risk populations. Should the future enrollment of a child in a high risk population occur, then we will provide the family with remote learning resources, and facilitate online meetings of 30 minutes per day when a teacher is conducting small group lessons.</p> <p>For high-risk staff members, we are facilitating working in classrooms with small stable groups, frequent hand washing in the classroom sink, and wearing a face covering while on campus.</p> <p>A few of our children receive speech/language therapy or visits from the Early Intervention specialists on campus once a month. We will facilitate their continued sessions by requesting that the therapist enter the School with a face covering, wash hands upon arrival, and work with the child in a remote corner of the classroom to support six-feet of distancing as much as possible, while also observing the child in the classroom environment.</p>

- 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
<input type="checkbox"/> 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.	Most of the Montessori lessons are given one-on-one between teacher and child at tables or rugs that are well separated from other children, so our environment and operation naturally include physical distancing. Most Montessori classrooms are also designed with approximately 50 square feet of space for each child.
<input type="checkbox"/> Support physical distancing in all daily activities and instruction, maintaining six feet between individuals to the maximum extent possible.	Children naturally love to hug, hold hands or sit close to each other. We are showing them alternative ways to express their emotions, such as an elbow shake instead of a handshake, a distance high-five in the air with no contact.
<input type="checkbox"/> 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.	We are setting down circles or other shapes so every child has their own well-separated spot from the other children in group gatherings.
<input type="checkbox"/> 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).	The children eat their meals and snacks at individual well-separated tables.
<input type="checkbox"/> Plan for students who will need additional support in learning how to maintain physical distancing requirements. Provide instruction; don't employ punitive discipline.	We are increasing the distance between children when standing in a queue to step outdoors or for handwashing upon returning to the classroom.
<input type="checkbox"/> Staff should maintain physical distancing during all staff meetings and conferences, or consider remote web-based meetings.	We are staggering our outdoor schedule so different classrooms enter the play yard at different times with sanitizing our equipment in between groups, conducting single-room fire drills so that the different stable groups stay well separated at all times. Parents are not permitted to enter the School. Drop-off and pick-up occur at the entrances to our School and we are holding online meetings for parent-teacher conferences to address any concerns and questions that may arise.

1d. COHORTING

OHA/ODE Requirements	Hybrid/Onsite Plan
<input type="checkbox"/> Where feasible, establish stable cohorts: groups should be no larger than can be accommodated by the space available to provide 35 square feet per person, including staff. <ul style="list-style-type: none"> ● The smaller the cohort, the less risk of spreading disease. As cohort groups increase in size, the risk of spreading disease increases. 	Key Changes to Section: <ul style="list-style-type: none"> ● Revisions propose returning to maximum group sizes as defined by child care licensing requirements for different types of providers. <ul style="list-style-type: none"> ○ For Registered Family providers, the maximum stable group size is 10 ○ For Certified Family providers, the maximum stable group size is 16 ○ For Certified Center providers, the maximum stable group size is 20 ○ For School-age providers, the maximum stable group size is 30 ● Revisions maintain requirements related to stable groups, and add clarifying language regarding the implementation of stable groups.
<input type="checkbox"/> 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.	
<input type="checkbox"/> Each school must have a system for daily logs to ensure contact tracing among the cohort (see section 1a of the <i>Ready Schools, Safe Learners</i> guidance).	
<input type="checkbox"/> Minimize interaction between students in different stable cohorts (e.g., access to restrooms, activities, common areas). Provide access to All Gender/Gender Neutral restrooms.	
<input type="checkbox"/> Cleaning and disinfecting surfaces (e.g., desks, door handles, etc.) must be maintained between multiple student uses, even in the same cohort.	Requirements. During COVID-19, an early care and education program must do the following:

- 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.

- Assign and keep children in stable groups with the same assigned adults.
 - o A new child may be added or moved to a different stable group if it is a permanent change.
 - Require staff to practice physical distancing (i.e. six feet) at all times within the facility with adults, as well as other staff who are not within the same stable group.
 - Require staff assigned to a stable group to practice physical distancing with children from other stable groups and take precautions to ensure children do the same.
 - o Staff and children are not required to physically distance from adults or children within their stable group. 10 Group Size and Stable Groups
 - Staff-to-child ratios and maximum group sizes must adhere to those specified in licensing rules by provider type. These group sizes and ratios, as well as any additional requirements, are below:
- Certified Center (CC), Recorded Programs, and Schools – must meet the ratios in Table 1 below, unless licensed to operate under Table 2. (see tables in ELD Proposed Revisions doc)
- Each group of children must be in a space that meets a minimum of 35 square feet per child.
 - Only staff assigned to a stable group may be inside of classrooms.
 - Additional adults outside of the stable group may be allowed into the classroom in order to provide specialized services to children such as those associated with Early Intervention or Early Childhood Special Education; meet monitoring requirements; maintain ratios during teacher breaks; or a service to the facility that cannot take place outside of program hours.
 - When providing outdoor activities, there cannot be more than one stable group of children in one outside area at a time.
- Recommendations. The following practices are suggested to enhance health and safety:
- A group may have more staff/teachers than the minimum required by licensing or fewer children than the maximum allowed in order to provide higher quality care.
 - Certified Centers may divide large classrooms, with the approval of their licensing specialist, in order to have two smaller groups (e.g., two groups of ten).

1e. PUBLIC HEALTH COMMUNICATION

OHA/ODE Requirements	Hybrid/Onsite Plan
<ul style="list-style-type: none"> <input type="checkbox"/> 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. <input type="checkbox"/> Develop protocols for communicating with students, families and staff who have come into close contact with a confirmed case. <ul style="list-style-type: none"> • The definition of exposure is being within 6 feet of a COVID-19 case for 15 minutes (or longer). 	<p>The school will communicate about infection control measures with staff via email and physically-distanced in-person meetings, both before school starts and as needed throughout the school year.</p>

- 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.

Email messages will be the primary method of communication with students, families, and staff who have come into close contact with a confirmed case.

A detailed description of how the school will respond and is responding to this scenario will be communicated to staff and families ahead of time, as well as if/when this scenario presents itself.

This information will be communicated in all languages and formats necessary to effectively communicate with the school community.

1f. ENTRY AND SCREENING

OHA/ODE Requirements	Hybrid/Onsite Plan
<ul style="list-style-type: none"> <input type="checkbox"/> 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: <ul style="list-style-type: none"> ● Primary symptoms of concern: cough, fever (<i>temperature</i> 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. ● 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. ● Emergency signs that require immediate medical attention: <ul style="list-style-type: none"> ○ 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 <input type="checkbox"/> 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. <ul style="list-style-type: none"> ● 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." ● Additional guidance for nurses and health staff. <input type="checkbox"/> 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." <input type="checkbox"/> 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. <input type="checkbox"/> 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. 	<p>Parent Health Screening Before Arrival</p> <p>Parents are encouraged to be on the alert for signs of illness in their children and to keep them home when they are sick. Parents are encouraged to conduct pre-screening each day at home.</p> <p>Please do not bring your child to school if you notice any of the following symptoms:</p> <ul style="list-style-type: none"> ● Temperature of 100 degrees fahrenheit or higher ● Cough ● Shortness of breath or difficulty breathing ● Chills ● Repeated Shaking with chills ● Muscle pain ● Headache ● Sore throat ● Loss of taste or smell ● Diarrhea ● Nausea or vomiting ● Congestion or runny nose <p><i>Note: for the safety of the community, please do not bring your child to school if you have provided them with a fever reducer within the last 24 hours.</i></p>

Health Screening at Arrival - Children

Staff members will perform the following screening of all children at arrival:

Visual:

- Flushed cheeks
- Rapid breathing/difficulty breathing
- Fatigue
- Extreme fussiness

Verbal:

Staff will ask parents/guardians if they have noticed any of the following symptoms in their child: (symptoms taken from the CDC website)

- A cough
- Shortness of breath
- A sore throat
- Fatigue
- Body aches
- Loss of taste or smell
- Diarrhea
- Nausea or vomiting
- Has your child been given a fever reducer in the past 24 hours?
- Are there any family members in your household with symptoms consistent with COVID-19?

Temperature:

- Upon arrival, a staff member will take each child's temperature using a contactless thermometer.
- If the child has a temperature of 100°F or higher the staff will verify temperature with another thermometer.
- A child with a double-verified temperature of over 100°F will not be admitted.
- A verified temperature may be taken with an ear or forehead thermometer.

- If an ear or forehead thermometer is used it will be disinfected with alcohol after each use.
- The temperature of all children will be taken at drop off and before lunch.

Health Screening at Arrival - Staff

Upon arrival, all staff members will take their temperature with a contactless thermometer.

- Staff members with a temperature of 100°F or higher will be relieved of duty for the day.
- All staff members will sign a daily self-certification asking:
 - Do I have a cough?
 - Do I have Shortness of breath?
 - Do I have a sore throat?
 - Do I have body aches?
 - Are there any family members in your household with symptoms consistent with COVID-19?

Any affirmative answers to these questions will relieve the staff member of duty for the day.

Staff and Children will not be admitted to school if:

- If they or the child have been exposed to a positive or presumptive case of COVID-19 any time during the 10 days after the confirmed or presumptive COVID-19 case first showed symptoms.
- In the previous 14 days, they have traveled to another country.
- They are under investigation for COVID-19.

COVID-19 Off-site Exposure - Staff and Children

If a staff member or child has been identified as close contact with 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. Close contact means being closer than 6 feet apart for more than 15 minutes.

Chronic Cough

Cough due to asthma or allergies should be documented by a doctor’s note. Staff and students will not be excluded due to a documented chronic cough. If a cough is more severe than normal, then staff or students will be sent home.

Healthy Hand Hygiene

Everyone entering the school is required to wash their hands with running water and soap for at least 20 seconds. Adults signing in are required to use hand sanitizer before and after sign in.

Washing hands can keep you healthy and prevent the spread of infections from one person to the next. All Children and staff will engage in hand hygiene at the following times:

- Arrival to the classroom and after breaks
- Before and after eating or handling food
- After using the toilet or helping a child use the bathroom
- After coming in contact with bodily fluid
- After playing outdoors
- After handling garbage
- Before and after touching your eyes, nose or mouth.

1g. VISITORS/VOLUNTEERS

OHA/ODE Requirements	Hybrid/Onsite Plan
<input type="checkbox"/> Restrict non-essential visitors/volunteers. <ul style="list-style-type: none"> ● 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. <input type="checkbox"/> 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.” <input type="checkbox"/> Visitors/volunteers must wash or sanitize their hands upon entry and exit. <input type="checkbox"/> Visitors/volunteers must maintain six-foot distancing, wear face coverings, and adhere to all other provisions of this guidance.	<p>Adults in the school are limited to essential personnel only. Most volunteers will need to complete their projects off-site.</p> <p>Essential visitors must wear a face covering, wash hands upon entering the building, sign in, and do a health screening. A staff member will screen all essential visitors for symptoms upon entry and restrict access to anyone who has had contact with a confirmed case of COVID-19.</p>

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

OHA/ODE Requirements	Hybrid/Onsite Plan
<input type="checkbox"/> Face coverings or face shields for all staff, contractors, other service providers, or visitors or volunteers following CDC guidelines for Face Coverings . Individuals may remove their face coverings while working alone in private offices.	<p>Requirements About Face Coverings:</p> <p>Face coverings include reusable cloth masks, disposable paper masks, and plastic face shields.</p>

- Face coverings or face shields for all students in grades Kindergarten and up following [CDC guidelines for Face Coverings](#).
- 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](#) 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:
- If a staff member requires an accommodation for the face covering or face shield requirements, districts and schools should

- All staff and any other person over the age of 5 must wear a face covering at the child care facility.
- Exceptions to this requirement are allowed for children with a health condition or disability.

Children between two and kindergarten are allowed to wear a face covering if:

- Requested by the parent/guardian
- The face covering fits according to children’s face measurements.
- The child is able to remove the face covering themselves without assistance.
- The child will never wear the face covering when asleep.

Requirements on the Handling of Face Coverings:

- Everyone should wash their hands before putting on a face covering, after taking masks/cloth face covering off, and anytime the face covering is touched.
- Hand-sanitizing products with 60-95% alcohol content may be used as an alternative to wash hands after taking masks/cloth face covering off. Hand sanitizer must be stored out of reach of children when not in use.
- Face coverings should be washed daily or a new covering worn daily.
- After the removal of a soiled face covering, the covering should be put into a secure place that is not accessible to others. For example, it could be placed into a plastic bag or plastic container that is inaccessible to children prior to being cleaned.
- Reusable plastic face shields must be sanitized after each use. Disposable masks or face shields should only be worn once.
- Adults who engage in health and safety checks and those who interact with multiple stable groups of children must change face coverings and an outer layer of clothing.
- Ensure any child care staff providing direct contact care and monitoring of children or other staff displaying COVID-19 symptoms, prior to their exclusion from the child care setting, are required to maintain six feet of distancing and wear a face covering. (Medical-grade face masks, such as a surgical mask or N-95 respirator, are recommended if available.)
- Clothing must be changed after being soiled by bodily fluids.

Recommendations Regarding Face Coverings:

The following practices are suggested to enhance health and safety.

- Develop written agreements to document the use of face coverings with children.
- Plexiglass or clear plastic barriers may be used for additional protection at an entry area, such as a front desk or child

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.
 3. 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.
- work to limit the staff member's proximity to students and staff to the extent possible to minimize the possibility of exposure.

check-in area. This barrier must be at least three feet wide and four feet tall, centered at the level of the mouth and nose level.

1i. ISOLATION AND QUARANTINE

OHA/ODE Requirements	Hybrid/Onsite Plan
<input type="checkbox"/> 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. <input type="checkbox"/> 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. <ul style="list-style-type: none"> ● 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 for nurses and health staff. <input type="checkbox"/> 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. <ul style="list-style-type: none"> ● 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. 	<ul style="list-style-type: none"> ● If any of the above-noted symptoms are observed at drop off, the student or staff with symptoms will not be permitted to enter the school. <ul style="list-style-type: none"> ○ Anything used/touched by said student or staff will be disinfected. ● If any of the above-noted symptoms are observed during the school day, the school will: <ul style="list-style-type: none"> ○ Remove the child to the isolation area with all belongings to go home (typically this will be to the office) and open the windows for air circulation. ○ Call parents for pick up within 30 minutes. If a parent is unavailable, we will call others on the emergency contact list. ○ If the child was in a classroom we will open windows to increase air circulation and close off classroom areas used by the child to disinfect items of use (table, chair, etc.) ○ A staff member will wait with the child in the doorway of the isolation room. <ul style="list-style-type: none"> ■ The staff member will be wearing gloves, apron, and face covering.

- 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.”](#)
 - 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.
- When a parent arrives, a staff member will bring the child and belongings to the door.
 - A staff member will disinfect the mat, bedding, and PPE worn by the staff member.
- If a child needs immediate transportation to an emergency room, the school protocol for transportation will apply.
 - This includes the use of 911.
 - Any student or staff being asked to not attend and are showing signs of COVID-19 will be advised to seek medical attention and not be permitted to return to school until 72 hours after symptoms have cleared without the use of medication, or 14 days if they test positive for COVID-19.
 - If a student or staff member has had contact with a suspected case of COVID-19 they will be asked to quarantine at home for 10 days or until they test negative for COVID-19.



2. Facilities and School Operations

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
<ul style="list-style-type: none"> <input type="checkbox"/> Enroll all students (including foreign exchange students) following the standard Oregon Department of Education guidelines. <input type="checkbox"/> The temporary suspension of the 10-day drop rule does not change the rules for the initial enrollment date for students: <ul style="list-style-type: none"> ● 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. <input type="checkbox"/> 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 	<p>This section does not apply to our school.</p>

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.

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2b. ATTENDANCE

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

OHA/ODE Requirements	Hybrid/Onsite Plan
<ul style="list-style-type: none"> <input type="checkbox"/> 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). <input type="checkbox"/> 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). <input type="checkbox"/> 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. <input type="checkbox"/> 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. <input type="checkbox"/> 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. 	<p>This section does not apply to our school.</p>

2c. TECHNOLOGY

OHA/ODE Requirements	Hybrid/Onsite Plan
<ul style="list-style-type: none"> <input type="checkbox"/> Update procedures for district-owned or school-owned devices to match cleaning requirements (see section 2d of the Ready Schools, Safe Learners guidance). <input type="checkbox"/> Procedures for return, inventory, updating, and redistributing district-owned devices must meet physical distancing requirements. 	<p>No digital devices are used with our kindergarten students.</p>

2d. SCHOOL SPECIFIC FUNCTIONS/FACILITY FEATURES

OHA/ODE Requirements	Hybrid/Onsite Plan
<ul style="list-style-type: none"> <input type="checkbox"/> Handwashing: All people on campus should be advised and encouraged to wash their hands frequently. <input type="checkbox"/> Equipment: Develop and use sanitizing protocols for all equipment used by more than one individual or purchase equipment for individual use. 	<ul style="list-style-type: none"> ● Handwashing: Each classroom has multiple sinks for students and staff. The kitchen and staff bathroom both have sinks for handwashing for support staff. Hand sanitizer is available for when hand washing isn't an option. ● Equipment: All classroom supplies and garden equipment will

- 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.

be cleaned and sanitized before use by a student in a different cohort.

- **Safety Drills:** During fire drills and all other emergency evacuation drills, each cohort will exit from their own entrance/exit door. Each cohort will proceed to a designated check-in point that is physically distanced from other cohorts.
- **Events:** Events at which children and families gather together throughout the school year will be canceled or done virtually. Parent conferences will be done virtually.
- **Transitions/Hallways:** All classrooms have separate entrance/exit doors so there will not be any time where children meet in the halls. If there is only one door, staff will work to minimize the opportunity for children to meet in the doorway/hallway.
- **Lining up procedures** will be done in small groups to allow for social distancing. These areas will be clearly marked with physical distancing cues.
- **Personal Property:** Each child will bring a bag containing all their personal items: water bottle, lunch box, coat, etc.
- All personal items will go in these bags to reduce contact. Children will be guided on when/how to access their personal items from their teachers to ensure physical distancing.

Restrooms: Each classroom has their own bathroom facilities. They will be cleaned and disinfected daily.

2e. ARRIVAL AND DISMISSAL

OHA/ODE Requirements	Hybrid/Onsite Plan
<ul style="list-style-type: none"> <input type="checkbox"/> Physical distancing, stable cohorts, square footage, and cleaning requirements must be maintained during arrival and dismissal procedures. <input type="checkbox"/> Create schedule(s) and communicate staggered arrival and/or dismissal times. <input type="checkbox"/> Assign students or cohorts to an entrance; assign staff member(s) to conduct visual screenings (see section 1f of the <i>Ready Schools, Safe Learners</i> guidance). <input type="checkbox"/> 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. <ul style="list-style-type: none"> ● 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. <input type="checkbox"/> 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. 	<p>Screening Students</p> <ul style="list-style-type: none"> ● Students will be visually screened by the staff upon arrival. When the screening indicates that a student may be symptomatic, the student is directed to the office. ● Each teacher/ staff member will use a sign in/ sign out protocol to help facilitate contact tracing. Hand Washing stations or hand sanitizer dispensers are available upon entering each classroom. ● Share with families the need to keep drop-off/ pick up interactions as brief as possible. ● We have marked designated areas for drop offs and pick up times. Also, we have a staggered drop off/ pick-up schedule to accommodate physical distancing. <p>If there is a late arrival or early pick up schedule, families must call the office for a staff member to meet them outside their classroom doors so we can screen and sign them in.</p>

2f. CLASSROOMS/REPURPOSED LEARNING SPACES

OHA/ODE Requirements	Hybrid/Onsite Plan
<ul style="list-style-type: none"> <input type="checkbox"/> Seating: Rearrange student desks and other seat spaces so 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. 	<p>Classroom Space</p> <ul style="list-style-type: none"> ● Stable groups will be kept separate from each other and away from other children as much as possible.

☐ **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.

- Windows will be kept open frequently to increase airflow and keep child care areas well ventilated.

- Children will utilize outdoor space as much as possible and will be encouraged to maintain physical distance.

- Time spent in whole/large group activities will be reduced as much as possible.

- Depending on the size of the group and the age of the children, learning environments will be separated into individual spaces for each child. Student desks and other seat spaces are rearranged so that staff and students' physical bodies are six feet apart to the maximum extent possible while also maintaining 35 square feet per person; with assigned seating so students are in the same seat at all times.

- Any extra tutoring will be at a designated area each visit which allows for ventilation and minimum contact with tutors. Best practice policies will be developed with Multnomah Early Childhood Providers if/when they return in September.

- Children will eat snacks and lunch in their own classrooms at their assigned seats.

- Children will be split into groups and excused in these groups while waiting in line to minimize the waiting time.

- Indicators marked on floors will show children where to stand for social distancing, show the direction to take when being dismissed, etc.

Materials

- Sharing materials and toys between children will be significantly limited during an activity. If sharing has occurred, children must wash their hands with soap and water or use sanitizer after the use of shared materials and toys.

- Classroom materials will be cleaned between uses.

- Community supplies such as scissors, pencils, etc. will be supplied to each student to avoid sharing materials as much as possible. These items will be cleaned frequently. If needed to share, these items will be cleaned between each use. Hand sanitizer and tissues will be available for use by students and staff.

- A cubby and/or storage bin will be assigned to each child's belongings.

Handwashing

- Students are reminded (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 are disposed of in a garbage can, then hands washed or sanitized immediately.

Naptime

- There shall be at least 30” between beds or cots and sleep head-to-toe
- Children are arranged so that the head of a person in one bed is at the other end as the head of the person in the next bed) during nap time.
- Each child’s bedding will be kept separate and will be stored in individually labeled bins
- Cots and mats will be labeled for each child
- Bed sheets, pillow cases, cribs, cots, mats and blankets will be cleaned and sanitized before use by another child.
- Linens will be washed weekly and sanitized with bleach according to equipment manufacturer’s instructions or washed above 140°F.

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

OHA/ODE Requirements	Hybrid/Onsite Plan
<ul style="list-style-type: none"> <input type="checkbox"/> 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). <input type="checkbox"/> After using the restroom students must wash hands with soap and water for 20 seconds. Soap must be made available to students and staff. <input type="checkbox"/> Before and after using playground equipment, students must wash hands with soap and water for 20 seconds <u>or</u> use an alcohol-based hand sanitizer with 60-95% alcohol. <input type="checkbox"/> 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. <input type="checkbox"/> Cleaning requirements must be maintained (see section 2j of the Ready Schools, Safe Learners guidance). <input type="checkbox"/> Maintain physical distancing requirements, stable cohorts, and square footage requirements. <input type="checkbox"/> Provide signage and restrict access to outdoor equipment (including sports equipment, etc.). <input type="checkbox"/> Design recess activities that allow for physical distancing and maintenance of stable cohorts. <input type="checkbox"/> Clean all outdoor equipment at least daily or between use as much as possible in accordance with CDC guidance. <input type="checkbox"/> Limit staff rooms, common staff lunch areas, elevators and workspaces to single person usage at a time, maintaining six feet of distance between adults. 	<p>Outdoor Environment</p> <ul style="list-style-type: none"> ● The outdoor environment will be closed and inaccessible to the general public. ● Each classroom will have a time for outdoor activity daily on a rotating schedule as weather permits, so there is only ever one group at each play space. ● Each classroom will have a set of outdoor materials to be washed daily or between use as much as possible. ● Time will be allotted so that shared outdoor equipment will be sanitized between stable classroom groups. ● For sanitation reasons, the sandbox will not be in use. ● 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. ● Recess activities are designed to allow physical distancing as much as possible. This can include limiting the number of students on one piece of equipment, at one game, etc. <p>Restrooms</p> <ul style="list-style-type: none"> ● Restrooms will be exclusive to each group, if possible. ● Handwashing sinks, counters, toilets, toilet handles, & floors are to be disinfected daily, as often as possible throughout the day and immediately whenever visibly soiled. ● Changing tables and potty chairs are to be disinfected after each use. ● After using the restroom students must wash hands with soap and water for 20 seconds.

	<ul style="list-style-type: none"> • Children will be split into groups and excused in these groups to minimize the waiting time and number of children within the bathroom. • Indicators marked on floors will show children where to stand for social distancing in line. <p>Breaks</p> <p>Staff rooms, common staff lunch areas, and workspaces will be limited to single person usage at a time, maintaining six feet of distance between adults.</p>
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2h. MEAL SERVICE/NUTRITION

OHA/ODE Requirements	Hybrid/Onsite Plan
<ul style="list-style-type: none"> <input type="checkbox"/> Include meal services/nutrition staff in planning for school reentry. <input type="checkbox"/> Prohibit self-service buffet-style meals. <input type="checkbox"/> Prohibit sharing of food and drinks among students and/or staff. <input type="checkbox"/> 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. <input type="checkbox"/> 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). <input type="checkbox"/> Students must wash hands with soap and water for 20 seconds <u>or</u> use an alcohol-based hand sanitizer with 60-95% alcohol before meals and should be encouraged to do so after. <input type="checkbox"/> Appropriate daily cleaning of meal items (e.g., plates, utensils, transport items). <input type="checkbox"/> Cleaning and sanitizing of meal touch-points and meal counting system between stable cohorts. <input type="checkbox"/> Adequate cleaning and disinfection of tables between meal periods. <input type="checkbox"/> 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. 	<p><u>Meal Service</u></p> <ul style="list-style-type: none"> • Train all staff on meal service & nutrition guidelines before they work in the classroom and include these specifications in your COVID-9 Health & Safety Plan. • Any staff who prepares food and/or serves food to the children must wear a face covering or shield. • Before and after eating, preparing food, and or bottle preparation, require staff and children to wash hands for at least 20 seconds. • Eliminate the serving from communal platters in the manner of family-style meals. • Sanitize food area items including refrigerator/freezer, eating utensils, dishes, kitchen counters, food preparation surfaces, food preparation sinks, kitchen equipment: blenders, can openers, pots & pans, cutting boards, tables and highchair trays, highchairs, and kitchen floors and any other meal touch-points. • Supervise all mealtimes to prevent children from sharing and/or touching each other’s food. • Programs may provide bagged and individualized lunches, accept lunches from families, or provide meals prepared on site under the specific guidance (See Rules and Sanitation Guidance). • Arrange or stagger meal schedules so that a smaller group of children is eating at one time. • Seat children and staff for meals to allow 6 feet of physical distancing. • Space must be provided for staff to consume their meals independently and not while other people are present. Consider staggering break times, to prevent more than one staff member in this space at one time. • The following table must be used to determine the frequency of sanitizing:

Food Areas	Daily	Weekly	Before & after each use
Fridge/Freezer		X	
Eating Utensils & Dishes			X
Kitchen Counters			X
Food Prep Surfaces			X
Food Prep Sinks	X		
Kitchen Equip.			X
Tables			X
Floors	X		

2i. TRANSPORTATION

OHA/ODE Requirements	Hybrid/Onsite Plan
<input type="checkbox"/> Include transportation departments (and associated contracted providers, if used) in planning for return to service. <input type="checkbox"/> 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). <input type="checkbox"/> 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. <ul style="list-style-type: none"> ● 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. <ul style="list-style-type: none"> ○ 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. <ul style="list-style-type: none"> ○ If transporting for dismissal and the student displays an onset of symptoms, notify the school. <input type="checkbox"/> Consult with parents/guardians of students who may require additional support (e.g., students who experience a disability and	<p>Our kindergarten students are not transported by motor vehicles.</p>

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](#) 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
<ul style="list-style-type: none"> <input type="checkbox"/> 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) environments, including classrooms, cafeteria settings and restrooms. <input type="checkbox"/> Clean and disinfect playground equipment at least daily or between use as much as possible in accordance with CDC guidance. <input type="checkbox"/> Apply disinfectants safely and correctly following labeling direction as specified by the manufacturer. Keep these products away from students. <input type="checkbox"/> 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. <input type="checkbox"/> 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. <input type="checkbox"/> Consider running ventilation systems continuously and changing the filters more frequently. Do <u>not</u> 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. <input type="checkbox"/> Consider the need for increased ventilation in areas where students with special health care needs receive medication or treatments. <input type="checkbox"/> 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). <input type="checkbox"/> Consider modification or enhancement of building ventilation where feasible (see CDC's guidance on ventilation and filtration and American Society of Heating, Refrigerating, and Air-Conditioning Engineers' guidance). 	<p><u>Cleaning and Disinfection</u></p> <ul style="list-style-type: none"> ● Train all staff on cleaning and disinfection guidelines before they work in the classroom and include these specifications in your COVID-9 Health & Safety Plan. ● Wear disposable gloves when cleaning and disinfecting surfaces. ● Wash hands with soap and water as soon as you remove the gloves. ● Keep all disinfectants out of the reach of children. ● Clean surfaces that are dirty using a detergent or soap and water prior to disinfection. ● Use EPA-registered household disinfectant and follow instructions on the label (e.g., concentration, application method, contact time). When possible, choose disinfectant products with asthma-safer ingredients (e.g. hydrogen peroxide, citric acid, or lactic acid). ● Diluted household bleach solutions are also allowable when appropriate for the surface. ● Mix water with bleach using instructions on the bleach bottle. Leave diluted bleach mixture on the surface for at least one minute. ● Do not mix bleach or other cleaning and disinfection products together. This can cause fumes that may be very dangerous to breathe. ● For soft (porous) surfaces, such as carpeted floor, rugs, and drapes, remove visible contamination if present and clean with appropriate cleaners indicated for use on these surfaces. After cleaning: <ul style="list-style-type: none"> ○ If the items can be laundered, launder items in accordance with the manufacturer's instructions using the warmest appropriate water setting for the items and then dry items completely. ○ Otherwise, use products that have been approved by the EPA for use against SARS-CoV-2 that are suitable for porous surfaces.

High touch surfaces, such as doorknobs, light switches, countertops, handles, desks, phones, keyboards, and toilets, must be disinfected or sanitized frequently.

Playground Equipment

Clean and disinfect playground equipment and playground surfaces at least daily or between uses as much as possible.

Linens, clothing, and other items that go in the laundry.

- Wear disposable gloves when cleaning and disinfecting linens, clothing, and other items that go in the laundry.
- Wash hands with soap and water as soon as you remove the gloves.
- Bag all soiled linens, clothing, and other items that go in the laundry in bags before removing from the area.
- Do not shake dirty laundry.
- Launder items according to the manufacturer's instructions. Use the warmest appropriate water setting and dry items completely.
- Dirty laundry from an ill person can be washed with other people's items.
- Clean and disinfect clothes hampers according to the guidance above for surfaces.

Electronics

- Follow the manufacturer's instructions for cleaning and disinfecting.
- If no guidance, use alcohol-based wipes or sprays containing at least 70% alcohol. Dry surfaces thoroughly.

Sleeping Areas:

- Clean and sanitize bed sheets, pillowcases, cribs, cots, mats, and blankets before use by another child.

Toileting Areas

- Disinfect handwashing sinks, counters, toilets, toilet handles, trash cans, and bathroom floors.

Toys

- Collect "mouthed" toys after each use by a child.
- Collect all other toys daily or as they become dirty.
- Sort toys into separate containers: one for cloth and stuffed toys and one for wood and plastic toys. Sorting the toys ahead of time will make it easier to wash and sanitize them.
- At the end of the day, or at a specified time (i.e. nap time), clean, rinse and sanitize toys.

- Toys may be cleaned in a washing machine, dishwasher, or by hand.
 - If washing toys in a washing machine:
 - Use hot water and detergent.
 - Dry toys completely in a hot dryer when possible.
 - Many soft toys made of fabric, such as stuffed animals, rattles, and dress-up clothes may be washed in a washing machine. Check instructions on the toy.
 - If washing toys in a dishwasher:
 - Use the proper amount of dishwasher detergent recommended by the manufacturer.
 - Run toys through the complete wash and dry cycle.
 - Do not wash toys with dirty dishes, utensils, etc.
 - Some HARD toys such as wood, plastic or metal may be washed in a dishwasher. Check instructions on toy
 - If washing toys by hand, use the following process:
 - Step 1: Wash and scrub toys thoroughly with soap or detergent and warm water to remove most of the dirt, grime, and saliva. It is important to clean toys before sanitizing them because the sanitizer kills germs better on clean surfaces.
 - Step 2: Rinse toys with water to remove the dirt, soap residue, and germs to help make a clean surface.
 - Step 3: Sanitize toys. Sanitizing reduces the germs from surfaces to levels that are considered safe.
 - Dip or cover sufficiently with spray the toys in a solution of chlorine bleach; refer to “Method for Mixing Bleach” for the correct proportions. Protect your skin by wearing household rubber gloves.
 - Allow toys to dry completely (i.e. overnight) or allow a two-minute contact time before wiping toys dry with a paper towel.
 - Chlorine from the sanitizing bleach solution evaporates off the toys so no residue remains, and further rinsing is not necessary.
- Specific Additional Requirements for Registered Family and Certified Family homes:
- Spaces must be cleaned between times when household members utilize the space and times when a group of children utilize the space.
 - Items used for child care must be washed separately from items used by family or household members.
 - The following table must be used to determine frequency of cleaning & disinfecting:

Item:	Daily:	Weekly:	Before & after each use
Door & Cabinet Handles	X		
Drinking Fountains	X		
Cloth toys & dress up clothes	X		
Hats & Helmets			X
Preschool & School-Aged Toys			X
Upholstered Furniture	X		
Garbage Cans	X		
Rugs and Carpets	X		
Floors (tile, vinyl, etc)	X		
Cots, mattresses and mats	X		
Laundry - sheets & blankets		X	
Handwashing sinks, counters, toilets & toilet handles.	X		
Bathroom Floors	X		
Playground Equipment	X		
Ventilation:			

	<ul style="list-style-type: none"> ● Train all staff on ventilation guidelines before they work in the classroom and include these specifications in your COVID-19 Health & Safety Plan. ● Evaluate your site for proper ventilation using the CDC’s guidance on ventilation and filtration, consider modifying or enhancing current ventilation systems where feasible. ● Check that ventilation systems are working properly and have been maintained and cleaned recently. ● Increase circulation of outdoor air as much as possible by opening windows and doors, using fans and by other methods. ● Consider running ventilation systems continuously, be prepared to change the filter more frequently. <p>Use HEPA filters in ventilation systems whenever possible.</p> <ul style="list-style-type: none"> ● When doors and windows are closed, do not use fans in order to reduce the risk of increased asthma symptoms which can worsen in recirculating classroom air. . ● When doors and windows are closed, consider using an air filtration unit that uses a HEPA air filter to continuously clean the stagnant classroom air.
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2k. HEALTH SERVICES

OHA/ODE Requirements	Hybrid/Onsite Plan
<input type="checkbox"/> 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. <input type="checkbox"/> 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).	<p>Our school has identified the “treehouse room” as an isolation space that allows for privacy and supervision.</p> <ul style="list-style-type: none"> ● Each classroom will provide age appropriate hand hygiene and respiratory etiquette to endorse prevention. This includes website, newsletter and signage in the school setting for health promotion. ● Schools will practice appropriate communicable disease isolation and evacuation measures. ● Staff will participate in required health services related training to maintain health services practises in the school setting. ● COVID-19 specific infection control practises for staff and students will be communicated. ● Immunization processes will be addressed as per routine timeline, which prioritizes the beginning of the year and new students. Information for immunization clinics will be provided for families. <p>Continuity of existing health management issues will have a plan for sustaining operations alongside COVID-19 specific planning (medication administration etc.)</p>

2l. BOARDING SCHOOLS AND RESIDENTIAL PROGRAMS ONLY

OHA/ODE Requirements	Hybrid/Onsite Plan
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- 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
- Review and take into consideration [CDC guidance](#) 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.

We do not offer a boarding program.

2m. SCHOOL EMERGENCY PROCEDURES AND DRILLS

OHA/ODE Requirements	Hybrid/Onsite Plan
<input type="checkbox"/> In accordance with ORS 336.071 and OAR 581-022-2225 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. <ul style="list-style-type: none"> ● 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. <input type="checkbox"/> Drills can and should be carried out <u>as close as possible</u> 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. <input type="checkbox"/> When or if physical distancing must be compromised, drills must be completed in less than 15 minutes. <input type="checkbox"/> Drills should not be practiced unless they can be practiced correctly. <input type="checkbox"/> Train staff on safety drills prior to students arriving on the first day on campus in hybrid or face-to-face engagement. <input type="checkbox"/> 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).	<p>Our school complies with the required emergency drill procedures for the students on-site including fire, earthquake, and on-campus safety threats.</p> <p>Drills will comply with the health and safety procedures to reduce possible transmission of infection.</p> <p>Drills will continue to be practiced with the safety procedures correct to each specific drill.</p> <p>Staff are trained on the drills prior to practicing the drill.</p> <p>Students and staff will wash hands after each drill.</p>

- 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
<ul style="list-style-type: none"> <input type="checkbox"/> 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. <input type="checkbox"/> Take proactive/preventative steps to reduce antecedent events and triggers within the school environment. <input type="checkbox"/> 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. <input type="checkbox"/> 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. <input type="checkbox"/> Ensure all staff are trained to support de-escalation, provide lagging skill instruction, and implement alternatives to restraint and seclusion. <input type="checkbox"/> 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. <input type="checkbox"/> Plan for the impact of behavior mitigation strategies on public health and safety requirements: <ul style="list-style-type: none"> ● Student elopes from area <ul style="list-style-type: none"> ○ If staff need to intervene for student safety, staff should: <ul style="list-style-type: none"> ● 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. <ul style="list-style-type: none"> ○ If students leave the classroom: <ul style="list-style-type: none"> ● 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. 	<p>Per Montessori pedagogy, staff and students will continue to use content from established <i>Grace and Courtesy</i> lessons that respect the child in all ways. Within the community, accurate and effective language and conflict resolution methods are employed to guide children to work out their issues and contribute to the community.</p> <p>Our Guides (teachers) are trained as observers and to take steps to reduce the likelihood of incidents caused by children challenged by low self-regulation. This includes anticipating issues between students (i.e., inter-personal as well as intra-personal challenges).</p> <p>Our Guides (teachers) include daily structures in their practice to support all children to be successfully self-directed and self-managed. This includes helping children to de-escalate conflict and engage in adaptive conflict-related conversations.</p> <p>Our Guides (teachers) work to preserve student dignity and safety.</p>

- 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
<input type="checkbox"/> Review the “ Planning for COVID-19 Scenarios in Schools ” toolkit. <input type="checkbox"/> Coordinate with Local Public Health Authority (LPHA) to establish communication channels related to current transmission level.	<p>Our school has established communication with our LPHA, Greg Belisle, with Multnomah Emergency Operations.</p> <p>The emergency response key stakeholders are provided within the Protocol linked below.</p> <p>In the case of confirmed COVID-19 cases at our facility, we will follow our Protocol for Communication for a Confirmed Case of COVID-19 as follows:</p> <p>If there is a person diagnosed with COVID-19, the following will happen within 24 hours of our school being notified.</p> <ol style="list-style-type: none"> 1. Head of School will notify the Local Public Health Authorities (LPHA) if there is a confirmed case of COVID-19 among our student or staff population. Report Communicable Disease with this number (503) 988-3406. This is the public health emergency number. 2. Head of School will notify, as guided by the LPHA, staff, parents/guardians, Board of Directors, ELD,

	<p>when there is a confirmed case of COVID-19 among the staff or children.</p> <ol style="list-style-type: none"> 3. The Head of School will provide to the LPHA contact tracing team all requested records/daily logs. 4. The LPHA will advise our school if they require partial or whole school closure.
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3b. RESPONSE

OHA/ODE Requirements	Hybrid/Onsite Plan
<input type="checkbox"/> Review and utilize the " Planning for COVID-19 Scenarios in Schools " toolkit. <input type="checkbox"/> Ensure continuous services and implement Comprehensive Distance Learning. <input type="checkbox"/> Continue to provide meals for students.	<p>The 11 August 2020 revision of the Ready Schools, Safe Learners defines an outbreak in the glossary as: "An unusual number of cases in a given context. In the context of this document, an outbreak is two unrelated COVID-19 cases in the same cohort."</p> <p>In the case of one or more confirmed cases at our facility, we will follow directives from the LPHA regarding communication with our community to ensure we are complying with both OHA requirements and privacy laws.</p> <ul style="list-style-type: none"> • Within the above correspondence as necessary, the Head of School will send to the community a detailed timeline and any criteria that must be met before reopening the (part of) campus for staff and families • The correspondence will also include a plan for updates as new information becomes available. The plan will be consistent with LPHA guidance. <p>If classrooms or the whole school is closed, our Program will implement a Short Term Distance Learning plan for all students and/or support for those requesting it. We will solicit input from our families about what they need during a short-term closure.</p> <p>We do not plan large gatherings or events until OHA guidance allows it.</p>

3c. RECOVERY AND REENTRY

OHA/ODE Requirements	Hybrid/Onsite Plan
<input type="checkbox"/> Review and utilize the " Planning for COVID-19 Scenarios in Schools " toolkit. <input type="checkbox"/> Clean, sanitize, and disinfect surfaces (e.g., playground equipment, door handles, sink handles, drinking fountains, transport vehicles) and follow CDC guidance for classrooms, cafeteria settings, restrooms, and playgrounds. <input type="checkbox"/> 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.	<p>As an operating Emergency Childcare Center (ECC) under the ELD rules & regulations, we will continue our operation without a transition plan for Distance Learning for our program. If we are closed due to a COVID-19 outbreak, we will follow the guidance of the LPHA.</p> <p>For our kindergartners, during a longer closure, we will offer the families an instructional model and/or on-line alternatives to support them in comprehensive distance learning.</p> <p>We will maintain ongoing communication with our families, and keep them informed about our intentions, current status, and timing of re-opening when it is safe to do so.</p> <p><u>If a prolonged closure due to COVID-19 occurs:</u></p> <p>If school closure is advised by the local public health department, our program will cease onsite operation and follow the guidance of the LPHA.</p> <p>Upon closing for any length of time, we will clean, sanitize, and disinfect surfaces (e.g., playground equipment, door handles, sink handles, drinking fountains, transport vehicles) and follow CDC guidance for classrooms, cafeteria settings, restrooms, and playgrounds.</p>



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](#) guidance,
 - The [Comprehensive Distance Learning](#) guidance,
 - The [Ensuring Equity and Access: Aligning Federal and State Requirements](#) guidance, and
 - [Planning for COVID-19 Scenarios in Schools](#)

- 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](#) guidance,
 - The [Comprehensive Distance Learning](#) guidance,
 - The [Ensuring Equity and Access: Aligning Federal and State Requirements](#) guidance, and
 - [Planning for COVID-19 Scenarios in Schools](#)

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 <i>Include how/why the school is currently unable to meet them</i>