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OPERATIONAL BLUEPRINT FOR SCHOOL REENTRY 2020-21
Updated 7/29/2020

Under ODE's *Ready Schools, Safe Learners* guidance, each school[1] has been directed to submit a plan to the district[2] in order to provide on-site and/or hybrid instruction. Districts must submit each school's plan to the local school board and make the plans available to the public. This form is to be used to document a district's, school's or program's plan to ensure students can return for the 2020-21 school year, in some form, in accordance with Executive Order 20-25(10). Schools must use the *Ready Schools, Safe Learners guidance* 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	Smockville Montessori
Key Contact Person for this Plan	Tonya Rude
Phone Number of this Person	503-625-1610
Email Address of this Person	trude@smockville.org
Sectors and position titles of those who informed the plan	Director
Local public health office(s) or officers(s)	Washington County, Sam Schafer
Name of person Designated to Establish, Implement and Enforce Physical Distancing Requirements	Tonya Rude
Intended Effective Dates for this Plan	September 8, 2020 to June 2020
ESD Region	Sherwood School District

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

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[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.

engagement with communities often underserved and marginalized and those communities disproportionately impacted by COVID-19.

3. Indicate which instructional model will be used.

Select One:

* **On-Site Learning**   ☐ **Hybrid Learning**   ☐ **Comprehensive Distance Learning**

4. 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).

5. 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 3-16 in the initial template) and submit online. (https://app.smartsheet.com/b/form/a4dedb5185d94966b1dffc75e4874c8a) by August 17, 2020 or prior to the beginning of the 2020-21 school year.

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

REQUIREMENTS FOR COMPREHENSIVE DISTANCE LEARNING OPERATIONAL BLUEPRINT

This section must be completed by any school that is seeking to provide instruction through Comprehensive Distance Learning. 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.

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.

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.

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.

1. Public Health Protocols

1a. COMMUNICABLE DISEASE MANAGEMENT PLAN FOR COVID-19

OHA/ODE Requirements	Hybrid/Onsite Plan
☐ Implement measures to limit the spreads of COVID-19 within the school setting.	This school uses the Communicable Disease Guidance published by the Oregon Department of Education and the Oregon Health Authority.
☐ Update written Communicable Disease Management Plan to specifically address the prevention of the spread of COVID-19.	Here is the link to the school's COVID-19 Specific Communicable Disease Management Plan.
☐ Designate a person at each school to establish, implement and enforce physical distancing requirements, consistent with this guidance and other guidance from OHA.	The school's administrator will be responsible for enforcing physical distancing requirements.
☐ Include names of the LPHA staff, school nurses, and other medical experts who provided support and resources to the district/school policies and plans. Review relevant local, state, and national evidence to inform plan.	The school's annual staff training in August will include sections 1-3 of the Ready Schools, Safe Learners guidance.
☐ 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.	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.
☐ Protocol to notify the local public health authority (LPHA Directory by County) of any confirmed COVID-19 cases among students or staff.	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.
☐ Plans for systematic disinfection of classrooms, offices, bathrooms and activity areas.	The school's weekly attendance and drop off/pickup logs will be available for submission and review at any time.

The school's screening Drop-Off & Pick-Up procedures are outlined in section 1e. |
| ☐ Process to report to the LPHA any cluster of any illness among staff or students. | The isolation of students with potential symptoms is covered in section 1h. |

☐ Protocol to cooperate with the LPHA recommendations and provide all logs and information in a timely manner.	Section 3 covers the protocol to respond to potential outbreak
☐ Protocol for screening students and staff for symptoms (see section 1f of the *Ready Schools, Safe Learners* guidance).	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.
☐ 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.	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 is diagnosed with COVID-19, the school will consult with the LPHA regarding the cleaning and possible program closure.
☐ Required components of individual daily student/cohort logs include: ● Child's name ● Drop off/pick up time ● Parent/guardian name and emergency contact information ● All staff (including itinerant staff, district staff, substitutes, and guest teachers) names and phone numbers who interact with a stable cohort or individual student	
☐ Protocol to record/keep daily logs to be used for contact tracing for a minimum of four weeks to assist the LPHA as needed.	
☐ Process to ensure that all itinerant and all district staff (maintenance, administrative, delivery, nutrition, and any other staff) who move between buildings keep a log or calendar with a running four-week history of their time in each school building and who they were in contact with at each site.	
☐ Process to ensure that the school reports to and consults with the LPHA regarding cleaning and possible classroom or program closure if anyone who has entered school is diagnosed with COVID-19.	
☐ Protocol to respond to potential outbreaks (see section 3 of the *Ready Schools, Safe Learners* guidance).	

1b. HIGH-RISK POPULATIONS

OHA/ODE Requirements	Hybrid/Onsite Plan
☐ 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. **Medically Fragile, Complex and Nursing-Dependent Student Requirements**	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. For our students in a high risk population, we will provide the family

☐ 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:
    1. Medically Complex: Are students who may have an unstable health condition and who may require daily professional nursing services.
 	
☐ Staff and school administrators, in partnership with school nurses, or other school health providers, should work with interdisciplinary teams to address individual student needs. The school registered nurse (RN) is responsible for nursing care provided to individual students as outlined in ODE guidance and state law:
    ● Communicate with parents and health care providers to determine return to school status and current needs of the student.
    ● Coordinate and update other health services the student may be receiving in addition to nursing services. This may include speech language pathology, occupational therapy, physical therapy, as well as behavioral and mental health services.
    ● Modify Health Management Plans, Care Plans, IEPs, or 504 or other student-level medical plans, as indicated, to address current health care considerations.
    ● The RN practicing in the school setting should be supported to remain up to date on current guidelines and access professional support such as evidence-based resources from the Oregon School Nurses Association.
    ● Service provision should consider health and safety as well as legal standards.
    ● Work with an interdisciplinary team to meet requirements of ADA and FAPE.
    ● High-risk individuals may meet criteria for exclusion during a local health crisis.
    ● Refer to updated state and national guidance and resources such as:
        ○ U.S. Department of Education Supplemental Fact Sheet: Addressing the Risk of COVID-19 in Preschool, Elementary and Secondary Schools While Serving Children with Disabilities from March 21, 2020.
        ○ ODE guidance updates for Special Education. Example from March 11, 2020.
        ○ OAR 581-015-2000 Special Education, requires districts to provide 'school health services and school nurse services' as part of the 'related services' in order 'to assist a child with a disability to benefit from special education.'
        ○ OAR 333-019-0010 Public Health: Investigation and Control of Diseases: General Powers and Responsibilities, outlines authority and responsibilities for school exclusion.
	with remote learning resources, and facilitate Zoom meetings of 30 minutes per day when a teacher is conducting small group lessons per the families request.
	
	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 mask within School premises.
	
	A few of our children do receive speech language therapy or visits from the Early Intervention specialists within our premises once a month, and we will facilitate their continued sessions by requesting the therapist to enter the School with a mask, wash hands upon arrival, and work with the child in a remote corner of the classroom to support 6 feet distancing as far as possible, while also observing the child in the classroom environment.

1c. PHYSICAL DISTANCING

OHA/ODE Requirements	Hybrid/Onsite Plan
☐ 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 1:1 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 50 square feet of space in mind for each child.

Support physical distancing in all daily activities and instruction, maintaining at least 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-5 in the air with no contact.

☐ Support physical distancing in all daily activities and instruction, maintaining at least six feet between individuals to the maximum extent possible.

☐ Minimize time standing in lines and take steps to ensure that six feet of distance between students is maintained, including marking spacing on floor, one-way traffic flow in constrained spaces, etc.

☐ Schedule modifications to limit the number of students in the building (e.g., rotating groups by days or location, staggered schedules to avoid hallway crowding and gathering).

☐ Plan for students who will need additional support in learning how to maintain physical distancing requirements. Provide instruction; don't employ punitive discipline.

☐ Staff should maintain physical distancing during all staff meetings and conferences, or consider remote web-based meetings.

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-5 in the air with no contact.

We are setting down circles or other shapes so every child has their own well-separated spot from the other children in group gatherings.

The children are presently eating their meals and snacks at individual well-separated tables.,

We are increasing distance between children when standing in a queue to step outdoors or for hand washing upon returning to the classroom.

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 currently not permitted to enter the School with drop-off and pick-up at the front entrances to our School, and we are holding Zoom meetings for parent-teacher conferences to address any concerns and questions that may arise.

1d. COHORTING

OHA/ODE Requirements	Hybrid/Onsite Plan
☐ 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. • The smaller the cohort, the less risk of spreading disease. As cohort groups increase in size, the risk of spreading disease increases. ☐ Students cannot be part of any single cohort, or part of multiple cohorts that exceed a total of 100 people within the educational week. Schools should plan to limit cohort sizes to allow for efficient contact-tracing and minimal risk for exposure. ☐ Each school must have a system for daily logs to ensure contract tracing among the cohort (see section 1a of the *Ready Schools, Safe Learners* guidance). ☐ Minimize interaction between students in different stable cohorts (e.g., access to restrooms, activities, common areas). Provide access to All Gender/Gender Neutral restrooms. ☐ Cleaning and wiping surfaces (e.g., desks, door handles, etc.) must be maintained between multiple student uses, even in the same cohort. ☐ Design cohorts such that all students (including those protected under ADA and IDEA) maintain access to general education, grade level learning standards, and peers.	Key Changes to Section: • Revisions propose returning to maximum group sizes as defined by child care licensing requirements for different types of providers. o For Registered Family providers, the maximum stable group size is 10 o For Certified Family providers, the maximum stable group size is 16 o For Certified Center providers, the maximum stable group size is 20 o 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. Requirements. During COVID-19, an early care and education program must do the following: • 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:

☐ Staff who interact with multiple stable cohorts must wash/ sanitize their hands between interactions with different stable cohorts.	Registered Family (RF) – may have up to one stable group of 10 children. Note: RF providers do not have square footage requirements related to the number of children in care. • Of the 10 total children, there may be no more than six children ages preschool and younger, including the provider's children, of which only two children may be under 24 months of age. Certified Family (CF) – may have no more than 16 children with 16 children as the maximum size for a stable group. • Each group of children must be in a space that meets the minimum of 35 square feet per child. If a program cares for more than 12 children, the remaining four children must meet a 50 square foot requirement. 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 the 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 less 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
☐ 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.	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.
☐ Develop protocols for communicating with students, families and staff who have come into close contact with a confirmed case. • The definition of exposure is being within 6 feet of a COVID-19 case for 15 minutes (or longer).	Email 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 for 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.
☐ 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.	This information will be communicated in all languages and formats necessary to effectively communicate with the school community.
☐ Provide all information in languages and formats accessible to the school community.	

1f. ENTRY AND SCREENING

OHA/ODE Requirements	Hybrid/Onsite Plan

- □ Direct students and staff to stay home if they, or anyone in their homes or community living spaces, have COVID-19 symptoms, or if anyone in their home or community living spaces has COVID-19.
  COVID-19 symptoms are as follows:
  - Primary symptoms of concern: cough, fever (of 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:
    - Trouble breathing
    - Persistent pain or pressure in the chest
    - New confusion or inability to awaken
    - Bluish lips or face
    - Other severe symptoms

- □ Screen all students and staff for symptoms on entry to bus/school every day. This can be done visually and/or with confirmation from a parent/caregiver/guardian. Staff members can self-screen and attest to their own health.
  - Anyone displaying or reporting the primary symptoms of concern must be isolated (see section 1i of the *Ready Schools, Safe Learners* guidance) and sent home as soon as possible.
  - They must remain home until 24 hours after fever is gone (without use of fever reducing medicine) and other symptoms are improving.

- □ 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 within the preceding 14 calendar days.

- □ 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.

Parent Health Screening Before Arrival

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 the pre-screening each day at home.

Please do not bring your child to school if you notice any of the following symptoms:
- 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

Note: for the safety of the community,please do not bring your child to school if you have provided him/her a fever reducer within the last 24 hours.

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 parent if they have noticed any of the following symptoms in their child: (symptoms taken from CDC website)
- A cough

☐ 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.

- 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 degrees fahrenheit or higher the staff will verify temperature with another thermometer.
- A child with a double verified temperature of over 100 degrees fahrenheit will not be admitted.
- 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.
- 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 temperature with a contactless thermometer.
- Staff members with a temperature of 100 degrees fahrenheit 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 to someone outside the classroom community who is diagnosed with COVID-19, the staff member or child will be required to self-quarantine for 14 days. Close contact means being closer than 6 feet apart for more than 15 minutes.

Chronic Cough
A cough due to asthma or allergies should be documented by a doctor's

1g. VISITORS/VOLUNTEERS

OHA/ODE Requirements	Hybrid/Onsite Plan
☐ Restrict non-essential visitors/volunteers. ☐ Visitors/volunteers must wash or sanitize their hands upon entry and exit. ☐ Visitors/volunteers must maintain six-foot distancing, wear face coverings, and adhere to all other provisions of this guidance. ☐ Screen all visitors/volunteers for symptoms upon every entry. Restrict from school property any visitor known to have been exposed to COVID-19 within the preceding 14 calendar days.	Adults in the school are limited to essential personnel only. Most volunteers will need to complete their projects off-site. 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.

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

OHA/ODE Requirements	Hybrid/Onsite Plan

☐ Face coverings or face shields for all staff, contractors, other service providers, or visitors or volunteers following CDC guidelines Face Coverings.
 	
☐ Face coverings or face shields for all students in grades Kindergarten and up following CDC guidelines Face Coverings.
 	
☐ If a student removes a face covering, or demonstrates a need to remove the face covering for a short-period of time, the school/team must:
 	
☐ 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.
 	
Protections under the ADA or IDEA
 	
☐ If any student requires an accommodation to meet the requirement for face coverings, districts and schools should work to 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, doctor's orders to not wear face coverings, or other health related concerns, schools/districts **must not** deny access to On-Site instruction.
	Requirements About Face Coverings:
	
	Face coverings include reusable cloth masks, disposable paper masks, and plastic face shields.
	
	  ● All staff and any other person over the age of 12 must wear a face covering at the child care facility. (This requirement does not apply in non-child care areas of a CF or RF home.)
	  ● All children in kindergarten and older should wear a face covering. 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 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

- ☐ Schools and districts must comply with the established IEP/ 504 plan prior to the closure of in-person instruction in March of 2020.
  - If a student eligible for, or receiving services under a 504/IEP, **cannot** wear a face covering due to the nature of the disability, the school or district must:
    1. Review the 504/IEP to ensure access to instruction in a manner comparable to what was originally established in the student's plan including on-site instruction with accommodations or adjustments.
    2. Placement determinations cannot be made due solely to the inability to wear a face covering.
    3. Plans should include updates to accommodations and modifications to support students.
  - Students protected under ADA/IDEA, who abstain from wearing a face covering, or students whose families determine the student will not wear a face covering, the school or district must:
    1. Review the 504/IEP to ensure access to instruction in a manner comparable to what was originally established in the student's plan.
    2. The team must determine that the disability is not prohibiting the student from meeting the requirement.
       - If the team determines that the disability is prohibiting the student from meeting the requirement, follow the requirements for students eligible for, or receiving services under, a 504/IEP who cannot wear a face covering due to the nature of the disability,
       - If a student's 504/IEP plan included supports/goals/ instruction for behavior or social emotional learning, the school team must evaluate the student's plan prior to providing instruction through Comprehensive Distance Learning.
    3. Hold a 504/IEP meeting to determine equitable access to educational opportunities which may include limited on-site instruction, on-site instruction with accommodations, or Comprehensive Distance Learning.
- ☐ Districts must consider child find implications for students who are not currently eligible for, or receiving services under, a 504/IEP who demonstrate an inability to consistently wear a face covering or face shield as required. Ongoing inability to meet this requirement may be evidence of the need for an evaluation to determine eligibility for support under IDEA or Section 504.
- ☐ If a staff member requires an accommodation for the face covering or face shield requirements, districts and schools should work to limit the staff member's proximity to students and staff to the extent possible to minimize the possibility of exposure.

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 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 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.

OHA/ODE Requirements	Hybrid/Onsite Plan
☐ Protocols for exclusion and isolation for sick students and staff whether identified at the time of bus pick-up, arrival to school, or at any time during the school day. ☐ Protocols for screening students, as well as exclusion and isolation protocols for sick students and staff identified at the time of arrival or during the school day. 　● Work with school nurses, health care providers, or other staff with expertise to determine necessary modifications to areas where staff/students will be isolated. 　● 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. ☐ Students and staff who report or develop symptoms must be isolated in a designated isolation area in the school, with adequate space and staff supervision and symptom monitoring by a school nurse, other school-based health care provider or school staff until they are able to go home. Anyone providing supervision and symptom monitoring must wear appropriate face covering or face shields. 　● School nurse and health staff in close contact with symptomatic individuals (less than six feet) should wear a medical-grade face mask. Other Personal Protective Equipment (PPE) may be needed depending on symptoms and care provided. Consult a nurse or health care professional regarding appropriate use of PPE. Any PPE used during care of a symptomatic individual should be properly removed and disposed of prior to exiting the care space. 　● After removing PPE, hands should be immediately cleaned with soap and water for at least 20 seconds. If soap and water are not available, hands can be cleaned with an alcohol-based hand sanitizer that contains 60-95% alcohol. 　● If able to do so safely, a symptomatic individual should wear a face covering. 　● To reduce fear, anxiety, or shame related to isolation, provide a clear explanation of procedures, including use of PPE and handwashing. ☐ Establish procedures for safely transporting anyone who is sick to their home or to a health care facility.	● If any of the above noted symptoms are observed at drop off/ check in, the student or staff with symptoms will not be permitted to enter the school. 　○ 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: 　○ 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 pickup 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. 　　■ The staff member will be wearing gloves, apron and face covering. 　○ 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, 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 COIVD-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.

☐ 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.
    ● Symptomatic staff or students should be evaluated and seek COVID-19 testing from their regular physician or through the local public health authority.
    ● If they have a positive COVID-19 viral (PCR) test result, the person should remain home for at least 10 days after illness onset and 24 hours after fever is gone, without use of fever reducing medicine, and other symptoms are improving.
    ● If they have a negative COVID-19 viral test (and if they have multiple tests, all tests are negative), they should remain home until 24 hours after fever is gone, without use of fever reducing medicine, and other symptoms are improving.
    ● If a clear alternative diagnosis is identified as the cause of the person's illness (e.g., a positive strep throat test), then usual disease-specific return-to-school guidance should be followed and person should be fever-free for 24 hours, without use of fever reducing medicine. A physician note is required to return to school, to ensure that the person is not contagious.
    ● If they do not undergo COVID-19 testing, the person should remain at home for 10 days and until 24 hours after fever is gone, without use of fever reducing medicine, and other symptoms are improving.
 	
☐ 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.	

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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 higher risk activities (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

☐ Enroll all students (includes foreign exchange students) following the standard Oregon Department of Education guidelines.
 	
☐ Do not disenroll students for non-attendance if they meet the following conditions:
    ● Are identified as high-risk, or otherwise considered to be part of a population vulnerable to infection with COVID-19, or
    ● Have COVID-19 symptoms for 10 consecutive school days or longer.	

OHA/ODE Requirements	Hybrid/Onsite Plan
☐ Design attendance policies to account for students who do not attend in-person due to student or family health and safety concerns.	

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

OHA/ODE Requirements	Hybrid/Onsite Plan
☐ Grades K-5: 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). ☐ Grades 6-12: 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). ☐ Provide families with clear and concise descriptions of student attendance and participation expectations as well as family involvement expectations that take into consideration the home environment, caregiver's work schedule, and mental/physical health.	

2c. TECHNOLOGY

OHA/ODE Requirements	Hybrid/Onsite Plan
☐ Update procedures for district-owned or *school-owned* devices to match cleaning requirements (see section 2d of the ***Ready Schools, Safe Learners*** guidance). ☐ Procedures for return, inventory, updating, and redistributing district-owned devices must meet physical distancing requirements.	

2d. SCHOOL SPECIFIC FUNCTIONS/FACILITY FEATURES

OHA/ODE Requirements	Hybrid/Onsite Plan
☐ **Handwashing:** All people on campus should be advised and encouraged to wash their hands frequently. ☐ **Equipment:** Develop and use sanitizing protocols for all equipment used by more than one individual or purchase equipment for individual use. ☐ **Events:** Cancel, modify, or postpone field trips, assemblies, athletic events, practices, special performances, school-wide parent meetings and other large gatherings to meet requirements for physical distancing. ☐ **Transitions/Hallways:** Limit transitions to the extent possible. Create hallway procedures to promote physical distancing and minimize gatherings.	● 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 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 where children and families gather together throughout the school year will be cancelled or done virtually.

☐ **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.	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. ● 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

☐ Physical distancing, stable cohorts, square footage, and cleaning requirements must be maintained during arrival and dismissal procedures.
 	
☐ Create schedule(s) and communicate staggered arrival and/ or dismissal times.
 	
☐ Assign students or cohorts to an entrance; assign staff member(s) to conduct visual screenings (see section 1f of the *Ready Schools, Safe Learners* guidance).
 	
☐ Ensure accurate sign-in/sign-out protocols to help facilitate contact tracing by the LPHA. Sign-in procedures are not a replacement for entrance and screening requirements. Students entering school after arrival times must be screened for the primary symptoms of concern.
    ● Eliminate shared pen and paper sign-in/sign-out sheets.
    ● Ensure hand sanitizer is available if signing children in or out on an electronic device.
 	
☐ Ensure hand sanitizer 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.
	Screening Students
	● 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.
	● 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.

2f. CLASSROOMS/REPURPOSED LEARNING SPACES

OHA/ODE Requirements	Hybrid/Onsite Plan
☐ **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. ☐ **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.	Classroom Space ● Stable groups will be kept separated from each other and away from other children as much as possible. ● 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. |

- ☐ **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.

- 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 Washington 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 severely limited during an activity. If sharing has occurred, children must wash their hands with soap and water or use sanitizer after shared use of 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 140^0F.

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

OHA/ODE Requirements	Hybrid/Onsite Plan
☐ Keep school playgrounds closed to the general public until park playground equipment and benches reopen in the community (see Oregon Health Authority's Specific Guidance for Outdoor Recreation Organizations).	Outdoor Environment ● 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

OHA/ODE Requirements (left column continued)	Hybrid/Onsite Plan (right column continued)

☐ After using the restroom students must wash hands with soap and water for 20 seconds. Soap must be made available to students and staff.

☐ Before and after using playground equipment, students must wash hands with soap and water for 20 seconds or use an alcohol-based hand sanitizer with 60-95% alcohol.

☐ Designate playground and shared equipment solely for the use of one cohort at a time. Disinfect at least daily or between use as much as possible in accordance with CDC guidance.

☐ Cleaning requirements must be maintained (see section 2j of the *Ready Schools, Safe Learners* guidance).

☐ Maintain physical distancing requirements, stable cohorts, and square footage requirements.

☐ Provide signage and restrict access to outdoor equipment (including sports equipment, etc.).

☐ Design recess activities that allow for physical distancing and maintenance of stable cohorts.

☐ Clean all outdoor equipment at least daily or between use as much as possible in accordance with CDC guidance.

☐ Limit staff rooms, common staff lunch areas, and workspaces to single person usage at a time, maintaining six feet of distance between adults.

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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.

Restrooms
● 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.
● 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.

Breaks
● 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.

2h. MEAL SERVICE/NUTRITION

OHA/ODE Requirements	Hybrid/Onsite Plan
☐ Include meal services/nutrition staff in planning for school reentry. ☐ Staff serving meals must wear face shields or face covering (see section 1h of the *Ready Schools, Safe Learners* guidance). ☐ Students must wash hands with soap and water for 20 seconds or use an alcohol-based hand sanitizer with 60-95% alcohol before meals and should be encouraged to do so after. ☐ Appropriate daily cleaning of meal items (e.g., plates, utensils, transport items) in classrooms where meals are consumed. ☐ Cleaning and sanitizing of meal touch-points and meal counting system between stable cohorts. ☐ Adequate cleaning of tables between meal periods.	Meal Service ● 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 children and staff serving themselves 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).

□ 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.

Right column:

- 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 ELD provided table must be used to determine frequency of sanitizing:

2i. TRANSPORTATION

OHA/ODE Requirements	Hybrid/Onsite Plan
□ Include transportation departments (and associated contracted providers, if used) in planning for return to service.	
□ Buses are cleaned frequently. Conduct targeted cleanings between routes, with a focus on disinfecting frequently touched surfaces of the bus (see section 2j of the *Ready Schools, Safe Learners* guidance).	
□ Develop protocol for loading/unloading that includes visual screening for students exhibiting symptoms and logs for contact-tracing. This can be done at the time of arrival and departure. • If a student displays COVID-19 symptoms, provide a face shield or face covering (unless they are already wearing one) and keep six feet away from others. Continue transporting the student. • If arriving at school, notify staff to begin isolation measures. ○ If transporting for dismissal and the student displays an onset of symptoms, notify the school.	
□ Consult with parents/guardians of students who may require additional support (e.g., students who experience a disability and require specialized transportation as a related service) to appropriately provide service.	
□ Drivers wear face shields or face coverings when not actively driving and operating the bus.	
□ Inform parents/guardians of practical changes to transportation service (i.e., physical distancing at bus stops and while loading/unloading, potential for increased route time due to additional precautions, sanitizing practices, and face coverings).	
□ Face coverings or face shields for all students in grades Kindergarten and up following CDC guidelines applying the guidance in section 1h of the *Ready Schools, Safe Learners* guidance to transportation settings.	

2j. CLEANING, DISINFECTION, AND VENTILATION

OHA/ODE Requirements	Hybrid Onsite Plan
☐ Clean, sanitize, and disinfect frequently touched surfaces (e.g., playground equipment, 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. ☐ [Clean and disinfect](#) playground equipment at least daily or between use as much as possible in accordance with [CDC guidance](#). ☐ Apply disinfectants safely and correctly following labeling direction as specified by the manufacturer. Keep these products away from students. ☐ To reduce the risk of asthma, choose disinfectant products on the EPA List N with asthma-safer ingredients (e.g. hydrogen peroxide, citric acid, or lactic acid) and avoid products that mix these with asthma-causing ingredients like peroxyacetic acid, sodium hypochlorite (bleach), or quaternary ammonium compounds. ☐ Operate ventilation systems properly and/or increase circulation of outdoor air as much as possible by opening windows and doors, using fans, and through other methods. 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. For example, do not use fans if doors and windows are closed and the fans are recirculating the classroom air. ☐ Consider the need for increased ventilation in areas where students with special health care needs receive medication or treatments. ☐ Facilities should be cleaned and disinfected at least daily to prevent transmission of the virus from surfaces (see [CDC's guidance on disinfecting public spaces](#)).	Cleaning and Disinfection ● 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 d 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: ● o 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. ● o 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

- [ ] Air circulation and filtration are helpful factors in reducing airborne viruses. 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-Conditionin](#)g Engineers' guidance).

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 guidance above for surfaces.

Electronics

- Follow 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, pillow cases, 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. naptime), clean, rinse and sanitize toys.
- Toys may be cleaned in a washing machine, dishwasher, or by hand.
- If washing toys in a washing machine:
  o Use hot water and detergent.
  o Dry toys completely in a hot dryer when possible.
  o 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 toy.
- If washing toys in a dishwasher:
  o Use the proper amount of dishwasher detergent recommended by manufacturer.
  o Run toys through the complete wash and dry cycle.
  o Do not wash toys with dirty dishes, utensils, etc.
  o 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 2-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

2k. HEALTH SERVICES

OHA/ODE Requirements	Hybrid/Onsite Plan
☐ 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. ☐ 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; physical, occupational, speech, and respiratory therapists; and School Based Health Centers (SBHC).	● 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. ● Continuity of existing health management issues will have a plan for sustaining operations alongside COVID-19 specific planning (medication administration etc.)

2l. BOARDING SCHOOLS AND RESIDENTIAL PROGRAMS ONLY

OHA/ODE Requirements	Hybrid/Onsite Plan
☐ Provide specific plan details and adjustments in Operational Blueprints that address staff and student safety, which includes how you will approach: ● Contact tracing ● The intersection of cohort designs in residential settings (by wing or common restrooms) with cohort designs in the instructional settings. The same cohorting parameter limiting total cohort size to 100 people applies. ● Quarantine of exposed staff or students ● Isolation of infected staff or students ● Communication and designation of where the "household" or "family unit" applies to your residents and staff ☐ 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.	

3. Response to Outbreak

OHA/ODE Requirements	Hybrid/Onsite Plan
☐ Coordinate with Local Public Health Authority (LPHA) to establish communication channels related to current transmission level. ☐ Establish a specific emergency response framework with key stakeholders. ☐ When new cases are identified in the school setting, and the incidence is low, the LPHA will provide a direct report to the district nurse, or designated staff, on the diagnosed case(s). Likewise, the LPHA will impose restrictions on contacts.	By September 8, 2020, our school will establish communication channels with the LPHA to ensure they are known, and working. The emergency response key stakeholders is provided within the Protocol linked below. 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: If there is a person diagnosed with COVID-19, the following will happen within 24 hours of our school being notified. 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 staff, parents/guardians, board of directors, ELD, when there is a confirmed case of COVID-19 among the staff or children. 3. Head of School will provide all records/daily logs for each student/staff who was in contact with any confirmed case for a minimum of four weeks. 4. 4. If there is a confirmed case of COVID-19 , our school will close off areas visited by the ill person. Open outside windows and doors and use fans to increase air circulation. Our staff will wait 24 hours or as long as practical before cleaning and disinfecting. 5. 5. The LPHA will advise our school if they require partial or whole school closure.

3b. RESPONSE

OHA/ODE Requirements	Hybrid/Onsite Plan
☐ • Follow the district's or school's outbreak response protocol. Coordinate with the LPHA for any outbreak response.	In the case of one or more confirmed cases at our facility we will follow our Protocol for Communication for a confirmed case of COVID-19. <your link here> • Within the above correspondence, our Head of School will have a detailed timeline and criteria that must be met before reopening for staff and families • and a plan for follow ups with updates as new information becomes available. The plan will be consistent with LHPA guidance. If classrooms or the whole school is closed, our Program will implement either a Short Term Distance Learning Plan for all students

☐ If anyone who has been on campus is known to have been diagnosed with COVID-19, report the case to and consult with the LPHA regarding cleaning and possible classroom or program closure.
   ● Determination if exposures have occurred
   ● Cleaning and disinfection guidance
   ● Possible classroom or program closure
	and/or support for those requesting it. We will confirm with our families what they need during a short-term closure.
	
	We do not plan large gatherings or events until OHA guidance allows it.

☐ Report to the LPHA any cluster of illness (2 or more people with similar illness) among staff or students.	
☐ When cases are identified in the local region, a response team should be assembled within the district and responsibilities assigned within the district.	
☐ Modify, postpone, or cancel large school events as coordinated with the LPHA.	
☐ If the school is closed, implement Short-Term Distance Learning or Comprehensive Distance Learning models for all staff/students.	
☐ Continue to provide meals for students.	
☐ Communicate criteria that must be met in order for On-Site instruction to resume and relevant timelines with families.	

3c. RECOVERY AND REENTRY

OHA/ODE Requirements	Hybrid/Onsite Plan
☐ Plan instructional models that support all learners in Comprehensive Distance Learning. ☐ 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. ☐ Communicate with families about options and efforts to support returning to On-Site instruction. ☐ Follow the LPHA guidance to begin bringing students back into On-Site instruction. ● Consider smaller groups, cohorts, and rotating schedules to allow for a safe return to schools.	As an operating Emergency Childcare Center (ECC) under the ELD rules & and 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. For our children age 5 and up, 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. 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. If a prolonged closure due to COVID-19 occurs: If school closure is advised by the local public health department, our program will cease onsite operation and follow the guidance of the LPHA. 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.

ASSURANCES

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

☐ We affirm that our school plan has met the requirements from ODE guidance for sections 4, 5, 6, 7, and 8 of the *Ready Schools, Safe Learners* guidance.

☐ We affirm that we cannot meet all of the ODE requirements for sections 4, 5, 6, 7 and/or 8 of the *Ready Schools, Safe Learners* guidance at this time. We will continue to work towards meeting them and have noted and addressed which requirement(s) we are unable to meet in the table titled "Assurance Compliance and Timeline" below.

4. Equity

5. Instruction

6. Family, Community, Engagement

7. Mental, Social, and Emotional Health

8. Staffing and Personnel

Assurance Compliance and Timeline

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

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