



23264 SW Main Street, Sherwood, OR 97140

Special Meeting of the Board of Directors: Wednesday, August 13, 2020 – 6:30 pm

Online via the Zoom service

FINAL MEETING MINUTES *

I. Opening Items

The Sherwood Charter School Board of Directors met for a special meeting on Wednesday, August 13, 2020. The meeting was held online via the Zoom application due to a State of Oregon mandate that closed school buildings and prohibited gatherings of 10 or more people.

A. Call the Meeting to Order

The meeting was called to order at 6:33pm by Chair, Joe Whitehead.

Members Present: Joe Whitehead (Chair), Lindsay Churella (Vice-Chair), KC Reaney (Treasurer), Frank Scholz (Secretary), Karen Schrader (Facilities), Joy Raboli (Administrator, ex-officio)

Members Absent: Alison Craker (HR & Policy),

SCS Staff Present: None

Public Present: Tara Garcia, Christy Reaney, Kryste Sturm

II. Governance

A. 2020-2021 Operational Blueprint

Topic '2020-2021 Operational Blueprint' is to review the Sherwood Charter School's Operational Blueprint for School Reentry as required by the Oregon Department of Education.

See Sherwood Charter School Operational Blueprint for School Reentry, attached as Addendum A.

See Sherwood Charter School Communicable Disease Management Plan, attached as Addendum B.

Joy Raboli (Administrator) stated that the Operational Blueprint for School Reentry was prepared by herself and Cheryl McLeod (Administrative Specialist) with a few additional teachers for input, and review of other schools' blueprints for guidance. The blueprint needs to be sent to the Oregon Department of Education (ODE) by Monday, August 17, 2020. At this time we're

not sure if we send it directly to Oregon Health Authority (OHA) or the Sherwood School District (SSD) who would send it to OHA. The guidance from the OHA is to bundle our blueprint with our district.

Joe Whitehead (Chair) asked if the blueprint is how the school returns to the planned hybrid education model once we're allowed by the State of Oregon. Ms. Raboli confirmed that was correct.

Ms. Raboli then told those present that the blueprint will be posted to the school website once it's approved by the ODE. The SSD must approve it first, then the OHA, then the ODE.

Frank Scholz (Secretary) asked where the protocols referenced on page 3 were detailed as there is a large blank section to the right where details were added in the rest of the document. Ms. Raboli was unable to look due to technical issues but Karen Schrader (Facilities) pointed out that we could approve the blueprint as is, noting that missing information needed to be located or filled in.

KC Reaney (Treasurer) asked who else the blueprint had been shared with. Ms. Raboli replied it had been shared with the teachers and staff. Mr. Reaney also asked if the plans had been communicated or coordinated with Sherwood Community Friends Church (the Church) since we share facilities with them. Ms. Raboli confirmed they had been shared with the Church. She also pointed out we share custodian resources with the Church which works to our advantage because it means there is only one set of people doing the cleaning which reduces confusion and keeps the upkeep consistent throughout the facility. The school is also looking at hiring a third part to do additional cleaning once a week.

Motion:	Approve the Sherwood Charter School Operational Blueprint for School Reentry.
Proposed:	Karen Schrader (Facilities)
Seconded:	Lindsay Churella (Vice-Chair)
Discussion:	None.
Board Vote:	Aye - Unanimous Nay - None Abstain - None
Result:	Motion passed.

Ms. Raboli noted that she would follow-up with Cheryl McLeod (Administrative Specialist) about the policy data from page 3 and research additional measures for the Church.

n.b. Ms. Raboli noted in email after the meeting that the mentioned protocols were documented in the Sherwood Charter School Communicable Disease Management Plan which accompanied the Operational Blueprint for School Reentry.

n.b. Ms. Raboli noted in email after the meeting that the following had been added to section 2J of the blueprint:

All frequently touched surfaces (e.g., playground equipment, door handles, sink handles, drinking fountains, and transport vehicles) and shared objects (e.g., toys, games, art supplies) will be cleaned between uses at least 3 times per day. All areas will be cleaned daily and deep cleaned between cohort use. In spaces shared with Sherwood Community Friends Church, all cleaning protocols will be followed by both school and church during use.

III. Closing Items

A. Adjourn Meeting

Motion:	Adjourn the meeting at 6:44pm.
Proposed:	Karen Schrader (Facilities)
Seconded:	Frank Scholz (Secretary)
Discussion:	None.
Board Vote:	Aye - Unanimous Nay - None Abstain - None
Result:	Motion passed.

IV. Minutes Submission

* Recording and submission of minutes completed by Board Secretary, Frank Scholz. These minutes were approved by the Board of Directors on August 19, 2020.

V. Addendum A – Sherwood Charter School Operational Blueprint for School Reentry



OPERATIONAL BLUEPRINT FOR SCHOOL REENTRY 2020-21

Updated 7/29/2020

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	Sherwood Charter School
Key Contact Person for this Plan	Joy Raboli
Phone Number of this Person	503-925-8007
Email Address of this Person	jraboli@sherwoodcharterschool.org
Sectors and position titles of those who informed the plan	Principal, office manager, administrative specialist, science teacher, humanities teacher, 4th grade teacher, 1st grade teacher
Local public health office(s) or officer(s)	https://www.oregon.gov/oha/PH/PROVIDERPARTNERRESOURCES/LOCALHEALTHDEPARTMENTRESOURCES/Documents/Washington.pdf
Name of person Designated to Establish, Implement and Enforce Physical Distancing Requirements	Joy Raboli
Intended Effective Dates for this Plan	September 2020 through June 2021
ESD Region	Northwest Regional 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.

To help support our families, equity is a main focus for our school. In planning for the 2020-2021 school year, we have surveyed all our families regarding the Distance Learning for All successes and challenges, as well as preferences for the 2020-2021 school year. We will use this and other data to inform our model for the school year, particularly for those students who need extra support.

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/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. 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.

Not applicable. We are not providing instruction through Comprehensive Distance Learning.

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.

Not applicable. We are not providing instruction through Comprehensive Distance Learning.

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.

Not applicable. We are not providing instruction through Comprehensive Distance Learning.

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
<input checked="" type="checkbox"/> Implement measures to limit the spreads of COVID-19 within the school setting.	Sherwood Charter School will follow the guidelines set in our Communicable Disease Management Plan to prevent the spread of COVID-19.
<input checked="" type="checkbox"/> Update written Communicable Disease Management Plan to specifically address the prevention of the spread of COVID-19.	

OHA/ODE Requirements	Hybrid/Onsite Plan
<ul style="list-style-type: none"> <input checked="" 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 checked="" type="checkbox"/> 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. <input checked="" type="checkbox"/> 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. <input checked="" type="checkbox"/> Protocol to notify the local public health authority (LPHA Directory by County) of any confirmed COVID-19 cases among students or staff. <input checked="" type="checkbox"/> Plans for systematic disinfection of classrooms, offices, bathrooms and activity areas. <input checked="" type="checkbox"/> Process to report to the LPHA any cluster of any illness among staff or students. <input checked="" type="checkbox"/> Protocol to cooperate with the LPHA recommendations and provide all logs and information in a timely manner. <input checked="" type="checkbox"/> Protocol for screening students and staff for symptoms (see section 1f of the Ready Schools, Safe Learners guidance). <input checked="" type="checkbox"/> Protocol to isolate any ill or exposed persons from physical contact with others. <input checked="" type="checkbox"/> Protocol for communicating potential COVID-19 cases to the school community and other stakeholders (see section 1e of the Ready Schools, Safe Learners guidance). <input checked="" type="checkbox"/> 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. <ul style="list-style-type: none"> • 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. <input checked="" type="checkbox"/> Required components of individual daily student/cohort logs include: <ul style="list-style-type: none"> • 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 <input checked="" type="checkbox"/> Protocol to record/keep daily logs to be used for contact tracing for a minimum of four weeks to assist the LPHA as needed. <input checked="" type="checkbox"/> 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. <input checked="" type="checkbox"/> 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. 	<p>All students and staff will be screened before entering the classroom each morning, and any symptomatic persons will be isolated. In addition, a contact tracing log will be kept for all students/cohorts.</p>

OHA/ODE Requirements	Hybrid/Onsite Plan
<input checked="" type="checkbox"/> Protocol to respond to potential outbreaks (see section 3 of the <i>Ready Schools, Safe Learners</i> guidance).	

1b. HIGH-RISK POPULATIONS

OHA/ODE Requirements	Hybrid/Onsite Plan
<input checked="" 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. Medically Fragile, Complex and Nursing-Dependent Student Requirements <input checked="" 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: <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. <input checked="" 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: <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. • 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"> o 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. o ODE guidance updates for Special Education. Example from March 11, 2020. o 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.' o OAR 333-019-0010 Public Health: Investigation and Control of Diseases: General Powers and 	<p>All staff and students given the opportunity to self-identify as vulnerable or living with a vulnerable family member.</p> <p>Staff: *Plan includes all staff self-identifying as vulnerable or part of a vulnerable household. Redeployed options could include:</p> <ul style="list-style-type: none"> • On-line instruction and support • Maintenance projects, custodial work, office work without student/staff contact • Staff could consider all leave options as well <p>Students: All students who identify as high risk (either by a doctor or by parent/guardian notification) will be enrolled in distance learning upon request, with check-in's daily with their teacher. Any special programs will continue to be provided for students enrolled in distance learning.</p> <p>Visitors/Volunteers: Visitors/volunteers will be unable to work in schools, or complete other volunteer activities that require in person interaction, at this time. Adults in school are limited to essential personnel only.</p>

OHA/ODE Requirements	Hybrid/Onsite Plan
Responsibilities, outlines authority and responsibilities for school exclusion.	

1c. PHYSICAL DISTANCING

OHA/ODE Requirements	Hybrid/Onsite Plan
<input checked="" 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. <input checked="" type="checkbox"/> Support physical distancing in all daily activities and instruction, maintaining at least six feet between individuals to the maximum extent possible. <input checked="" 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. <input checked="" 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). <input checked="" 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. <input checked="" type="checkbox"/> Staff should maintain physical distancing during all staff meetings and conferences, or consider remote web-based meetings.	<p>A split schedule will be put in place, with A group attending Monday/Tuesday and B group attending Wednesday/Thursday, to limit the number of students in each class each day. There will be a max of 15 students in each classroom. Movement between classes will be limited.</p> <p>Group A will attend distance learning on Wednesday/Thursday, and Group B will participate in distance learning Monday/Tuesday, with check in times at least once with their teacher/s on distance learning days.</p> <p>Classrooms will be set up to maximize the space available to ensure social distancing, and will include the removal of any fabric furniture.</p>

1d. COHORTING

OHA/ODE Requirements	Hybrid/Onsite Plan
<input checked="" 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. <input checked="" 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 checked="" 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 checked="" 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 checked="" type="checkbox"/> Cleaning and wiping surfaces (e.g., desks, door handles, etc.) must be maintained between multiple student uses, even in the same cohort. <input checked="" type="checkbox"/> Design cohorts such that all students (including those protected under ADA and IDEA) maintain access to general education, grade level learning standards, and peers. <input checked="" type="checkbox"/> Staff who interact with multiple stable cohorts must wash/sanitize their hands between interactions with different stable cohorts.	<p>Students in kindergarten through 5th grade will be placed in stable grade level cohorts, grouped by A and B days. There will be limited to no interaction outside of their cohort, with movement being limited on campus. PE will take place outdoors as much as possible or indoors with social distancing in place and time for sanitizing. Each class will have their classroom bathroom assigned to them for exclusive use.</p> <p>Middle school students will be grouped into cohorts based on A and B groups. Students will have limited transitions between classrooms, with sanitization taking place throughout.</p> <p>Special education services will be planned and provided by Case Manager in collaboration with teachers.</p>

1e. PUBLIC HEALTH COMMUNICATION

OHA/ODE Requirements	Hybrid/Onsite Plan
<input checked="" 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 checked="" type="checkbox"/> Develop protocols for communicating with students, families and staff who have come into close contact with a confirmed case.	<p>A letter communicating the preliminary details (including the instructional model choice) will be sent to all families in June. An additional letter with more detail will be sent in August prior to on-campus instruction, and will include infection control measures and specifics on the instructional model.</p>

OHA/ODE Requirements	Hybrid/Onsite Plan
<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><input checked="" type="checkbox"/> 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.</p> <p><input checked="" type="checkbox"/> Provide all information in languages and formats accessible to the school community.</p>	<p>Communication protocols will be formed in collaboration with the district nurse in case of contact with a confirmed case or when a new case is diagnosed.</p> <p>Monthly communication will be sent regarding infection control measures during the school year.</p>

1f. ENTRY AND SCREENING

OHA/ODE Requirements	Hybrid/Onsite Plan
<p><input checked="" 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:</p> <ul style="list-style-type: none"> 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: <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 Other severe symptoms <p><input checked="" 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.</p> <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. They must remain home until 24 hours after fever is gone (without use of fever reducing medicine) and other symptoms are improving. <p><input checked="" 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 within the preceding 14 calendar days.</p> <p><input checked="" 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.</p> <p><input checked="" 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>	<p>Arrival:</p> <p>Students in portable classrooms will go directly to their classroom with their teacher monitoring for symptoms and updating the contact tracing log. Students in the main building will be assigned an entrance and an assigned staff member will screen for symptoms before the student heads to their main classroom.</p> <p>Hand sanitizer and/or handwashing stations will be place for students to use on arrival at each entrance.</p> <p>If a student appears symptomatic, they will be sent to the office.*Follow established protocol from CDP (see section 1a).</p> <p>Staff:</p> <ul style="list-style-type: none"> Staff are required to report when they may have been exposed to COVID-19 Staff are required to report when they have symptoms related to COVID-19. Staff members are not responsible for screening other staff members for symptoms.

1g. VISITORS/VOLUNTEERS

OHA/ODE Requirements	Hybrid/Onsite Plan
<p><input checked="" type="checkbox"/> Restrict non-essential visitors/volunteers.</p>	<p>Visitors/volunteers will be unable to work in schools, or complete</p>

OHA/ODE Requirements	Hybrid/Onsite Plan
<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Visitors/volunteers must wash or sanitize their hands upon entry and exit. <input checked="" type="checkbox"/> Visitors/volunteers must maintain six-foot distancing, wear face coverings, and adhere to all other provisions of this guidance. <input checked="" 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 within the preceding 14 calendar days. 	<p>other volunteer activities that require in person interaction, at this time. Adults in school are limited to essential personnel only.</p>

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

OHA/ODE Requirements	Hybrid/Onsite Plan
<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Face coverings or face shields for all staff, contractors, other service providers, or visitors or volunteers following CDC guidelines Face Coverings. <input checked="" type="checkbox"/> Face coverings or face shields for all students in grades Kindergarten and up following CDC guidelines Face Coverings. <input checked="" type="checkbox"/> 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: <input checked="" type="checkbox"/> 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. <p>Protections under the ADA or IDEA</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 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: <ul style="list-style-type: none"> • 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; <input checked="" type="checkbox"/> 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. <input checked="" type="checkbox"/> Schools and districts must comply with the established IEP/504 plan prior to the closure of in-person instruction in March of 2020. <ul style="list-style-type: none"> • 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: <ol style="list-style-type: none"> 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: <ol style="list-style-type: none"> 1. Review the 504/IEP to ensure access to 	<p>Face coverings or shields are required for all students, staff and visitors while on campus. All ADA and IDEA protections will be followed for relevant persons.</p> <p>Mask breaks will be provided throughout the day for students. An area in the classroom will also be provided away from others for students who need sensory breaks.</p>

OHA/ODE Requirements	Hybrid/Onsite Plan
<p>instruction in a manner comparable to what was originally established in the student's plan.</p> <p>2. The team must determine that the disability is not prohibiting the student from meeting the requirement.</p> <ul style="list-style-type: none"> ▪ 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. <p>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.</p> <p><input checked="" type="checkbox"/> 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.</p> <p><input checked="" type="checkbox"/> 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.</p>	

1I. ISOLATION MEASURES

OHA/ODE Requirements	Hybrid/Onsite Plan
<p><input checked="" 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.</p> <p><input checked="" 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.</p> <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. • 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. <p><input checked="" 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</p>	<p>An isolation area will be used for symptomatic staff and students. Students will be monitored by staff (remaining 6 feet away) until picked up.</p> <p>Logs must be maintained for every student who enters the health room, regardless of whether they are treated or sent home. Logs will include:</p> <ul style="list-style-type: none"> • Name of student • Reported symptoms/reason for health room visit • Action taken

OHA/ODE Requirements	Hybrid/Onsite Plan
<p>symptom monitoring must wear appropriate face covering or face shields.</p> <ul style="list-style-type: none"> • 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. <p><input checked="" type="checkbox"/> Establish procedures for safely transporting anyone who is sick to their home or to a health care facility.</p> <p><input checked="" type="checkbox"/> 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.</p> <ul style="list-style-type: none"> • 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. <p><input checked="" type="checkbox"/> 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).</p> <p><input checked="" type="checkbox"/> Record and monitor the students and staff being isolated or sent home for the LPHA review.</p>	



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
<input checked="" type="checkbox"/> Enroll all students (includes foreign exchange students) following the standard Oregon Department of Education guidelines.	Once the metrics for in-person learning are met, SCS will participate in hybrid learning. Students enrolled in hybrid learning will participate in in-person learning two days each week and online instruction two days each week. Families will be able to self-identify as high risk and accommodations may be made for those students. Hybrid learning and distance learning opportunities will utilize parallel planning, allowing symptomatic or high risk students to continue learning during a medical absence.
<input checked="" type="checkbox"/> Do not disenroll students for non-attendance if they meet the following conditions: <ul style="list-style-type: none"> 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. 	
<input checked="" type="checkbox"/> 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
<input checked="" type="checkbox"/> 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).	For students participating in the hybrid model, attendance will be taken every day for K-5 th and every period for 6-8 th grade per the ODE guidelines. Check in's will take place by the teacher either by in-person (for in school days only), phone, email or communication through the Google Classroom. For those participating in distance learning, attendance will be taken every day. Check in's will take place by the teacher either by phone, email, or communication through the Google Classroom. Attendance data will be reviewed. Any drops in attendance or significant changes will be reported to the school principal.
<input checked="" type="checkbox"/> 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).	
<input checked="" 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.	

2c. TECHNOLOGY

OHA/ODE Requirements	Hybrid/Onsite Plan
<input checked="" type="checkbox"/> Update procedures for district-owned or <i>school-owned</i> devices to match cleaning requirements (see section 2d of the <i>Ready Schools, Safe Learners</i> guidance).	All students will be assigned a school owned Chromebook for use at school and at home (if needed). All Chromebooks will be fully cleaned according to the guidelines before going out and when brought in for repair or re-distribution. Families will be surveyed regarding their internet and connectivity needs for at home work.
<input checked="" type="checkbox"/> 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
<input checked="" type="checkbox"/> Handwashing: All people on campus should be advised and encouraged to wash their hands frequently.	<ul style="list-style-type: none"> Handwashing: All students and staff will be encouraged to wash hands regularly. Students will have access to washing hands before eating, as well as periodically during the day. Hand sanitizer will be available for when hand washing is not available.
<input checked="" type="checkbox"/> Equipment: Develop and use sanitizing protocols for all equipment used by more than one individual or purchase equipment for	

OHA/ODE Requirements	Hybrid/Onsite Plan
<p>individual use.</p> <ul style="list-style-type: none"> ☒ 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. 	<ul style="list-style-type: none"> ● Equipment: Sharing of classroom supplies will be restricted when possible. PE and recess equipment will be thoroughly sanitized between each cohort. ● Events: All large scale events will be cancelled, modified to allow social distancing, or held virtually. Off-site field trips will be cancelled. ● Safety Drills: During fire drills (and all other safety drills), all cohort classes will be physically distanced during exit, recovery, and reentry procedures. ● Transitions/Hallways: Transitions will be limited wherever possible. Areas will be marked where students will transition to limit interaction and contact. Cohorts will be assigned to a bathroom for use during the day to limit contact. ● Personal Property: All personal property will be required to be labeled clearly and not shared with any other student. Requests to parents will be made to limit personal property brought to school.

2e. ARRIVAL AND DISMISSAL

OHA/ODE Requirements	Hybrid/Onsite Plan
<ul style="list-style-type: none"> ☒ 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 <i>Ready Schools, Safe Learners</i> 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. <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. ☒ 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. 	<p>Arrival and dismissal will be adapted to limit large gathering before and after school. Designated drop off areas will be assigned to each cohort to limit contact and entries will be assigned.</p> <p>Students will be screened by teachers/staff upon entering and handwashing/sanitizing stations will be available upon entering the classroom. A daily sign-in/sign-out log will also be kept for contact tracing by the teacher.</p> <p>The new guidelines for arrival and dismissal will be communicated to all families with an emphasis on keeping drop off and pick up as brief as possible.</p>

2f. CLASSROOMS/REPURPOSED LEARNING SPACES

OHA/ODE Requirements	Hybrid/Onsite Plan
<ul style="list-style-type: none"> ☒ 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. ☒ 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. <ul style="list-style-type: none"> ● Wash hands with soap and water for 20 seconds or use an alcohol-based hand sanitizer with 60-95% alcohol. 	<ul style="list-style-type: none"> ● Seating: Seating will be arranged to maintain 6 feet between students, with each student assigned one seat during the school day. All upholstered seating will be removed from the classroom. ● Materials: Community sharing will be limited as much as possible, and when unavoidable, materials will be sanitized between use. Hand sanitizer will be available for use. Cubbies or storage areas will be assigned to each student to store their personal supplies. ● Handwashing: All students and staff will be encouraged to wash hands throughout the day with specific time set aside for students to wash (including before lunch and snack and when arriving). Signage will be posted to encourage proper hand washing.

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

OHA/ODE Requirements	Hybrid/Onsite Plan
<ul style="list-style-type: none"> <input checked="" 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 checked="" 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 checked="" 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 checked="" 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 checked="" type="checkbox"/> Cleaning requirements must be maintained (see section 2j) of the <i>Ready Schools, Safe Learners</i> guidance). <input checked="" type="checkbox"/> Maintain physical distancing requirements, stable cohorts, and square footage requirements. <input checked="" type="checkbox"/> Provide signage and restrict access to outdoor equipment (including sports equipment, etc.). <input checked="" type="checkbox"/> Design recess activities that allow for physical distancing and maintenance of stable cohorts. <input checked="" type="checkbox"/> Clean all outdoor equipment at least daily or between use as much as possible in accordance with CDC guidance. <input checked="" type="checkbox"/> Limit staff rooms, common staff lunch areas, and workspaces to single person usage at a time, maintaining six feet of distance between adults. 	<p>Recess areas will be assigned to each cohort and times will be staggered to maintain social distancing. If recess equipment is used, all cohorts will be assigned specific items which will be sanitized between use.</p> <p>Students will wash their hands before and after recess.</p>

2h. MEAL SERVICE/NUTRITION

OHA/ODE Requirements	Hybrid/Onsite Plan
<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Include meal services/nutrition staff in planning for school reentry. <input checked="" type="checkbox"/> Staff serving meals must wear face shields or face covering (see section 1h of the <i>Ready Schools, Safe Learners</i> guidance). <input checked="" 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 checked="" type="checkbox"/> Appropriate daily cleaning of meal items (e.g., plates, utensils, transport items) in classrooms where meals are consumed. <input checked="" type="checkbox"/> Cleaning and sanitizing of meal touch-points and meal counting system between stable cohorts. <input checked="" type="checkbox"/> Adequate cleaning of tables between meal periods. <input checked="" 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>All students will wash/sanitize hands before and after meals. To limit transitions and contact between cohorts, lunch will be held in the classrooms with tables wiped down before and after eating. No sharing of food items will be allowed.</p>

2i. TRANSPORTATION

OHA/ODE Requirements	Hybrid/Onsite Plan
<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Include transportation departments (and associated contracted providers, if used) in planning for return to service. <input checked="" 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 <i>Ready Schools, Safe Learners</i> guidance). <input checked="" type="checkbox"/> 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. <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 	<p>All field trips will be cancelled so no bus use will be needed. If any changes occur regarding this during the school year, parents and guardians will be notified.</p>

OHA/ODE Requirements	Hybrid/Onsite Plan
<p>one) and keep six feet away from others. Continue transporting the student.</p> <ul style="list-style-type: none"> • 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. <p><input checked="" type="checkbox"/> 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.</p> <p><input checked="" type="checkbox"/> Drivers wear face shields or face coverings when not actively driving and operating the bus.</p> <p><input checked="" type="checkbox"/> 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).</p> <p><input checked="" type="checkbox"/> Face coverings or face shields for all students in grades Kindergarten and up following CDC guidelines applying the guidance in section 1h of the <i>Ready Schools, Safe Learners</i> guidance to transportation settings.</p>	

2j. CLEANING, DISINFECTION, AND VENTILATION

OHA/ODE Requirements	Hybrid/Onsite Plan
<p><input checked="" type="checkbox"/> 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.</p> <p><input checked="" type="checkbox"/> Clean and disinfect playground equipment at least daily or between use as much as possible in accordance with CDC guidance.</p> <p><input checked="" type="checkbox"/> Apply disinfectants safely and correctly following labeling direction as specified by the manufacturer. Keep these products away from students.</p> <p><input checked="" 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.</p> <p><input checked="" type="checkbox"/> 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.</p> <p><input checked="" type="checkbox"/> Consider the need for increased ventilation in areas where students with special health care needs receive medication or treatments.</p> <p><input checked="" 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).</p> <p><input checked="" type="checkbox"/> 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-Conditioning Engineers' guidance).</p>	<p>All frequently touched surfaces (e.g., playground equipment, door handles, sink handles, drinking fountains, and transport vehicles) and shared objects (e.g., toys, games, art supplies) will be cleaned between uses at least 3 times per day. All areas will be cleaned daily and deep cleaned between cohort use.</p> <p>Teachers will be encouraged to maintain ventilation in classrooms and have windows open when possible.</p>

2k. HEALTH SERVICES

OHA/ODE Requirements	Hybrid/Onsite Plan
<ul style="list-style-type: none"> <input checked="" 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 checked="" 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; physical, occupational, speech, and respiratory therapists; and School Based Health Centers (SBHC). 	<p>Each teacher will teach age appropriate hand hygiene and respiratory etiquette education to endorse prevention.</p> <p>All guidelines in the communicable disease plan will be followed, including isolation and exclusion guidelines. Any symptomatic person will be isolated.</p>

2l. BOARDING SCHOOLS AND RESIDENTIAL PROGRAMS ONLY

OHA/ODE Requirements	Hybrid/Onsite Plan
<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Provide specific plan details and adjustments in Operational Blueprints that address staff and student safety, which includes how you will approach: <ul style="list-style-type: none"> • 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 <input checked="" type="checkbox"/> Review and take into consideration CDC guidance for shared or congregate housing: <ul style="list-style-type: none"> • 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. 	N/A



3. Response to Outbreak

3a. PREVENTION AND PLANNING

OHA/ODE Requirements	Hybrid/Onsite Plan
<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Coordinate with Local Public Health Authority (LPHA) to establish communication channels related to current transmission level. <input checked="" type="checkbox"/> Establish a specific emergency response framework with key stakeholders. <input checked="" type="checkbox"/> When new cases are identified in the school setting, and the incidence is low, the LPHA will provide a direct report to the 	<p>Communication will be coordinated with LPHA. Emergency response will follow guidelines set in the Communicable Disease Management Plan here.</p>

OHA/ODE Requirements	Hybrid/Onsite Plan
district nurse, or designated staff, on the diagnosed case(s). Likewise, the LPHA will impose restrictions on contacts.	

3b. RESPONSE

OHA/ODE Requirements	Hybrid/Onsite Plan
<input checked="" type="checkbox"/> Follow the district's or school's outbreak response protocol. Coordinate with the LPHA for any outbreak response. <input checked="" type="checkbox"/> 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. <ul style="list-style-type: none"> • Determination if exposures have occurred • Cleaning and disinfection guidance • Possible classroom or program closure <input checked="" type="checkbox"/> Report to the LPHA any cluster of illness (2 or more people with similar illness) among staff or students. <input checked="" type="checkbox"/> When cases are identified in the local region, a response team should be assembled within the district and responsibilities assigned within the district. <input checked="" type="checkbox"/> Modify, postpone, or cancel large school events as coordinated with the LPHA. <input checked="" type="checkbox"/> If the school is closed, implement Short-Term Distance Learning or Comprehensive Distance Learning models for all staff/students. <input checked="" type="checkbox"/> Continue to provide meals for students. <input checked="" type="checkbox"/> Communicate criteria that must be met in order for On-Site instruction to resume and relevant timelines with families.	<p>All plans will follow the guidance set out in the Communicable Disease Management Plan. If cases are identified in Washington County, a response team will be initiated to work with the LPHA and all diagnosed cases of COVID-19 will be reported.</p> <p>In the case of school closure, students will shift to all distance learning and communication will be provided to families regarding the requirements for on-site instruction to resume.</p>

3c. RECOVERY AND REENTRY

OHA/ODE Requirements	Hybrid/Onsite Plan
<input checked="" type="checkbox"/> Plan instructional models that support all learners in Comprehensive Distance Learning. <input checked="" 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 checked="" type="checkbox"/> Communicate with families about options and efforts to support returning to On-Site instruction. <input checked="" type="checkbox"/> Follow the LPHA guidance to begin bringing students back into On-Site instruction. <ul style="list-style-type: none"> • Consider smaller groups, cohorts, and rotating schedules to allow for a safe return to schools. 	<p>Distance learning and in-person learning will be planned so that students can move between an in-person and distance learning model. In the event of a school closure, students and staff will participate in distance learning until schools reopen. Guidance from LPHS will be followed regarding the return of students and staff for on-site instruction. See the Communicable Disease Management Plan.</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.

This section does not apply to private schools.

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



**SHERWOOD
CHARTER SCHOOL**

**Communicable Disease
Management Plan**

Sherwood Charter School
June 2020

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Introduction

Communicable disease control and prevention is of significant importance in creating a safe and healthy environment for students and staff. Communicable diseases can be transmitted from person to person by various routes. A basic understanding of how these diseases are transmitted and common prevention measures can help decrease the spread of infections. Early identification of signs and symptoms of communicable disease is of paramount importance to maintain the health of the school population and decrease school absenteeism.

In the school setting there is a prevention oriented approach for communicable disease which is good education, role modeling and standard precautions and hygiene.

Prevention

Hand Washing is the most important action

Frequent and thorough hand washing is the primary prevention measure against the spread of communicable diseases. When done correctly, hand washing will help students, school staff and visitors avoid spreading and receiving disease-causing bacteria and viruses.

Effective Hand Washing (<http://www.cdc.gov/Features/HandWashing>)

- Use plenty of soap and water.
- Scrub vigorously wrists, tops of hands, between fingers, under and around rings, palms and fingers for at least 20 seconds.
- Rinse well.
- Dry.
- Turn off the faucet with a paper towel so clean hands stay clean.

The soap and rubbing action of handwashing helps dislodge germs. When soap and water is not available, hand sanitizer can be used to help reduce the spread of germs.

When soap and water is not available, hand sanitizer can be used to help reduce the spread of germs.

Hand sanitizers may kill germs, but do not effectively remove particles, such as dirt or body fluids. Visibly dirty hands should always be washed with soap and water. Some bacteria and viruses are not killed by hand sanitizers. Check product labels for specific organisms killed. For greatest protection against the spread of disease, hands should be washed thoroughly with soap and water.

It is important to wash hands

- After blowing nose, coughing, or sneezing (even if you use a tissue)
- After changing a diaper
- After handling animals or animal waste
- After recess or gym
- After touching garbage
- After using the bathroom or assisting another person in the bathroom
- Before and after caring for someone who is sick
- Before and after treating a wound
- Before eating

- Before, during and after preparing food
- When hands are dirty

Exposure Avoidance

All staff and students need to maintain strict adherence to body fluid exposure precautions. Report all body fluid contacts with broken skin, mucous membranes (in the nose, mouth or eyes) or through puncture wounds (such as human bites and needle stick injuries) to your school's school nurse and/or administrator.

Surfaces or objects commonly touched by students or staff (such as desk tops, toys, wrestling mats) should be cleaned at least daily. Surfaces or objects soiled with blood or other body fluids should be cleaned and disinfected using gloves and any other precautions needed to avoid coming into contact with the spill. Remove the spill, then clean and disinfect.

Communicable Disease Control Measures – Guidelines for Exclusion

Students and school staff who are diagnosed with a school-restrictable disease must be excluded from work or attendance. Susceptible students and school staff may also be excluded following exposure to selected diseases per instructions to the school administrator from the local public health authority or OHA state-wide notices. [OAR 333-019-0010; 333-019-0100]

Students should also be excluded from school if they have:

- Fever: a measured oral temperature of 100.4°F, with or without the symptoms below
 - Stay home until temperature is below 100.4°F for 72 hours WITHOUT the use of fever-reducing medication such as ibuprofen (Advil), acetaminophen (Tylenol), aspirin
- Skin rash or sores: ANY new rash if not previously diagnosed by a health care provider OR if rash is increasing in size OR if new sores or wounds are developing day-to-day OR if rash, sores or wounds are draining and cannot be completely covered with a bandage.
 - Stay home until rash is resolved OR until sores and wounds are dry or can be completely covered with a bandage OR until diagnosis and clearance are provided by a licensed healthcare provider
- Difficulty breathing or shortness of breath not explained by situation such as exercise: feeling unable to catch their breath, gasping for air, breathing too fast or too shallowly, breathing with extra effort such as using muscles of the stomach, chest, or neck.
 - Seek medical attention; return to school when advised by a licensed healthcare provider.
- Concerning cough: persistent cough that is not yet diagnosed and cleared by a licensed healthcare provider OR any acute (non-chronic) cough illness OR cough that is frequent or severe enough to interfere with active participation in usual school activities.
 - Stay home until 72 hours after cough resolves.
 - If pertussis ("whooping cough") is diagnosed by a licensed healthcare provider, student must be excluded from school until completion of a 5-day course of prescribed antibiotics or until cleared for return by the local public health authority. If COVID-19 is diagnosed, exclude until cleared for return by the local public health authority

- Diarrhea: three or more watery or loose stools in 24 hours OR sudden onset of loose stools OR student unable to control bowel function when previously able to do so
 - Stay home until 48 hours after diarrhea resolves.
- Vomiting: at least 1 episode that is unexplained
 - Stay home until 48 hours after last episode
- Headache with a stiff neck and fever OR headache with recent head injury not yet seen and cleared by a licensed health provider
 - Recent head injury: consider ODE concussion guidance.
- Jaundice: yellowing of the eyes or skin (new or uncharacteristic)
 - Must be seen by a licensed prescriber and cleared before return to school
- Concerning eye symptoms: colored drainage from eye OR unexplained redness of eye OR eye irritation accompanied by vision changes OR symptoms such as eye irritation, pain, redness, swelling or excessive tear production that prevent active participation in usual school activities
 - Students with eye symptoms who have been seen and cleared by a licensed prescriber may remain in school after indicated therapy has been started.
- Behavior change: unexplained uncharacteristic irritability, lethargy, decreased alertness, or increased confusion OR any unexplained behavior change accompanied by recent head injury not yet assessed and cleared by a licensed healthcare provider.
 - In case of head injury, consider ODE concussion guidance
- Major health event: may include an illness lasting more than 2 weeks; a surgical procedure with potential to affect vital signs or active participation in school activities; or a new or changed health condition for which school staff is not adequately informed, trained, or licensed to provide care.
 - Student should not be at school until health and safety are addressed
 - School staff should follow appropriate process to address reasonable accommodations and school health service provision in accordance with applicable federal and state laws.
- Student requiring more care than school staff can safely provide
 - Student should not be at school until health and safety are addressed.
 - School staff should follow appropriate process to address reasonable accommodations and school health service provision in accordance with applicable federal and state laws.

[View the Communicable Disease Exclusion Guidelines for Schools here.](#)

Outbreaks

Outbreaks are most often defined as compatible diagnoses or syndromes in individuals from 2 or more households in the same time period. Because of the nature of the ongoing congregate setting of school, this definition is insufficient for the purposes of seasonal illness, rather an increase in morbidity or severity should be indicators to report to the district RN for consideration of outbreak reports or control measures. The attention to outbreaks, interventions and resources are highly dependent on the communicability of the syndrome or pathogen. Outbreak investigations will be facilitated through the district RN.

in collaboration with administration and the local health department with the use of Oregon Health Authority Outbreak Toolkits for Schools.

Infectious Disease and Pandemic Plan

Seasonal Influenza

Influenza can spread quickly from sick staff and students to others who are nearby in the educational setting. Seasonal influenza, also known as “the flu,” is a contagious respiratory illness caused by flu viruses that infect the nose, throat, and lungs (see flu symptoms and complications). Staff and students are often in close contact sharing the same space, supplies, and equipment for long periods of time. As a result, there is a high chance that staff and students will spread flu and other illnesses to each other. Flu spreads mostly by droplets containing flu viruses traveling through the air (up to 6 feet) when a sick person coughs or sneezes. Less commonly, people might get flu by touching surfaces or objects with flu viruses on them and then touching their eyes, nose, or mouth. The CDC recommends that people practice everyday preventive actions (or personal NPIs) at all times to protect themselves and their community from flu and other respiratory infections.

Flu and Other Pandemic Viruses

The most common viruses associated with novel and pandemic outbreaks are influenza A and H1N1 influenza B and coronavirus. A flu pandemic occurs when a new flu virus that is different from seasonal flu viruses emerges and spreads quickly between people, causing illness worldwide. Most people will lack immunity to the pandemic flu virus. Pandemic flu can be more severe, causing more deaths than seasonal flu. Because it is a new virus, a vaccine may not be available right away. A pandemic could, therefore, overwhelm educational settings.

Control Measures

When a new virus emerges, it can take up to 6 months before a pandemic vaccine is available. When a vaccine is not available, NPIs are the best way to help slow the spread of the virus. They include personal, community, and environmental actions. These actions are most effective when used together. NPIs also can provide protection against other infectious diseases in schools. It is important to note that disease that is widely spread in the community has many options for transmission beyond the school setting, and the school district can only account for NPIs in the school setting and at school-sponsored events.

 <p>Personal NPIs are everyday preventive actions that can help keep people from getting and/or spreading flu. These actions include staying home when you are sick, covering your coughs and sneezes with a tissue, and washing your hands often with soap and water.</p>	 <p>Community NPIs are strategies that organizations and community leaders can use to help limit face-to-face contact. These strategies may include increasing space between students in classrooms, making attendance and sick-leave policies more flexible, canceling large school events, and temporarily dismissing schools.</p>	 <p>Environmental NPIs are surface cleaning measures that remove germs from frequently touched surfaces and objects.</p>
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Everyday Measures - Personal NPIs

Control measures to limit the spread of communicable diseases should be an active part of the comprehensive and preventative health services plan. Routine control measures include:

- Hand hygiene (washing your hands for 20 seconds with soap and water with appropriate friction).
- Respiratory etiquette (cover your coughs and sneezes and throw the tissue in the garbage each use)
- Routine sanitizing of shared areas and flat surfaces
- Stay home when you are sick and until 24 hours fever free, without the use of fever-reducing medication.

Control Measures for Novel or Variant Viruses

Control measures associated with novel or variant viruses are based on the severity of the specific virus. novel viruses are so mild they may go undetected, while others may present with more transmissibility or severity. Since new viruses have no historical context, public health guidance evolves as increased numbers of cases are identified, and patterns and risks are identified, and thus the guidance is unique to each specific event, respectively.

That being said, historical pandemic responses have provided a baseline set of evidence-based guide to create a framework for response plan for such events in the sc

Control measures are incremental based on the current situation. The current situation will be defined by the public health entities based on the severity, the incidence and the proximity to the school setting level based responses.

When cases of novel viruses are identified globally

When the novel disease is identified, it is the due diligence of school health services personnel and school administration to pay close attention to trends. When a novel strain is identified, routine control and exclusion measures should continue. Other situations that may arise, including foreign travel by students or staff, may results in extended absenteeism. In cases where student or staff travel is restricted secondary to pandemic events, it is the staff and parent’s responsibility to communicate this restriction to the school district. Routine infection control and communication should conti

ROUTINE PRACTICES

Personal NPI's	Community NPI's	Environmental NPI's	Communication
<ul style="list-style-type: none"> • Routine hand hygiene • Respiratory Etiquette • Stay home whe 	<ul style="list-style-type: none"> • <u>Routine illness exclusion</u> 	<ul style="list-style-type: none"> • Routinesaniti 	<ul style="list-style-type: none"> • Routine season illness preve and exclusion communication

When cases of novel viruses are identified regionally or nationally

When the novel disease is identified in the U.S., It is important to identify the geographical location and th specific public health messaging and direction. The Centers for Disease Control and Prevention (CDC) will have current guida. When novel viruses emerge in the state, the Oregon Health Authori OHA) will provide direct guidance. During this time, planning will need to be initiated on the continuity of education in the event of school closure.

LEVEL ONE ACTIONS: VIRUS DETECTED IN THE REGION-PREVENTION FOCUSED

Personal NPI's	Community NPI's	Environment NPI's	Communication
<ul style="list-style-type: none"> • Increase routine hand hygiene • Use alcohol-based hand sanitizer when hand wash is not an option. • Cover coughs/sneeze throwaway tissues at each use, wash your hands. • Stay home when ill for at least 24 hours after fever free without the use of fever-reducing medication. 	<ul style="list-style-type: none"> • Identify base absentee rate to determine if rates have increased by 20% or more. • Increase communication and education on respiratory etiquette and hand hygiene in the classroom. • Teachers can provide age-appropriate education. • Communicable Disease surveillance monitoring and reporting student illness. • Increase space between students in the classroom • Instruct students in small groups as feasible. 	<ul style="list-style-type: none"> • Increase sanitizing of flat surfaces and shared surface • Devise prevention and post-exposure sanitizing strategies based on current recommendations • Isolate students who become ill at school with febrile respiratory illness until parent pick up. • Discourage the use of shared utensils in the class 	<ul style="list-style-type: none"> • Provide communication to families based on the current situation, general information, and public health guidance. • Provide communication to staff of the current situation. • Provide communication to immunocompromised student families to defer to personal providers in regards to attendance

When cases of novel viruses are identified in the community

When novel viruses are identified in the community, but not in a student or staff, the district will defer to local public health guidance. This guidance will vary by event based on transmissibility, severity, and incidence. It is important to note that the school district can only apply controls around the school setting and school-sponsored events and activities. The school district cannot advise control measures around private clubs, organizations, or faith communities. Each of these congregate settings is responsible to follow local public health guidance as well. When the local transmission is detected, planning for dismissal and academic continuity should be prioritized. As well, plans for prolonged staff absences should be prioritized.

LEVEL TWO ACTIONS: INTERVENTION FOCUSED [INCLUDES LEVEL 1 ACTIONS]

Personal NPI's	Community NPI's	Environmental NPI's	Communication
<ul style="list-style-type: none"> Public health specific guidance Be prepared to allow your staff and students to stay home if someone in their house is sick. 	<ul style="list-style-type: none"> Public health guidance Increase space between people at school to at least 3 feet, as much as possible. Temporarily discontinue students attending childcare facilities, K-12 schools (Teachers report to work, students do not report to school) 	<ul style="list-style-type: none"> Public health-specific guidance. Modify, postpone, or cancel large school events coordinated with LHD. 	<ul style="list-style-type: none"> Work with LHD to establish timely communication with staff and families. Provide communication to staff about the use of sick time and a reminder to stay home when sick. Advise parent to report actual symptoms when calling students in sick as part of communicable disease surveillance.

When cases of novel viruses are identified in the school setting

When novel viruses are identified in the school setting, and the incidence is low, the local health department will provide a direct report to the district nurse on the diagnosed case. Likewise, the LHD will impose restriction on contacts. However, it is important to note that if the incidence is high in disease trends, the LHD may not have the manpower to impose individual restrictions and may create public statements that the school district should reiterate.

LEVEL THREE ACTIONS: RESPONSE FOCUSED [INCLUDES LEVEL 1 & 2 ACTIONS]

Personal NPI's	Community NPI's	Environmental NPI's	Communication
<ul style="list-style-type: none"> Follow public health direction. 	<ul style="list-style-type: none"> Follow exclusive guidance designated by Local Public Health Authority, which may include student dismissal 	<ul style="list-style-type: none"> Follow local health direct environmental cleaning, which may include school closure and canceling major events. 	<ul style="list-style-type: none"> Coordinate communication with the Local Public Health Authority. Identify potentially immediately impacted student populations such as Seniors and graduation track.

POST EVENT

Personal NPI's	Community NPI's	Environmental NPI's	Communication
<ul style="list-style-type: none"> • Routine hand hygiene and respiratory etiquette when LPHA deems processes may return to bas • Stay home when ill and until 24 fever free without the use of fever-reducing medications. 	<ul style="list-style-type: none"> • Routine illness exclusion when LPHA deems processes may return to baseline. 	<ul style="list-style-type: none"> • Routine sanitizing when LPHA deems processes may return to baseline. 	<ul style="list-style-type: none"> • Routine seasonal illness prevention and exclusion communication • Participate in event evaluation to determine what worked in a response plan and what needs to be revised. • Determine the needed time to make up academic time

Special Considerations

Employee Sick Leave

Administration should work to determine the need to temporarily revise or flex sick leave to accommodate public health guidance in regards to lost work, such as maximum incubation period exclusion (10-14 days). Prolonged exclusion may occur with individuals who are contacts to identified cases, who are immunocompromised or who are identified as potential cases.

Immunocompromised Students

Students with immunocompromising health conditions and treatments may require exclusion from school outside of public health guidance. These students should provide documentation from their physician.

References

Sherwood Charter School Board Policies

[Communicable Diseases JHCC](#)

[Communicable Diseases JHCC-AR](#)

[Student Health Services JHC](#)

[Communicable Diseases GBE](#)

[Communicable Diseases G R](#)

Oregon Legislation

[ORA 333-019-0010 Disease Related School, Child Care, and Worksite Restrictions: Imposition of Restrictions](#)

[OAR 581-022-2200 Health Services](#)

[ORS 410-133-0000 School B Health Services](#)

Get Your School Ready for Pandemic Flu, 2017. Atlanta, GA: Community Interventions Infection Control Unit, Division Migration and Quarantine, National Center for Emerging and Zoonotic Infectious Diseases, Centers for Disease Control and Prevention, April 2017.

Centers for Disease Control and Prevention. (2020). Influenza.

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