



OPERATIONAL BLUEPRINT FOR SCHOOL REENTRY 2020-21

Updated 8/11/2020

Under ODE’s **Ready Schools, Safe Learners** guidance, each school¹ has been directed to submit a plan to the district² in order to provide on-site and/or hybrid instruction. Districts must submit each school’s plan to the local school board and make the plans available to the public. This form is to be used to document a district’s, school’s or program’s plan to ensure students can return for the 2020-21 school year, in some form, in accordance with Executive Order 20-25(10). Schools must use the [Ready Schools, Safe Learners guidance](#) document as they complete their Operational Blueprint for Reentry. ODE recommends plan development be inclusive of, but not limited to, school-based administrators, teachers and school staff, health and nursing staff, association leadership, nutrition services, transportation services, tribal consultation,³ parents and others for purposes of providing expertise, developing broad understanding of the health protocols and carrying out plan implementation.

1. Please fill out information:

SCHOOL/DISTRICT/PROGRAM INFORMATION	
Name of School, District or Program	Happy Valley Montessori School, LLC
Key Contact Person for this Plan	Jamie Edwards
Phone Number of this Person	(503) 698-2333
Email Address of this Person	happyvalleymontessorischool@gmail.com
Sectors and position titles of those who informed the plan	Jamie Edwards (Director/Owner/Head Teacher)
Local public health office(s) or officers(s)	Sarah Present (503) 742-5300 (Health Housing & Human Services Clackamas County)
Name of person Designated to Establish, Implement and Enforce Physical Distancing Requirements	Jamie Edwards
Intended Effective Dates for this Plan	September 1 st , 2020
ESD Region	North Clackamas 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.

HVM was established as an Emergency Childcare Center (ECC) under the rules and regulations of the Early Learning Division (ELD) since late March. We opened our doors to any and all Frontline/First Responders, followed by Essential Workers of our own immediate school community. We were listed with 211 before getting our first call in May. HVM accepts DHS and was awarded slots to to serve any underserved and marginalized families in our community through Preschool Promise (pending) so that we may also provide care for any children 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.

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 3-19 in the initial template) and [submit online](https://app.smartsheet.com/b/form/a4dedb5185d94966b1dff75e4874c8a). (<https://app.smartsheet.com/b/form/a4dedb5185d94966b1dff75e4874c8a>) by August 17, 2020 or prior to the beginning of the 2020-21 school year.

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

REQUIREMENTS FOR COMPREHENSIVE DISTANCE LEARNING OPERATIONAL BLUEPRINT

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

Describe why you are selecting Comprehensive Distance Learning as the school's Instructional Model for the effective dates of this plan.

N/A. We are a private school/facility. We continue to be in operation as an ECC through the ELD, but wanted to complete this Blueprint as a measure of information and concrete exercise of best protocol in conjunction with our Health & Safety Plan documents (ELD).

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.

N/A

Describe the school's plan, including the anticipated timeline, for returning to Hybrid Learning or On-Site Learning consistent with the *Ready Schools, Safe Learners* guidance.

We have been On-site since the onset of the pandemic. We adhere to all safety and health regulation per the ELD. We have combed through the Ready Schools, Safe Learners guidance and are consistently meeting or rising above the current standards. We will further implement any additional protocol released to us in the final draft from the ELD on Friday, August 14th (with implementation by September 1st, 2020).

The remainder of this operational blueprint is not applicable to schools operating a Comprehensive Distance Learning Model.

ESSENTIAL REQUIREMENTS FOR HYBRID / ON-SITE OPERATIONAL BLUEPRINT

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

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



0. Community Health Metrics

METRICS FOR ON-SITE OR HYBRID INSTRUCTION

- The school currently meets the required metrics to successfully reopen for in-person instruction in an On-Site or Hybrid model. *If this box cannot yet be checked, the school must return to Comprehensive Distance Learning but may be able to provide some in-person instruction through the exceptions noted below.*

EXCEPTIONS FOR SPECIFIC IN-PERSON INSTRUCTION WHERE REQUIRED CONDITIONS ARE MET

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



1. Public Health Protocols

1a. COMMUNICABLE DISEASE MANAGEMENT PLAN FOR COVID-19

OHA/ODE Requirements	Hybrid/Onsite Plan
<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Implement measures to limit the spread of COVID-19 within the school setting. <input checked="" type="checkbox"/> Update written Communicable Disease Management Plan to specifically address the prevention of the spread of COVID-19. <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. 	<p>This school uses the Communicable Disease Guidance published by the Oregon Department of Education and the Oregon Health Authority.</p> <p>HVM School's COVID-19 Specific Communicable Disease Management Plan is part of its Health & Safety Plan per the ELD (a copy is available upon request).</p> <p>The school's administrator, Jamie Edwards, will be responsible for enforcing physical distancing requirements. We will reach out to our local LPHA contact, Sarah Present (Clackamas County Health Officer), if there is a case of COVID-19 connected to our facility.</p> <p>The school's annual staff training in late August will include sections 1-3 of the Ready Schools, Safe Learners guidance as well as the new guidance from the ELD distributed on August 14th.</p> <p>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</p>

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<ul style="list-style-type: none"> <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. <input checked="" type="checkbox"/> Provide all logs and information to the LPHA in a timely manner. <input checked="" type="checkbox"/> Protocol for screening students and staff for symptoms (see section 1f of the <i>Ready Schools, Safe Learners</i> 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 <i>Ready Schools, Safe Learners</i> 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 <i>Ready Schools, Safe Learners</i> 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. <input checked="" type="checkbox"/> Protocol to respond to potential outbreaks (see section 3 of the <i>Ready Schools, Safe Learners</i> guidance). 	<p>who has entered the school building (see our ELD Health & Safety Plan).</p> <p>The school has posted protocols throughout the school building that outline the disinfecting protocols for each area: classroom, bathrooms, porch, activity areas and outdoor space.</p> <p>The school's weekly attendance and drop off/pickup logs will be available for submission and review at any time.</p> <p>The school's screening Drop-Off & Pick-Up procedures are outlined in Section 1f (Entry & Screening).</p> <p>The isolation of students with potential symptoms and protocol for communication to our school community is covered in Section 1i (Isolation Measures).</p> <p>Section 1i as well as Section 3 covers the protocol to respond to potential outbreaks: HVM has one classroom/cohort with a daily log that includes the following information*:</p> <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 <p>*These logs will be kept on site for a minimum of four weeks.</p> <p>We are a closed classroom/single cohort with a maximum of 20 children and our own outdoor space. There is no crossover of staff at any time. We will keep records of anyone who must come into the building for maintenance, delivery, or IEP, etc.</p> <p>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.</p> <p>Protocol to respond to potential outbreaks is outlines in Section 3.</p>

1b. HIGH-RISK POPULATIONS

OHA/ODE Requirements	Hybrid/Onsite Plan
<ul style="list-style-type: none"> <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. <p>Medically Fragile, Complex and Nursing-Dependent Student Requirements</p> <ul style="list-style-type: none"> <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. 	<p>High-risk populations include elders over 65 years of age or people who have one or more of the following medical conditions: Asthma, Heart Disease, compromised immunity due to recovering from major illnesses such as cancer, HIV, or organ transplants, obesity, diabetes, or other diseases of vital organs such as kidney, liver, or sickle cell disease.</p> <p>Our student population currently does not include a child with any of these severe medical conditions. None of our staff members are categorized under high risk populations at this time. Should a future enrollment of a child in a high risk population occur, then we will</p>

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<p>2. Medically Fragile: Are students who may have a life-threatening health condition and who may require immediate professional nursing services.</p> <p>3. Nursing-Dependent: Are students who have an unstable or life-threatening health condition and who require daily, direct, and continuous professional nursing services.</p> <p>☒ Staff and school administrators, in partnership with school nurses, or other school health providers, should work with interdisciplinary teams to address individual student needs. The school registered nurse (RN) is responsible for nursing care provided to individual students as outlined in ODE guidance and state law:</p> <ul style="list-style-type: none"> • Communicate with parents and health care providers to determine return to school status and current needs of the student. • Coordinate and update other health services the student may be receiving in addition to nursing services. This may include speech language pathology, occupational therapy, physical therapy, as well as behavioral and mental health services. • Modify Health Management Plans, Care Plans, IEPs, or 504 or other student-level medical plans, as indicated, to address current health care considerations. • The RN practicing in the school setting should be supported to remain up to date on current guidelines and access professional support such as evidence-based resources from the Oregon School Nurses Association. • Service provision should consider health and safety as well as legal standards. • Appropriate medical-grade personal protective equipment (PPE) should be made available to nurses and other health providers. • Work with an interdisciplinary team to meet requirements of ADA and FAPE. • High-risk individuals may meet criteria for exclusion during a local health crisis. • Refer to updated state and national guidance and resources such as: <ul style="list-style-type: none"> ○ U.S. Department of Education Supplemental Fact Sheet: Addressing the Risk of COVID-19 in Preschool, Elementary and Secondary Schools While Serving Children with Disabilities from March 21, 2020. ○ ODE guidance updates for Special Education. Example from March 11, 2020. ○ 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. 	<p>provide the family with remote learning resources, and facilitate Zoom meetings of 30 minutes per day when a teacher is conducting small group lessons.</p> <p>If we hire a staff member in a high risk population in the near future (or have a child’s IEP provider in our classroom who is high risk), we will facilitate a space for this staff member to work with a child or a small group of children while promoting frequent hand washing in the classroom sink, and wearing a mask within School premises (inside and outside with considering of a Face Shield as well).</p> <p>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.</p>

1c. PHYSICAL DISTANCING

OHA/ODE Requirements	Hybrid/Onsite Plan
<p>☒ 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.</p>	<p>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.</p>

OHA/ODE Requirements	Hybrid/Onsite Plan
<ul style="list-style-type: none"> ☒ Support physical distancing in all daily activities and instruction, maintaining six feet between individuals to the maximum extent possible. ☒ Minimize time standing in lines and take steps to ensure that six feet of distance between students is maintained, including marking spacing on floor, one-way traffic flow in constrained spaces, etc. ☒ Schedule modifications to limit the number of students in the building (e.g., rotating groups by days or location, staggered schedules to avoid hallway crowding and gathering). ☒ Plan for students who will need additional support in learning how to maintain physical 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. 	<p>Most Montessori classrooms are also designed with 50 square feet of space in mind for each child.</p> <p>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 or a distance high-5 in the air with no contact.</p> <p>We are setting down circles or other shapes so every child has their own well-separated spot from the other children in group gatherings.</p> <p>The children are presently eating their meals and snacks at individual well-separated tables.,</p> <p>We are increasing distance between children when standing in a queue to step outdoors or for handwashing upon returning to the classroom. We have the luxury of mostly staggering outdoor and handwashing throughout the day due to the structure of our space and access to the outdoors as well as the 3 child-sized sinks.</p> <p>The children naturally stagger between the indoor and outdoor space.</p> <p>Parents are currently not permitted to enter the School with drop-off and pick-up at the front entrance to our School, and we are holding Zoom meetings for parent-teacher conferences to address any concerns and questions that may arise.</p>

1d. COHORTING

OHA/ODE Requirements	Hybrid/Onsite Plan
<ul style="list-style-type: none"> ☒ 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. ☒ 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 contact 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 disinfecting 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 academic content standards, and peers. ☒ Staff who interact with multiple stable cohorts must wash/sanitize their hands between interactions with different stable cohorts. 	<p>Changes to Section as of 8/14/20 per the ELD:</p> <ul style="list-style-type: none"> • Revisions are finalized to return to maximum group sizes as defined by child care licensing requirements for different types of providers. <ul style="list-style-type: none"> 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. <p>Requirements. During COVID-19, an early care and education program must do the following:</p> <ul style="list-style-type: none"> • Assign and keep children in stable groups with the same assigned adults. <ul style="list-style-type: none"> 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. <ul style="list-style-type: none"> 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

OHA/ODE Requirements	Hybrid/Onsite Plan
	<p>ratios, as well as any additional requirements for our CC (Certified Center) are as follows: 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 Final Draft of 8/14/20):</p> <ul style="list-style-type: none"> • 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 the classroom • 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. <p>Recommendations. The following practices are suggested to enhance health and safety:</p> <ul style="list-style-type: none"> • 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). <p>HVM maintains a Daily Log (the one specifically provided to us by the ELD) to ensure contact tracing among the cohort (see section 1a of the Ready Schools, Safe Learners guidance).</p> <p>Even though we are one single cohort, HVM staff has a Daily Cleaning and Disinfecting Surfaces Log (e.g., desks, door handles, tops of soap dispensers, toilet handle, sink handles, etc.) and is maintained throughout the day with an EPA-approved non-toxic Disinfectant. We use a Bleach solution at the day’s end (no children present) on everything!</p>

1e. PUBLIC HEALTH COMMUNICATION

OHA/ODE Requirements	Hybrid/Onsite Plan
<ul style="list-style-type: none"> ☒ 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. ☒ Develop protocols for communicating with students, families and staff who have come into close contact with a confirmed case. <ul style="list-style-type: none"> • The definition of exposure is being within 6 feet of a COVID-19 case for 15 minutes (or longer). ☒ Develop protocols for communicating immediately with staff, families, and the community when a new case(s) of COVID-19 is diagnosed in students or staff members, including a description of how the school or district is responding. ☒ Provide all information in languages and formats accessible to the school community. 	<p>The school will communicate about infection control measures with staff via email and physically-distanced in-person meetings, both before school starts and as needed throughout the school year.</p> <p>Email will be the primary method of communication with families and staff who have come into close contact with a confirmed case.</p> <p>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.</p> <p>This information will be communicated in all languages and formats necessary to effectively communicate with the school community.</p>

1f. ENTRY AND SCREENING

OHA/ODE Requirements	Hybrid/Onsite Plan
<ul style="list-style-type: none"> ☒ 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>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.</p>

OHA/ODE Requirements	Hybrid/Onsite Plan
<ul style="list-style-type: none"> • Primary symptoms of concern: cough, fever (<i>temperature</i> greater than 100.4°F) or chills, shortness of breath, or difficulty breathing. • Note that muscle pain, headache, sore throat, new loss of taste or smell, diarrhea, nausea, vomiting, nasal congestion, and runny nose are also symptoms often associated with COVID-19. More information about COVID-19 symptoms is available from CDC. • In addition to COVID-19 symptoms, students should be excluded from school for signs of other infectious diseases, per existing school policy and protocols. See pages 9-12 of OHA/ODE Communicable Disease Guidance. • Emergency signs that require immediate medical attention: <ul style="list-style-type: none"> ○ Trouble breathing ○ Persistent pain or pressure in the chest ○ New confusion or inability to awaken ○ Bluish lips or face (lighter skin); greyish lips or face (darker skin) ○ Other severe symptoms <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. See table "Planning for COVID-19 Scenarios in Schools." • Additional guidance for nurses and health staff. <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. See table "Planning for COVID-19 Scenarios in Schools."</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>Please do not bring your child to school if you notice any of the following symptoms:</p> <ul style="list-style-type: none"> • Temperature of 100.4°F or higher • Cough • Shortness of breath or difficulty breathing • Chills • Repeated Shaking with chills • Muscle pain • Headache • Sore throat • Loss of taste or smell • Diarrhea • Nausea or vomiting • Congestion or runny nose <p>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.</p> <p>Health Screening at Arrival – Children: Staff members will perform the following screening of all children at arrival:</p> <p>Visual:</p> <ul style="list-style-type: none"> • Flushed cheeks • Rapid breathing/difficulty breathing • Fatigue • Extreme fussiness <p>Verbal:</p> <p>Staff will ask parent if they have noticed any of the following symptoms in their child: (symptoms taken from CDC website):</p> <ul style="list-style-type: none"> • A cough • Shortness of breath • A sore throat • Fatigue • Body aches • Loss of taste or smell • Diarrhea • Nausea or vomiting • Has your child been given a fever reducer in the past 24 hours? • Are there any family members in your household with symptoms consistent with COVID-19? <p>Temperature:</p> <ul style="list-style-type: none"> • Upon arrival, a staff member will take each child's temperature using a contactless thermometer. • If the child has a temperature of 100.4°F or higher the staff will verify temperature with another thermometer. • A child with a double verified temperature of over 100.4°F will not be admitted. • Verified temperature may be taken with an ear or forehead thermometer.

OHA/ODE Requirements	Hybrid/Onsite Plan
	<ul style="list-style-type: none"> • 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. <p>Health Screening at Arrival – Staff: Upon arrival, all staff members will take temperature with a contactless thermometer.</p> <ul style="list-style-type: none"> • Staff members with a temperature of 100.4°F or higher will be relieved of duty for the day. • All staff members will sign a daily self certification asking: <ul style="list-style-type: none"> ○ 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? <p>Any affirmative answers to these questions will relieve the staff member of duty for the day.</p> <p>Staff and Children will not be admitted to school if:</p> <ul style="list-style-type: none"> • 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. <p>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.</p> <p>Chronic Cough A cough due to asthma or allergies should be documented by a doctor’s note. Staff and students will not be excluded for documented chronic coughs. If coughs are more severe than normal, then staff or students will be sent home.</p> <p>Healthy Hand Hygiene Everyone entering the school is required to wash their hands with running water and soap for at least 20 seconds. Adults signing in are required to use hand sanitizer before and after sign in/out.</p> <p>Washing hands can keep you healthy and prevent the spread of infections from one person to the next. All Children and staff will engage in hand hygiene at the following times:</p> <ul style="list-style-type: none"> • Arrival to the classroom and after breaks • Before and after eating or handling food • After using the toilet or helping a child use the bathroom • After coming in contact with bodily fluid • After playing outdoors • After handling garbage • Before and after touching your eyes, nose or mouth.

1g. VISITORS/VOLUNTEERS

OHA/ODE Requirements	Hybrid/Onsite Plan
<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Restrict non-essential visitors/volunteers. <ul style="list-style-type: none"> • Examples of essential visitors include: DHS Child Protective Services, Law Enforcement, etc. • Examples of non-essential visitors/volunteers include: Parent Teacher Association (PTA), classroom volunteers, etc. <input 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. See table "Planning for COVID-19 Scenarios in Schools." <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. 	<p>Adults in the school are limited to essential personnel only. Most volunteers will need to complete their projects off-site.</p> <p>Essential visitors must wear a face covering, wash hands upon entering the building, sign in and do a health screening. A staff member will screen all essential visitors for symptoms upon entry and restrict access to anyone who has had contact with a confirmed case of COVID-19.</p> <p>Visitors/volunteers must maintain six-foot distancing, wear face coverings, and adhere to all other provisions of this guidance.</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 for Face Coverings. Individuals may remove their face coverings while working alone in private offices. <input checked="" type="checkbox"/> Face coverings or face shields for all students in grades Kindergarten and up following CDC guidelines for 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: <ul style="list-style-type: none"> • Provide space away from peers while the face covering is removed. In the classroom setting, an example could be a designated chair where a student can sit and take a 15 minute "sensory break;" <ul style="list-style-type: none"> ○ Students should not be left alone or unsupervised; ○ Designated area or chair should be appropriately distanced from other students and of a material that is easily wiped down for disinfection after each use; • Provide additional instructional supports to effectively wear a face covering; • Provide students adequate support to re-engage in safely wearing a face covering; • Students cannot be discriminated against or disciplined for an inability to safely wear a face covering during the school day. <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. <ul style="list-style-type: none"> • Additional guidance for nurses and health staff. <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 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; 	<p>Requirements About Face Coverings:</p> <p>Face coverings include reusable cloth masks, disposable paper masks, and plastic face shields.</p> <ul style="list-style-type: none"> • 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 (ages 5 and older) should wear a face covering. Exceptions to this requirement are allowed for children with a health condition or neuro-diverse ability. <p>Children between two and kindergarten are allowed to wear a face covering if:</p> <ul style="list-style-type: none"> • 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. <p>Requirements on the Handling of Face Coverings:</p> <ul style="list-style-type: none"> • 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

OHA/ODE Requirements	Hybrid/Onsite Plan
<ul style="list-style-type: none"> ☒ For students with existing medical conditions and a physician's orders to not wear face coverings, or other health related concerns, schools/districts must not deny any in-person instruction. ☒ Schools and districts must comply with the established IEP/504 plan prior to the closure of in-person instruction in March of 2020. <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 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. <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. 3. Hold a 504/IEP meeting to determine equitable access to educational opportunities which may include limited in-person instruction, on-site instruction with accommodations, or Comprehensive Distance Learning. ☒ For students not currently served under an IEP or 504, districts must consider whether or not student inability to consistently wear a face covering or face shield as required is due to a disability. Ongoing inability to meet this requirement may be evidence of the need for an evaluation to determine eligibility for support under IDEA or Section 504. ☒ 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>container that is inaccessible to children prior to being cleaned.</p> <ul style="list-style-type: none"> • 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. <p>Recommendations Regarding Face Coverings:</p> <p>The following practices are suggested to enhance health and safety:</p> <ul style="list-style-type: none"> • 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.

1i. ISOLATION AND QUARANTINE

OHA/ODE Requirements	Hybrid/Onsite Plan
<ul style="list-style-type: none"> ☒ 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. 	<ul style="list-style-type: none"> • 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. <ul style="list-style-type: none"> ○ Anything used/touched by said student or staff will be disinfected.

OHA/ODE Requirements	Hybrid/Onsite Plan
<ul style="list-style-type: none"> • Work with school nurses, health care providers, or other staff with expertise to determine necessary modifications to areas where staff/students will be isolated. If two students present COVID-19 symptoms at the same time, they must be isolated at once. If separate rooms are not available, ensure that six feet distance is maintained. Do not assume they have the same illness. • Consider required physical arrangements to reduce risk of disease transmission. • Plan for the needs of generally well students who need medication or routine treatment, as well as students who may show signs of illness. • Additional guidance for nurses and health staff. ☒ Students and staff who report or develop symptoms must be isolated in a designated isolation area in the school, with adequate space and staff supervision and symptom monitoring by a school nurse, other school-based health care provider or school staff until they are able to go home. Anyone providing supervision and symptom monitoring must wear appropriate face covering or face shields. • School nurse and health staff in close contact with symptomatic individuals (less than 6 feet) should wear a medical-grade face mask. Other Personal Protective Equipment (PPE) may be needed depending on symptoms and care provided. Consult a nurse or health care professional regarding appropriate use of PPE. Any PPE used during care of a symptomatic individual should be properly removed and disposed of prior to exiting the care space. • After removing PPE, hands should be immediately cleaned with soap and water for at least 20 seconds. If soap and water are not available, hands can be cleaned with an alcohol-based hand sanitizer that contains 60-95% alcohol. • If able to do so safely, a symptomatic individual should wear a face covering. • To reduce fear, anxiety, or shame related to isolation, provide a clear explanation of procedures, including use of PPE and handwashing. ☒ Establish procedures for safely transporting anyone who is sick to their home or to a health care facility. ☒ Staff and students who are ill must stay home from school and must be sent home if they become ill at school, particularly if they have COVID-19 symptoms. Refer to table in "Planning for COVID-19 Scenarios in Schools." ☒ 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. 	<ul style="list-style-type: none"> • If any of the above noted symptoms are observed during the school day, the school will: <ul style="list-style-type: none"> ○ Remove the child to the isolation area with all belongings to go home (typically this will be to the office upstairs. If 2 staff members, it may be the gym) 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 the classroom, we will open all windows to increase air circulation and close off classroom areas used by the child to disinfect items of use (table, chair, etc.) ○ A staff member will wait with the child in the doorway of the isolation room. <ul style="list-style-type: none"> ▪ The staff member will be wearing gloves, apron, face covering & face shield. ○ 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. <ul style="list-style-type: none"> ○ This includes the use of 911. • Any student or staff being asked to not attend and are showing signs of COVID-19 will be advised to seek medical attention and not be permitted to return to school until 72 hours after symptoms have cleared without the use of medication, or 14 days if they test positive for COVID-19. • If a student or staff member has had contact with a suspected case of COVID-19 they will be asked to quarantine at home for 10 days or until they test negative for COVID-19. <p>HVM will contact our LPHA and any pertinent staff with related experience in development of protocols and assessment of symptoms and will record and monitor any child or 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 instructional and extra-curricular activities requiring additional considerations (see section 5f of the **Ready Schools, Safe Learners** guidance).

2a. ENROLLMENT

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

OHA/ODE Requirements	Hybrid/Onsite Plan
<input type="checkbox"/> Enroll all students (including foreign exchange students) following the standard Oregon Department of Education guidelines. <input type="checkbox"/> The temporary suspension of the 10-day drop rule does not change the rules for the initial enrollment date for students: <ul style="list-style-type: none"> • The ADM enrollment date for a student is the first day of the student’s actual attendance. • A student with fewer than 10 days of absence at the beginning of the school year may be counted in membership prior to the first day of attendance, but not prior to the first calendar day of the school year. • If a student does not attend during the first 10 session days of school, the student’s ADM enrollment date must reflect the student’s actual first day of attendance. • Students who were anticipated to be enrolled, but who do not attend at any time must not be enrolled and submitted in ADM. <input type="checkbox"/> If a student has stopped attending for 10 or more days, districts must continue to try to engage the student. At a minimum, districts must attempt to contact these students and their families weekly to either encourage attendance or receive confirmation that the student has transferred or has withdrawn from school. This includes students who were scheduled to start the school year, but who have not yet attended. <input type="checkbox"/> When enrolling a student from another school, schools must request documentation from the prior school within 10 days of enrollment per OAR 581-021-0255 to make all parties aware of the transfer. Documentation obtained directly from the family does not relieve the school of this responsibility. After receiving documentation from another school that a student has enrolled, drop that student from your roll. <input type="checkbox"/> Design attendance policies to account for students who do not attend in-person due to student or family health and safety concerns. <input type="checkbox"/> When a student has a pre-excused absence or COVID-19 absence, the school district should reach out to offer support at least weekly until the student has resumed their education. <input type="checkbox"/> When a student is absent beyond 10 days and meets the criteria for continued enrollment due to the temporary suspension of the 10 day drop rule, continue to count them as absent for those days and include those days in your Cumulative ADM reporting.	N/A We are a private facility governed by the ELD.

2b. ATTENDANCE

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

OHA/ODE Requirements	Hybrid/Onsite Plan
<input type="checkbox"/> Grades K-5 (self-contained): Attendance must be taken at least once per day for all students enrolled in school, regardless of the	N/A We are a private facility governed by the ELD.

OHA/ODE Requirements	Hybrid/Onsite Plan
<p>instructional model (On-Site, Hybrid, Comprehensive Distance Learning, online schools).</p> <ul style="list-style-type: none"> <input type="checkbox"/> Grades 6-12 (individual subject): Attendance must be taken at least once for each scheduled class that day for all students enrolled in school, regardless of the instructional model (On-Site, Hybrid, Comprehensive Distance Learning, online schools). <input type="checkbox"/> Alternative Programs: Some students are reported in ADM as enrolled in a non-standard program (such as tutorial time), with hours of instruction rather than days present and days absent. Attendance must be taken at least once for each scheduled interaction with each student, so that local systems can track the student's attendance and engagement. Reported hours of instruction continue to be those hours in which the student was present. <input type="checkbox"/> Online schools that previously followed a two check-in per week attendance process must follow the Comprehensive Distance Learning requirements for checking and reporting attendance. <input type="checkbox"/> Provide families with clear and concise descriptions of student attendance and participation expectations as well as family involvement expectations that take into consideration the home environment, caregiver's work schedule, and mental/physical health. 	

2c. TECHNOLOGY

OHA/ODE Requirements	Hybrid/Onsite Plan
<ul style="list-style-type: none"> <input type="checkbox"/> Update procedures for district-owned or school-owned devices to match cleaning requirements (see section 2d of the <i>Ready Schools, Safe Learners</i> guidance). <input type="checkbox"/> Procedures for return, inventory, updating, and redistributing district-owned devices must meet physical distancing requirements. 	N/A We are not using any devices/technology at this time.

2d. SCHOOL SPECIFIC FUNCTIONS/FACILITY FEATURES

OHA/ODE Requirements	Hybrid/Onsite Plan
<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Handwashing: All people on campus should be advised and encouraged to wash their hands frequently. <input checked="" type="checkbox"/> Equipment: Develop and use sanitizing protocols for all equipment used by more than one individual or purchase equipment for individual use. <input checked="" type="checkbox"/> 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. <input checked="" type="checkbox"/> Transitions/Hallways: Limit transitions to the extent possible. Create hallway procedures to promote physical distancing and minimize gatherings. <input checked="" type="checkbox"/> 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"> • 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 daily (in some cases, several times throughout the day). • Safety Drills: During fire drills and all other emergency evacuation drills, children will be single file instead of holding hands with a partner. We are one cohort and will be able to exit and enter safely. • Events: Events where children and families gather together throughout the school year will be cancelled or done virtually. Parent conferences will be done virtually. • Transitions/Hallways: N/A we are a single cohort with plenty of space indoors and outdoors for physical distancing. There will be very little need at this time other than for emergency drills to have to line up. • Personal Property: Each child will bring a bag containing all their personal items: water bottle, lunch box, coat, etc. All personal

OHA/ODE Requirements	Hybrid/Onsite Plan
	<p>items will go into an individual cubby. Children will be guided on when/how to access their personal items from their teachers to ensure physical distancing.</p> <ul style="list-style-type: none"> • Restrooms: HVM has two bathrooms for our single cohort. They are cleaned and disinfected several times throughout the day. Staff have a separate bathroom that is also sanitized between staff member use.

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 alcohol-based hand sanitizer (with 60-95% alcohol) dispensers are easily accessible near all entry doors and other high-traffic areas. Establish and clearly communicate procedures for keeping caregiver drop-off/pick-up as brief as possible. 	<p>Screening Children:</p> <ul style="list-style-type: none"> • Students will be visually screened by the staff upon arrival. When the screening indicates that a student may be symptomatic, the student will be released immediately back to the parent/guardian at the front entrance. • One 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 Conveyed our drop off and pick up times to families and encourage them to stay in their cars to stagger entry and accommodate for physical distancing. • If there is a late arrival or early pick up schedule, families must call the school and meet a staff member to meet outside the front entrance so we can screen and sign them in.

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. 	<p>Classroom Space</p> <ul style="list-style-type: none"> • Seats and tables are arranged 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. • 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. • 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 Clackamas Early Childhood Providers if/when they return in September. • Children will eat snacks and lunch in assigned seats. <p>Materials</p> <ul style="list-style-type: none"> • 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.

OHA/ODE Requirements	Hybrid/Onsite Plan
	<ul style="list-style-type: none"> 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, clothing storage bin, and individual drawer (for incomplete work) is assigned to each child. <p>Handwashing:</p> <ul style="list-style-type: none"> 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. <p>Naptime (If we have nappers in September):</p> <ul style="list-style-type: none"> 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, cots, and blankets will be cleaned and sanitized before use by another child. Linens will be washed weekly and sanitized with bleach according to equipment manufacturer's instructions or washed above 140°F.

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

OHA/ODE Requirements	Hybrid/Onsite Plan
<ul style="list-style-type: none"> ☒ 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). ☒ 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 <u>or</u> 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 <i>Ready Schools, Safe Learners</i> 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. 	<p>Outdoor Environment (we are a single cohort):</p> <ul style="list-style-type: none"> The outdoor environment is closed and inaccessible to the general public. For sanitation reasons, the sandbox is currently not in use; some other outdoor equipment is/may be have restricted use as well. 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. We will clean all outdoor equipment at least daily or between use as much as possible in accordance with CDC guidance <p>Restrooms</p> <ul style="list-style-type: none"> Handwashing sinks, counters, toilets, toilet handles, & floors are to be disinfected daily, as often as possible throughout the day and immediately whenever visibly soiled.

OHA/ODE Requirements	Hybrid/Onsite Plan
<input checked="" type="checkbox"/> Limit staff rooms, common staff lunch areas, elevators and workspaces to single person usage at a time, maintaining six feet of distance between adults.	<ul style="list-style-type: none"> After using the restroom students must wash hands with soap and water for 20 seconds. <p>Breaks</p> <ul style="list-style-type: none"> The Staff Lounge is limited to single person usage at a time, maintaining six feet of distance between adults. Upon leaving the Lounge and/or Staff bathroom, the staff member will spray everything down with a disinfectant so it is ready for the next staff member (toilet handle, sink handles, refrigerator door, etc) Windows are left open for ventilation in the Staff Lounge and bathroom.

2h. MEAL SERVICE/NUTRITION

OHA/ODE Requirements	Hybrid/Onsite Plan																												
<input checked="" type="checkbox"/> Include meal services/nutrition staff in planning for school reentry. <input checked="" type="checkbox"/> Prohibit self-service buffet-style meals. <input checked="" type="checkbox"/> Prohibit sharing of food and drinks among students and/or staff. <input checked="" type="checkbox"/> At designated meal or snack times, students may remove their face coverings to eat or drink but must maintain six feet of physical distance from others, and must put face coverings back on after finishing the meal or snack. <input checked="" type="checkbox"/> Staff serving meals and students interacting with staff at mealtimes must wear face shields or face covering (see section 1h of the Ready Schools, Safe Learners guidance). <input 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 type="checkbox"/> Appropriate daily cleaning of meal items (e.g., plates, utensils, transport items). <input checked="" type="checkbox"/> Cleaning and sanitizing of meal touch-points and meal counting system between stable cohorts. <input checked="" type="checkbox"/> Adequate cleaning and disinfection of tables between meal periods. <input type="checkbox"/> Since staff must remove their face coverings during eating and drinking, staff should eat snacks and meals independently, and not in staff rooms when other people are present. Consider staggering times for staff breaks, to prevent congregation in shared spaces.	<p><u>Snack & Lunch:</u></p> <ul style="list-style-type: none"> All staff are trained on snack and lunch provisions as well as on nutrition guidelines before they work in the classroom and include these specifications in our COVID-9 Health & Safety Plan per the ELD. 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, we 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, kitchen floors and any other meal touch-points. Supervise all mealtimes to prevent children from sharing and/or touching each other's food. Programs may provide bagged and individualized lunches, accept lunches from families, or provide meals prepared on site under the specific guidance (See Rules and Sanitation Guidance). Arrange or stagger meal schedules so that a smaller group of children is eating at one time. Seat children and staff for meals to allow 6 feet of physical distancing. Space must be provided for staff to consume their meals independently and not while other people are present. Consider staggering break times, to prevent more than one staff member in this space at one time. The following table must be used to determine frequency of sanitizing: <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">Food Areas</th> <th style="width: 10%;">Daily</th> <th style="width: 10%;">Weekly</th> <th style="width: 50%;">Before & after each use</th> </tr> </thead> <tbody> <tr> <td>Fridge/Freezer</td> <td></td> <td style="text-align: center;">X</td> <td></td> </tr> <tr> <td>Eating Utensils & Dishes</td> <td></td> <td></td> <td style="text-align: center;">X</td> </tr> <tr> <td>Kitchen Counters</td> <td></td> <td></td> <td style="text-align: center;">X</td> </tr> <tr> <td>Food Prep Surfaces</td> <td></td> <td></td> <td style="text-align: center;">X</td> </tr> <tr> <td>Food Prep Sinks</td> <td style="text-align: center;">X</td> <td></td> <td></td> </tr> <tr> <td>Kitchen Equip.</td> <td></td> <td></td> <td style="text-align: center;">X</td> </tr> </tbody> </table>	Food Areas	Daily	Weekly	Before & after each use	Fridge/Freezer		X		Eating Utensils & Dishes			X	Kitchen Counters			X	Food Prep Surfaces			X	Food Prep Sinks	X			Kitchen Equip.			X
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OHA/ODE Requirements	Hybrid/Onsite Plan			
	Tables			X
	Floors	X		

2i. TRANSPORTATION

OHA/ODE Requirements	Hybrid/Onsite Plan
<ul style="list-style-type: none"> <input type="checkbox"/> Include transportation departments (and associated contracted providers, if used) in planning for return to service. <input type="checkbox"/> Buses are cleaned frequently. Conduct targeted cleanings between routes, with a focus on disinfecting frequently touched surfaces of the bus (see section 2j of the <i>Ready Schools, Safe Learners</i> guidance). <input type="checkbox"/> Develop protocol for loading/unloading that includes visual screening for students exhibiting symptoms and logs for contact-tracing. This should be done at the time of arrival and departure. <ul style="list-style-type: none"> • If a student displays COVID-19 symptoms, provide a face shield or face covering (unless they are already wearing one) and keep six feet away from others. Continue transporting the student. <ul style="list-style-type: none"> ○ The symptomatic student should be seated in the first row of the bus during transportation, and multiple windows should be opened to allow for fresh air circulation, if feasible. ○ The symptomatic student should leave the bus first. After all students exit the bus, the seat and surrounding surfaces should be cleaned and disinfected. • If arriving at school, notify staff to begin isolation measures. <ul style="list-style-type: none"> ○ If transporting for dismissal and the student displays an onset of symptoms, notify the school. <input type="checkbox"/> Consult with parents/guardians of students who may require additional support (e.g., students who experience a disability and require specialized transportation as a related service) to appropriately provide service. <input type="checkbox"/> Drivers wear face shields or face coverings when not actively driving and operating the bus. <input 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). <input 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>N/A. HVM does not provide any type of transportation.</p>

2j. CLEANING, DISINFECTION, AND VENTILATION

OHA/ODE Requirements	Hybrid/Onsite Plan
<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Clean, sanitize, and disinfect frequently touched surfaces (e.g. door handles, sink handles, drinking fountains, transport vehicles) and shared objects (e.g., toys, games, art supplies) between uses multiple times per day. Maintain clean and disinfected (CDC guidance) environments, including classrooms, cafeteria settings and restrooms. <input checked="" type="checkbox"/> Clean and disinfect playground equipment at least daily or between use as much as possible in accordance with CDC guidance. <input checked="" type="checkbox"/> Apply disinfectants safely and correctly following labeling direction as specified by the manufacturer. Keep these products away from students. 	<ul style="list-style-type: none"> • Clean, sanitize, and disinfect frequently touched surfaces (e.g. door handles, sink handles, toilet handles, soap dispenser tops, etc) and shared objects (e.g., toys, games, art supplies) between uses multiple times per day. Maintain clean and disinfected (CDC guidance) environments, including classroom, outdoor porch and restrooms. • Clean and disinfect playground equipment at least daily or between use as much as possible in accordance with CDC guidance

OHA/ODE Requirements

- ☒ To reduce the risk of asthma, choose disinfectant products on the EPA List N with asthma-safer ingredients (e.g. hydrogen peroxide, citric acid, or lactic acid) and avoid products that mix these with asthma-causing ingredients like peroxyacetic acid, sodium hypochlorite (bleach), or quaternary ammonium compounds.
- ☒ Schools with HVAC systems should evaluate the system to minimize indoor air recirculation (thus maximizing fresh outdoor air) to the extent possible. Schools that do not have mechanical ventilation systems should, to the extent possible, increase natural ventilation by opening windows and doors before students arrive and after students leave, and while students are present.
- ☒ Consider running ventilation systems continuously and changing the filters more frequently. Do not use fans if they pose a safety or health risk, such as increasing exposure to pollen/allergies or exacerbating asthma symptoms. Consider using window fans or box fans positioned in open windows to blow fresh outdoor air into the classroom via one window, and indoor air out of the classroom via another window. Fans should not be used in rooms with closed windows and doors, as this does not allow for fresh air to circulate.
- ☒ Consider the need for increased ventilation in areas where students with special health care needs receive medication or treatments.
- ☒ Facilities should be cleaned and disinfected at least daily to prevent transmission of the virus from surfaces (see [CDC's guidance on disinfecting public spaces](#)).
- ☒ 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](#)).

Hybrid/Onsite Plan

- Apply disinfectants safely and correctly following labeling direction as specified by the manufacturer. Keep these products away from students. Choose disinfectant products on the EPA List N with asthma-safer ingredients.

Cleaning Toys:

- 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 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 necessary.

Cleaning and Disinfecting Table (Use daily to determine frequency):

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

OHA/ODE Requirements	Hybrid/Onsite Plan		
	Bathroom Floors	X	
	Playground Equipment	X	
	<p>Ventilation:</p> <ul style="list-style-type: none"> • Train all staff on ventilation guidelines before they work in the classroom and include these specifications in your COVID-9 Health & Safety Plan. • Evaluate your site for proper ventilation using the CDC’s guidance on ventilation and filtration, consider modifying or enhancing current ventilation systems where feasible. • Check that ventilation systems are working properly and have been maintained and cleaned recently. • Increase circulation of outdoor air as much as possible by opening windows and doors, using fans and by other methods. • Consider running ventilation systems continuously, be prepared to change the filter more frequently. • We have a Ductless Heater/AC unit that pulls from the outdoors. We also have two HEPA filter units in the classroom to continuously clean the stagnant classroom air if weather forces us to close the windows or doors (in extreme heat or cold). • When doors and windows are closed, we do not use fans in order to reduce the risk of increased asthma symptoms which can worsen in recirculating classroom air. . 		

2k. HEALTH SERVICES

OHA/ODE Requirements	Hybrid/Onsite Plan
<p><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.</p> <p><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; dental providers; physical, occupational, speech, and respiratory therapists; and School Based Health Centers (SBHC).</p>	<ul style="list-style-type: none"> • HVM 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. • HVM will practice appropriate communicable disease isolation and evacuation measures as outlined in section 1i. • Staff will participate in required health services related training to maintain health services practices in the school setting. • COVID-19 specific infection control practices 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.) • We are currently a staff of 2 and do not have licensed health personnel, but will continuously stay updated on best practice and protocol from School Based Health Centers, the OHA, and the CDC.

2I. BOARDING SCHOOLS AND RESIDENTIAL PROGRAMS ONLY

OHA/ODE Requirements	Hybrid/Onsite Plan
<input 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 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.

2m. SCHOOL EMERGENCY PROCEDURES AND DRILLS

OHA/ODE Requirements	Hybrid/Onsite Plan
<input checked="" type="checkbox"/> In accordance with ORS 336.071 and OAR 581-022-2225 all schools (including those operating a Comprehensive Distance Learning model) are required to instruct students on emergency procedures. Schools that operate an On-Site or Hybrid model need to instruct and practice drills on emergency procedures so that students and staff can respond to emergencies. <ul style="list-style-type: none"> • At least 30 minutes in each school month must be used to instruct students on the emergency procedures for fires, earthquakes (including tsunami drills in appropriate zones), and safety threats. • Fire drills must be conducted monthly. • Earthquake drills (including tsunami drills and instruction for schools in a tsunami hazard zone) must be conducted two times a year. • Safety threats including procedures related to lockdown, lockout, shelter in place and evacuation and other appropriate actions to take when there is a threat to safety must be conducted two times a year. <input checked="" type="checkbox"/> Drills can and should be carried out <u>as close as possible</u> to the procedures that would be used in an actual emergency. For example, a fire drill should be carried out with the same alerts and same routes as normal. If appropriate and practicable, COVID-19 physical distancing measures can be implemented, but only if they do not compromise the drill. <input checked="" type="checkbox"/> When or if physical distancing must be compromised, drills must be completed in less than 15 minutes. <input checked="" type="checkbox"/> Drills should not be practiced unless they can be practiced correctly. <input checked="" type="checkbox"/> Train staff on safety drills prior to students arriving on the first day on campus in hybrid or face-to-face engagement. <input checked="" type="checkbox"/> If on a hybrid schedule, conduct multiple drills each month to ensure that all cohorts of students have opportunities to	HVM will continue to instruct and practice drills on emergency procedures so that students and staff can respond to emergencies. <ul style="list-style-type: none"> • At least 30 minutes in each school month is used to instruct students on the emergency procedures for fires, earthquakes (including tsunami drills in appropriate zones), and safety threats. • Fire drills are conducted monthly and documented for the ELD. • Earthquake drills (including tsunami drills and instruction for schools in a tsunami hazard zone) are conducted two times a year. • Safety threats including procedures related to lockdown, lockout, shelter in place and evacuation and other appropriate actions to take when there is a threat to safety are conducted two times a year. • Drills are carried out <u>as close as possible</u> to the procedures that would be used in an actual emergency. • When or if physical distancing must be compromised, drills will be completed in less than 15 minutes. • Staff are trained on safety drills prior to students arriving on the first day on campus. • Staff and children must wash hands with soap and water for 20 seconds or use an alcohol-based hand sanitizer with 60-95% alcohol after a drill is complete.

OHA/ODE Requirements	Hybrid/Onsite Plan
<p>participate in drills (i.e., schedule on different cohort days throughout the year).</p> <p><input checked="" type="checkbox"/> Students must wash hands with soap and water for 20 seconds or use an alcohol-based hand sanitizer with 60-95% alcohol after a drill is complete.</p>	

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

OHA/ODE Requirements	Hybrid/Onsite Plan
<p><input checked="" type="checkbox"/> Utilize the components of Collaborative Problem Solving or a similar framework to continually provide instruction and skill-building/training related to the student’s demonstrated lagging skills.</p> <p><input checked="" type="checkbox"/> Take proactive/preventative steps to reduce antecedent events and triggers within the school environment.</p> <p><input checked="" type="checkbox"/> Be proactive in planning for known behavioral escalations (e.g., self-harm, spitting, scratching, biting, eloping, failure to maintain physical distance). Adjust antecedents where possible to minimize student and staff dysregulation. Recognize that there could be new and different antecedents and setting events with the additional requirements and expectations for the 2020-21 school year.</p> <p><input checked="" type="checkbox"/> Establish a proactive plan for daily routines designed to build self-regulation skills; self-regulation skill-building sessions can be short (5-10 minutes), and should take place at times when the student is regulated and/or is not demonstrating challenging behaviors.</p> <p><input checked="" type="checkbox"/> Ensure all staff are trained to support de-escalation, provide lagging skill instruction, and implement alternatives to restraint and seclusion.</p> <p><input checked="" type="checkbox"/> Ensure that staff are trained in effective, evidence-based methods for developing and maintaining their own level of self-regulation and resilience to enable them to remain calm and able to support struggling students as well as colleagues.</p> <p><input checked="" type="checkbox"/> Plan for the impact of behavior mitigation strategies on public health and safety requirements:</p> <ul style="list-style-type: none"> • Student elopes from area <ul style="list-style-type: none"> ○ If staff need to intervene for student safety, staff should: <ul style="list-style-type: none"> ● Use empathetic and calming verbal interactions (i.e. “This seems hard right now. Help me understand... How can I help?”) to attempt to re-regulate the student without physical intervention. ● Use the least restrictive interventions possible to maintain physical safety for the student and staff. ● Wash hands after a close interaction. ● Note the interaction on the appropriate contact log. ○ *If unexpected interaction with other stable cohorts occurs, those contacts must be noted in the appropriate contact logs. • Student engages in behavior that requires them to be isolated from peers and results in a room clear. <ul style="list-style-type: none"> ○ If students leave the classroom: <ul style="list-style-type: none"> ● Preplan for a clean and safe alternative space that maintains physical safety for the student and staff ● Ensure physical distancing and separation occur, to the maximum extent possible. ● Use the least restrictive interventions possible to maintain physical safety for the student and staff. ● Wash hands after a close interaction. ● Note the interaction on the appropriate contact log. ○ *If unexpected interaction with other stable cohorts occurs, those contacts must be noted in the appropriate contact logs. 	<p>Per Montessori pedagogy, staff and students will continue to use content from established Grace and Courtesy lessons that respect the child in all ways. Within the community, accurate and effective language and conflict resolution methods are employed to guide children to work out their issues and contribute to the community.</p>

OHA/ODE Requirements	Hybrid/Onsite Plan
<ul style="list-style-type: none"> • Student engages in physically aggressive behaviors that preclude the possibility of maintaining physical distance and/or require physical de-escalation or intervention techniques other than restraint or seclusion (e.g., hitting, biting, spitting, kicking, self-injurious behavior). <ul style="list-style-type: none"> ○ If staff need to intervene for student safety, staff should: <ul style="list-style-type: none"> ● Maintain student dignity throughout and following the incident. ● Use empathetic and calming verbal interactions (i.e. “This seems hard right now. Help me understand... How can I help?”) to attempt to re-regulate the student without physical intervention. ● Use the least restrictive interventions possible to maintain physical safety for the student and staff ● Wash hands after a close interaction. ● Note the interaction on the appropriate contact log. ○ *If unexpected interaction with other stable cohorts occurs, those contacts must be noted in the appropriate contact logs. ☒ Ensure that spaces that are unexpectedly used to deescalate behaviors are appropriately cleaned and sanitized after use before the introduction of other stable cohorts to that space. <p>Protective Physical Intervention</p> <ul style="list-style-type: none"> ☒ Reusable Personal Protective Equipment (PPE) must be cleaned/sanitized after every episode of physical intervention (see section 2j of the <i>Ready Schools, Safe Learners</i> guidance: Cleaning, Disinfection, and Ventilation). 	



3. Response to Outbreak

3a. PREVENTION AND PLANNING

OHA/ODE Requirements	Hybrid/Onsite Plan
<ul style="list-style-type: none"> ☒ Review the “Planning for COVID-19 Scenarios in Schools” toolkit. ☒ Coordinate with Local Public Health Authority (LPHA) to establish communication channels related to current transmission level. 	<p>By September 01, 2020, our school will establish communication channels with the LPHA to ensure they are known, and working.</p> <p>The emergency response key stakeholders is provided within the Protocol linked below.</p> <p>In the case of confirmed COVID-19 cases at our facility, we will follow our Protocol for Communication for a Confirmed Case of COVID-19 as follows:</p> <p>If there is a person diagnosed with COVID-19, the following will happen within 24 hours of our school being notified.</p> <ol style="list-style-type: none"> 1. Head of School will notify the Local Public Health Authorities (LPHA) if there is a confirmed case of COVID-19 among our student or staff population. Report Communicable Disease to Sarah Present at (503) 742-5300. This is the public health emergency number for Clackamas.

OHA/ODE Requirements	Hybrid/Onsite Plan
	<ol style="list-style-type: none"> 2. Head of School will notify staff, parents/guardians, and 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. 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. The LPHA will advise our school if they require partial or whole school closure.

3b. RESPONSE

OHA/ODE Requirements	Hybrid/Onsite Plan
<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Review and utilize the "Planning for COVID-19 Scenarios in Schools" toolkit. <input checked="" type="checkbox"/> Ensure continuous services and implement Comprehensive Distance Learning. <input checked="" type="checkbox"/> Continue to provide meals for students. 	<p>HVM has reviewed and will utilize the "Planning for COVID-19 Scenarios in Schools" toolkit. The 8-11-2020 revision of the Ready Schools, Safe Learners defines an outbreak in the glossary as: "An unusual number of cases in a given context. In the context of this document, an outbreak is two unrelated COVID-19 cases in the same cohort."</p> <p>In the case of one or more confirmed cases at our facility, we will follow our Protocol for Communication for a confirmed case of COVID-19:</p> <ul style="list-style-type: none"> • 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 consistent. The plan will be consistent with LHPA guidance. <p>If HVM is forced to close, our Program will implement either a Comprehensive Short-Term Distance Learning Plan for all students and/or support for those requesting it. We will confirm with our families what they need during a short-term closure.</p> <p>We do not plan large gatherings or events until OHA guidance allows it. We do not currently provide meals for our children.</p>

3c. RECOVERY AND REENTRY

OHA/ODE Requirements	Hybrid/Onsite Plan
<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Review and utilize the "Planning for COVID-19 Scenarios in Schools" toolkit. <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"/> When bringing students back into On-Site or Hybrid instruction, consider smaller groups, cohorts, and rotating schedules to allow for a safe return to schools. 	<p>HVM is an operating Emergency Childcare Center (ECC) under the ELD rules & regulations; we will continue our operation without a transition plan for Distance Learning for our program. If we are closed due to a COVID-19 outbreak, we will follow the guidance of the LPHA. 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. HVM has reviewed the "Planning for COVID-19 Scenarios in Schools" toolkit and will utilize its content, if necessary.</p> <p>If a prolonged closure due to COVID-19 occurs:</p>

OHA/ODE Requirements	Hybrid/Onsite Plan
	<ul style="list-style-type: none"> • 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 the classroom, outdoor porch, restrooms playgrounds, and staff lounge. • When bringing children back on campus for in-person instruction, HVM will consider a smaller cohort to allow for a safer return to our facility.



ASSURANCES

This section must be completed by any public school that is providing instruction through On-Site or Hybrid Instructional Models. Schools providing Comprehensive Distance Learning Instructional Models do not need to complete this section unless the school is implementing the Limited In-Person Instruction provision under the Comprehensive Distance Learning guidance.

This section does not apply to private schools.

- We affirm that, in addition to meeting the requirements as outlined above, our school plan has met the collective requirements from ODE/OHA guidance related to the 2020-21 school year, including but not limited to requirements from:
- Sections 4, 5, 6, 7, and 8 of the [Ready Schools, Safe Learners](#) guidance,
 - The [Comprehensive Distance Learning](#) guidance,
 - The [Ensuring Equity and Access: Aligning Federal and State Requirements](#) guidance, and
 - [Planning for COVID-19 Scenarios in Schools](#)
- We affirm that we cannot meet all of the collective requirements from ODE/OHA guidance related to the 2020-21 school year from:
- Sections 4, 5, 6, 7, and 8 of the [Ready Schools, Safe Learners](#) guidance,
 - The [Comprehensive Distance Learning](#) guidance,
 - The [Ensuring Equity and Access: Aligning Federal and State Requirements](#) guidance, and
 - [Planning for COVID-19 Scenarios in Schools](#)

We will continue to work towards meeting them and have noted and addressed which requirement(s) we are unable to meet in the table titled “Assurance Compliance and Timeline” below.



4. Equity



5. Instruction



6. Family, Community, Engagement



7. Mental, Social, and Emotional Health



8. Staffing and Personnel

Assurance Compliance and Timeline

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

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