OREGON DEPARTMENT OF EDUCATION

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OPERATIONAL BLUEPRINT FOR SCHOOL REENTRY 2020-21

Updated 2/5/2021

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

1. Please fill out information:

SCHOOL/DISTRICT/PROGRAM INFORMATION	
Name of School, District or Program	Rural Dell Elementary, MRSD
Key Contact Person for this Plan	Larry Conley, Principal Jan Olson, Clinical Consultant
Phone Number of this Person	(503) 651-2128
Email Address of this Person	Larry.conley@molallariv.k12.or.us
Sectors and position titles of those who informed the plan	School Leadership Team – Counselor, Head Secretary, Custodian, Staff Members
Local public health office(s) or officers(s)	Sarah Present, MD, MPH

Name of person Designated to Establish, Implement and Enforce Physical Distancing Requirements	Larry Conley, Rural Dell Elementary Principal
Intended Effective Dates for this Plan	1. Limited In-person Learning (Fall 2020) 2. Transition to Hybrid Leaning (as per metrics)
ESD Region	Clackamas

[1] For the purposes of this guidance: "school" refers to all public schools, including 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.

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.

3. MRSD has established a response team including all district administrators the district nurse, facilities manager, communications manager and technology lead. District administration has been providing weekly communications to the community including surveys for school reopening. The district has also engaged school staff in communication and surveys for reopening. Communication are delivered weekly for both provision of current information and weekly health promotion. All communications are checked for literacy levels and are translated to Spanish. The superintendent and each building principal have sent out video communications and updates to families. Principals are providing regular communications on each school and the Athletic Director to coaches. When available, health promotion material is sent in an auditory format. MRSD has convened elementary and secondary design teams that include licensed staff as major stakeholders in addition to the response team that meets twice weekly. The district has engaged multidisciplinary teams to respond to mental health needs upon school reopening which included supported education behavior specialists, administrators, counselors, the district nurse, partners from Trillium, Clackamas County and NAMI that meets weekly.
4. The superintendent, director of supported education and director of curriculum have met regularly in meetings Clackamas ESD. The district nurse has established communication with the project manager and CD nurses at Clackamas County and serves on both the OSNA advisory board, which collaborates with OHA and ODE and the School Nurse Advisory Board which is a partnership advisory between OHA and ODE.

5. Indicate which instructional model will be used.

Select One:

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

6. 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).

7. If you selected On-Site Learning or Hybrid Learning, you have to fill out the blue portion of the Operational Blueprint for Reentry (i.e., pages 3-19 in the initial template) and submit online. (https://app.smartsheet.com/b/form/a4dedb5185d94966b1dffc75e4874c8a) 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.

[Reflected on CDL Blueprint]

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.

[Reflected on CDL Blueprint]

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.

MRSD Plan A measured return to in-person instruction :	Learning Model & # Days/Week	Transition Timing
Can K-1 transition to on-site instruction?	In-person 4 days per week	No School Feb 3 & 4 On-Site Learning begins Feb 08
Can 2-3 transition to on-site instruction?	In-person 4 days per week	No School Feb 18 & 19 On-site Learning begins Feb 22
Can 4-5 & 6 transition to on-site instruction?	Hybrid- 2 days in person/ 3 days at home	No School Feb 25 & 26 On-site Learning begins March 1
Can 7-12 transition to hybrid instruction?	Hybrid- 2 days in person/ 3 days at home	TBD

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
☒ Implement measures to limit the spread of COVID-19 within the school setting. ☒ Update written Communicable Disease Management Plan to specifically address the prevention of the spread of COVID-19. ☒ Designate a person at each school to establish, implement and enforce physical distancing requirements, consistent with this guidance and other guidance from OHA. ☒ Include names of the LPHA staff, school nurses, and other medical experts who provided support and resources to the district/school policies and plans. Review relevant local, state, and national evidence to inform plan. ☒ Process and procedures established to train all staff in sections 1 - 3 of the ***Ready Schools, Safe Learners*** guidance. Consider conducting the training virtually, or, if in-person, ensure physical distancing is maintained to the maximum extent possible. ☒ Protocol to notify the local public health authority (LPHA Directory by County) of any confirmed COVID-19 cases among students or staff. ☒ Plans for systematic disinfection of classrooms, offices, bathrooms and activity areas. ☒ Process to report to the LPHA any cluster of any illness among staff or students. ☒ Protocol to cooperate with the LPHA recommendations. ☒ Provide all logs and information to the LPHA in a timely manner. ☒ Protocol for screening students and staff for symptoms (see section 1f of the ***Ready Schools, Safe Learners*** guidance). ☒ Protocol to isolate any ill or exposed persons from physical contact with others. ☒ Protocol for communicating potential COVID-19 cases to the school community and other stakeholders (see section 1e of the ***Ready Schools, Safe Learners*** guidance).	OSHA Required Risk Assessments - Instructional Staff OSHA Required Reis Assessments - Custodial Staff Anonymous electronic forms will be used for sharing concerns with administrators. See **Molalla River School District Comprehensive Communicable Disease Management Plan** (CCDMP) Designated Personnel: Page 44 Training page: pages 45-47 COVID-19 School Measures Overview Key Contacts: page 39 Clusters or Outbreaks: 10-11 Communication to School: Pages 45-47 Staff Communication Communication to LPHA: Pages 68-71 Communication and Response-LPHA-School Isolation Measures: Page 53, 61, 63-64 Isolation Requirements Healthy Environments: Page 49-50 Cleaning and Sanitizing Addendum Screening Students: Pages 53-61 Screening Guidelines Screening Overview Primary Screenings Isolation and Quarantine Planning for COVID-19 Scenarios in School Parent at Home Screening Staff at Home Screening Cohort Logs: pages 65-68

☒ Create a system for maintaining daily logs for each student/cohort for the purposes of contact tracing. This system needs to be made in consultation with a school/district nurse or an LPHA official. Sample logs are available as a part of the Oregon School Nurses Association COVID-19 Toolkit. ● If a student(s) is part of a stable cohort (a group of students that are consistently in contact with each other or in multiple cohort groups) that conform to the requirements of cohorting (see section 1d of the ***Ready Schools, Safe Learners*** guidance), the daily log may be maintained for the cohort. ● If a student(s) is not part of a stable cohort, then an individual student log must be maintained. ☒ Required components of individual daily student/cohort logs include: ● Child's name ● Drop off/pick up time ● Parent/guardian name and emergency contact information ● All staff (including itinerant staff, district staff, substitutes, and guest teachers) names and phone numbers who interact with a stable cohort or individual student ☒ Protocol to record/keep daily logs to be used for contact tracing for a minimum of four weeks to assist the LPHA as needed. ☒ Process to ensure that all itinerant and all district staff (maintenance, administrative, delivery, nutrition, and any other staff) who move between buildings keep a log or calendar with a running four-week history of their time in each school building and who they were in contact with at each site. ☒ Process to ensure that the school reports to and consults with the LPHA regarding cleaning and possible classroom or program closure if anyone who has entered school is diagnosed with COVID-19. ☒ Protocol to respond to potential outbreaks (see section 3 of the ***Ready Schools, Safe Learners*** guidance).	

1b. HIGH-RISK POPULATIONS

OHA/ODE Requirements	Hybrid/Onsite Plan
☒ Serve students in high-risk population(s) whether learning is happening through On-Site, Hybrid (partially On-Site and partially Comprehensive Distance Learning models), or Comprehensive Distance Learning models. **Medically Fragile, Complex and Nursing-Dependent Student Requirements** ☒ All districts must account for students who have health conditions that require additional nursing services. Oregon law (ORS 336.201) defines three levels of severity related to required nursing services: 1. Medically Complex: Are students who may have an unstable health condition and who may require daily professional nursing services. 2. Medically Fragile: Are students who may have a life-threatening health condition and who may require immediate professional nursing services. 3. Nursing-Dependent: Are students who have an unstable or life-threatening health condition and who require daily, direct, and continuous professional nursing services. ☒ Staff and school administrators, in partnership with school nurses, or other school health providers, should work with interdisciplinary teams to address individual student needs. The school registered nurse (RN) is responsible for nursing care provided to individual students as outlined in ODE guidance and state law: ● Communicate with parents and health care providers to determine return to school status and current needs of the student.	See Molalla River School District Comprehensive Communicable Disease Management Plan (pages 41-42) Approach to vulnerable populations will include a stepwise communication approach to medically fragile populations and application of necessary individualized measures, restrictions or accommodations as applicable and coordinated with team and provider. Staff who are regarded as high risk have the opportunity to self-identify as such and present necessary measures in consultation with their physician to human resources and administration. Medically complex, medically fragile and nurse dependent students fall under the purview of nurse clinical case management within the school setting. School nurses will maintain access to the Oregon School Nurses Association and National Association of School Nurses resources as the professional organization for school nurses. 1. Health promotion communication will be provided to encourage measures and education on communicable disease prevention. 2. The district nurses will communicate with each family of children who are known to be immunocompromised to request consultation with their physician and specialists in regard to school attendance.

• 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:
  ○ 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.
	3. Students who are immunocompromised will be served remotely at the discretion of the physician specialist for the duration of the pandemic or duration of high community incidence.
	4. Broad communication will be made to district families requesting students with chronic diagnoses, specifically in high risk categories to consult with their physicians' prior to school opening in regards to perceived risk associated with return to school and obtain updated restrictions, accommodations and prescriptions.
	  a. As needed, the RN will update IHP's.
	  b. As needed, the multidisciplinary teams will be convened to update 504's and IEP's.
	5. District Nurses will provide appropriate communications and notifications on student specific needs to applicable staff.
	6. 1:1 Nurse case managers will consult with physicians and family in advance of school year to determine appropriate measures.
	7. Families will have the option of a full time online academy

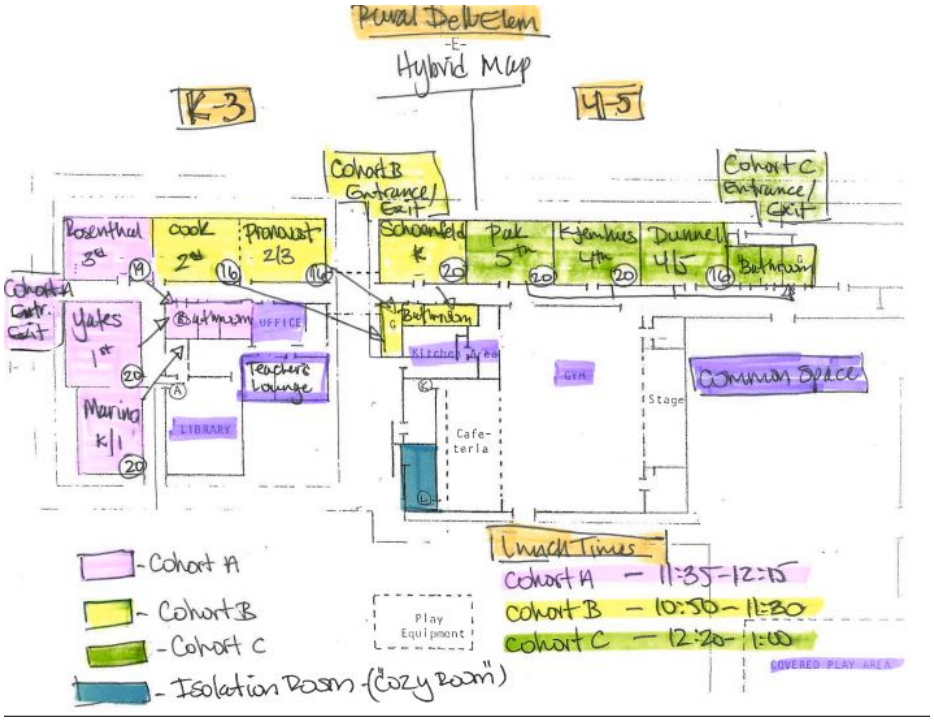
1c. PHYSICAL DISTANCING

OHA/ODE Requirements	Hybrid/Onsite Plan
☒ Establish a minimum of 35 square feet per person when determining room capacity. Calculate only with usable classroom space, understanding that desks and room set-up will require use of all space in the calculation. This also applies for professional development and staff gatherings. ☒ 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.	See Molalla River School District Comprehensive Communicable Disease Management Plan (pages 47-48) Physical or spatial distancing is the intentional physical distance placed between individuals to limit the likelihood of respiratory droplets reaching other individuals. While staying at home and avoiding groups of people are important measures in achieving this, as schools reopen, spatial measures must be taken to ensure physical distance between individuals. Generally speaking, this is 6 feet between individuals, since respiratory droplets often spread between 3 and 6 feet (CDC, 2020). Evidence suggests that spacing as close as 3 feet may approach the benefits of 6 feet of space, particularly if students are wearing face coverings and are asymptomatic" (AAP, 2020a) [Image: OHA] **Room Capacity** • A minimum of 35 square feet per person will be used to determine individual room capacity. • As needed, commons areas or alternate spaces will be used to place student cohorts for instruction time in order to maintain appropriate spacing. **Modified Layouts** • Excess furniture will be removed from classrooms to allow for increased spacing of desks. • Desks or seating will be at least 6 feet apart when feasible.

	● Turn desks to face in the same direction (rather than facing each other), or have students sit on only one side of tables, spaced at appropriate distances. **Physical Barriers and Guides** ● Physical barriers, such as sneeze guards and partitions, will be installed in areas where it is difficult for individuals to remain at least 6 feet apart (e.g., front office desks, cafeteria). ● Physical guides, such as tape on floors or sidewalks and signs on walls, will be placed to ensure that staff and children remain at least 6 feet apart in lines and at other times (e.g. guides for creating "one-way routes" in hallways, if feasible) **Staggered Scheduling** ● Arrival and drop-off times will be staggered by bus number cohort, and direct contact with parents is restricted as much as feasible. ● Virtual opportunities will be used whenever feasible. ● Staggered hallway passing will be endorsed to reduce hallway congestion and separate entrances/exits will be used for each of three cohorts. **Instruction & Activities** ● Practices will be adopted to maintain 6 feet distancing during activities and instruction. ● Outdoor spaces should be used as much as feasible. ● When distancing cannot be maintained, staff will wear PPE. **Communal Spaces** ● Communal and shared spaces (such as cafeteria and playgrounds) will be restricted as much as feasible. When used, use will be staggered, and spaces will be cleaned and disinfected between use. ○ Increased restrictions may occur if there has been identified cases in the building. ● If feasible, physical barriers, such as plastic flexible screens will be added between sinks, especially when students cannot be at least 3-6 feet apart. Identifying Small Groups and Keeping Them Together (Cohorting) Cohorts will be established with minimum numbers where feasible, understanding that the fewer encounters and smaller number per cohort lend to reduced transmission of infectious disease. It is important to note that Cohorting may be more important in elementary settings where physical distancing is less likely to be maintained (AAP, 2020a) **Elementary** ● Student and staff groupings will remain as static as possible by having the same group of children stay with the same staff as much as feasible. ● Students will eat in classrooms ● Interaction between groups will be limited as much as feasible. ○ When groups overlap this will be mapped for contact tracing if needed. ● When Cohorting is practiced, sanitizing commons areas should be performed between each cohort. ● Staff moving between cohorts must practice hand hygiene in between interactions and enter their locations into itinerant tracking forms. ● Rosters of each cohort must be kept for all group encounters throughout the school day, including transportation. Accurate attendance logs will be maintained for contact tracing.

1d. COHORTING

OHA/ODE Requirements	Hybrid/Onsite Plan

☒ Where feasible, establish stable cohorts: groups should be no larger than can be accommodated by the space available to provide 35 square feet per person, including staff. ● The smaller the cohort, the less risk of spreading disease. As cohort groups increase in size, the risk of spreading disease increases. ☒ Students cannot be part of any single cohort, or part of multiple cohorts that exceed a total of 100 people within the educational week. Schools should plan to limit cohort sizes to allow for efficient contact-tracing and minimal risk for exposure. ☒ Each school must have a system for daily logs to ensure contract tracing among the cohort (see section 1a of the ***Ready Schools, Safe Learners*** guidance). ☒ Minimize interaction between students in different stable cohorts (e.g., access to restrooms, activities, common areas). Provide access to All Gender/Gender Neutral restrooms. ☒ Cleaning and 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.	See Molalla River School District Comprehensive Communicable Disease Management Plan pages 48 **Identifying Small Groups and Keeping Them Together (Cohorting)** ● Student body population will be divided into 4 general cohorts to maintain 5 days of learning per week: 1. K-3 will include 4 days of in person learning and be divided into two cohorts by room location. 2. 4th and 5th graders will be combined into a 3rd hybrid cohort, then split into two groups, (the first attending in-person learning on Mondays and Tuesdays, the second attending Thursdays and Fridays) for 2 days of in-person learning per student. 3. The last cohort will consist of students engaged in yearlong distance learning, ● In elementary settings, student and staff groupings will remain as static as possible by having the same group of children stay with the same staff as much as feasible. ● As needed, extra rooms, commons spaces and special classrooms will be modified to provide extra learning space. ● Mixing between groups will be limited as much as feasible. 1. When groups will be mixed, this cohort overlap will be appropriately mapped for contact tracing, if needed. ● Rosters of each cohort must be kept for all group encounters throughout the school day including transportation. ● In settings, such as high schools that are more difficult to establish cohorts, practices will be re-emphasized to maintain 6 feet distancing during activities and instruction. 

1e. PUBLIC HEALTH COMMUNICATION

OHA/ODE Requirements	Hybrid/-Onsite- Plan
☒ Communicate to staff at the start of On-Site instruction and at periodic intervals explaining infection control measures that are being implemented to prevent spread of disease. ☒ Develop protocols for communicating with students, families and staff who have come into close contact with a confirmed case. ● The definition of exposure is being within 6 feet of a COVID-19 case for 15 minutes (or longer). ☒ Develop protocols for communicating immediately with staff, families, and the community when a new case(s) of COVID-19 is	See Molalla River School District Comprehensive Communicable Disease Management Plan pages Pandemic Plan; 45; 61-65 The district will implement and provide communications for multiple areas including health promotion, communication of policies and restrictions and communication regarding potential exposures or exclusions. The district provides weekly communication to families in regards to planning, education delivery, resources and COVID-19 related health

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.

topics. Previous communications are archived on the district COVID-19 Reopening Dashboard

School Communication

Signs and Messages

- Post signs in highly visible locations (e.g., school entrances, restrooms) that promote everyday protective measures and describe how to stop the spread of germs (such as by properly washing hands and properly wearing a face covering where applicable.
- Broadcast regular announcements on reducing the spread of COVID-19.
- Messages will be included on websites, in newsletters and social media

Direct Communication

- Health promotion material will be sent weekly during the summer in advance of school reopening specific to COVID-19 themes and subthemes.
- In addition to posting exclusion criteria on web pages an in newsletters families will be advised on polices related to sick students, potential, home isolation criteria, and student exclusion criteria.
- Families and staff will have communication on logistical changes for arrival and departure, physical distancing, schedule changes, and non-pharmaceutical interventions employed
- Age appropriate classroom curriculum will be used to encourage positive hygiene behaviors.
- Families will be advised to report if:
  - Their student has symptoms of COVID-19,
  - Their student has had a positive test for COVID-19,
  - Their student was exposed to someone with COVID-19 within the last 14 days.
    - The point of contact, to the best of their ability should attempt to obtain:
      - Date of onset of illness
      - Date of positive test, if applicable
      - Last day of exposure to confirmed case (for case contacts)
      - For students, list of household contacts in the district.
      - Last day present in the school building.
      - Staff should not advise other staff or families of potential exposures.
      - Confidentiality should be strictly observed.

Staff Communication

Staff will be given to opportunity to self identify as high risk. Staff will be advised to report to administration if they:

- Have symptoms of COVID-19,
- Have had a positive test for COVID-19,
- Were exposed to someone with COVID-19 within the last 14 days.
- Sick staff members or students should not return until they have met criteria to discontinue home isolation.

Staff or Student Report diagnosis of, symptoms of or exposure to	Report is provided to building administration.	Building administration collaborates with district nurse.	District nurse collaborates with local public health authority.	Communication needs, processes and language are defined in collaboration with

	Communication Regarding Confirmed Cases For a complete overview of communication and response of confirmed cases, refer to *Communication & Response Chart*. In the event of a confirmed case, staff who are made aware should not share information with other staff or families. All measures should be taken to provide confidentiality in communication. Specific communication will be made based on exposure risk, incidence, and necessary interventions, including the potential for short term school closure or exclusion of specific cohorts. These specific practices will be made in collaboration with public health and communicated by specific point persons. ● District specific protocols and practices will be communicated by the superintendent ● Building specific protocols and interventions will be communicated by the building administrator ● The RN will inform principals and superintendent of confirmed cases. The principal will inform staff of exposures. [**Link to Communication & Response Algorithm**] [Link to Planning for COVID-19 Scenarios in School] The RN, Local Health Department, District Administration and District Communications Manager will collaborate to determine appropriate measures and messaging in the event that cohorts need to be excluded and to inform those who have had close contact with a person diagnosed with COVID-19 to stay home and self-monitor for symptoms. As well, this group will collaborate to determine messaging on short-term closures related to confirmed cases or clusters. Letters produced to the families will be revised to reflect potential exposure dates, associated risk, potential onset of illness windows and interventions advised by the LPHA. ***Public Health Communication*** ● The district RN is the point of contact from the Local Public Health Authority (LPHA) Communicable Disease (CD) Division and the Deputy Health Officer. ● The district RN is subscribed to daily COVID-19 updates via Oregon Health Authority that reports the daily incident of disease and provides routine updates by region. ● The district RN is subscribed to COVID-19 updates with Clackamas County Public Health and will check the Tri-County COVID-19 Dashboard weekly, at minimum. ● The district RN has established connection with the LPHA School Reopening Coordinator

1f. ENTRY AND SCREENING

OHA/ODE Requirements	Hybrid/Onsite Plan
☒ Direct students and staff to stay home if they, or anyone in their homes or community living spaces, have COVID-19 symptoms**,** or if anyone in their home or community living spaces has COVID-19. COVID-19 symptoms are as follows: ● Primary symptoms of concern: cough, fever (*temperature* greater than 100.4°F) or chills, shortness of breath, or difficulty breathing. ● Note that muscle pain, headache, sore throat, new loss of taste or smell, diarrhea, nausea, vomiting, nasal congestion, and runny nose are also symptoms often associated with COVID-19. More information about COVID-19 symptoms is available from CDC. ● 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.	See Molalla River School District Comprehensive Communicable Disease Management Plan pages 53-63 Students will have access to hand washing or hand sanitizing at the beginning of each day. Identification of ill students and staff is crucial in illness prevention tin school buildings. All staff and students should have education provided on symptoms in order to self-identify when developmentally possible and identify when students may need to be referred for screening or when individuals need to stay home or be dismissed to home. In addition, families and staff should be well versed in both exclusion criteria and when it is appropriate to stay home in regards to COVID-19 exposure. **Staying Home When Appropriate**

- Emergency signs that require immediate medical attention:
    - Trouble breathing
    - Persistent pain or pressure in the chest
    - New confusion or inability to awaken
    - Bluish lips or face (lighter skin); greyish lips or face (darker skin)
    - Other severe symptoms

☒ Screen all students and staff for symptoms on entry to bus/school every day. This can be done visually and/or with confirmation from a parent/caregiver/guardian. Staff members can self-screen and attest to their own health.

- Anyone displaying or reporting the primary symptoms of concern must be isolated (see section 1i of the ***Ready Schools, Safe Learners*** guidance) and sent home as soon as possible. See table *"Planning for COVID-19 Scenarios in Schools."*
- Additional guidance for nurses and health staff.

☒ Follow LPHA advice on restricting from school any student or staff known to have been exposed (e.g., by a household member) to COVID-19. See table *"Planning for COVID-19 Scenarios in Schools."*

☒ Staff or students with a chronic or baseline cough that has worsened or is not well-controlled with medication should be excluded from school. Do not exclude staff or students who have other symptoms that are chronic or baseline symptoms (e.g., asthma, allergies, etc.) from school.

☒ Hand hygiene on entry to school every day: wash with soap and water for 20 seconds or use an alcohol-based hand sanitizer with 60-95% alcohol.

It is crucial that school staff and families understand when individuals must stay home. It is important for all staff to role model appropriate behaviors. Communication will be made to regularly to advise families not to send children to school ill and remind staff not to report to work ill. Strict stay at home policies will be endorsed
Link to Isolation and Quarantine]
[Link to: Planning for COVID-19 Scenarios in School]

Health Promotion, Prevention and at Home Screening
Parents will be provided Exclusion Cr
iteria and advised to screen their students prior to sending to school. Parents will be advised on all clinical circumstances in which students should not attend school and when children will be excluded from school.
[**Link to Exclusion Criteria**]

At Home Screening
Parents will be provided *Exclusion Criteria* and advised to screen their students prior to sending to school. Parents will be advised on all clinical circumstances in which students should not attend school and when children will be excluded from school
[Link to Can My Child Go to School Today?]
[Link to Staff at Home Screening]

Families and staff will additionally be provided with COVID-19 symptom checkers to use as tools to determine follow up. School staff should not provide medical advice.

- Clackamas County Coronavirus Checker
- Johns Hopkins Symptom Checker
- CDC Self-Checker

Recognize Signs and Symptoms for Visual and Passive Screening
Screening at the beginning of the school day is not logistically feasible related to the volume of time required and the congestion of students in one location and lack of privacy that would result. In addition, temperature screening of all students is not evidenced to reduce transmission in the school setting (AAP, 2020a)
Rather when staff takes attendance at the beginning of the day, students should be visually screening for illness. Passively screening students for signs of illness at the entry of each day and as the day progresses, requires classroom staff to understand both *Exclusion Criteria* and *When to Stay Home*, as well, signs and symptoms that would prompt referral to screening by designated staff. Classroom staff must also be aware of symptoms that students may complain of that would prompt referral to the health room. This is specifically important when trying to minimize health room encounters. Thus preliminary screening that would prompt referral to the health room would include observation or report of the following symptoms:

Visual Symptoms

- Unusual coloration (flushed pale)
- Unusual behavior (behavior change, lethargy, unusual fatigue)
- New or significant coughing
- Shortness of breath
- Chills
- Nasal congestion or runny nose

Student Complaint

- Nausea/Vomiting/ Diarrhea
- Sore throat
- Headache
- Muscle Pain
- Fever

	● Loss of taste or smell ● **[Link to Screening Guidelines]** ● **[Link to Screening Overview]** ● **[Link to Primary Screenings]** **Process** ● If students are positive for any items listed in *Visual Screening* or *Student Complaint*, they should be sent to the office to be screened by designated staff. ● Designated staff will specifically screen students as per the *Symptom Screening Algorithm* to determine if symptoms are present that require isolation and dismissal as per *Communicable Disease Plan* and previously listed *Exclusion Criteria.* ● Students meeting exclusion criteria should be dismissed to home. ● Ill students must be placed in separate isolation space until picked up by parents. ● Students presenting to the office should be logged into the Health Room Log. ● Students who are isolated should be logged into COVID-19 Surveillance Log ● Health checks will be conducted safely and respectfully and in accordance with any applicable privacy laws and regulations.

1g. VISITORS/VOLUNTEERS

OHA/ODE Requirements	Hybrid/Onsite Plan
☒ Restrict non-essential visitors/volunteers. ● Examples of essential visitors include: DHS Child Protective Services, Law Enforcement, etc. ● Examples of non-essential visitors/volunteers include: Parent Teacher Association (PTA), classroom volunteers, etc. ☒ 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."* ☒ Visitors/volunteers must wash or sanitize their hands upon entry and exit. ☒ Visitors/volunteers must maintain six-foot distancing, wear face coverings, and adhere to all other provisions of this guidance.	See Molalla River School District Comprehensive Communicable Disease Management Plan Page 76 **Visitors and Volunteers** Visitors are regarded as individuals who are not routine education staff, itinerant staff or substitute staff. ● Visitors will be restricted. ● Communication will be made to substitutes ● indicate that they cannot report to buildings if they have been sick or in contact with sick persons in the past 14 days. ● Physical Distancing will be maintained for essential visitors. ● Visitors will be required to wash hands or use hand sanitizer upon arrival ● Visitors will be required to sign and out in at the front office and in any classroom entered. o Front office sign in should have an acknowledgement indicating the visitor has not been symptomatic or in contact with ill persons the past 14 days. ● Face coverings are required.

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

OHA/ODE Requirements	Hybrid/Onsite Plan

☒ Face coverings or face shields for all staff, contractors, other service providers, or visitors or volunteers following CDC guidelines for Face Coverings. Individuals may remove their face coverings while working alone in private offices.

☒ Face coverings or face shields for all students in grades Kindergarten and up following CDC guidelines for Face Coverings.

☒ If a student removes a face covering, or demonstrates a need to remove the face covering for a short-period of time:

- Provide space away from peers while the face covering is removed. In the classroom setting, an example could be a designated chair where a student can sit and take a 15 minute "sensory break;"
    - Students should not be left alone or unsupervised;
    - Designated area or chair should be appropriately distanced from other students and of a material that is easily wiped down for disinfection after each use;
- Provide additional instructional supports to effectively wear a face covering;
- Provide students adequate support to re-engage in safely wearing a face covering;
- Students cannot be discriminated against or disciplined for an inability to safely wear a face covering during the school day.

☒ Face masks for school RNs or other medical personnel when providing direct contact care and monitoring of staff/students displaying symptoms. School nurses should also wear appropriate Personal Protective Equipment (PPE) for their role.

- Additional guidance for nurses and health staff.

Protections under the ADA or IDEA

☒ If any student requires an accommodation to meet the requirement for face coverings, districts and schools should limit the student's proximity to students and staff to the extent possible to minimize the possibility of exposure. Appropriate accommodations could include:

- Offering different types of face coverings and face shields that may meet the needs of the student.
- Spaces away from peers while the face covering is removed; students should not be left alone or unsupervised.
- Short periods of the educational day that do not include wearing the face covering, while following the other health strategies to reduce the spread of disease;
- Additional instructional supports to effectively wear a face covering;

☒ For students with existing medical conditions and a physician's orders to not wear face coverings, or other health related concerns, schools/districts **must not** deny any in-person instruction.

☒ Schools and districts must comply with the established IEP/504 plan prior to the closure of in-person instruction in March of 2020.

- If a student eligible for, or receiving services under a 504/IEP, **cannot** wear a face covering due to the nature of the disability, the school or district must:

    1. Review the 504/IEP to ensure access to instruction in a manner comparable to what was originally established in the student's plan including on-site instruction with accommodations or adjustments.
    2. Placement determinations cannot be made due solely to the inability to wear a face covering.
    3. Plans should include updates to accommodations and modifications to support students.

See Molalla River School District Comprehensive Communicable Disease Management Plan page 51-53

Requirements around face coverings and PPE will evolve to align with current state public health guidelines, new or revised mandates and ODE's requirements for the school setting.
When face coverings are used:

- Cloth face coverings must be laundered regularly
- Face coverings cannot be shared
- New disposable face covering must be used daily
- Single use PPE should not be re-used.
- Face shields that are reusable should be designated to individual staff
- Plastic face shields should be wiped down regularly

Students

All students' kindergarten and older will be expected to wear face coverings in the school setting.

- Children who experience a medical condition or disability that precludes them from safely wearing a face covering will be addressed on individual basis in collaboration with family, IEP team, physician, district RN and administration, as applicable using the RSSL Guidance for Decision Making Concerning Student Use of Face Coverings and Face Shields
- Face shields may be an acceptable alternative when a person has a condition that prevents them from wearing a mask or face covering.
- Existing evidence does not support most diagnoses as a contraindication for wearing masks (Appendix H).
- Students who abstain from wearing a face covering, or students whose families determine the student will not wear a face covering during On-Site instruction must be provided access to instruction. Comprehensive Distance Learning may be an option; however, additional provisions apply to students protected under ADA and IDEA. See ODE's Guidance for Decision Making Concerning Student Use of Face Coverings and Face Shields.
- Students requiring breaks from masks must have a designated space to remove masks and take breaks that respects distancing and ventilation requirements. Breaks will also respect student dignity and developmental level.
    - Designated spaces may be provided for students who require sensory breaks from masks, which should not exceed 15 minutes.
    - Full class mask breaks are prohibited.

• Students protected under ADA/IDEA, who abstain from wearing a face covering, or students whose families determine the student will not wear a face covering, the school or district must: 1. Review the 504/IEP to ensure access to instruction in a manner comparable to what was originally established in the student's plan. 2. The team must determine that the disability is not prohibiting the student from meeting the requirement. ○ If the team determines that the disability is prohibiting the student from meeting the requirement, follow the requirements for students eligible for, or receiving services under, a 504/IEP who cannot wear a face covering due to the nature of the disability, ○ If a student's 504/IEP plan included supports/goals/instruction for behavior or social emotional learning, the school team must evaluate the student's plan prior to providing instruction through Comprehensive Distance Learning. 3. Hold a 504/IEP meeting to determine equitable access to educational opportunities which may include limited 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.	**Staff** Personal Protective Equipment (PPE) is specialized clothing or equipment used by staff in an occupational setting to reduce the risk of infection transmission or risk or chemical exposure. The district *Exposure Control Plan* (pages 15-21) should be consulted for necessary and appropriate use of PPE. For the purposes of COVID-19 response, where cloth facial coverings are used in unprecedented frequency, it should be clarified that face coverings are not synonymous with masks. Face coverings may include masks, cloth covers, or shields (Appendix I). PPE will be advised based on the interaction with students or the risk involved related to frequency and type of interaction, volume and duration of interaction and the developmental stages and health status of the individuals involved. For example, clinical staff or staff in isolation spaces may require a higher level of PPE than staff teaching in an academic space. All staff, contractors, other service providers, visitors or volunteers in the school setting are required to wear face coverings. • Individuals may remove masks when working alone in an office or classroom • Face shield should be used on a limited basis when determined to be necessary for delivery of education or therapy such as in the case where when people need to see mouth and tongue motions in order to communicate, or when an individual is speaking to an audience for a short period of time and clear communication is otherwise not possible. [**Link to Donning and Doffing PPE**]

1i. ISOLATION AND QUARANTINE

OHA/ODE Requirements	Hybrid/Onsite Plan
☒ Protocols for exclusion and isolation for sick students and staff whether identified at the time of bus pick-up, arrival to school, or at any time during the school day. ☒ Protocols for screening students, as well as exclusion and isolation protocols for sick students and staff identified at the time of arrival or during the school day. • Work with school nurses, health care providers, or other staff with expertise to determine necessary modifications to areas where staff/students will be isolated. If two students present COVID-19 symptoms at the same time, they must be isolated at once. If separate rooms are not available, ensure that six feet distance is maintained. Do not assume they have the same illness. • Consider required physical arrangements to reduce risk of disease transmission. • Plan for the needs of generally well students who need medication or routine treatment, as well as students who may show signs of illness. • Additional guidance 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	See Molalla River School District Comprehensive Communicable Disease Management Plan pages 10, 53-55; 57-64 Screening: See Section 1f Screening Students: Pages 53-64 Screening Guidelines Screening Overview Primary Screenings Isolation and Quarantine Planning for COVID-19 Scenarios in School Parent at Home Screening Staff at Home Screening **Isolate Those Who Are Sick** *Each* school must have designated personnel and designated isolation space. Available PPE must be available for School nurses and designated staff to use Standard and Transmission-Based Precautions , as per the District *Exposure Control Plan* and The district *Communicable Disease Plan* . Students who are determined to require exclusion based on current rules and guidelines will be isolated under the following circumstances pending parent pick up:

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.

- **Illness**: Identification of students meeting exclusion criteria based on screening.
- **Exposure**: Children identified as having been ill and having a pending test for COVID-19, OR having tested positive for COVID-19, OR having been exposed to someone with COVID-19 symptoms.

Isolation Measures:

- Immediately separate students who are determined to have symptoms meeting exclusion criteria to the designated isolation area (**Reading Resource Room.)**
- Remain calm and practice measures to maintain student privacy, confidentiality and dignity to the highest extent feasible.
- Student will be provided a facial mask (if they can safely wear one).
- Staff should wear a facial mask and gloves and maintain physical distancing.
- Do not leave student unattended.
- If more than one student is in an isolation space, appropriate distance or barriers and privacy must be maintained between students.
- Ensure students are appropriately logged into *Communicable Disease Surveillance Logs.*

[**Link to Isolation Measures**]

Reinforce appropriate exclusion action with parents (e.g. if student has fever they must remain home until 24 hours' symptom free without use of anti-fever medications or 48 hours without vomiting and diarrhea, or/and until released by provider or LPHA)

Isolation Space

An appropriate isolation space as described in the *Communicable Disease Plan* and consistent with state legislation, should be accessible in each building. The intent is to mitigate the risk of transmission from an ill individual to well individuals**.**

The isolation space should observe public health guidelines to the extent feasible to ensure each element of infection prevention is followed as per *Transmission Based Controls* and COVID-19 guidance correctly. CDC guidelines in the chart below should be visited with the following four requirements in mind:

1. Isolation space must be separate from routine health room
2. Students must be supervised while in isolation space
3. Staff must have appropriate PPE while in isolation space
4. Appropriate physical distancing, barriers and confidentiality must be maintained in the isolation space.

Link to Isolation Requirements}
[Link to COSIE Procedures]

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
☒ Enroll all students (including foreign exchange students) following the standard Oregon Department of Education guidelines. ☒ The temporary suspension of the 10-day drop rule does not change the rules for the initial enrollment date for students: ● The ADM enrollment date for a student is the first day of the student's actual attendance. ● A student with fewer than 10 days of absence at the beginning of the school year may be counted in membership prior to the first day of attendance, but not prior to the first calendar day of the school year. ● If a student does not attend during the first 10 session days of school, the student's ADM enrollment date must reflect the student's actual first day of attendance. ● Students who were anticipated to be enrolled, but who do not attend at any time must not be enrolled and submitted in ADM. ☒ If a student has stopped attending for 10 or more days, districts must continue to try to engage the student. At a minimum, districts must attempt to contact these students and their families weekly to either encourage attendance or receive confirmation that the student has transferred or has withdrawn from school. This includes students who were scheduled to start the school year, but who have not yet attended. ☒ When enrolling a student from another school, schools must request documentation from the prior school within 10 days of enrollment per OAR 581-021-0255 to make all parties aware of the transfer. Documentation obtained directly from the family does not relieve the school of this responsibility. After receiving documentation from another school that a student has enrolled, drop that student from your roll. ☒ Design attendance policies to account for students who do not attend in-person due to student or family health and safety concerns. ☒ When a student has a pre-excused absence or COVID-19 absence, the school district should reach out to offer support at least weekly until the student has resumed their education. ☒ When a student is absent beyond 10 days and meets the criteria for continued enrollment due to the temporary suspension of the 10 day drop rule, continue to count them as absent for those days and include those days in your Cumulative ADM reporting.	● Students (including foreign exchange students) will continue to be enrolled in MRSD as per current standards and guidelines and per OAR 581-021-0255 ● Students who are absent due to LPHA restrictions for COVID-19 for 10 or more consecutive school days will not be "10-day dropped". If the system automatically dis-enrolls the student, then the student will be re-enrolled. ● Students who have to be isolated or quarantined for extended period will be able to access CDL or other at home education opportunities. ● Students who have fragile health or fragile household members will be permitted to engage in full time distance learning. ● Enrollment in full-time online academy will be an option and student teacher engagement will be established to measure attendance. ● Placement in the Transition Program is based on age and IEP placement. ● Enrollment and attendance is not applicable to the Assessment Center. **Addendum for Enrollment and Attendance**

2b. ATTENDANCE

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

OHA/ODE Requirements	Hybrid/Onsite Plan
☒ Grades K-5 (self-contained): Attendance must be taken at least once per day for all students enrolled in school, regardless of the	● Enhanced attendance procedures will be endorsed to ensure accurate attendance records are maintained for the purposes of contact tracing.

instructional model (On-Site, Hybrid, Comprehensive Distance Learning, online schools). ☒ Grades 6-12 (individual subject): Attendance must be taken at least once for each scheduled class that day for all students enrolled in school, regardless of the instructional model (On-Site, Hybrid, Comprehensive Distance Learning, online schools). ☒ Alternative Programs: Some students are reported in ADM as enrolled in a non-standard program (such as tutorial time), with hours of instruction rather than days present and days absent. Attendance must be taken at least once for each scheduled interaction with each student, so that local systems can track the student's attendance and engagement. Reported hours of instruction continue to be those hours in which the student was present. ☒ Online schools that previously followed a two check-in per week attendance process must follow the Comprehensive Distance Learning requirements for checking and reporting attendance. ☒ Provide families with clear and concise descriptions of student attendance and participation expectations as well as family involvement expectations that take into consideration the home environment, caregiver's work schedule, and mental/physical health.	• Additional time will be allotted during morning attendance to allow time for passive screening of students for illness. • Students engaged in part time or full time distancing learning will have mechanism to provide attendance and participation validation via direct interaction with the teacher(s) and specialist(s). • Students engaged in distance learning and/or hybrid will have a mechanism to provide attendance and participation validation via direct interaction with the teacher of record • The appropriate licensed instructional staff member will provide a two-way communication method for students to check in at least twice a week to determine whether adequate student progress is being met. • Student attendance will be taken by the identified teacher of record, not another staff member • Attendance for students who are enrolled either full time online and/or hybrid will be recorded and reported according to ODE standards and guidelines • Part time students receiving online and/or hybrid instruction will be reported according to ODE guidelines and appropriate program types. Addendum for Enrollment and Attendance

2c. TECHNOLOGY

OHA/ODE Requirements	Hybrid/Onsite Plan
☒ Update procedures for district-owned or school-owned devices to match cleaning requirements (see section 2d of the ***Ready Schools, Safe Learners*** guidance). ☒ Procedures for return, inventory, updating, and redistributing district-owned devices must meet physical distancing requirements.	• The district will prioritize one chromebook per student. • Any shared technology devices will be included in routine disinfecting of high touch surfaces. • Use of technology will be consistent with existing technology policies and use agreements. • Students checking out devices in the schools setting will maintained appropriate physical distancing. Devices should be cleaned prior to subsequent use. • If students are checking out devices long term for distance learning due to medical accommodation of at home learning or re-closure of school, appropriate physical distancing measures and personal protective measures will be practiced during these transactions including drive up check out and return as needed. MRSD COVID-19 Technology Guidelines Personal Property Addendum

2d. SCHOOL SPECIFIC FUNCTIONS/FACILITY FEATURES

OHA/ODE Requirements	Hybrid/Onsite Plan
☒ **Handwashing:** All people on campus should be advised and encouraged to wash their hands frequently. ☒ **Equipment:** Develop and use sanitizing protocols for all equipment used by more than one individual or purchase equipment for individual use. ☒ **Events:** Cancel, modify, or postpone field trips, assemblies, athletic events, practices, special performances, school-wide parent meetings and other large gatherings to meet requirements for physical distancing. ☒ **Transitions/Hallways:** Limit transitions to the extent possible. Create hallway procedures to promote physical distancing and minimize gatherings. ☒ **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	• **Handwashing:** Handwashing practices consistent with the Comprehensive Communicable Disease Management Plan will be implemented at the building level, including the addition of handwashing stations and access to hand sanitizer. • **Equipment:** High touch and shared surfaces will be sanitized frequently. Appropriate sanitizers will be made available for shared equipment that is appropriate based on the type of equipment or device. Immunocompromised students shall have designated equipment • **Events:** Events, gatherings, field trips and athletics shall operate under current executive orders and phase level opening by county. Events, gathering and field trips will not be planned until direction is provided from the district office.

personal items are brought to school, they must be labeled prior to entering school and use should be limited to the item owner.	Physical assemblies will be discontinued until large gatherings are permitted. Virtual assemblies and gathering will be used where feasible. Any gatherings that occur will maintain all executive orders and physical distancing and personal protective requirements. ● **Transitions/Hallways:** Transitions will be staggered to the extent feasible. Reduced student populations within the building will reduce potential student interaction. ● **Personal Property**: Personal property brought to school shall be limited to items that are necessary. Refillable water bottles are encouraged, but should be labeled with the student's name and not shared between peers. Personal items should remain in the student's backpack or locker or on their person to the extent feasible. Instruments and athletic equipment should be clearly marked and kept in designated locations [Link to Personal Property Addendum]

2e. ARRIVAL AND DISMISSAL

OHA/ODE Requirements	Hybrid/Onsite Plan
☒ Physical distancing, stable cohorts, square footage, and cleaning requirements must be maintained during arrival and dismissal procedures. ☒ Create schedule(s) and communicate staggered arrival and/or dismissal times. ☒ Assign students or cohorts to an entrance; assign staff member(s) to conduct visual screenings (see section 1f of the ***Ready Schools, Safe Learners*** guidance). ☒ Ensure accurate sign-in/sign-out protocols to help facilitate contact tracing by the LPHA. Sign-in procedures are not a replacement for entrance and screening requirements. Students entering school after arrival times must be screened for the primary symptoms of concern. ● Eliminate shared pen and paper sign-in/sign-out sheets. ● Ensure hand sanitizer is available if signing children in or out on an electronic device. ☒ Ensure 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.	● Staggered arrival times will be communicated by the school district. ● Families shall screen students for illness at home prior to sending students to school. Ill students should not report to school. ● Hand sanitizers should be available at each building entrance. ● Student populations arriving at the same time will exit buses in staggered fashion to prevent congregation of students and use entrances designated for their cohort. ● Students who must be isolated when exiting the school bus should be permitted to exit the bus when designated personnel report to retrieve the student. ● Students being dropped off will enter the school at a designated time. **Parents will not enter the school.** ● The entry of the school shall be marked with prompts to maintain physical distancing. ● Students will report to their class immediately upon arrival and avoid congregating in commons areas. Breakfast will be delivered to classrooms. ● Attendance will be taken in each class. Accurate attendance is crucial for appropriate contact tracing. Intentional effort should be made in each class to take attendance appropriately. ● Teachers will visually/passively screen students for appearance of illness. Students who appear ill should be sent to the office. ● A sign in sheet will be present in each class for itinerant staff or staff circulating to classrooms ● Students arriving late should sign it at the front office. ● Students being picked up during the course of the day will require sign out at the front office. Parent and caregiver visits to office should be brief and parents must also sign a visitors log. ● Students should leave the building in a staggered fashion at the end of the day, being systematically **dismissed by bus arrival order,** and endorsing all spatial distancing measures. ● Students shall endorse physical distancing measures when boarding buses to return home.

2f. CLASSROOMS/REPURPOSED LEARNING SPACES

OHA/ODE Requirements	Hybrid/Onsite Plan
☒ **Seating:** Rearrange student desks and other seat spaces so that staff and students' physical bodies are six feet apart to the maximum extent possible while also maintaining 35 square feet per person; assign seating so students are in the same seat at all times. ☒ **Materials:** Avoid sharing of community supplies when possible (e.g., scissors, pencils, etc.). Clean these items frequently. Provide hand sanitizer and tissues for use by students and staff. ☒ **Handwashing:** Remind students (with signage and regular verbal reminders from staff) of the utmost importance of hand hygiene and respiratory etiquette. Respiratory etiquette means covering coughs and sneezes with an elbow or a tissue. Tissues should be disposed of in a garbage can, then hands washed or sanitized immediately. ● Wash hands with soap and water for 20 seconds or use an alcohol-based hand sanitizer with 60-95% alcohol.	Classrooms and repurposed spaces will follow all established infection control guidance throughout the building. **No spaces are currently repurposed.** ● **Seating:** Seating will be arranged to maintain spatial distancing**.** Physical distancing rules will be applied to seating as per section 1c ● **Materials:** Individualized materials including technology will be maximized as per technology measures in 2c and district disinfecting guidance. ● **Handwashing:** Handwashing will be practiced in repurposed spaces consistently with the remainder of the campus as outlined in the Comprehensive Communicable Disease Management Plan**.**

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

OHA/ODE Requirements	Hybrid/Onsite Plan
☒ Keep school playgrounds closed to the general public until park playground equipment and benches reopen in the community (see Oregon Health Authority's Specific Guidance for Outdoor Recreation Organizations). ☒ After using the restroom students must wash hands with soap and water for 20 seconds. Soap must be made available to students and staff. ☒ Before and after using playground equipment, students must wash hands with soap and water for 20 seconds or use an alcohol-based hand sanitizer with 60-95% alcohol. ☒ Designate playground and shared equipment solely for the use of one cohort at a time. Disinfect at least daily or between use as much as possible in accordance with CDC guidance. ☒ Cleaning requirements must be maintained (see section 2j of the ***Ready Schools, Safe Learners*** guidance). ☒ Maintain physical distancing requirements, stable cohorts, and square footage requirements. ☒ Provide signage and restrict access to outdoor equipment (including sports equipment, etc.). ☒ Design recess activities that allow for physical distancing and maintenance of stable cohorts. ☒ Clean all outdoor equipment at least daily or between use as much as possible in accordance with CDC guidance. ☒ Limit staff rooms, common staff lunch areas, elevators and workspaces to single person usage at a time, maintaining six feet of distance between adults.	Processes will be endorsed to maximize infection prevention, social distancing and cleaning as per current CDC Guidelines. ● Playgrounds will be closed to the public ● Students shall be prompted to perform hand hygiene before and after recess. ● Any overlapping cohorts at recess must be documented for the purposes of contact tracing. ● One way traffic patterns will be established when traveling to and from playgrounds. ● Recess times will be staggered to reduce the number of students on the playground at any given time. ● Regular sanitizing of playground equipment will be scheduled with custodial staff. ● Promote activities at recess that minimize recess equipment use and promote physical distancing. ● Signs and markers will be posted to promote physical distancing.

2h. MEAL SERVICE/NUTRITION

OHA/ODE Requirements	Hybrid/Onsite Plan
☒ Include meal services/nutrition staff in planning for school reentry. ☒ Prohibit self-service buffet-style meals. ☒ Prohibit sharing of food and drinks among students and/or staff. ☒ At designated meal or snack times, students may remove their face coverings to eat or drink but must maintain six feet of physical distance from others, and must put face coverings back on after finishing the meal or snack. ☒ Staff serving meals and students interacting with staff at mealtimes must wear face shields or face covering (see section 1h of the **Ready Schools, Safe Learners** guidance).	Food Service personnel should follow all existing mandates on health and hygiene and food safety. Any specific measures or intervention will be coordination with the Facilities Manager and the Nutrition Manager. Additional measures will be endorsed during response to the COVID-19 outbreak to improve infection control measures around food services. ● Children should wash hands prior to eating. ● Children may be encouraged to bring their own meals as feasible, students using school lunch services will be served individually plated meals.

☒ Students must wash hands with soap and water for 20 seconds or use an alcohol-based hand sanitizer with 60-95% alcohol before meals and should be encouraged to do so after. ☒ Appropriate daily cleaning of meal items (e.g., plates, utensils, transport items). ☒ Cleaning and sanitizing of meal touch-points and meal counting system between stable cohorts. ☒ Adequate cleaning and disinfection of tables between meal periods. ☒ Since staff must remove their face coverings during eating and drinking, staff should eat snacks and meals independently, and not in staff rooms when other people are present. Consider staggering times for staff breaks, to prevent congregation in shared spaces.	• Elementary school students should eat in classrooms instead of in a communal dining hall or cafeteria, while ensuring the safety of children with food allergies, as feasible. • Lunch Shifts will be staggered by cohort, with adults supervising in-class dining (20 minutes) followed by 20 minutes of supervised, outdoor recess. • Use disposable food service items is promoted when feasible (e.g., utensils, dishes). If disposable items are not feasible or desirable, ensure that all non-disposable food service items are handled with gloves and washed with dish soap and hot water or in a dishwasher after use. • Individuals should wash their hands after removing their gloves or after directly handling used food service items. • If food is offered at any event, that meets current guidelines, have pre-packaged boxes or bags for each attendee instead of a buffet or family-style meal. Avoid sharing food and utensils and ensure the safety of children with food allergies. • Food Services staff will wear appropriate PPE. [**Link to Nutrition Addendum**]

2i. TRANSPORTATION

OHA/ODE Requirements	Hybrid/Onsite Plan
☒ Include transportation departments (and associated contracted providers, if used) in planning for return to service. ☒ Buses are cleaned frequently. Conduct targeted cleanings between routes, with a focus on disinfecting frequently touched surfaces of the bus (see section 2j of the ***Ready Schools, Safe Learners*** guidance). ☒ Develop protocol for loading/unloading that includes visual screening for students exhibiting symptoms and logs for contact-tracing. This should be done at the time of arrival and departure. • If a student displays COVID-19 symptoms, provide a face shield or face covering (unless they are already wearing one) and keep six feet away from others. Continue transporting the student. ○ The symptomatic student should be seated in the first row of the bus during transportation, and multiple windows should be opened to allow for fresh air circulation, if feasible. ○ The symptomatic student should leave the bus first. After all students exit the bus, the seat and surrounding surfaces should be cleaned and disinfected. • If arriving at school, notify staff to begin isolation measures. ○ If transporting for dismissal and the student displays an onset of symptoms, notify the school. ☒ Consult with parents/guardians of students who may require additional support (e.g., students who experience a disability and require specialized transportation as a related service) to appropriately provide service. ☒ Drivers wear face shields or face coverings when not actively driving and operating the bus. ☒ Inform parents/guardians of practical changes to transportation service (i.e., physical distancing at bus stops and while loading/unloading, potential for increased route time due to additional precautions, sanitizing practices, and face coverings). ☒ Face coverings or face shields for all students in grades Kindergarten and up following CDC guidelines applying the guidance in section 1h of the ***Ready Schools, Safe Learners*** guidance to transportation settings.	Measures taken on transportation shall follow the processes of school operations to the extent feasible to employ distancing, health and hygiene measures, screening and PPE. Coordination with the District Transportation Department and Business Manager will be ongoing to determine appropriate resources and capacity. Coordination with the District Office will be ongoing for specific or special needs. **Bus Drivers** • Transport vehicles (e.g., buses) that are used by the school, require that drivers practice all safety actions and protocols as indicated for other staff (e.g., hand hygiene, cloth face coverings). ○ Drivers must wear masks or face coverings as designated in RSSL: ▪ This includes while driving, unless the mask or face covering interferes with the driver's vision (e.g., fogging of eyeglasses). ▪ Drivers must wear face coverings when not actively driving and operating the bus, including while students are entering or exiting the vehicle. ▪ A face shield may be an acceptable alternative • All frequently touched surfaces on school buses will be Clean and disinfected at least daily and between use as much as possible. • To clean and disinfect school buses or other transport vehicles, see guidance for bus transit operators. **Distancing and Staggering Measures** Create distance between children on school buses to the extent possible (e.g., seat children one child per row, skip rows, etc.). While maximum spacing (6 feet) is observed in the school setting, minimum spacing (3 feet) may be promoted to the extent feasible, during shorter durations of exposure such as transport to and from school. Buses will unload one at a time when arriving at school. When students unload from bus, students will be directed to exit bus one at a time with

	3 feet of space between students. Markers shall be placed on the bus floor 3 feet apart to promote minimum spatial distancing while exiting the bus. **Screening** Bus drivers shall passively screen students as they enter the bus. In recognition of transportation and safety measures, and the priority of the district to maintain student safety in all areas, buses will not remain stationed in the roadway for prolonged periods of time to assess students. Measures will be taken to isolate students who become ill on bus routes and as soon as students arrive at school to the extent feasible. [**Link to Transportation Addendum**]

2j. CLEANING, DISINFECTION, AND VENTILATION

OHA/ODE Requirements	Hybrid/Onsite Plan
☒ Clean, sanitize, and disinfect frequently touched surfaces (e.g. door handles, sink handles, drinking fountains, transport vehicles) and shared objects (e.g., toys, games, art supplies) between uses multiple times per day. Maintain clean and disinfected (CDC guidance) environments, including classrooms, cafeteria settings and restrooms. ☒ Clean and disinfect playground equipment at least daily or between use as much as possible in accordance with CDC guidance. ☒ Apply disinfectants safely and correctly following labeling direction as specified by the manufacturer. Keep these products away from students. ☒ To reduce the risk of asthma, choose disinfectant products on the EPA List N with asthma-safer ingredients (e.g. hydrogen peroxide, citric acid, or lactic acid) and avoid products that mix these with asthma-causing ingredients like peroxyacetic acid, sodium hypochlorite (bleach), or quaternary ammonium compounds. ☒ 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).	See Molalla River School District Comprehensive Communicable Disease Management Plan p. 50 **Cleaning and Disinfection** Routine sanitation measures will be in full effect, including processes to respond to potentially infectious material as outlined in the *Exposure Control Plan* and enhanced sanitizing and outlined in the *Comprehensive Communicable Disease Management Plan.* ● All frequently touched surfaces (e.g., playground equipment, door handles, sink handles, drinking fountains) within the school and on school buses wil be Clean and disinfected at least daily and between use as much as possible. ● Use of shared objects (e.g., gym or physical education equipment, art supplies, toys, games) should be limited when possible, or cleaned between use. ● Transport vehicles (e.g., buses) that are used by the school, require that drivers practice all safety actions and protocols as indicated for other staff (e.g., hand hygiene, cloth face coverings). To clean and disinfect school buses or other transport vehicles, see guidance for bus transit operators. ● A schedule will be designated by the Facilities Manager for increased, routine cleaning and disinfection. ● As necessary, additional custodial staff will be deployed. ● Ensure safe and correct use and storage of cleaning and disinfection products, including storing products securely away from children. Use products that meet EPA disinfection criteria. ● Cleaning products should not be used near children, and staff should ensure that there is adequate ventilation when using these products to prevent children or themselves from inhaling toxic fumes. **Shared Objects** ● Discourage sharing of items that are difficult to clean or disinfect. ● Keep each child's belongings separated from others' and in individually labeled containers, cubbies, or areas. ● Ensure adequate supplies to minimize sharing of high touch materials to the extent possible (e.g., assigning each student their own art supplies, equipment) or limit use of supplies and equipment by one group of

	children at a time and clean and disinfect between use. ● Avoid sharing electronic devices, toys, books, and other games or learning aids. ● If individual supplies are a challenge, ensure that at minimum, students who are immunocompromised will have their own supplies. **Ventilation** ● Ensure ventilation systems operate properly and increase circulation of outdoor air as much as possible, for example by opening windows and doors. Do not open windows and doors if doing so poses a safety or health risk (e.g., risk of falling, triggering asthma symptoms) to children using the facility. ● In cases where open doors and windows impact the operational settings of the ventilation system, facilities management will be consulted. **Water Systems** ● To minimize the risk of diseases associated with water, take steps to ensure that all water systems and features (e.g., sink faucets, drinking fountains, decorative fountains) are safe to use after a prolonged facility shutdown. Drinking fountains should be cleaned and sanitized, but encourage staff and students to bring their own water to minimize use and touching of water fountains. [**Link to Cleaning and Sanitizing Addendum**]

2k. HEALTH SERVICES

OHA/ODE Requirements	Hybrid/Onsite Plan
☒ OAR 581-022-2220 Health Services, requires districts to "maintain a prevention-oriented health services program for all students" including space to isolate sick students and services for students with special health care needs. While OAR 581-022-2220 does not apply to private schools, private schools must provide a space to isolate sick students and provide services for students with special health care needs. ☒ Licensed, experienced health staff should be included on teams to determine district health service priorities. Collaborate with health professionals such as school nurses; SBHC staff; mental and behavioral health providers; dental providers; physical, occupational, speech, and respiratory therapists; and School Based Health Centers (SBHC).	Ongoing school health services must be provided in tandem with COVID-19 specific interventions. School Health Services should continue operations as per the district **School Health Services Procedure Manual.** Special consideration should be paid to where care (such as diabetic care or medication administration) is provided for high risk students in vicinity to isolation rooms. Additional considerations must be paid to high risk clinical procedures in the school setting, Additional Guidance for school nurses must be observed in regard to close proximity procedures. Routine annual training should observe social distanced methods or online delivery as feasible in each building. Sending children to health rooms for minor incidences should be minimized, rather essential services should be prioritized such as medication administration, daily chronic care or significant injury to reduce congestion and exposure potential.

2l. BOARDING SCHOOLS AND RESIDENTIAL PROGRAMS ONLY

OHA/ODE Requirements	Hybrid/Onsite Plan
☐ Provide specific plan details and adjustments in Operational Blueprints that address staff and student safety, which includes how you will approach: ● Contact tracing ● The intersection of cohort designs in residential settings (by wing or common restrooms) with cohort designs in the	N/A

instructional settings. The same cohorting parameter limiting total cohort size to 100 people applies. ● Quarantine of exposed staff or students ● Isolation of infected staff or students ● Communication and designation of where the "household" or "family unit" applies to your residents and staff ☐ Review and take into consideration CDC guidance for shared or congregate housing: ● Not allow more than two students to share a residential dorm room unless alternative housing arrangements are impossible ● Ensure at least 64 square feet of room space per resident ● Reduce overall residential density to ensure sufficient space for the isolation of sick or potentially infected individuals, as necessary; ● Configure common spaces to maximize physical distancing; ● Provide enhanced cleaning; ● Establish plans for the containment and isolation of on-campus cases, including consideration of PPE, food delivery, and bathroom needs.	

2m. SCHOOL EMERGENCY PROCEDURES AND DRILLS

OHA/ODE Requirements	Hybrid/Onsite Plan
☒ 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. ● 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. ☒ Drills can and should be carried out as close as possible to the procedures that would be used in an actual emergency. For example, a fire drill should be carried out with the same alerts and same routes as normal. If appropriate and practicable, COVID-19 physical distancing measures can be implemented, but only if they do not compromise the drill. ☒ When or if physical distancing must be compromised, drills must be completed in less than 15 minutes. ☒ Drills should not be practiced unless they can be practiced correctly. ☒ Train staff on safety drills prior to students arriving on the first day on campus in hybrid or face-to-face engagement. ☒ If on a hybrid schedule, conduct multiple drills each month to ensure that all cohorts of students have opportunities to participate in drills (i.e., schedule on different cohort days throughout the year). ☒ Students must wash hands with soap and water for 20 seconds or use an alcohol-based hand sanitizer with 60-95% alcohol after a drill is complete.	Emergency drills will continue throughout the COVID-19 Pandemic as per existing rules, statutes and board policy Drills can and should be carried out as close as possible to the procedures that would be used in an actual emergency. For example, a fire drill should be carried out with the same alerts and same routes as normal. If appropriate and practicable, COVID-19 physical distancing measures can be implemented, but only if they do not compromise the drill. Staff should be trained in changes to drills prior to return to school and conducting any drills in the school setting. All standard collaboration (i.e. fire department, alarm company) and documentation remains required. **On site or Hybrid Models** 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. ● Principles of infection control and physical distancing will be practiced to the fullest extent feasible during emergency drills. ● At minimum of 30 minutes in each school month will be used to instruct students on the emergency procedures for fires, earthquakes, and safety threats. ● Actual drills must be less than 15 minutes if physical distancing cannot be maintained. ● Fire drills will be conducted monthly. ● Earthquake drills 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 will be conducted two times a year. ● Drill will need to be conducted multiple times on alternate cohort days per month to address all cohorts in hybrid models and allow all students an opportunity to participate. ● Hand hygiene will be endorsed following return to classroom after the drill is complete.

	Comprehensive Distance Learning Model ● Drills remain required during CDL. ● Drills will not be practiced unless they can be practiced correctly. ● Education on emergency procedures can be transitioned to educational material to provide remote education on drills to fulfill 30 minutes of instruction on emergency procedures per month. [Link to Emergency Drill Addendum]

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

OHA/ODE Requirements	Hybrid/Onsite Plan
☒ Utilize the components of Collaborative Problem Solving or a similar framework to continually provide instruction and skill-building/training related to the student's demonstrated lagging skills. ☒ Take proactive/preventative steps to reduce antecedent events and triggers within the school environment. ☒ Be proactive in planning for known behavioral escalations (e.g., self-harm, spitting, scratching, biting, eloping, failure to maintain physical distance). Adjust antecedents where possible to minimize student and staff dysregulation. Recognize that there could be new and different antecedents and setting events with the additional requirements and expectations for the 2020-21 school year. ☒ Establish a proactive plan for daily routines designed to build self-regulation skills; self-regulation skill-building sessions can be short (5-10 minutes), and should take place at times when the student is regulated and/or is not demonstrating challenging behaviors. ☒ Ensure all staff are trained to support de-escalation, provide lagging skill instruction, and implement alternatives to restraint and seclusion. ☒ Ensure that staff are trained in effective, evidence-based methods for developing and maintaining their own level of self-regulation and resilience to enable them to remain calm and able to support struggling students as well as colleagues. ☒ Plan for the impact of behavior mitigation strategies on public health and safety requirements: ● Student elopes from area ○ If staff need to intervene for student safety, staff should: ● Use empathetic and calming verbal interactions (i.e. "This seems hard right now. Help me understand… How can I help?") to attempt to re-regulate the student without physical intervention. ● Use the least restrictive interventions possible to maintain physical safety for the student and staff. ● Wash hands after a close interaction. ● Note the interaction on the appropriate contact log. ○ *If unexpected interaction with other stable cohorts occurs, those contacts must be noted in the appropriate contact logs. ● Student engages in behavior that requires them to be isolated from peers and results in a room clear. ○ If students leave the classroom: ● Preplan for a clean and safe alternative space that maintains physical safety for the student and staff	Schools in MRSD K-8 embrace practices of MTSS with the framework of Positive Behavior Intervention and Supports. Proactive procedures such as daily routines and self-regulation skills are taught and reinforced with consistent expectations taught across the building. The district uses functional behavior assessment to drive individual support plans that addresses preventative and antecedent events and triggers. Select staff in each building K-12 are trained in de-escalation and crisis prevention are trained each August using the Nonviolent Crisis Institute's CPI training methodology. All staff are trained on de-escalation strategies and the definitions of restraint and seclusion. Teaching staff are undergoing a year long, monthly training to learn and understand their own social emotional competencies such as: ● Self-Awareness ● Self-Management ● Social Awareness ● Relationship Skills ● Goal Directed Behavior ● Personal Responsibility ● Decision Making ● Optimistic Thinking

○ Ensure physical distancing and separation occur, to the maximum extent possible. ● Use the least restrictive interventions possible to maintain physical safety for the student and staff. ● Wash hands after a close interaction. ● Note the interaction on the appropriate contact log. ○ *If unexpected interaction with other stable cohorts occurs, those contacts must be noted in the appropriate contact logs. ● Student engages in physically aggressive behaviors that preclude the possibility of maintaining physical distance and/or require physical de-escalation or intervention techniques other than restraint or seclusion (e.g., hitting, biting, spitting, kicking, self-injurious behavior). ○ If staff need to intervene for student safety, staff should: ● Maintain student dignity throughout and following the incident. ● Use empathetic and calming verbal interactions (i.e. "This seems hard right now. Help me understand… How can I help?") to attempt to re-regulate the student without physical intervention. ● Use the least restrictive interventions possible to maintain physical safety for the student and staff ● Wash hands after a close interaction. ● Note the interaction on the appropriate contact log. ○ *If unexpected interaction with other stable cohorts occurs, those contacts must be noted in the appropriate contact logs. ☒ Ensure that spaces that are unexpectedly used to deescalate behaviors are appropriately cleaned and sanitized after use before the introduction of other stable cohorts to that space. **Protective Physical Intervention** ☒ Reusable Personal Protective Equipment (PPE) must be cleaned/sanitized after every episode of physical intervention (see section 2j of the ***Ready Schools, Safe Learners*** guidance: Cleaning, Disinfection, and Ventilation).	

2o. PROTECTIVE PHYSICAL INTERVENTION

OHA/ODE Requirements	Hybrid/Onsite Plan
☒ Reusable Personal Protective Equipment (PPE) must be cleaned and disinfected following the manufacturer's recommendation, after every episode of physical intervention (see section 2j. Cleaning, Disinfection, and Ventilation in the ***Ready Schools, Safe Learners*** guidance). Single-use disposable PPE must not be re-used.	See Molalla River School District Comprehensive Communicable Disease Management Plan 49-50 and 51-53,

3. Response to Outbreak

3a. PREVENTION AND PLANNING

OHA/ODE Requirements	Hybrid/Onsite Plan
☒ 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.	See the Pandemic Plan in the Molalla River School District Comprehensive Communicable Disease Management Plan pages 22-27 and page 71-72

	[Link to **Communication & Response Algorithm]** **[Link to** Planning for COVID-19 Scenarios in School]

3b. RESPONSE

OHA/ODE Requirements	Hybrid/Onsite Plan
☒ Review and utilize the "*Planning for COVID-19 Scenarios in Schools*" toolkit. ☒ Ensure continuous services and implement Comprehensive Distance Learning. ☒ Continue to provide meals for students.	See Molalla River School District Comprehensive Communicable Disease Management Plan ● *Pandemic Plan* pages 22-27 ● *Metrics for CDL* pages 33-34 ● *COVID-19 Specific Addendum:* pages 33-102 o Covid-19 Cases/Contacts/Scenarios: page 50-51 As needed Comprehensive Distance Learning (CDL) will resume fill time in place of hybrid models when directed by LPHA or as consistent with metrics based on outbreaks, clusters, or community morbidity. Sack Lunch Meals will be provided to students during CDL.

3c. RECOVERY AND REENTRY

OHA/ODE Requirements	Hybrid/Onsite Plan
☒ Review and utilize the "*Planning for COVID-19 Scenarios in Schools*" toolkit. ☒ 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. ☒ 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.	See Molalla River School District Comprehensive Communicable Disease Management Plan *COVID-19 Specific Addendum:* pages 33-93 o Covid-19 Cases/Contacts/Scenarios: *page* *Pandemic Plan* pages 22-27 ● *COVID-19 Specific Addendum:* pages 33-102 o Covid-19 Cases/Contacts/Scenarios: *page 54* Blueprint ● See Section 1d *Cohorting* ● See Section 2j *Cleaning, Disinfecting and Ventilation* Link to Isolation and Quarantine] [Link to COVID-19 Exclusion and Quarantine Related to School] [Link to Communication & Response Algorithm] [Link to Cleaning and Sanitizing Addendum [Link to **[Link to** Planning for COVID-19 Scenarios in School] COVID-19 communication to families are incrementally developed under the guidance of public health and ODE among the response team and are distributed to the Molalla River School District (MRSD) family population electronically via School Messenger and archived on the MRSD Reopening Dashboard

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 *Include how/why the school is currently unable to meet them*