OREGON DEPARTMENT OF EDUCATION

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OPERATIONAL BLUEPRINT FOR SCHOOL REENTRY 2020-21

Updated 8/11/2020

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

1. Please fill out information:

[1] For the purposes of this guidance: "school" refers to all public schools, including public charter schools, public virtual charter schools, alternative education programs, private schools and the Oregon School for the Deaf. For ease of readability, "school" will be used inclusively to reference all of these settings.
[2] For the purposes of this guidance: "district" refers to a school district, education service district, public charter school sponsoring district, virtual public charter school sponsoring district, state sponsored public charter school, alternative education programs, private schools, and the Oregon School for the Deaf.
[3] Tribal Consultation is a separate process from stakeholder engagement; consultation recognizes and affirms tribal rights of self-government and tribal sovereignty, and mandates state government to work with American Indian nations on a government-to-government basis.

SCHOOL/DISTRICT/PROGRAM INFORMATION	
Name of School, District or Program	Desert Sky Montessori
Key Contact Person for this Plan	Jodie Borgia
Phone Number of this Person	541-350-2090
Email Address of this Person	jodie.borgia@dsmntessori.org
Sectors and position titles of those who informed the plan	Head of School DSM, Assistant Head of School DSM DSM board BLP school district
Local public health office(s) or officers(s)	Deschutes County Health Services Communicable Diseases Programs Communicable Disease Line 541-322-7418 Laura Hart Public Health Nurse II Laura.hart@deschutes.org
Name of person Designated to Establish, Implement and Enforce Physical Distancing Requirements	Jodie Borgia
Intended Effective Dates for this Plan	CDL with limited in-person: September 14, 2020 through November 2nd, or when metrics are approved for hybrid learning. Hybrid: From approval to June 2021.
ESD Region	High Desert ESD

2. Please list efforts you have made to engage your community (public health information sharing, taking feedback on planning, etc.) in preparing for school in 2020-21. Include information on engagement with communities often underserved and marginalized and those communities disproportionately impacted by COVID-19.

A survey was sent to all DSM families in July 2020. They were surveyed regarding the challenges and successes related to Distance Learning for All and their preferences and comfort level for both in- person and distance learning for the 2020-21 school year. They were also asked about their access to technology for the upcoming year. All parents and guardians were invited to online Zoom meetings in July to ask questions and give input.

3. Indicate which instructional model will be used.

Select One:

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

4. If you selected Comprehensive Distance Learning, you only have to fill out the green portion of the Operational Blueprint for Reentry (i.e., page 2 in the initial template).

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

DSM will begin the 2020/21 school year with the CDL as announced by the Bend La Pine School board on Friday July 31st.

Deschutes County is not meeting the metrics set by Governor Brown These are:

County Metrics to be met for three weeks in a row: Less than or equal to 10 cases per 100,000 in the proceeding days and test positivity less or equal to 5% in the proceeding 7 days.

State Metric - to be met three weeks in a row: Test positivity less than or equal to 5% in the preceding 7days.

BLP school will meet again in mid-October to decide if we are able to return to our Hybrid plan.

In completing this portion of the Blueprint you are attesting that you have reviewed the Comprehensive Distance Learning Guidance. Here is a link to the overview of CDL Requirements. Please name any requirements you need ODE to review for any possible flexibility or waiver.

No waivers required

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.

- All children and family to be provided with a virtual orientation, so all children and parents understand tools and procedures.
- Prioritize connection and deep learning over content coverage.
- Instruction based on grade level standards.
- All children provided with at least one synchronous opportunity per day. Recommended that teachers front load learning with asynchronous lessons.
- Provide a well-rounded education.
- Children to be given timely and consistent feedback. Give descriptive feedback pointing out strength and offering specific information to guide improvement.
- Document assessments
- Incorporate time for check-ins and daily peer interactions (elementary morning circle, peer tutoring etc).
- Clearly define roles for teachers, assistants, students, and families.
- Differentiate with paper packets, online experiences, blended learning, phone, as well as technology.
- Collect evidence of work – projects, voice recordings, self-assessments, student designed work, anecdotal observations from asynchronous and synchronous classes.
- 900 hours of instructional time needs to be covered, this year allowing 90 hours of PD and up to 90hours of parent training and support.

- At least 50% of instructional time needs to be teacher facilitated learning. We will offer 12 hours of teacher facilitated learning a week and expect 11 hours of applied learning.
- If we want to break it down to five days a week while on CDL, it would be 2 hours and 24 minutes a day of teacher facilitated learning and 2 hours and 12 minutes a day of applied learning.
- Teacher facilitated learning includes synchronous and asynchronous learning experiences planned and guided by the head teacher. It can include live lessons or accomplished asynchronously through google classroom, teacher produced videos and learning packets.

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.

- Synchronous lessons must be provided daily and may include full group instruction, peer interaction, two-way communication, small group breakouts or individual office hours.
- Applied learning allows for students to apply knowledge and skills that extend from the teacher facilitated learning. Students have access to support during this time from teachers and assistants. These experiences are designed to deepen student engagement, allow for peer interaction and to support family and community involvement.
- Assessment – go back to 4 stage reporting process.
- Progress monitor students
- Provide opportunities for students to redo work or try again.
- Use summative assessment for math, language arts, and science.
- Use formative assessments for instructional decision making.
- Attendance to be taken every day. This can involve participating in a class Zoom, individual Zoom chat, two-way email, a phone call, posting work on google classroom, sending work via email or text, turning in completed course work.

A schedule to be made for each cycle, which will include in the 8-hour teachers' day:

- 2.5 hours a day of teacher facilitated learning for each child,
- 2 hours a day of applied learning for each child.
- Daily Zoom lessons for every child, can be whole group, small group, peer teaching in breakout groups
- Office hours for one on one check ins
- Planning time
- Recording time
- Assessment/ observation time

An example of a teacher's schedule: (these to be individualized by teachers before September 14)

7:30-8:30am Teacher preparation time
8:30 – 9:00 Whole group
9:15 – 10:15am 1st grade lessons (or a third cohort)
10:30 -11:30 2nd grade lessons
11:45 – 12:45 3rd grade lessons
12:45 – 1:15pm Lunch
1:15 – 2:15:pm Office hours and individual check ins
2:15pm – 4pm Organizing lessons, recording lessons and preparing materials for the next day.

Alternatives to be planned for children who struggle with Zoom time and to provide variety.

DSM plans to provide limited in-person instruction for specific groups. As per ODE's Comprehensive Distance Learning guidance, providing limited in-person instruction to meet the needs of specific groups of students based on needed educational, relational, curricular, instructional, and/or assessment supports. This includes, but is not limited to, provisions for supporting students experiencing disability, English language learners, as well as lessons that may require hands-on demonstration of skills and the provision of secure assessment environments.
An exception to meeting state and county metrics to return to limited in-person instruction under Comprehensive Distance Learning should be prioritized under the following conditions:
● There have been no confirmed cases of COVID-19 among school staff or students in the past 14 days.
● DSM fully complies with sections 1-3 of the Ready Schools, Safe Learners guidance.
● DSM fully complies with Comprehensive Distance Learning Guidance for Limited In-Person Instruction, which includes further limitations on cohort sizes, time, and more.

DSM will continue to monitor county and state metrics. We will be advised by the BLP school board on their decision on whether schools will return to hybrid plans, which at DSM will be:

All students from K-4th grade will have access to four days a week of in person learning and 1 day of distance learning. This includes students with disabilities, emerging bilingual students and those identified as "at-risk". Our 5th and 6th grade children will have a hybrid opportunity with at least 2 days of in person learning. DSM will work with families of students with disabilities, emerging bilingual students or those identified as at risk to see if more in person learning is needed.

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.	**DSM has updated the Communicable Disease Management Plan to reflect best practices and response and protocols for COVID-19.** **Insert link to Communicable Diseases Management plan** The Head of School at Bend River and the Assistant Head of School at One World Center have been designated to establish, implement, and enforce physical distancing requirements that are consistent with ODE and OHA guidance. This information will be posted on the staff bulletin board at each site. Violation of these rules could result in discipline. DSM reached out to parents in the medical field to go over plans as well, for site specific requirements, such as isolations rooms, health checks. Since DSM has a small staff the Head of School will run training for all, to occur in last week of August. In person or virtual will depend on spread of virus in Deschutes County. Presently all meetings are held virtually. If any confirmed cases of COVID-19 at DSM Head of School or Assistant Head of School will contact the Communicable

OHA/ODE Requirements	Hybrid/Onsite Plan
☒ 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.	Disease liaison at local health authority. DSM will follow the Cleaning and Disinfecting Plan and follow best practices and protocols for reducing exposure to COVID-19. A copy of the Plan can be reviewed by the public, contact our Head of School to set up a time to review. Bathrooms to be cleaned in between cohorts. Offices to be cleaned regularly during the day. Activity areas cleaned in between cohorts and regularly in between children in cohorts. Head of School or Assistant Head of School will make contact with Communicable Disease liaison at DCHS, Laura Hart. DSM Head of School or Assistant Head of School will cooperate with DCHS recommendations and provide all logs and information in a timely manner. *Note: FERPA allows schools to share personally identifiable information with local public health authorities without consent when needed to respond to a health emergency. DSM will work with the local health authority to ensure we are able to effectively respond to and control outbreaks through sharing of information, even without parental consent, when appropriate.*
☒ Protocol for screening students and staff for symptoms (see section 1f of the ***Ready Schools, Safe Learners*** guidance).	Screening/Isolation: Visual screening of all students and staff occurs outside building before entering. Both OWC and BR have isolation room for anyone with COVID symptoms during the day. Checks can be done visually and/or with confirmation from a parent/ caregiver/ guardian. Arrivals will be expected to wash with soap and water for 20 seconds or use an alcohol-based hand sanitizer with 60-95% alcohol upon entry to school each day. Greeters will do visual screening for the following COVID-19 symptoms: cough, fever or chills, shortness of breath, or difficulty breathing. Students displaying COVID-19 symptoms will be asked to return home or to report to the isolation (1i) room and sent home as soon as possible. They must remain home until 24 hours after fever is gone (without use of fever reducing medicine) and other symptoms are improving. Students and staff will be directed to stay home if they, or anyone in their homes or community living spaces, have COVID-19 symptoms. DSM will follow DCHS advice on restricting from school any student or staff known to have been exposed (e.g., by a household member) to COVID-19 within the preceding 14 calendar days. Staff or students with a chronic or baseline cough that has worsened or is not well-controlled with medication should be excluded from school. Staff or students will not be excluded who have other symptoms that are chronic or baseline symptoms

OHA/ODE Requirements	Hybrid/Onsite Plan
	(e.g., asthma, allergies, etc.) from school.
☒ 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).	DSM students and staff who report or develop symptoms of cough, fever, chills, shortness of breath, difficulty breathing, or sore throat while at school will be isolated in the Sensory Room at Bend River or the office at One World Center, with adequate space and staff supervision, will be provided face covering, and symptoms will be monitored by school staff until they are able to go home. Anyone providing supervision and symptom monitoring must wear appropriate face covering or face shields. An emergency contact or family member will be called and asked to safely transport home or to a health care facility. If this is not an option, local ambulance services can be summoned by calling the non- emergency police line. The staff will keep a record of the students and staff being isolated or sent home for the DCHS review. 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 COVID-19 symptoms. DSM will follow DCHS advice on restricting from school any student or staff known to have been exposed (e.g., by a household member) to COVID-19 within the preceding 14 calendar days. DSM will work with nurses and health care experts to determine any necessary modifications to areas where staff/students will be isolated, consider required physical arrangements to reduce risk of disease transmission and plan for the needs of generally well students who need medication or routine treatment, as well as students who may show signs of illness. In the event of a presumptive or confirmed COVID-19 case in a school in Deschutes county, Oregon, our Communicable Disease partners at county health will provide guidance as we lead response efforts. DSM will follow the COVID-19 Communication Plan for Exposure or Case. These tools are designed to help school districts prepare for potential communication efforts, in partnership with Communicable Disease staff, in communicating with parents, teachers and to both aid in prevention efforts and to share information about exposure. All letters/emails to families will be provided in English and Spanish or other requested formats that ensure accessible to the school community.
☒ 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.	Contact Tracing: Contract tracing logs will be kept for each student/cohort.

OHA/ODE Requirements	Hybrid/Onsite Plan
• 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).	Teachers and teaching assistants will maintain contact logs for all children in their cohort as well as any staff having contact with the class. Aftercare children will be a part of an AC cohort and separate logs maintained for these children in each building. The aftercare teachers will be responsible for maintaining these logs. DSM will follow Ready Schools, Safe Learners guidance and maintain individual and cohort information via a Cohort Daily Log. The log will be stored in the office for four weeks. DSM is exploring the option of a Daily Log system that may be tied to the SIS. Parent/guardian name and emergency contact information will be stored in the SIS. All district staff that work at both Bend River and One World Center sites will keep a log with a running four-week history of their time in each building and who they were in contact with at each site. DSM will provide DCHS with Cohort Daily Logs and other information necessary to expedite contact tracing in the event of a possible closure. DSM will follow local health authority and CDC guidance regarding cleanings. DSM will consult with the local health authority to consider classroom, school/program or district wide closures. Per *Ready Schools, Safe Learners* guidance, DSM will report to the local health authority any cluster of two or more persons with similar illness among staff or students. If anyone who has been on campus is known to have been diagnosed with COVID-19, DSM will report the case to and consult with the DCHS regarding cleaning and possible classroom or program closure. DSM will modify, postpone, or cancel large school events as coordinated with the DCHS. If the school is closed, DSM will implement Short-Term Distance Learning or Comprehensive Distance Learning models for all staff/students. DSM will communicate criteria that must be met in order for On-Site instruction to resume and relevant timelines with families.

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.	Students ● All students identified as vulnerable, either by a physician, or parent/guardian notification, will be enrolled in online instruction with daily check-ins. ● Students who experience disability will continue to receive specially designed instruction. ● Students with language services will continue to receive English Language Development. * 504 plans will be revisited before school starts to see if any changes need to be made. * Contracted time with district nurse will be used to help guide these new plans.

OHA/ODE Requirements	Hybrid/Onsite Plan
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. • 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: o U.S. Department of Education Supplemental Fact Sheet: Addressing the Risk of COVID-19 in Preschool, Elementary and Secondary Schools While Serving Children with Disabilities from March 21, 2020. o ODE guidance updates for Special Education. Example from March 11, 2020. o OAR 581-015-2000 Special Education, requires districts to provide 'school health services and school nurse services' as part of the 'related services' in order 'to assist a child with a disability to benefit from special education.' o OAR 333-019-0010 Public Health: Investigation and Control of Diseases: General Powers and Responsibilities, outlines authority and responsibilities for school exclusion.	DSM will continue to serve students in high risk population(s) through on-site, hybrid, or comprehensive distance learning models. Staff Identified as High-Risk may be re-assigned and/or may consider all leave options. To the extent possible, students who are unable to participate in On- Site instructional models due to their high-risk status will be provided the opportunity to attend/interact with their peers. This will allow educators to support all students and synchronously integrate distance learning experiences into their on-site class. If DSM is unable to provide blended classrooms for students, students unable to attend on-site will be provided with comprehensive distance learning. **Staff** All staff have some PTO to use if they are diagnosed with COVID-19. If staff are quarantined for being in contact with a person with COVID then they will continue to work remotely during short term distance learning, if they themselves are not sick.

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.	All classrooms have been measured for usable space, 35 square feet per person (including staff). K, K/1 and 1-3 classrooms can house 20 children plus essential adults. 4th grade classroom can hold 17 children plus essential adults. 5/6th grade class can hold 15

OHA/ODE Requirements	Hybrid/Onsite Plan
☒ 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.	children plus essential adults. DSM will strive to maintain six feet of space between individuals while supporting physical distancing in all daily activities and instruction. This includes staff during staff meetings and conferences. These will be done remotely where possible. Steps will be taken to minimize the time standing in lines and to ensure that six feet of distance between students is used when forming lines. Schedule use of bathrooms and playground. Bend River site – two classrooms per bathroom One World Site – Kindergarten class plus boys from K/1, 5/6th grade class plus girls from K/1. Clean in between cohorts. Schedule use of outdoor tent space. Minimize use of hallways as much as possible. Mark space outside to line up from outdoors. 5th /6th grade – schedule 3 days in person learning for 5th grade and 2 days of in person learning for 6th grade. Develop class rosters to have no more than 15 students with one teacher (maximum of 17 people per 661 ft2 classroom). DSM will make accommodations for students who will need additional support in learning how to maintain physical distancing requirements by provide instruction, rather than employing punitive discipline. DSM will post occupancy limits on classrooms, offices, and common areas.

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.	**When providing limited in-person instruction for specific groups during Comprehensive Distance Learning**: Cohorting will work the same however numbers are limited to 10 children. Children may only be in the school building for a maximum of two consecutive hours a day. The total number of children allowed each building per week is set at 250. The total number of children at One World and Bend River do not reach this number. DSM may offer limited in-person learning based on need for the following reasons: • To address connectivity issues • To provide academic support • Assessment • To provide social emotional or mental health support • To build educator to student relationships • To support liv peer to peer interaction • To support engagement • To ensure culturally relevant and sustaining Montessori pedagogy • To prepare for in-person instruction

OHA/ODE Requirements	Hybrid/Onsite Plan
☒ Staff who interact with multiple stable cohorts must wash/sanitize their hands between interactions with different stable cohorts.	• To provide supplementary support. DSM will not offer or suggest limited in-person instruction based solely on disability, race, gender, religion, or sexual orientation. Any limited in-person instruction at DSM will be voluntary. **When returning to Hybrid**: OWC site K class will have cohort of 25, 5 children rostered off per day to maintain more space between children. K/1 will have cohort of 25, 5 children rostered off per day to maintain more space between children. 5/6th grade will have cohorts of 15 children. Bend River Site 1-3 classes will have cohort of 25, 5 children rostered off per day to maintain more space between children. 4th grade class will have cohort of 22 children, 4 rostered off per day to maintain space between children. DSM is gathering numbers of children who will participate in CDL for a least the first semester of the 2020/21 school year. If numbers are high enough the cohort size in each class may reduce. Both sites will also have an aftercare cohort. All logs maintained by teachers and teaching assistants. Bathrooms to be gender neutral and shared by two cohorts. Time scheduled and bathrooms cleaned in between cohorts. Playgrounds to be scheduled for one cohort at a time. Teachers and assistants to maintain cleaning of materials and classroom spaces. All staff will have access, and be required, to perform regular cleaning of their spaces (using approved district cleaning agents) between multiple student or staff uses of their space. Routine cleaning and disinfecting will follow CDC cleaning and disinfecting guidance, and includes cleaning classrooms between groups, playground equipment between groups, restroom door or faucet handles, etc. Floating staff, such as Head of School, specialists, to wash hands between cohorts and to wear face covering or face shield. Staff will wash or sanitize their hands upon entry to the building and again, when they leave. Staff will wash or sanitize hands before and after meals. If a DSM student or staff member are diagnosed with COVID-19, then the DSHS will be consulted to review the situation. If DSM cannot confirm that 6 feet distancing was consistently maintained during the school day, all members of the cohort group will need to be quarantined until the contract tracing process is completed.

OHA/ODE Requirements	Hybrid/Onsite Plan

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 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.	To be included in training week before school opens for in learning instruction. A letter outlining the instructional model, the rationale and vision behind it and specific infection control measures will be shared with all families electronically when available. Including the definition of exposure as being within 6 feet of a COVID-19 case for 15 minutes orlonger. Additional communication regarding protocols will be shared with families and staff in August prior to the start of limited in-person instruction. Updated communication will be shared with families at least monthly or as updated information is available throughout the school year. In the event of a presumptive or confirmed COVID-19 our Communicable Disease partners at county health will provide guidance as we lead response efforts. DSM will follow the COVID-19 Communication Plan for Exposure or Case.

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. • Emergency signs that require immediate medical attention: o Trouble breathing o Persistent pain or pressure in the chest o New confusion or inability to awaken o Bluish lips or face (lighter skin); greyish lips or face (darker skin) o Other severe symptoms	Arrival and Entry ● Each student will be assigned an entrance point (i.e., a specific door) to the school building. Different entry doors will be used for each classroom. Scheduling for two classes at Bend River to enter through the external gate required. ● Student to go to classroom with their cohort through their assigned entry door. ● Staff will be present at each entry point to visually screen students for symptoms. ● Once back in a hybrid model, morning care in the classroom starts at 7:30 AM. Arrivals will be expected wash with soap and water for 20 seconds or use an alcohol- based hand sanitizer with 60-95% alcohol upon entry to school, program or department sites each day. Bend River – Antelopes and Kestrels to wash hands in classroom. Steelheads and Wolf to wash hands in bathroom or use hand sanitizer. OWC – Owls and PIkas to wash hands in classroom. Otters to use bathrooms or hand sanitizer. Screening Students Upon Entry ● Staff will be assigned to each entry door to visually screen. Greeters will do visual screening for the following COVID-19

OHA/ODE Requirements	Hybrid/Onsite Plan
☒ 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.	symptoms: Primary symptoms of concern: cough, fever (greater than 100.4 degrees F) or chills, shortness of breath, or difficulty breathing. Emergency signs that require immediate medical attention: Trouble breathing Persistent pain or pressure in chest New confusion or inability to awaken Bluish lips or face (lighter skin), greyish lips or face (darker skin) Other sever symptoms. ● When the screening indicates that a student may be symptomatic, the student is sent to isolation room and then sent home with the parent. They must remain home until 24 hours after fever is gone (without use of fever reducing medicine) and other symptoms are improving. No buses are used at DSM. In addition to COVID-19 symptoms, students will be excluded from school for signs of other infectious diseases, per existing school policy and protocols. Students and staff will be directed to stay home if they, or anyone in their homes or community living spaces, have COVID-19 symptoms. ● Hand-sanitizers, with 60-95% alcohol, will be placed by each entrance and children can also wash hands as above. DSM will follow DCHS advice on restricting from school any student or staff known to have been exposed (e.g., by a household member) to COVID-19 within the preceding 14 calendar days. Staff or students with a chronic or baseline cough that has worsened or is not well-controlled with medication should be excluded from school. Do not exclude staff or students who have other symptoms that are chronic or baseline symptoms (e.g., asthma, allergies, etc.) from school. Logging for Contact Tracing ● Staff assigned to each entry door will need to maintain contact tracing logs with information about each student who entered and other students with whom they came in contact during entry. Screening Staff: ● Staff are required to report to the Head of School when they may have been exposed to COVID-19. ● Staff are required to report to the Head of School when they have symptoms related to COVID-19. Staff members are not responsible for screening other staff members for symptoms.

1g. VISITORS/VOLUNTEERS

OHA/ODE Requirements	Hybrid/Onsite Plan
☒ 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	Visitors/Volunteers will be restricted as much as possible at this time. Adults in schools are limited to essential personnel only as much as possible. Essential visitors must wash or sanitize their hands upon entry

OHA/ODE Requirements	Hybrid/Onsite Plan
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.	and exit and wear a face covering. Visitors will be visually screened for symptoms during sign-in and will not be allowed to enter if symptomatic. Contractors must wear face coverings in accordance with the DSM *Communicable Disease Management Plan for COVID-19*, the Deschutes County Public Health department, OHA, and the Center for Disease Control.

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;" o Students should not be left alone or unsupervised; o 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.	All staff will be provided with face coverings and face shields. Staff covering isolation rooms need to be provided with medical grade face covering and wear appropriate PPE for their role. Special education staff are district employees and will be provided with face shields by BLP. Office staff to be provided with face shields. Individuals may remove their face coverings while working alone in private offices. All children in grades kindergarten through 6th grade will wear face coverings or face shields, following the CDC guidelines and the State requirements. If a student removes a face covering, or demonstrates a need to remove the face covering for a short period of time, the DSM staff must: Provide space away from peers while the face covering is removed; students should not be left alone or unsupervised. A designated area or chair will be provided appropriately distanced from other students and it will be made of a material easily wiped down for disinfection after each use. Teachers will 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. Facial coverings are **required** for all staff that are within 6 feet of students. DSM will remind staff and students that coverings that are worn should be washed daily or a new covering worn daily. If any student requires an accommodation to meet the requirement for face coverings DSM will work to limit the student's proximity to

OHA/ODE Requirements	Hybrid/Onsite Plan
• Short periods of the educational day that do not include wearing the face covering, while following the other health strategies to reduce the spread of disease; • Additional instructional supports to effectively wear a face covering; ☒ For students with existing medical conditions and a physician's orders to not wear face coverings, or other health related concerns, schools/districts **must not** deny any in-person instruction. ☒ Schools and districts must comply with the established IEP/504 plan prior to the closure of in-person instruction in March of 2020. • If a student eligible for, or receiving services under a 504/IEP, **cannot** wear a face covering due to the nature of the disability, the school or district must: 1. Review the 504/IEP to ensure access to instruction in a manner comparable to what was originally established in the student's plan including on-site instruction with accommodations or adjustments. 2. Placement determinations cannot be made due solely to the inability to wear a face covering. 3. Plans should include updates to accommodations and modifications to support students. • Students protected under ADA/IDEA, who abstain from wearing a face covering, or students whose families determine the student will not wear a face covering, the school or district must: 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. o 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, o 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.	students and staff to the extent possible to minimize the possibility of exposure. Appropriate accommodations could include: Offering different types of face coverings/shields that may meet the needs of the student, spaces away from peers while the face covering is removed; 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 and additional supports to effectively wear a mask. 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. For students with existing medical conditions and a physician's order not to wear face coverings, or other health related concerns, must not be denied in-person instruction. For students not currently served on an IEP or 504, DSM must consider whether or not student inability to consistently wear a face covering or face shield as required is due to a disability. DSM will work with any staff that need ADA accommodations to help minimize their exposure. This includes helping plan a 6-foot distance from children when using a face covering.

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 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.	Primary isolation area will be used for students and staff report or develop symptoms of cough, fever, chills, shortness of breath, difficulty breathing, or sore throat while at school. These areas will be the sensory room at Bend River and the office at One World Center. ● Symptomatic students will remain at school in the isolation area until a designated adult can pick them up. Students will not be left alone. ● Staff will be assigned to supervise students who are symptomatic and will need to maintain at least six feet of distance and wear medical grade facial coverings. When removing PPE hands need to be washed for 20 seconds with soap and water. An emergency contact or family member will be called and asked to safely transport home or to a health care facility. If this is not an option, local ambulance services can be summoned by calling the non- emergency police line. ● Secondary isolation areas may be identified if/as needed. If two students present COVID-19 symptoms at the same time, they must be isolated at once. If separate rooms are not available, DSM will ensure 6 feet distance is maintained. It must not be assumed they have the same illness. ● Logs must be maintained for every student who enters the isolation room, regardless of whether they are treated or sent home. Logs will include: * Name of student * Reported symptoms/reason for health room visit * Action taken. Staff running isolation room to be provided with medical grade mask for times when supervising child with symptoms. District maybe to provide DSM with some PPE. Grants applied for and donations from local businesses. Spare masks available for children in isolation if they can wear them safely. Symptomatic staff or students should be evaluated and seek COVID-19 testing from their regular physician or information about testing sites available on the local public health authority website. * If they have a positive COVID-19 viral (PCR) test result, the person should remain home for at least 10 days after illness onset and 24 hours after fever is gone, without use of fever reducing medicine, and other symptoms are improving. * If they have a negative COVID-19 viral test (and if they have multiple tests, all tests are negative), they should remain home until 24 hours after fever is gone, without use of fever reducing medicine, and other symptoms are improving. * If a clear alternative diagnosis is identified as the cause of the person's illness (e.g., a positive strep throat test), then usual disease-specific return- to-school guidance should be followed and person should be fever-free for 24 hours, without use of

OHA/ODE Requirements	Hybrid/Onsite Plan
	fever reducing medicine. A physician note is required to return to school, to ensure that the person is not contagious. If they do not undergo COVID-19 testing, the person should remain at home for 10 days and until 24 hours after fever is gone, without use of fever reducing medicine, and other symptoms are improving.

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	• All students will be enrolled following the Oregon Department of Education guidelines. For the 2020-21 school year, the ODE plans to temporarily suspend the "10-day drop," pending approval from the State Board of Education, with the expectation that a student will only be unenrolled when DSM has received notice that they've been enrolled in another setting. This change of practice is being made to ensure continuity of service and lean into a culture of care across the state. If a student has stopped attending for 10 or more days, DSM will continue to try to engage the student. At a minimum, DSM will 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. DSM will have 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, DSM will 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, DSM will continue to count them as absent for those days

OHA/ODE Requirements	Hybrid/Onsite Plan
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.	and include those days in our Cumulative ADM reporting. Hybrid learning and distance learning opportunities will utilize parallel planning, allowing symptomatic students to continue learning during a medical absence.

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 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.	All children at DSM, including 6th grade are self-contained classes. Grades K-6: Attendance must be taken at least once per day for all students enrolled in school, regardless of the instructional model (On-Site, Hybrid, Comprehensive Distance Learning). Attendance includes both participation in class activities and interaction with a licensed or registered teacher during a school day or interactions with educational assistants and paraprofessionals through teacher designed and facilitated processes. Interaction can be evidenced by any of the following or reasonable equivalent: Participating in a zoom class. Communication from the student to the teacher via chat, or email. A phone call between the teacher or educational assistant with the student, or, for younger students, with the parent/guardian of the student. Posting completed coursework to Google classroom or via email; or Turning in completed coursework on a given day. Days in attendance may not be claimed for days in which the student did not have access to appropriately licensed instructional staff. The purpose of the rule regarding checking in with the teacher of record is to assure that the teacher can evaluate whether the student is making adequate progress in the course and the student has additional guaranteed opportunities to engage with a teacher. The responsibility of taking attendance must be performed by the teacher of record, not another staff member (e.g., administration). Administration will review individual and school-wide attendance data weekly.

OHA/ODE Requirements	Hybrid/Onsite Plan
	The majority of children at DSM will be enrollment full time. Once we return to hybrid they will either be: • K-4th: Four days in person, 1-day distance learning • 5th Grade Hybrid – 3 days in person, 2 days distance learning • 6th Grade Hybrid - 2 days in person, 3 days distance Learning • Full time Comprehensive Distance Learning will be available for children with health concerns or families concerned about re-entering the building.

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.	DSM lends devices to families in need. A solid technology agreement is in place. School devices will be cleaned and sanitized between each use. DSM will prepare for the possibility a student, class, or school will move to Short term Comprehensive Distance Learning. DSM will survey families by phone, email or other means to collect information about the number, type, and condition of devices used in their homes to support distance learning and their connectivity. DSM will review technology policies and data privacy policies and update if needed.

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 personal items are brought to school, they must be labeled prior to entering school and use should be limited to the item owner.	• Hand Washing: All students will have access to hand washing prior to snack and lunch. Frequent opportunities for hand washing will be provided throughout the school day. Hand washing will be supplemented with the use of hand sanitizer. • **Equipment:** Sharing of supplies will be restricted whenever possible. Individual supplies will be provided for children when possible, such as pencils, scissors, glue stick, ruler, eraser and paper. More Montessori materials to be provided or materials to be made to lessen the amount of materials that need to be shared. Shared Montessori materials to be sanitized multiple times a day. Look into backpack sanitizer for large areas to be possibly used at the end of each day. Sports/outdoor equipment will be assigned to each class as much as possible. Shared outdoor equipment will be sanitized in between each cohort. See cleaning and disinfecting plan. • **Events:** Off-site field trips and events requiring visitors or volunteers have been canceled. For now, all 'Montessori Going Outs' are cancelled. In-school events will be modified to follow cohorting and social distancing guidance.

OHA/ODE Requirements	Hybrid/Onsite Plan
	All school meetings, special performances, school-wide parent meetings and other large gatherings have been cancelled, held in a virtual format, or designed in a manner that allows appropriate physical distancing to be maintained throughout. • **Transitions/Hallways:** As much as possible time in hallways will be restricted to scheduled time for each class. If a child needs to go to the bathroom during another cohort's time frame and comes into contact with a child from another cohort this will be recorded on both contract logs. Staff moving in hallways between classrooms to wear face coverings. **Personal Property**: Each classroom will have a limit on what personal items can be brought into school. A full list will be sent home prior to class starting with allowable items (e.g., refillable water bottles, school supplies, lunch boxes, snack boxes, books, etc.). Personal items brought to school, must be labeled prior to entering school and not shared with other students.

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.	DSM will require appropriate physical distancing, stable cohorts, square footage, and cleaning requirements be maintained during arrival and dismissal procedures. Each classroom will be allocated its own entrance to the building. One World Center: Pika class will enter through the external door to the most east of the classroom, Otter class will enter through the main entrance, the Owl class will enter through the side gate and then their external classroom door. Bend River: Kestrel class will enter through the front door, Antelope class to enter through the side door at top of steps, Wolf class to enter through side gate and then directly into their class through their back door, Steelheads class to enter through side gate and then through back entrance door to school. Process for Wolf and Steelheads to use same gate to be scheduled. Children will let themselves out of their car and walk to appropriate entrance. A staff member will be at each entrance. If a child is symptomatic, they need to go straight to the isolation room, parent/guardian phoned, and child sent home. New start and finish times and drop off procedures will be communicated to parents before the start of school through email. Procedures will be communicated to keep drop off and pick up as brief as possible. DSM will require sign-in/sign-out to help facilitate contact tracing, however, per ODE rules, will eliminate shared pen and paper sign-in/sign-out sheets. Each office and classroom will maintain a daily list of persons who enter their school/classroom. Teachers must not allow students/staff to enter their room if their arrival will exceed room occupancy limits. Head teachers, assistants and Head of School will all be responsible for maintaining contract tracing logs. BLP working on system in Synergy. Students arriving late must also be screened for primary symptoms of concern. Hand Sanitizer provided at each entrance.

OHA/ODE Requirements	Hybrid/Onsite Plan
	Students will remain in their assigned cohort at the end of day until released by walkie talkie.

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.	• **Seating:** All classrooms have been measured for usable space. Furniture will be removed and/or exchanged for individual spaces to maintain as much distance as possible. Children will have assigned seating and will be given lessons on maintaining space, to the best of their ability. DSM to utilize outside space for as long as weather permits, to spread children out even more. Looking to rent outside tents and to use canopies. **Materials:** Sharing of supplies will be restricted whenever possible. Individual supplies will be provided for children when possible, such as pencils, scissors, glue stick, ruler, eraser, and paper. More Montessori materials to be provided or materials to be made to lessen the amount of materials that need to be shared. Shared Montessori materials to be sanitized multiple times a day. Look into backpack sanitizer for large areas to be possibly used at the end of each day. Sports/outdoor equipment will be assigned to each class as much as possible. Shared outdoor equipment will be sanitized in between each cohort. • Hand Washing: Students will wash hands before each meal and frequently throughout the day, with soap and water for 20 seconds or use an alcohol-based sanitizer with 60-95%alcohol. • Respiratory Etiquette: School staff will consistently teach and reinforce the need for ongoing respiratory etiquette. Tissues will be disposed of in a garbage can. • Furniture: Where possible, all upholstered furniture and soft seating has been removed from the school building. • Classroom Procedures: All K-6 classes will use an assigned cubby or storage spaces for individual student belongings. • Shared restroom/hall passes will not be used. All shared spaces (e.g., computers, bathrooms, outdoor areas) will be cleaned between cohort use.

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.	Students will wash their hands at their allocated bathroom before and after going to outside or use hand sanitizer. After using the restroom soap must be made available. Sports/outdoor equipment will be assigned to each class as much as possible. Shared outdoor equipment will be sanitized in between each cohort. One class at a time will be scheduled outside for each area, for recess, PE and outdoor classes. When students line up to come back inside, they will be 6 feet apart. Spacing to be put on the ground to guide students. All playground structures will be disinfected daily and in between each cohort groups. Recess activities will be planned to support physical distancing and maintain stable cohorts. This can include limiting the number of students on one piece of equipment, at one game, etc. Given the lessened capacity for equipment use due to cohorting and physical distancing requirements, teachers will need to set expectations for shared use of equipment by students and may need to support students with schedules for when specific equipment can be used. If staff eat in the kitchen, there may only be one staff member in there at a time.

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). ☒ 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.	All DSM students bring their own lunches to school from home. This will include snacks this year. Their lunch/snack boxes will be stored in their individually cubbies. Students will also bring their own drink bottles. Sharing of food will not be allowed. Students may remove their face coverings to eat or drink but must maintain 6 feet of distancing from others and must put face coverings back on after finishing their snack or lunch. Since staff must remove their face coverings during eating and drinking, staff should eat snacks and meals independently, and not in staff rooms or offices when other people are present. Students will wash hands before and after eating, using soap and water for 20 seconds, or use an alcohol -based sanitizer with 60-95% alcohol. As per normal, students will eat their snack and lunch in the classroom, or in an outdoor space away from other cohorts. If any silverware or plates are required these will be appropriate washed in the school high temperature dish washer. All silverware is expected to come from home. Tables will be sanitized after lunch/snack breaks if used.

OHA/ODE Requirements	Hybrid/Onsite Plan
	Emergency supply of food kept in individual packets in case a student arrives at school without food and parent cannot come to drop off food or cannot provide it.

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. o 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. o 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. o 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.	All children at DSM are driven to school and picked up by a parent/guardian. No bussing service is offered. For this school year after care will be run at both facilities, to reduce the mixing of students between sites. Therefore, no bussing will be required for this time of day either.

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	All frequently touched surfaces (playground equipment, door handles, sink handles, tables) and shared materials (Montessori materials, games, shared art supplies) will be cleaned between cohorts and at least three times a day. Staff will maintain clean and disinfected (CDC guidance) environments, including classrooms, restrooms, and playgrounds, at least daily or between use as much as possible. Staff will apply disinfectants safely and correctly following labeling direction as specified by the manufacturer and keep these products away from students. To reduce the risk of asthma, DSM should choose disinfectant products on the EPA List N with asthma-safer ingredients (e.g.

OHA/ODE Requirements	Hybrid/Onsite Plan
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).	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 and advise staff NOT to bring in their own cleaners. DSM will work with the building mangers to evaluate the HVAC systems to minimize indoor air circulation (thus maximizing fresh outdoor air) to the extent possible. Ventilation will be increased as much as possible, opening doors and windows where safe. DSM to look into the usefulness of air purifiers for classrooms that have less natural ventilation. Air purifier also to be in small offices with no natural ventilation. Both sites to be cleaned by contractor every day.

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).	Plan will be drafted in collaboration with our district nurse, district mental and behavioral health staff, school psychologist, DSM community members in the health field. DSM schools will provide age appropriate hand hygiene, physical distancing and respiratory etiquette educate to endorse prevention. DSM will adhere to OAR 581-022-2220 Health Services, which 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 healthcare needs. Staff will participate in required health services related training to maintain health services practices in the school setting. Staff will review 504 and IEP accommodations and IHP's to address vulnerable populations and have a plan for sustaining operations alongside COVID-19 specific planning (i.e., medication administration, diabetic care.)

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	No boarding facilities or residential programs offered at DSM.

OHA/ODE Requirements	Hybrid/Onsite Plan
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	DSM will continue the practice of monthly fire drills at both Bend River site and One World Center site. Once we are back to hybrid learning these will need to be scheduled twice a month, so all children have a chance to participate. Earthquake drills and Lockdown drills will be scheduled twice a year for all children. DSM will aim to maintain 6 feet social distancing during these drills. DSM fire drills take 10 minutes on average, so this will fall under the 15-minute total time allowed if social distancing must be compromised. Drills will follow previous policy, adding in the social distancing aspect. Students will also need to wash hands for 20 seconds or use 60-95% alcohol-based sanitizer after the drills are complete. Staff are trained on safety drills in their start of year orientation day.

OHA/ODE Requirements	Hybrid/Onsite Plan
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.	

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 o 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. o *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. o If students leave the classroom: ● Preplan for a clean and safe alternative space that maintains physical safety for the student and staff ● Ensure physical distancing and separation occur, to the maximum extent possible. ● Use the least restrictive interventions possible to maintain physical safety for the student and staff. ● Wash hands after a close interaction. ● Note the interaction on the appropriate contact log. o *If unexpected interaction with other stable cohorts occurs, those contacts must be noted in the appropriate contact logs.	The DSM will continue to use Collaborative Problem Solving training to help build and train children with lagging skills. DSM staff will continue to have contact with CPS trainers to address specific needs of children in their class and to make plans to reduce triggers. DSM will continue to have set schedules for children to help with stability and to avoid behavioral evaluations as much as possible. DSM will continue to work on behavior plans for children who have trouble with transitions and regulation skills. This may include children having sensory breaks outside of the classroom, using sensory tools, brain breaks, movement breaks, and participating in social skills lessons. Social distancing will be included in these plans, to the maximum extent possible. Children will wash their hands for 20 seconds with soap or use 65-90% alcohol-based sanitizer before re-entering the classroom. DSM staff need to participate in a CPI refresher when it becomes available through the BLP district. New staff to be trained in CPI. Staff will run through public health and safety responses due to COVID-19, in different scenarios on their orientation day. DSM will write plans to help support staff and children during escalations. DSM staff will discuss with children and model strategies to reduce distress, which can include: ■ Being prepared (e.g., developing a personal/family preparedness plan for the outbreak). ■ Taking everyday preventive measures (e.g., frequent handwashing). ■ Maintaining a healthy diet and exercise regimen. ■ Talking to loved ones about worries and concerns. ■ Engaging in hobbies and activities you enjoy to improve your mood ■ Learning one's own preferred regulation/calming activities and how to request access to these when needed, i.e., rocking, drawing, listening to music, breathing techniques.

OHA/ODE Requirements	Hybrid/Onsite Plan
• 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). o 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. o *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).	If a space is used outside of the classroom for de-escalation, this space will be sanitized before another cohort can use this space. Any PPE used during an episode of physical intervention needs to be cleaned and sanitized. There will be spare PPE for staff to use during the school day, if they need to change.

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.	In the event that there is a single positive case or a cluster of cases of COVID-19, DSM will partner with the DCHS, who will work on ongoing COVID-19 mitigation efforts. Insert BLP Communication Protocol DSM will coordinate with DCHS administrators, or their designees, (see Communicable Disease Plan or section 1a of this document) to establish real-time communication channels related to current transmission level. DSM will: - Follow school board policy for Communicable Disease. - Coordinate communication with the local health authority and communicate with approved language to stakeholders. - If the region impacted is in Deschutes County, the local

OHA/ODE Requirements	Hybrid/Onsite Plan
	health authority will provide school-centered guidance and direction for DSM. - DSM's baseline outbreak rate is if 2% or greater confirmed cases are present within a one-week period. - Work with local health authority to establish timely communication with staff and families. - DSM will follow the established plan from the local health authority concerning reportable cases. - Assess technology resources and plan for rapid deployment. - When new cases are identified in the school setting, and the incidence is low, the local health authority will provide a direct report to the Head of School, on the diagnosed case(s). Likewise, the local health authority will impose restrictions on contacts. - Assess levels of supplies that will be needed in case of an outbreak. - Check insurance coverage for contingencies such as school closures and high employee absenteeism. - Explore the contract implications for mass and extended individual employee absences, and instruction during school closings: o Plan for substitutes for all positions o Address any needed sick leave exceptions or waivers. o Consider emergency sick leave pools. Coordinate with health insurance carriers regarding any anticipated challenges with the widespread use of health insurance benefits.

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.	In the event of an outbreak, DSM will: - Coordinate with the local health authority for any outbreak response. See flowchart for what do in a variety of scenarios, insert link to flowchart If anyone who has been on site is known to have been diagnosed with COVID-19, DSM will report the case to and consult with the local health authority regarding cleaning and possible classroom or program closure. - DSM will report to the local health authority any cluster of illness (2 or more people with similar illness) among staff or students. - When cases are identified in the local region, a response team should be assembled at DSM and responsibilities assigned. - DSM will modify, postpone, or cancel large school events as coordinated with the local health authority. - If one or more sites or cohorts are closed, the Short-Term Distance Learning or Comprehensive Distance Learning models will be implemented for all staff/students.

OHA/ODE Requirements	Hybrid/Onsite Plan
	DSM will share and implement precautionary measures called for by your state and local health departments and communicate them to staff, students, and families. The CDC recommends the following: • Avoid close contact with people who are sick. • Avoid touching your eyes, nose, and mouth. • Stay home when you are sick. • Cover your cough or sneeze with a tissue, then throw the tissue in the trash. • Clean and disinfect frequently touched objects and surfaces using a regular household cleaning spray or wipe. • Follow the CDC's recommendations for using a facemask (people with symptoms and health workers). • Remind all to wash hands often with soap and water for at least 20 seconds, especially after going to the bathroom; before eating; and after blowing your nose, coughing, or sneezing. If soap and water are not readily available, use an alcohol-based hand sanitizer with at least 60 percent alcohol. Always wash hands with soap and water if hands are visibly dirty. DSM leadership will prepare for possible increased number of employee absences due to illness in employees and their family members, and for dismissals of programs due to high levels of absenteeism or illness. DSM will review current policies and procedures that may come into play, such as: • student and employee absences due to illness • school closures based on public health concerns, • emergency management plans, and • non-discrimination policies. DSM will emphasize the need to remain vigilant against stigma due to perceived race, national origin, or recent travel. Foster a supportive environment free from rumors or associations of a virus with a specific population. DSM will prepare materials including symptoms lists, student absence protocols, emergency response team communications plans, communications procedures with parents in the event of school closures, and the like. Working with local health authority, DSM will determine when school closures are indicated based on a set percentage of staff and student absenteeism as recommended by local and state public health authorities. • Establish virtual education options for students if available for extended school closures. • Address how staff will be informed about expectations for student home-based academic work.

OHA/ODE Requirements	Hybrid/Onsite Plan
	• Coordinate with the state educational agency about the possibility of school closings. How will attendance days and/ or virtual class time be counted? • Explore deploying visiting teachers to monitor or ensure education remains on track in case of school closings; recruit parents to assist in the delivery of educational services to their children. • Address how the school can provide information and support to families in need of childcare when schools are closed. • Determine under what conditions schools willre-open. Identify state and federal emergency relief, grants, and funding flexibility available to address unexpected needs. Coordinate with local health authorities about expectations to utilize school facilities for emergency services. Obtain any needed equipment and supplies. Clear communication for staff and families is critical for potential quarantine expectations related to school closures. Work with public health officials for effective communication strategies. Seek federal and state grants and other assistance to help recovery efforts. After implementing the plan to re-open DSM will: • Address any requirement to make up missed school days. • Provide counseling to students as appropriate and involve community partners; and • Update the emergency plan as needed.

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.	Distance learning and in-person learning will be planned in collaborative teams, allowing for students (and the school community) to move between an in-person and distance learning model. In the event of cohort, cohorts, site or school closure, quarantined students and staff will participate in distance learning temporarily. DSM will consult with DCHS for guidance on cleaning, sanitizing, and disinfecting classrooms and/or school site. DSM will follow DCHS guidance regarding the return of students and staff for on-site instruction.

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

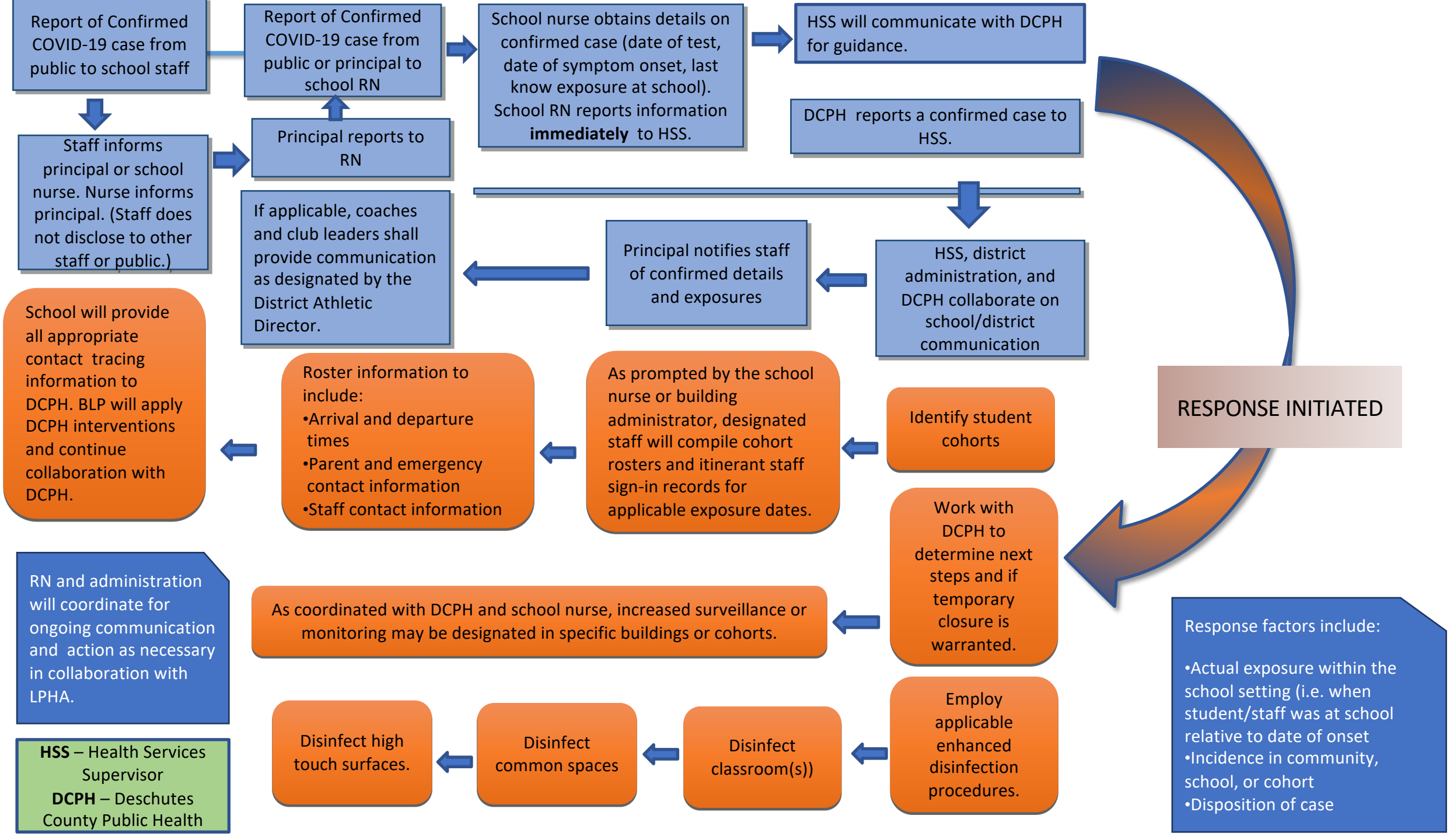
7. Mental, Social, and Emotional Health

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*


Report of Confirmed COVID-19 case from public to school staff
Report of Confirmed COVID-19 case from public or principal to school RN
School nurse obtains details on confirmed case (date of test, date of symptom onset, last know exposure at school). School RN reports information **immediately** to HSS.
HSS will communicate with DCPH for guidance.
Staff informs principal or school nurse. Nurse informs principal. (Staff does not disclose to other staff or public.)
Principal reports to RN
DCPH reports a confirmed case to HSS.
If applicable, coaches and club leaders shall provide communication as designated by the District Athletic Director.
Principal notifies staff of confirmed details and exposures
HSS, district administration, and DCPH collaborate on school/district communication
School will provide all appropriate contact tracing information to DCPH. BLP will apply DCPH interventions and continue collaboration with DCPH.
Roster information to include:
•Arrival and departure times
•Parent and emergency contact information
•Staff contact information
As prompted by the school nurse or building administrator, designated staff will compile cohort rosters and itinerant staff sign-in records for applicable exposure dates.
Identify student cohorts
RESPONSE INITIATED
Work with DCPH to determine next steps and if temporary closure is warranted.
As coordinated with DCPH and school nurse, increased surveillance or monitoring may be designated in specific buildings or cohorts.
RN and administration will coordinate for ongoing communication and action as necessary in collaboration with LPHA.
Disinfect high touch surfaces.
Disinfect common spaces
Disinfect classroom(s))
Employ applicable enhanced disinfection procedures.
HSS – Health Services Supervisor
DCPH – Deschutes County Public Health
Response factors include:
•Actual exposure within the school setting (i.e. when student/staff was at school relative to date of onset
•Incidence in community, school, or cohort
•Disposition of case

DSM Communicable Disease Management Plan

Desert Sky Montessori's policy on child illness is based on the Communicable Disease Exclusion Guidelines for School and Child Care Setting from the Deschutes County Health Services. DSM understands that it is difficult for a parent/guardian to leave or miss work. We therefore suggest that alternative arrangements be made for occasions when children should remain at home or need to be picked up due to illness. Exclusion from school is sometimes necessary to reduce the transmission of illness or because we cannot adequately meet the needs of the child. This is also to allow the child time to rest, recover and be treated for the illness. Mild illness is common among children. Because with many conditions' children spread infectious agents before showing any symptoms, exclusion serves no purpose as long as we can keep a child comfortable and the child is able to participate throughout the day. These children do not represent any harm to other children. See Guidelines on Child's Exclusion Due to Illness for DSM guidelines on when it is appropriate to exclude a child due to illness.

Guidelines on Child's Exclusion Due to Illness

Children should be excluded from the school for the reasons outlined below.

FEVER: ANY fever greater than 100.4 F., may return when free of fever at least 24 hours without use of fever-reducing medicine.
VOMITTING: > 2 in the preceding 24 hours, unless determined to be from non-communicable conditions. May return when resolved.
DIARRHEA: 3 or more watery or loose stools in 24 hours. May return when resolved for 24 hours.
STIFF NECK: or headache with accompanying fever. May return after resolution of symptoms or diagnosis made and clearance given.
RASHES: ANY new onset of rash if accompanied by fever; may return after rash resolves or if clearance given by health care providers.
SKIN LESIONS: Drainage that cannot be contained within a bandage.
JAUNDICE: Yellowing of eyes or skin. May return after diagnosis from physician and clearance given.
BEHAVIOR CHANGE: Such as new onset of irritability, lethargy, or somnolence.
COUGH /SOB: Persistent cough with or without fever, serious sustained coughing, shortness of breath, or difficulty breathing.
SYMPTOMS or complaints that prevent the student from active participation in usual school activities, or student requiring more care than the school staff can safely provide.

For children's comfort and to reduce the risk of contagion, children should be picked up within 1.5 hours of notification. If children become unwell during school hours they will be looked after in a child isolation area in the administration office. Children should remain home for **24 hours without symptoms** and have begun appropriate treatment and/or no longer have significant discomfort and feel well enough to participate before returning to the school, *i.e., the child needs to remain out of the school for the remainder of the day he/she is sent home and the following day* (if a child is sent home on Friday, he/she may return on Monday), unless the school receives a note from the child's physician stating that the child is not contagious and may return to the center. In the case of a (suspected) contagious illness or continuing symptoms, a doctor's note may be required before returning.

Required Conditions for a Child to Return to DSM
A child who has been excluded due to illness from school may return when:

- he or she is free of fever, vomiting, and diarrhea for a full 24 hours
- he or she has been treated with an antibiotic for a full 24 hours (unless otherwise specified)
- he or she is able to participate comfortably in usual program activities, including outdoor time

The child should be free of open, oozing skin conditions and drooling (not related to teething) unless:

- a health care provider signs a note stating that the child's condition is not contagious
- the involved areas can be covered by a bandage without seepage of drainage through the bandage

If a child is excluded because of a reportable communicable disease, DSM require a doctor's note stating that the child is no longer contagious.

For Outbreak Detection and Management see the Outbreak Detection and Management Policy.

Communication plan for staff and parents:
Staff and volunteers will receive a written copy of this policy in their orientation packets before beginning work at DSM. All parents will receive a written copy of this policy in the parent handbook and a copy of this policy will be posted in each classroom. Parents, staff, and volunteers will receive written notification of any updates.

*This policy is in effect at all times

If an authorized person cannot be contacted, and if the illness or injury is considered serious enough to require immediate medical attention, the staff will either call 911 or transport the child to the hospital or clinic as requested by the parent in the emergency information on file.

Note: We do not have a registered nurse on staff, but all teachers and most classroom assistants & substitutes are CPR and First Aid certified

Guidelines for Handling Body Fluids

Standard Precautions
"Standard Precautions" refer to a system of infectious disease control, which assumes the body fluids of all persons are infectious. Standard Precautions are designed to reduce the risk of transmission of all communicable diseases, whether a person exhibits symptoms of illness or not. Standard Precautions refer to the use of barriers or protective measures when dealing with the following:

• Blood.
• All body fluids, secretions, and excretions, except sweat, regardless of whether they contain visible blood.
• Non-intact skin; and
• Mucous membranes

Strict adherence to Standard Precautions and the appropriate use of personal protective equipment will decrease the risk of infection from bloodborne microorganisms as well as the transmission of all communicable diseases.

Only employees who have been trained as described in the Oregon OSHA Bloodborne Pathogens rule should render first aid, offer assistance for ill or injured students, or be assigned other tasks that involve the potential risk of body fluid contact (e.g., feeding, diapering or delegated nursing tasks such as gastrostomy tube feedings or blood glucose monitoring). Other employees should be given information about avoidance measures.

Recommendations

General

Education. School personnel and the general public should receive intensive education about bloodborne infections on a regular basis. This education should emphasize information about how the infections are spread and how they are not spread. It should be done before problems arise in individual schools. The Oregon Public Health Division, DCHs, Oregon Department of Education, education service districts and local school districts should cooperate to deliver this education.

Training. All school staff members, including teachers, instructional assistants, support staff, and administrators should be fully informed of these recommendations and basic prevention measures including personal hygiene and immunizations as part of annual in-service training. Adopted procedures should be carried out in all school situations.

Standard Precautions. Because of the risk of bloodborne transmission from infected persons, and because most infected students will not be identifiable, standard precautions should be observed by persons in all situations involving exposure to blood, body fluids or excrement. Routine care involving exposure to all children's body fluids and excrement, such as feeding and diaper changing, should be performed by persons who are aware of the modes of possible disease transmission.
In any setting, good hand washing after exposure to blood and body fluids and before caring for another child should be observed and gloves should be worn.
Any open lesions on the caregiver's hands should be covered. These precautions must be used for all children, not just those known or suspected to be infected:

1) Wear disposable gloves when providing first aid for bleeding injuries.

2) Wash your hands immediately after completing the first aid with soap and running water for at least 20 seconds (http://www.cdc.gov/Features/HandWashing/).
3) Avoid skin, mouth, or eye contact with the blood from an injured child. If such an exposure occurs, wash skin with soap and water and rinse eyes or mouth thoroughly with water.
4) Clean up any spilled blood with absorbent material and clean with soap and water, followed by disinfectant for 10 minutes. Use germicidal products with an EPA number or a freshly made solution of 1-part bleach to 9 parts water.
5) Blood-contaminated items such as gloves, bandages and paper towels should be disposed of properly. Please consult your district policy for proper disposal of these items.
6) Report the first aid situation to your supervisor.

Additional Precautions. The following additional precautions should be applied in all school settings. These procedures will help prevent transmission of many infections in addition to bloodborne infections. These include:

1.) A sink with soap, hot and cold running water and disposable towels should be available close to the classroom.
2.) Sharing of personal toilet articles, such as toothbrushes should not be permitted.
3.) Skin lesions that may ooze blood or serum should be kept covered with a dressing.
4.) Exchange of saliva by kissing on the mouth, by sharing items that have been mouthed and by putting fingers in others' mouths should be discouraged.
5.) Environmental surfaces and toys that may be regularly contaminated by student's saliva or other body fluids should be washed with soap and water and disinfected daily, or anytime they are soiled.

DESCHUTES COUNTY HEALTH SERVICES COMMUNICABLE DISEASE EXCLUSION GUIDELINES FOR SCHOOLS AND CHILD CARE SETTINGS

Disease / Condition **Common Name** *Medical Terminology*	***Exclude Restriction Report***	***Symptoms***	***Transmission Incubation Communicability***	***Prevention Precautionary Measures***	***Recommended School Control Measures***
Abscesses / Boils *Draining wounds Staph skin infection including* MRSA	***Exclude:*** For open draining wounds, ***Restriction: May Attend:*** If drainage can be contained within bandage; or lesion is dry and crusted without drainage. ***Report: NO***	Open, pimple-like sores that are swollen, tender; may be crusted or draining pus.	**Direct contact** with infectious bodily fluids. **Indirect contact** with articles contaminated with drainage. **Communicable** as long as sores are open, draining and untreated	Cover wounds. Proper handwashing.	No food service duties while lesions are present. Good personal hygiene. Proper handwashing
AIDS / HIV *Acquired Immune Deficiency Syndrome*	***Exclude: NO*** ***Restriction: NO*** ***Report: YES*** **HCP should report NOT school nurse** to LHD *In the absence of blood exposure, HIV infection is not acquired through the types of contact that usually occur in a school setting; including contact with saliva or tears. Hence, children with HIV infection should not be excluded from school for the protection of others.* ***AAP Redbook 2006, p.396***	HIV infection in children is a broad spectrum of disease and clinical course. AIDS represents the most severe end of the clinical spectrum of this disease.	**Bloodborne Pathogen** Sexual contact, mucous membrane contact with blood or other body fluids with high titers of HIV, percutaneous (needles or other sharp instruments), and mother-to-infant. **Communicable** lifetime; With changing infectivity based on viral load.	Children infected with HIV are at an increased risk of experiencing severe complications from infections such as varicella, tuberculosis, measles, CMV and herpes simplex virus. Schools should develop procedures for notifying parents of communicable diseases such as varicella and measles.	Standard Precautions while dealing with blood or body fluids. Report all exposures of body fluid contact to broken skin mucous membranes to Risk Management. See: "Guidelines for Schools with Children who have bloodborne infections" – Oregon Health Division.

Disease / Condition **Common Name** *Medical Terminology*	***Exclude*** ***Restriction*** ***Report***	***Symptoms***	***Transmission*** ***Incubation*** ***Communicability***	***Prevention*** ***Precautionary*** ***Measures***	***Recommended School*** ***Control Measures***
Athlete's Foot *Tinea Pedis* Fungal infection of the feet. Similar in nature to *Tinea corporis* (ringworm of skin).	***Exclude: NO*** ***Restriction: NO*** ***Report: NO***	Scaling, cracking skin between toes with burning and itching. Blistering with thin watery fluid.	**Direct contact** with lesions **Indirect contact** with contaminated articles (shower and gym floors). **Communicable** until treated with antifungal medications.	Proper foot hygiene. Clean, dry feet and socks. Use of drying absorbent antifungal powders. Use own towels and socks.	Routine disinfection of school showers and floors with approved antifungal agents. Recommend use of thongs in showers. Prohibit walking barefoot, sharing of towels, socks or shoes.
Chicken Pox *Varicella* Primary infection results in a generalized rash. ***See Also SHINGLES*** The recurrent infection with the virus is called shingles. *The virus is believed to have a short survival time outside the infected host. Humans are the only source for this disease.* ***CDC Pink book*** www.cdc.gov/nip/diseases/varicella/	Rash is a thin-walled, easily ruptured, blister-like rash, or red rash usually beginning on trunk; blisters scab over. Heaviest on trunk. ***Exclude: YES***, **CASE:** until a minimum of 5 days after first vesicles (pox) appear, or until all pox are dry. Whichever occurs last. **CONTACTS:** In an outbreak situation consultation with LHD for exclusion. ***Report: YES,*** for outbreak situations.		**Direct contact** with infectious body fluids, drainage from blisters. **Indirect contact** with items contaminated with secretion. **Airborne** Chickenpox may be transmitted through nasal secretions. **Incubation** 14-16 days range 10-21 days. **Communicable** for 5 days before rash until at least 5 days after rash appears.	Vaccine recommended to individuals 12 months and older. Good Handwashing Avoid touching sores. Cover mouth and nose when coughing, or sneezing. Teachers of young children and women of childbearing age should know their immune status or be immunized.	The vaccine is 95% effective in preventing MODERATE to SEVERE DISEASE, but only 70% to 85% effective in preventing MILD to MODERATE disease. Cases of varicella may occur in some vaccinated persons following exposure to wild-type virus. This is called breakthrough infection. Breakthrough infection is varicella to wild-type varicella zoster virus and usually results in mild illness. Nonetheless, breakthrough varicella is contagious and can lead to transmission of virus to those unvaccinated and at risk for complications, such as adults, immunocompromised individuals, and pregnant women. 1%-4% of vaccines may have a varicella-like illness, with fewer than 10 lesions post-vaccination.
CMV *Cytomegalovirus* *Caused by a human herpes virus. Most severe form of the disease affects perinatally infected infants, premature infants, and the immunocompromised.* ***AAP-Redbook 2006, p332***	***Exclude: NO*** ***Restriction: NO*** ***Report: NO***	Asymptomatic infections are common. A mononucleosis-like illness with fever may occur.	**Direct contact** with mucous membranes, saliva. **Vertical** from mother to fetus/infant. **Incubation** variable, 3 weeks to 3 months following blood transfusion, longer for saliva, household or vertical transmission. **Communicable** Virus secreted in saliva/urine for many months, and may persist for years.	Good handwashing, personal hygiene. Cover mouth and nose when coughing, or sneezing. No food sharing.	Standard Precautions when dealing with body fluids Women of childbearing age or immunocompromised individuals should consult with personal physician regarding risks while caring for children identified as carriers of CMV. Most children will be asymptomatic and undiagnosed.

Disease / Condition **Common Name** *Medical Terminology*	***Exclude*** ***Restriction*** ***Report***	***Symptoms***	***Transmission*** ***Incubation*** ***Communicability***	***Prevention*** ***Precautionary*** ***Measures***	***Recommended School*** ***Control Measures***
Cold Sores *Herpes Simplex* Oral HSV infections are common among children. Most are asymptomatic, with shedding of the virus in saliva in the absence of clinical disease.	***Exclude: NO*** ***Restriction: YES*** Limit PE activities that would involve physical contact if active lesions cannot be covered. ***Report: NO***	Blister-like sores erupting around mouth.	**Direct Contact** from sores to mucous membranes such as kissing, or to abraded skin such as contact sports such as wrestling. **Incubation** 2 – 12 days **Communicable** most infectious during blister phase, can be spread at other times.	Good Handwashing Avoid touching sores Avoid sharing lip balms, lipsticks, etc. Limit/restrict P.E. activities that would involve contact while blisters are present.	Avoid contact sports while blisters are present. E.g. wrestling, rugby. **DO NOT** share sports bottles. Appropriate cleaning of wrestling mats at least daily and preferably between matches. (Bleach ¼ cup to 1 gallon water) ***AAP Redbook***
Common Colds - RTI **Respiratory Tract Infections** *Rhinoviruses* *Adenoviruses* *Coronaviruses*	***Exclude:*** if fever is present. May return when fever resolves. ***Restriction:*** Consider if number of cases in school exceeds expected. ***Report: NO***	Runny nose and watery eyes, cough, sneezing, possible sore throat, chills, general malaise Fever uncommon.	**Direct contact** with nose and throat secretions Airborne droplets. **Indirect contact** with contaminated articles. **Incubation** 12-72 hours, 48 hours common. **Communicable 1 day** before onset of symptoms until 5 days after.	Cover mouth and nose when coughing and sneezing. Good Handwashing. *Antibiotics NOT indicated*	Practice good personal hygiene. Cover mouth and nose when coughing, sneezing. Encourage good hand washing. Make tissues available to students.
Croup **Bronchiolitis** *Caused by* *Adenoviruses, RSV,* *Parainfluenzae,*	***Exclude: NO*** ***Restriction: NO*** ***Report: NO***	The classic sign of croup is a loud, harsh, barking cough — which often comes in bursts at night. Your child's breathing may be labored or noisy.	**Same as for colds, flu, and bronchitis** *Antibiotics NOT indicated.*	Cover mouth and nose when coughing and sneezing. Good Handwashing.	Practice good personal hygiene. Cover mouth and nose when coughing, sneezing. Encourage good hand washing. Make tissues available to students.
Diarrheal Diseases **Norovirus Outbreak** New onset of vomiting and/or diarrhea in numbers greater than expected.	***Exclude:*** Exclude all children with acute vomiting or diarrhea ***Restriction: YES*** NO foodservice work until diarrhea resolved for 72 hours. ***Report:*** Cluster illnesses. *In outbreak situations, duration of exclusion will be pathogen dependant.*	3 or more loose, watery stools within 24 hours. Cramps, chills, weakness, dizziness, and abdominal pain.	**Fecal-Oral.** Contaminated hand-to-mouth contact. Related to poor hygiene. Common source outbreaks have been related to infected foodservice workers, contaminated food or water. **Incubation** variable depending on organism **Communicable** variable depending on organism	Good handwashing especially after toileting. NO food handling. NO food sharing. NO cafeteria duties.	NO cafeteria duty / food handling Enforce handwashing routines in all food service areas. Handwashing after diapering or assisting with toileting of children. No home-prepared, unpackaged food from home shall be shared
Diphtheria *Corynebacterium diphtheriae* Diphtheria is rare in the United States. In 1993 and 1994, more than 50,000 cases were reported during a serious outbreak of diphtheria in countries of the former Soviet Union.	***Exclude: YES*** exclude from school or child care facilities until two cultures from both throat and nose taken ≥24 hours apart, and ≥24 hours after cessation of antimicrobial therapy are negative for diphtheria bacilli. ***Report: YES.*** Notify LHD immediately.	**Respiratory diphtheria** Presents as a sore throat with low-grade fever and an adherent membrane of the tonsils, pharynx, or nose. It is toxin-producing strains of *Corynebacterium diphtheriae* **Cutaneous Diphtheria** A wound infection may have patches of a sticky, gray material.	**Airborne droplet** direct or indirect contact with infected respiratory secretions **Incubation** 2-4 days with a range of 1 -10 days **Communicable** contagious for up to two weeks, but seldom more than four weeks. If the patient is treated with appropriate antibiotics, the contagious period can be limited to less than four days	Vaccine recommended to individuals at 2, 4, 6, 16-18 months and boosters. Part of the DTP and Td and Dt vaccines. Avoid touching sores. Cover mouth and nose when coughing, or sneezing.	**Diphtheria is vaccine preventable.** **All children should be vaccinated.** Notify local health department for assistance with investigation and protection of identified contacts. Attendance of students exempted from immunization because of medical or religious exemptions, should be discussed with local health department

Disease / Condition **Common Name** *Medical Terminology*	***Exclude*** ***Restriction*** ***Report***	***Symptoms***	***Transmission*** ***Incubation*** ***Communicability***	***Prevention*** ***Precautionary*** ***Measures***	***Recommended School*** ***Control Measures***
Fifth Disease *Parvovirus B19*	***Exclude: NO*** ***Restriction: none*** ***Report : Outbreaks***	Bright red cheeks, blotchy "lace-like" appearing rash on extremities that fades and recurs. Runny nose, loss of appetite, low-grade fever, and/or sore throat.	No longer contagious after rash appears. **Airborne droplet** direct or indirect contact with infected respiratory secretions **Incubation** 4 – 20 days. **Communicable** Greatest before onset of rash.	Good handwashing. Cover mouth and nose when coughing/sneezing.	Exposed pregnant women should consult with their physician. Exposed immunocompromised individuals should consult with their physician.
FLU *Influenza*	***Exclude***: for fever over 101.5 F or persistent cough ***Restriction*** : ***NO*** ***Report***: **YES** for Outbreak situations	Acute onset of fever, chills, headache, muscle aches, cough, and sore throat.	**Airborne droplet** direct or indirect contact with infected respiratory secretions. **Incubation** 24 – 72 hours **Communicable** 3 – 5 days before onset of symptoms, and up to 7 days following illness. **Control of Communicable Diseases**	Good handwashing. Cover mouth and nose when coughing/sneezing.	Encourage vaccine for high risk persons. Good personal hygiene.
Hand, Foot & Mouth *Coxsackievirus*	***Exclude: NO*** ***Restriction: YES*** for open draining lesions or drooling in childcare or daycare settings. ***Report: NO***	Sudden onset of fever, sore throat, and lesions in mouth, blisters on palms, fingers, and feet.	**Direct contact** with infectious body fluids, (nose and throat discharges, feces). **Incubation** 3 – 6 days **Communicable** during acute stage of illness and viral shed for weeks in stool.	Good handwashing.	Standard Precautions Enteroviruses may survive on environmental surfaces for periods long enough to allow transmission from fomites*. * *(an object capable of transmitting infectious organisms from one individual to another)*
Head Lice *Pediculosis* *Adult head lice cannot survive for more than 48 hours apart from the human host.* ***The ABC's of Safe and Healthy Childcare - CDC***	***Exclude: per*** local school district policy. ***Restriction***: Readmit with statement from parent/guardian that recognized treatment has begun. Per school policy. ***Report: NO***	Itching of scalp, observations of lice, and or nits (small grayish-brown eggs) in the hair or hair shaft.	**Direct contact** with infested person. **Indirect contact** with infested articles. (hats, helmets, combs, brushes) **Incubation** 7-14 days **Communicable** as long as eggs and/or lice remains on the infested person.	Treat hair with medicated shampoo and remove all nits. Check household members for lice / nits Do not share headgear, combs, or brushes. Flea bombs are NOT recommended for	Refer to school head lice policy Screen siblings, friends, classmates Recommend washing clothes, hats, scarves, and bedding in very hot water, and vacuuming carpets. Wash combs and brushes in hot water or send through dishwasher cycle.
Hepatitis A *Hepatitis A Virus* *Schoolroom exposure generally does not pose an appreciable risk of infection and IG administration is not indicated when a single case occurs. However, IG may be considered if transmission within the school setting is documented.* ***AAP-Redbook 2006 p 335***	***Exclude: YES*** - for daycare and special settings and in general until one-week after onset of symptoms. May attend with LHD permission. ***Restriction: YES*** **NO Foodservice work** until cleared by Health Officer, may return with clearance by LHD ***Report: YES***	Acute onset of fever, malaise, anorexia, nausea, right upper quadrant pain and later jaundice (yellow color to skin and eyes), dark urine, or clay-colored stool. Depending on age child may be asymptomatic to mild symptoms.	**Fecal-Oral** Contaminated hand-to-mouth contact. Related to poor hygiene. Common source outbreaks have been related to infected foodservice workers, contaminated food or water. **Incubation** 28-30days range 15 – 50 days **Communicable** for 2 weeks before symptoms until 2 weeks after symptoms appear.	Hepatitis A vaccine and/or Immune globulin. Good handwashing. NO food service / cafeteria work until cleared. No sharing of food or drink.	Enforce handwashing protocols for ALL food service workers. Vaccine recommended for children living in US communities with consistently high hepatitis A rates. Notify local health department for assistance with investigation and protection of identified contacts. No home-prepared, unpackaged food from home shall be shared.

DISEASE / CONDITION COMMON NAME *MEDICAL TERMINOLOGY*	EXCLUDE RESTRICTION REPORT	SYMPTOMS	TRANSMISSION INCUBATION COMMUNICABILITY	PREVENTION PRECAUTIONARY MEASURES	RECOMMENDED SCHOOL CONTROL MEASURES
HEPATITIS B *HEPATITIS B VIRUS* *Hepatitis B is an infection of the liver caused by the hepatitis B virus. The virus is completely different from hepatitis A and/or Hepatitis C.*	***EXCLUDE: NO*** In general, unless in acute stage with restrictable symptoms i.e. jaundice, and may return when cleared by LHD. ***RESTRICTION:*** See school guidelines for children with bloodborne infectons. ***REPORT: YES***	Only about 10% of children who become infected with HBV are symptomatic. Symptoms are similar to hepatitis A. Fever, malaise, anorexia, nausea, right upper quadrant pain and later jaundice (yellow color to skin and eyes), dark urine, or clay-colored stool.	**Bloodborne Pathogen** Exposure to blood, semen, vaginal secretion into bloodstream or under skin. Contact sports (football / wrestling) may pose a risk if exposed to blood or other potentially infectious body fluids. **Incubation** 45 –180 days **Communicable** Variable	Do not share personal items (toothbrushes, pierced earrings, etc.). Use caution in accident / blood situations. Vaccinate all children.	Hepatitis B is vaccine preventable. **All children should be vaccinated with 3 doses of hepatitis B vaccine.** Standard Precautions while dealing with blood or body fluids. Clean up blood spills immediately. Require parents to submit up-to-date immunization records. Report all exposures of body fluid contact to broken skin/ mucous membranes to Risk Management.
HEPATITIS C *HEPATITIS C VIRUS* *Hepatitis C is an infection of the liver caused by the hepatitis C virus. The virus is completely different from hepatitis A or hepatitis B*	***EXCLUDE: NO*** ***RESTRICTION:*** See school guidelines for children with bloodborne infections. ***REPORT: NO***	In an acute illness, symptoms are similar to hepatitis A. Fever, malaise, anorexia, nausea, right upper quadrant pain and later jaundice (yellow color to skin and eyes), dark urine, or clay-colored stool.	**Bloodborne Pathogen** *HCV is primarily parenterally transmitted. Sexual transmission has been documented to occur but is far less efficient or frequent than the parenteral route.* **Incubation** 7 – 9 weeks Range 2 – 24 weeks. **Communicable** from one or more weeks before symptoms and can be indefinite.	Do not share personal items (toothbrushes, pierced earrings, etc.). Use caution in accident or blood situations.	Clean up blood spills immediately. Standard Precautions while dealing with blood or body fluids. Report all exposures of body fluid contact to broken skin/mucous membranes to Risk Management.
IMPETIGO *STAPH OR STREP SKIN INFECTION*	***EXCLUDE: YES,*** All open wounds must be covered by a bandage until dry and no longer draining. *May return after 24 hours of appropriate antibiotics.* ***AAP Redbook 2006 p. 612*** ***RESTRICTION : YES,*** NO sport activities until lesions healed. ***REPORT: OUTBREAKS***	Skin lesions, (often around the mouth and nose) honey-colored crusts, itchy, sometimes purulent. Usually not painful, but spread may be rapid.	**Direct contact** with infectious drainage from wounds. Skin to skin. **Indirect contact** with articles contaminated with drainage. **Incubation** Variable, usually 4 – 10 days. **Communicable** as long as sores are open and draining, or until 24 hours of appropriate antibiotic treatment.	Cover wounds. Proper handwashing. Avoid touching lesions. No sharing personal items when lesions present. No contact sports (wrestling) with open lesions.	No food service duties while lesions are present. Good personal hygiene. Proper handwashing.

DISEASE / CONDITION COMMON NAME *MEDICAL TERMINOLOGY*	EXCLUDE RESTRICTION REPORT	SYMPTOMS	TRANSMISSION INCUBATION COMMUNICABILITY	PREVENTION PRECAUTIONARY MEASURES	RECOMMENDED SCHOOL CONTROL MEASURES
MEASLES *RUBEOLA* *"Hard Measles",* *"10-day measles"* HIGHLY CONTAGIOUS	***EXCLUDE: YES***, may return 5 days after rash. ***REPORT: YES***. Notify LHD immediately. ***EXCLUSION –*** **Contacts: *YES, IF INDEX CASE IS LAB CONFIRMED*** Any unimmunized child or adult should be offered immunization within 72 hours or excluded from facility until 21 days after the last case of measles occurs in facility.	Acute onset of fever, runny nose, reddened, light-sensitive eyes a very harsh cough, followed by a red-brown blotchy rash. (Starts at hairline and spread down). The hallmarks of Measles are: • *Cough* • *Coryza* • *Conjunctivitis* • *Koplik spots* - White spots in mouth.	**Airborne / Droplet** spread, direct contact with nasal or throat secretions of infected person, and direct contact with contaminated articles. **Incubation** 10 –14 days with range of 7 – 18 days. Usually 14 days until rash develops. **Communicable** 1 day before the prodrome period (about 4 days before rash onset) until 4 days after appearance of rash.	Vaccine recommended to individuals 12 months and older. Good Handwashing. Avoid touching sores. Cover mouth and nose when coughing, or sneezing.	Measles is vaccine preventable. **All children should be vaccinated.** Unimmunized students exempted from immunization because of medical or religious exemptions, if not immunized within 72 hours of exposure, should be excluded until at least 21 days after the onset of rash in the last case of measles. **Oregon Health Division, 10/2007. Measles guidelines.** Notify local health department for assistance with investigation and protection of identified contacts.
MENINGITIS, BACTERIAL *NEISSERIA MENINGITIDIS* *Meningococcal Disease*	***EXCLUDE: YES***, until cleared by local health department. ***RESTRICTION: NO*** ***REPORT: YES***	Acute bacterial disease of sudden onset of fever, intense headache, nausea often with vomiting, stiff neck and frequently a (tiny bruise-like) petechial rash.	**Airborne / Droplet** spread, with nasal or throat secretions of infected person. **Incubation** 3 – 4 days with range of 2 – 10 days. **Communicable** In general until 24 hours of appropriate antibiotic therapy.	Vaccine available for certain strains, (A,C,Y, and W-135) and **not** effective for the B-strain. Recommended for certain populations. Good Handwashing Cover mouth and nose when coughing, sneezing.	Notify local health department for assistance with investigation and protection of identified contacts. No sharing food, drink or eating utensils. Assist LHD with investigation and assessment of contacts. Antibiotics given to contacts **after** investigation by the LHD. Letters to parents as defined by LHD.
MENINGITIS, VIRAL *ASEPTIC MENINGITIS* *Meningitides are illnesses in which there is inflammation of the tissues that cover the brain and spinal cord. Viral (aseptic) meningitis, which is the most common type, is caused by an infection with one of several types of viruses.* ***CDC website*** *Often these occur seasonally in the late summer and early fall.*	***EXCLUDE***: only for health reasons. Not typically spread person to person. ***RESTRICTION: NO*** ***REPORT.*** Not required, but recommended for assistance with rumor control or education assistance.	Acute onset of fever, severe headache, stiff neck, bright lights hurt the eyes, drowsiness or confusion, and nausea and vomiting. ***Often the symptoms of bacterial and viral meningitis are the same. For this reason, if you think a child has meningitis, seek medical attention immediately.***	"The viruses that cause viral meningitis are contagious. However, most infected persons either have no symptoms or develop only a cold or rash with low-grade fever. Typically less than 1 out of every 1000 persons infected [*with viruses*] actually develop meningitis. Therefore, if you are around someone who has viral meningitis, you have a moderate chance of becoming infected, [*with the virus*] but a very small chance of developing meningitis." ***CDC website***	No specific treatment for viral meningitis. Most persons will recover completely. Doctors prescribe medicine to relieve fever and headache. Good handwashing and personal hygiene. Cover mouth and nose when coughing and sneezing.	Encourage good handwashing and personal hygiene. Cover mouth when coughing and sneezing. Careful disposal of used tissues.

Disease / Condition **Common Name** *Medical Terminology*	***Exclude Restriction Report***	***Symptoms***	***Transmission Incubation Communicability***	***Prevention Precautionary Measures***	***Recommended School Control Measures***
Molluscum Contagiosum *"Dimple warts"* *Molluscum contagiosum is caused by a virus and usually causes a mild skin disease. The virus affects only the outer (epithelial) layer of skin and does not circulate throughout the body in healthy people.*	***Exclude: NO*** ***Restriction: NO*** ***Report: NO*** ***Notify others: NO***	Small white, pink, or flesh-colored raised bumps or growths with a dimple or pit in the center. The bumps may appear anywhere on the body, alone or in groups. They are usually painless, although they may be itchy, red, swollen and/or sore.	**Direct Contact:** The virus that causes Molluscum is spread from person to person by touching the affected skin. **Indirect Contact:** The virus may also be spread by touching a surface with the virus on it, such as a towel, clothing, or toys. Molluscum usually disappears within 6 to 12 months without treatment and without leaving scars. Some growths may remain for up to 4 years.	Once someone has the virus, the bumps can spread to other parts of their body by touching or scratching a bump and then touching another part of the body. Molluscum can be spread from one person to another by sexual contact.	Molluscum contagiosum is not harmful and should not prevent a child from attending day care or school. Bumps not covered by clothing should be covered with a watertight bandage. Change the bandage daily or when obviously soiled. Although the virus might be spread by sharing swimming pools, baths, saunas, or other wet and warm environments, this has not been proven. Researchers who have investigated this idea think it is more likely the virus is spread by sharing towels and other items around a pool or sauna than through water.
Mononucleosis *Epstein-Barr virus*	***Exclude: NO*** ***Restriction:*** Contact sports should be avoided until fully recovered. ***Report: NO***	Fever, sore throat, swollen neck glands, fatigue, abdominal pain, headache, occasionally jaundice.	**Direct contact** with infectious body fluid (saliva). *The virus is viable outside the body for several hours, but the role of fomites in transmission is unknown.* **AAP Redbook 2006 p.286** **Incubation:** 30 – 50 days **Communicable** – May be weeks to months.	Rest and restriction of athletic activities are strongly advised.	No sharing of eating or drinking utensils. Good handwashing and personal hygiene. Contact sports should be avoided until fully recovered.
Mumps ***Mumps Virus***	***Exclude: YES,*** until 9 days after swelling. ***Restriction: NO*** ***Report: YES***	Swelling of one or more of the salivary glands, usually the parotid glands. *Orchitis, swelling of the testicles, is a common complication after puberty, but sterility rarely occurs.* **AAP Redbook 2006 p 465**	**Direct contact** with infectious saliva and respiratory tract secretions. **Airborne droplets.** **Incubation:** 16-18 days range 12-25 **Communicable**: 6-7 days before onset; until 9 days after symptoms.	Vaccine preventable. Good handwashing and personal hygiene. Cover mouth and nose when coughing and sneezing.	During outbreak, students without vaccine history shall be excluded, and can be readmitted after immunization. Students exempted from immunization because of medical or religious exemptions, should be excluded until at least 26 days after the onset of mumps in the last person with mumps in the affected school. AAP Redbook 2006 p 468
MRSA and Staph skin infections: *See Skin infections or Impetigo*	**Clnicially Staph and MRSA skin infections are indistinguishable. Use the following infection control precautions for staph skin infections:** • Wear gloves and practice Universal Precautions if examining lesions. Gloves should be removed after use, and handwashing performed before touching non-contaminated items and environmental surfaces and before tending to another student. • Follow routine procedures for cleaning the environment. In general, use routine procedures with a freshly prepared solution of commercially available cleaner such as detergent, disinfectant-detergent or chemical germicide. • Students and staff with a MRSA infection can attend school regularly as long as the wound is covered and they are receiving proper treatment. • Any open wounds should be covered with a clean, dry dressing **http://www.cdc.gov/Features/MRSainSchools/**				

Disease / Condition **Common Name** *Medical Terminology*	***Exclude Restriction Report***	***Symptoms***	***Transmission Incubation Communicability***	***Prevention Precautionary Measures***	***Recommended School Control Measures***
Pertussis *Bortedella pertussis* *AKA=Whooping cough* **www.pertussis.com** A good primer on pertussis sounds and coughing. *Audio file.*	***Exclude: YES:*** Students and/or staff with pertussis should be excluded until either: 5 days of appropriate antibiotic treatment *or* for 21 days after onset of cough if not treated with antibiotics. ***Restriction: NO*** ***Report: YES***	Cold-like symptoms with persistent irritating chronic cough. Whooping cough gets its name from the whooping sound the child makes when trying to breath after a coughing spell.	**Airborne:** Directly or indirectly by droplet spread. **Direct**: By contact with contaminated items. **Incubation:** 7-10 days with range of 5 –20 days. **Communicable:** Just before the cold-like state until 3 weeks after the paroxysmal state in untreated cases.	Vaccine preventable. Good handwashing and personal hygiene. Cover mouth and nose when coughing and sneezing. **Preventative antibiotics will be considered based upon epidemiological investigation of close contacts.**	Following exposure to pertussis, students and teachers should be observed for 21 days for any new cough lasting greater than 7 days, or presenting with a paroxysmal (sudden, spasmodic) cough. Persons with above respiratory symptoms should be referred to physician pending evaluation and treatment.
Pink Eye *Conjunctivitis* Can be bacterial, viral or allergic reaction as causation.	***Exclude: NO*** ***Restriction: NO*** ***Report: NO***	Red, tearing, irritated eyes. Light sensitivity, eyelids puffy. Thick discharge.	**Direct or indirect contact** with eye discharge, or with contaminated articles. **Incubation: 24 – 72 hours** **Communicable**: 6 days before onset until 9 days after symptoms begun.	Avoid sharing personal articles (makeup) Discard eye makeup following illness Avoid rubbing eyes.	
Pinworms *Parasitic worms*	***Exclude***: In daycare settings, until 24 hours after treatment and seen by physician. ***Restriction: NO*** ***Report: NO***	Intense rectal itching, Increases at night. Irritation from scratching. Irritability.	**Fecal-oral** direct transfer of eggs by hand to mouth. **Contact** with contaminated clothing and bedding. Eggs can survive up to 2 weeks away from human host. **Incubation:** 2 –6 weeks **Communicable**: 2 – 8 weeks unless reinfected.	Daily bathing and clean undergarments. Good handwashing and hygiene. Clean undergarments and bedding. Wash under fingernails, and keep nails trimmed short.	In settings with young children, wash toys in sanitizing cleaner. No home-prepared, unpackaged food from home shall be shared.
Poison Oak, Ivy *Contact Dermatitis* Poison Oak/ivy/sumac rash is not contagious. It is a localized allergic reaction to the plant oils. Plants, such as poison ivy, oak, or sumac, all produce a colorless, odorless sap, called *urushiol*. The skin rash is a reaction to this sap producing a burning, blistering rash.	***Exclude: NO*** ***Restriction: NO*** ***Report: NO***	Localized irritation, skin lesions, and burning, watery blisters. Prompt removal of irritating sap/oil off of clothing and skin is important.	Itchy rash caused by either touching the plant's shiny (oily) leaves, or by touching something the urushiol sap has touched. **Itching can be immediate or take up to several days to develop.**	Avoid poison ivy plants. Careful washing of affected area with soap and water to remove all irritant sap. Minimize scratching the rash, which can lead to secondary skin infections.	Do NOT burn the offending plant. The smoke can cause inhalation reactions.

DISEASE / CONDITION COMMON NAME *MEDICAL TERMINOLOGY*	EXCLUDE RESTRICTION REPORT	SYMPTOMS	TRANSMISSION INCUBATION COMMUNICABILITY	PREVENTION PRECAUTIONARY MEASURES	RECOMMENDED SCHOOL CONTROL MEASURES
RINGWORM, *HEAD* *TINEA CAPITIS* Not a worm but a fungal infection of the scalp.	***EXCLUDE*: NO.** ***RESTRICTION*: NO** ***REPORT*: NO**	Patchy areas of dandruff-like scaling with mild to extensive hair loss. May have round area of "stubs" of broken hair.	**Direct contact** with infectious areas **Incubation:** 10-14 days **Communicable** until treated with appropriate	Good handwashing No sharing of personal items especially combs, brushes, etc. Pets may be carriers.	Hats or caps are not recommended Shaving head NOT recommended
RINGWORM, *SKIN* *TINEA CORPORIS* A fungal infection on the skin. In a circular pattern hence, the term "*ringworm*".	***EXCLUDE*: NO** ***RESTRICTION*: YES,** NO sport activities until lesions healed.. ***REPORT*: NO**	Ring-shaped red sores with blistered or scaly borders. Itching is common.	**Direct contact** with infectious areas. **Incubation:** 4 –10 days **Communicable** until treated with appropriate antifungal medications.	Good handwashing No sharing of personal items especially combs, brushes, etc. Pets may be carriers.	Special attention to cleaning and disinfecting gym/locker areas with approved anti-fungal agent. Restriction of P.E. sport activities until lesions disappear.
RUBELLA *GERMAN MEASLES* *3-DAY MEASLES* Rubella is not usually a serious illness in children, but can be very serious if a pregnant woman becomes infected.	***EXCLUDE*:** **Cases: *YES*,** until 7 days after rash onset. **AAP Redbook.** ***EXCLUSION* –** **Contacts: *YES, IF INDEX CASE IS LAB CONFIRMED*** Any unimmunized child or adult should be offered immunization within 72 hours or excluded from facility until 21 days after the last case of rubella occurs in facility. ***REPORT*: YES**	Slight fever, mild runny nose, conjunctivitis, headache, fatigue, aches, red eyes, and a pinkish rash that starts at face and spread rapidly to trunk and limbs. (fades in 3 days). Occasionally swollen glands in back of head and neck.	**Droplet /Airborne** route. **Direct contact** with nasal discharges. **Incubation**: 14-23 days, average 18 days **Communicable**: very contagious 1 week before and up to 7 days after rash occurs. Studies demonstrate presence of virus in nasopharygeal secretions from 7 days before to 14 days after onset of rash.	Vaccine recommended to individuals 12 months and older. Good handwashing and personal hygiene. Cover mouth and nose when coughing and sneezing.	Women of childbearing age with contact to children should know their immune status to rubella. Rubella is vaccine preventable. **All children should be vaccinated.** During an outbreak, unimmunized students, who continue to be exempted from immunization because of medical or religious exemptions, if not immunized within 72 hours of exposure, should be excluded until at least 3 weeks after the onset of rash in the last case of rubella. **AAP Redbook 2006 and ABCs of childcare settings, CDC.**
SCABIES *SARCOPTES SCABIEI* Caused by small mite (*sarcoptes scabiei)* that burrows under skin leaving small red or dark lines.	***EXCLUDE*: YES,** until treated. ***RESTRICTION: NO*** ***REPORT: NO***	Intense itching, raised, red, small sores. Commons on hands, especially finger webbing and skin folds. Itching severe, worse at night. Not usually on face.	**Transmission:** Direct skin to skin contact. **Incubation:** Variable. Several days to weeks. **Communicable:** Until treated	Avoid sharing clothes and personal items. Wash personal items. Treat with anti parasitic lotion and clean clothing and bedding.	Observe close contacts for itching and scratching. Because mites can survive only briefly off the human body, you can only get scabies from direct bodily contact with another person or by sharing an infested person's clothes.
SHINGLES **HERPES ZOSTER VARICELLA** *SEE ALSO CHICKEN POX* Reactivation of dormant herpes zoster varicella (Shingles) results in localized rash.	***EXCLUDE*:**. Exclude ONLY if lesions cannot be covered. ***RESTRICTION*: YES** NO sport activities until lesions healed.	Shingles is usually localized to rash on abdomen. The pain associated with the lesions is out of proportion to the size of the lesions.	**Direct contact** with infectious body fluids, drainage from blisters.	Vaccine recommended to individuals 12 months and older. Good Handwashing Avoid touching sores. Cover mouth and nose when coughing, or sneezing.	Recommend Varicella vaccine for all susceptible school-age children. *Check with requirements for specific ages.*

Disease / Condition **Common Name** *Medical Terminology*	***Exclude*** ***Restriction*** ***Report***	***Symptoms***	***Transmission*** ***Incubation*** ***Communicability***	***Prevention*** ***Precautionary*** ***Measures***	***Recommended School*** ***Control Measures***
Strep Throat and Streptococcal *Scarlet fever/ Scarletina* *Most common illnesses associated with Group A-Beta hemolytic streptococci are pharyngitis (sore throat) and impetigo, (skin eruptions). Scarlet fever is the presentation of a generalized rash associated with Streptococcal organism.*	***Exclude: YES***, CDC recommends 24 hours of antibiotics and until resolution of fever. ***Restriction: YES*** NO Foodservice while ill. ***Report: NO***	Fever nausea, sore throat, and headache. Swollen tonsils occur in 50-90% of cases. Scarlet Fever is a form of Strep disease that involves a fine "sandpaper-like" rash that blanches with pressure. Not usually on face.	**Direct contact** with large respiratory droplets. **Indirect contact** with contact with respiratory secretions or infected skin lesions. **Incubation**: 12 – 96 hours **Communicable**: with appropriate antibiotics – 24hrs Without treatment 10-21 days.	Good handwashing and personal hygiene. Cover mouth and nose when coughing and sneezing. Take antibiotics as directed.	Encourage good handwashing and personal hygiene. Cover mouth when coughing and sneezing. Careful disposal of used tissues.
Tuberculosis, TB *M. tuberculosis* **TB Infection or "LTBI"** (Latent TB infection) *A positive skin test but no disease. Not a contagious state.* **Active TB Disease**: *Symptomatic and contagious until treated (if laryngeal or pulmonary TB).* **DOT:** *Directly Observed Therapy. A medical provider observes patient taking the medication to improve compliance.*	***Exclude***: Active TB until non-infectious (pulmonary and laryngeal) ***Restriction: NO*** ***Report: YES*** **PPDs: No longer required for school entry.**	Some children will be asymptomatic. Some of the symptoms a child might have are: Cough, fatigue, weight loss, growth delay, fever, night sweats, chest pain, hoarseness, and in later stages, hemoptysis (coughing up blood), enlarged cervical lymph nodes.	**Airborne:** Droplet spread through coughing, sneezing, singing, and yelling. **Incubation: Variable** **Communicable:** as long as organisms are being discharged through cough or respiratory secretions. Specific drug treatment reduces communicability within weeks.	Good handwashing and personal hygiene. Cover mouth and nose when coughing and sneezing. Report any case or suspected case of TB to the local health department. ***Core Curriculum on Tuberculosis – What the Clinician Should Know*** ***CDC ed. 2000***	

COVID-19 Specific Communicable Disease Management Plan

School Name: Desert Sky Montessori

Head of School: Jodie Borgia

Consulting RN, School Nurse, or Medical Professional: Tami Pike

For questions, or to report a possible or confirmed exposure, contact the Communicable Disease Reporting Line:

Deschutes County - (541) 322-7418

Updates and Review:

Plan Component	Required	Recommendations and Considerations
A protocol to notify the local public health authority (LPHA) of 1. **Any confirmed COVID-19 case(s)** among students or staff. 2. **Any cluster of illness** among students or staff (2 or more).	*See section 1a. COMMUNICABLE DISEASE MANAGEMENT PLAN FOR COVID-19 in DSM Operational Blueprint Management Plan for COVID* This plan includes: Plan for educating parents/guardians about the need for them to notify the school immediately upon identification of COVID-19 in a student. Head of School, Jodie Borgia, or Assistant Head of School, Heather Phillips, is responsible for notification of district and Local Public Health Authority (LPHA).	If anyone who has entered school is diagnosed with COVID-19, report to and consult with the LPHA regarding cleaning and possible classroom or program closure (LPHA directory).

	The local health officer to contact is Deschutes County Health Services: Heather Kaisner, or designee Public Health Manager 541-617-4705 Heather.kaisner@deschutes.org	
Protocol for screening students and staff upon entry to school each day.	See section 1f. ENTRY AND SCREENING *in DSM Operational Blueprint Management Plan for COVID for screening protocols.* This plan includes: Primary Symptoms of Concern for screening: ● Cough ● Fever* or chills ● Shortness of breath or difficulty breathing * For Entry Screening: Schools screening for fever using a thermometer is not recommended. Staff should visually screen students upon entry for primary symptoms of concern. Student or staff with any of the above symptoms should be sent home or isolated until they can go home. Review isolation procedures.	Schools may consider collecting information about existing conditions that cause coughing on intake forms. Involve school nurses and School Based Health Centers (SBHCs) in development of protocols and assessment of symptoms when available. Consider connecting with School Nurses and other contracted RNs where available. Screening protocol must recognize that students and staff who have conditions that cause chronic symptoms (e.g., asthma, allergies, etc.) should not be automatically excluded from school. **Cough is an exception**: 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. For students or staff with other symptoms, see guidance from the Oregon Department of Education and the Oregon Health Authority.

	COVID-19 symptoms may also include the following, but these are less specific and not recommended as criteria for exclusion from school alone: new loss of taste or smell, headache, muscle or body aches, nausea or vomiting†, diarrhea†, fatigue, congestion or runny nose. † Note that vomiting and diarrhea are listed in OAR 333-019-0010 as conditions for restriction from school, independent of COVID-19.	
Communication protocol for COVID-19 cases.	See *section 1a. COMMUNICABLE DISEASE MANAGEMENT PLAN FOR COVID-19 and 1e PUBLIC HEALTH COMMUNICATION in DSM Operational Blueprint Management Plan for COVID for communication protocols.* This plan includes: Name and position of the person responsible for communicating with parents, families, district officials, school nurse, and staff aligned with the communication tree. Script or talking points for communicating needed information.	Parents of all students who were exposed to a person diagnosed with COVID-19, and all exposed adults, should be notified within 24 hours and advised to quarantine at home for 14 days following exposure and to seek testing should symptoms develop, or as directed by public health. Consult with LPHA officials on what constitutes “exposure”.
Daily logs for each stable group or each individual student to support contact tracing of cases if necessary.	*See section 1d. COHORTING in DSM Operational Blueprint Management Plan for COVID for Daily Log information.*	Record keeping protocol for daily logs used in contact tracing to assist the LPHA as needed.

	This plan includes: Training staff in the importance and requirement of daily logs. Protocol designating who is responsible for keeping each daily log. Format for daily logs for individual students or cohorts ● Child name ● Drop off/pick up time ● Parent/guardian name and emergency contact information. ● All staff that interact with the child's stable group of children (including floater staff). Maintain log for a minimum of 4 weeks after completion of the term.	
Record of anyone entering the facility.	*See section 1f. ENTRY AND SCREENING in DSM Operational Blueprint Management Plan for COVID for Daily Log information.* This plan includes: Format for daily log ● Name ● Contact information ● Date of visit ● Time of entry and exit DSM will maintain log for a minimum of 4 weeks after completion of the term.	

Isolation Measures

Plan Component	Required	Recommendations and Considerations
Protocol to restrict any potentially sick persons from physical contact with others.	*See section 1i. Isolation Measures in DSM Operational Blueprint Management Plan for isolation information.* This plan includes: 1. Adequate supply of face coverings, including location. 2. Designated space to isolate students or staff members who develop COVID-19 symptoms. Isolate students and staff who report or develop symptoms, with staff supervision, until they are able to go home. While waiting to go home, people displaying symptoms should wear a face covering, as should supervising staff. *If students are nauseous, struggling breathing, or in distress, they should not wear any face covering while waiting to go home. 3. Designated space for students to receive non-COVID-19 health services that is separate from COVID-19 isolation space.	Anyone developing cough, fever, chills, shortness of breath, difficulty breathing, or sore throat while at school must be given a face covering to wear, isolated from others immediately; and sent home as soon as possible. Anyone with these symptoms must remain home for at least 10 days after illness onset and 72 hours after fever is gone, without use of fever reducing medicine, and other symptoms are improving. Involve school nurses and school-based health centers (SBHCs) in development of protocols and assessment of symptoms, when available.

Environmental Management

Plan Component	Required	Recommendations and Considerations
Ensure 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. Hand washing is required before every meal and after restroom use.	*See section 1a. COMMUNICABLE DISEASE MANAGEMENT PLAN FOR COVID-19 and 2d. SCHOOL SPECIFIC FUNCTIONS/FACILITY FEATURES in DSM Operational Blueprint Management Plan for Entry and Screening for Ensuring Students and Staff Hand Hygiene upon Entry into School.* *This plan includes:* Plan for ensuring hand washing prior to meals.	
Appropriate cleaning and contingency plans for routine infection prevention, and for closing cohort, schools, or districts based on identified COVID-19 cases and in compliance with public health and CDC guidelines.	*See section 1a. COMMUNICABLE DISEASE MANAGEMENT PLAN FOR COVID-19, 2d. SCHOOL SPECIFIC FUNCTIONS/FACILITY FEATURES and 3b. RESPONSE for cleaning and contingency plans for closures and in DSM Operational Blueprint Management Plan for Protocol for cleaning and disinfection for routine infection prevention.* This plan includes: Protocol for cleaning and classroom closure in case of a COVID case in a single cohort. Protocol for cleaning after school-wide exposure. Protocols include the type and storage location of supplies and the person(s) responsible.	Routine cleaning and disinfecting should follow CDC cleaning and disinfecting guidance, and includes cleaning classrooms between groups, playground equipment between groups, restroom door or faucet handles, etc.

Physical Distancing and Protection

Plan Component	Required	Recommendations and Considerations
Maintain six feet of physical distance between people.	*See section 2d. SCHOOL SPECIFIC FUNCTIONS/FACILITY FEATURES and 2e. ARRIVAL AND DISMISSAL for P*rotocol for Minimizing Interactions Between Cohorts and Minimizing Changes in Stable Cohorts While Balancing Educational Needs for individual curricula This plan includes: A minimum of 35 square feet per person is available in classrooms and other building locations. Specifies how physical distancing requirements will be maintained in classrooms, hallways, bathrooms, at arrival and dismissal, mealtimes and recess.	Minimize time standing in hallways; consider marking spaces on floor, one-way travel in constrained spaces, staggered passing times, or other measures to prevent congregation and congestion in common spaces. Schedule modifications: consider ways to limit the number of students in the building (rotating cohorts by half days or full days). Consider usable classroom space in making calculations. Establish cohorts of students using the same classrooms with the same teachers each day. Students should remain in one classroom environment for the duration of the learning day, unless this would severely impact educational needs. Teachers of specific academic content areas may rotate through student cohorts where feasible. Restrict interaction between students' cohorts, e.g. access to restrooms, activities, common areas.

Face coverings for staff and students. Note: Governor's orders are changing often: https://sharedsystems.dhsoha.state.or.us/DHSForms/Served/le2288K.pdf.	See section 1h. FACE COVERINGS, FACE SHIELDS AND CLEAR PLASTIC BARRIERS for face covering protocols. This plan includes: Protocol for regular communication to staff, parents, families and students on appropriate use of face coverings. See DSM Communication Plan for: Documented communication templates for staff on use of face coverings. Documented communication templates for parents, families, students on expectations for face coverings. All communications include statement that children from K-12 are required to wear masks.	See ODE/OHA guidance on face covering, shields, and masks. All staff must wear face coverings. Staff who interact with individual students in less than six feet must wear masks. Staff who support personal care, feeding, and any 1:1 sustained contact with a student. Staff who interact with multiple cohorts should wear a face covering in accordance with CDC guidelines. All children in grades kindergarten through 6th grade will wear face coverings or face shields, following the CDC guidelines and the State requirements. If a student removes a face covering, or demonstrates a need to remove the face covering for a short period of time, the DSM staff must: Provide space away from peers while the face covering is removed; students should not be left alone or unsupervised. A designated area or chair will be provided appropriately distanced from other students and it will be made of a material easily wiped down for disinfection after each use. Provide disposable face coverings and instructions on appropriate face covering use to students, parents, families, and staff (available on OHA website.)

- Current COVID19 outbreak or conditions in your local community support you moving forward with your plan, subject to changing conditions.

I certify that I have received, carefully reviewed DSM's communicable disease management plan, including all links and attachments, and I agree to work with them on ongoing COVID-19 mitigation efforts. [Electronic LPHA signature:]

Attestation to the truthfulness of the plan: Jodie Borgia

DSM Operational Blueprint for Reopening Sections 4 – 8

Section 4 Equity

"An education capable of saving humanity is no small undertaking; it involves the spiritual development of man, the enhancement of his value as an individual, and the preparation of young people to understand the times in which they live."

Maria Montessori

Desert Sky Montessori promotes non-discrimination and an environment free of harassment based on an individual's race, religion, sex, national origin, disability, parental or marital status, age, sexual orientation, gender identity, gender expression or age.

In keeping with requirements of the federal and state law, Desert Sky Montessori strives to remove any vestige of discrimination in employment, assignment and promotion of personnel: in education opportunities and services offered to students; in student assignment to classes; in student discipline; in location and use of facilities; in educational offerings and materials; and in accommodating the public at public meetings.

The Board encourages staff to improve human relations within the school and to establish channels through which citizens can communicate their concerns to the Head of School and the Board. The Head of School is the individual to contact on issues, concerning the Americans with Disabilities Act, Section 504 or the Rehabilitation Act of 1973, Title VI, Title VII, Title IX, and other rights or discrimination issues.

Section 504 and the ADA prohibit discrimination against an individual because he/she has opposed any discrimination act or practice or because that person has filed a charge, testified, assisted, or participated in an investigation, proceeding or hearing. The ADA further prohibits anyone from coercing, intimidating, threatening, or interfering with an individual for exercising the rights guaranteed under the act.

Desert Sky Montessori recognizes the disproportionate impact of COVID-19 on Black, American Indian/Alaska Native, and Latino/a/x, Pacific Islander communities; students experiencing disabilities; and students and families navigating poverty. DSM acknowledges that it is appropriate and necessary to offer more heightened and focused support to students and staff from these communities.

Students 504 plans and Individual Health plans will be revised before the start of the year. If the parents/guardians of these children decide it is not safe for them to return to the school building in fall, a comprehensive distance learning plan will be available.

Students with IEP's will continue to receive their necessary services, so they can access their education. This may be offered in person on site, or virtually.

A list of mental health supports will be put together and made available to families, by DSM staff, the district psychologist and health professionals.

DSM administration will be in regular contact with the FAN advocate to provide resources to any families in need.

The Head of School will send out another survey in August to check on families in need of technology for short term or comprehensive distance learning programs, including devices, technology support and connectivity.

Children at DSM receive a differentiated learning program, as that forms the basis of a Montessori program. Teachers will develop these plans with an equity lens when assessing where children are in their learning after returning from the Spring Distance Learning for All.

The Head of School will continue to run parent Zoom sessions, to receive information from families on what worked in distance learning and what students and parents struggled with. Open Zoom times will also be available for parents/guardians to be in contact with the Head of School with any concerns. This will continue virtually until visitors can freely enter the DSM buildings again.

Relationship – building, mindfulness and social emotional learning activities will continue to be a part of our Montessori curriculum and planning, during in-person learning and Short-term or Comprehensive Distance Learning.

The staff at DSM will continue to help develop students' abilities to connect across cultures by affirming racial and cultural identities and creating opportunities for students to learn from each other and with each other.

When possible, DSM will invest in professional learning for all staff in culturally responsive-sustaining instruction, anti-bias and anti-racist and trauma informed processes.

DSM will prioritize when visitors can safely enter the buildings again, inviting multiple voices to represent non-dominant perspectives in ways that honor student identity, history, and culture. We will reach out to the Confederated Tribes of Warm Springs for resources about local tribes and history.

DSM teachers will create learning opportunities that address white privilege. Professional learning will be available to staff to help them look inward and come to terms with their

own biases, in order to guide students to have healthy, honest conversations.

Section 5 Instruction

5a Instructional Time

Instructional time is defined in OAR 581-022-0102 as:

- Time during which students are engaged in regularly scheduled instruction, learning activities, or learning assessments that are designed to meet Common Curriculum Goals and academic content standards required by OAR 581-022-2030, and are working under the direction and supervision of a licensed or registered teacher, licensed CTE instructor, licensed practitioner, or Educational Assistant who is assigned instructionally related activities and is working under the supervision of a licensed or registered teacher as required by OAR 581-037-0015.
- Instructional time shall include:

* Time that a student spends traveling between the student's school and a CTE center, internship, work experience site, or post-secondary education facility.
* Time that a student spends in statewide performance assessments.
* Up to 15 minutes each day of the time that a student spends consuming breakfast in the classroom if instruction is being provided while the student is consuming breakfast.

- Instructional time shall not include time that a student spends passing between classes, at recess, in non-academic assemblies, on non-academic field trips, participating in optional school programs, or in study periods or advisory periods where attendance is not required and no instructional assistance is provided.

ODE is working on how schools should calculate instructional time for 2020/21 year, as schools, including DSM, will be running in-person classes, hybrid classes and possibly some comprehensive learning programs.

DSM has planned to cover the 900 instructional hours required for grades K-6th.

K- 4th grade will have four days of in-person learning with 6 hours of instructional time per day. The students will attend an average 137 days in person. Time calculated with inclusions forrecess, professional learning, and parent conferences well covers the 900 hours required.

5th Grade will have 3 days of in-person learning with 6 hours of instructional time per day. Students will then receive an extra 6 hours per week of instructional time by distance learning.

6th grade will have 2 days of in-person learning with 6 hours of instructional time per day. Students will then receive 12 extra hours per week of instructional time by distance learning.

5b Instructional Model

The instructional model DSM has chosen is the Hybrid Model. This will be a combination of in-person learning and distance learning. DSM has prioritized giving as much in-person learning as possible to our younger students, many of whom struggled with the distance learning in the spring.

DSM does not offer a meal service to our families. However, we always help any families in need in a variety of ways. We have a FAN advocate who provides goods and service to families that require it. Many times during the year we provide families with gift cards for groceries. DSM always has a supply of food available at school to feed children that turn up to school without lunch or snacks. This is available to children whose parents we cannot get hold of to let them know a child does not have lunch, or to any child whose family is struggling to provide food for their child. There is no cost associated with this for families and definitely no punitive consequences.

It is a goal for our charter school to offer a food program in the future. We acknowledge that not having this service could prevent our charter school from offering a Montessori education to some children in our community.

DSM is planning a comprehensive distance learning program for children in high risk populations. These children may need to stay home due to health concerns when it is time to come back into the building. We are looking at synchronous and asynchronous lesson formats. The Head of School is currently running Zoom meeting with parents and has sent out a survey to work out how many families this may apply to. DSM will be asking parents/guardians at the beginning of August which children may be staying home due to public health concerns. As the virus continues to spread in our county there seems to be a rising number of families feeling this concern. DSM is working with the BLP School Board to gain approval to offer a class of comprehensive distance learning. We are also working with BLP School Board to discuss the option of our children staying enrolled at DSM but having access to the BLP online program. This would help the school stay financially stable and keep our community together, during this pandemic.

Hybrid Models

K-3rd grade: These children will be offered a four day in-person program. The children will be spread out amongst 5 classrooms for the 2020/21 school year, instead of 4 classrooms as in the 2019/20 school year. This reduces our cohort/class numbers from 30 children down to 25. The children will then have a day off per week so that the number of children in person at a time is 20. This enables us to socially distance the children 6 feet apart, to the maximum extent possible. DSM will extend the instructional time during the in-person day from 5.5 hours to 6 hours. This time does not include lunch or recess. By extending the school day

the 900 instructional hours for the year are covered in the 4-day school week. On the 5th day the children will have options available to them on google classroom. They will also have access to our online math and language programs. We encourage children to participate in these programs on their day off in case any cohorts are quarantined and go into short term distance learning.

4th grade: For the 2020/21 school year the Steelhead class will be a straight 4th grade class. The reason for this is to enable these children to be able to have 4 days of in-person learning. If the Upper Elementary classes continued to be mixed during the pandemic, we would have to reduce their in-person learning time, as these two classrooms are smaller in square feet. For children who chose to come back to in-person learning they will cover all teacher led instruction at school.

5th grade: The 5th grade class will be offered 3 days of in-person learning. These children will need to be provided with another 6 hours per week of distance learning, to cover instructional time. DSM is currently working on the what lessons will be given during the in-person learning time and what curriculum will be covered during the distance learning piece. Priority will be given to math and language lessons on the in-person learning days.

6th grade: The 6th grade children will be offered 2 days of in-person learning. These children will need to be provided with another 12 hours per week of distance learning to cover instructional time. DSM's Upper Elementary teacher is working on this program and will communicate the plans with families by Zoom in the upcoming weeks.

<u>Short term distance learning and comprehensive distance learning</u>

DSM's short-term distance learning and CDL plans will focus on student engagement and connection. They also prioritize the children's social emotional and mental health.

A survey was sent to parents in July to gather information about what worked for children and what did not work for children during the Distance Learning for All program in the spring. Zoom time with teachers and peers definitely came out as what worked the best. Therefore, in the fall and during the 2020/21 school year we will look at the best ways to offer lessons to enable the children have the best access to their education as possible. This may involve a combination of synchronous and asynchronous lessons. It will include individual zoom check ins with teachers. Staff at DSM have also been developing a virtual Montessori classroom. Here, the children have a visual of the classroom, where they can click on the shelves and materials that would normally be available in person. This sends them to online work, often computer-based work that looks as similar as possible to our Montessori materials.

The short-term distance learning program will continue to include our online math and

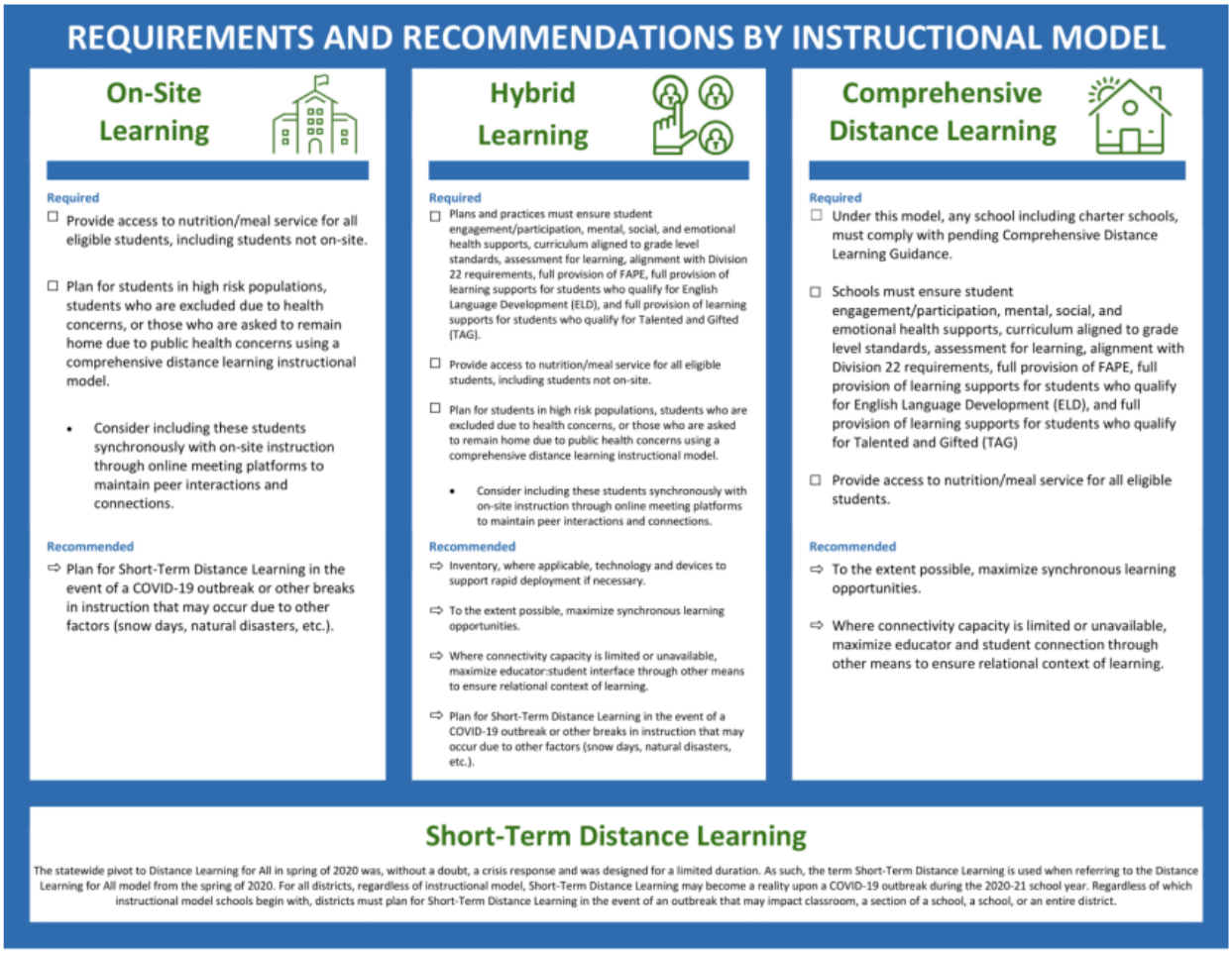
language programs. We will also continue to provide families with paper packets of work, especially if the younger children (K-1st) are quarantined. DSM has had input from families that it was hard for the K-1st children to stay motivated by the online work. Our families also often choose Desert Sky as an alternative school option because we are hands on, use concrete materials and have little technology in the classrooms. Therefore, we will prioritize trying to give lessons that do not always require our younger children to be on devices for long periods of time each day.

During the times we need the short-term distance learning program or for those children using the CDL program we will continue to follow our Montessori program. This has been aligned to the Oregon state level standards. Teachers will continue to use our Transparent classroom program that is used to record the Montessori lessons given. It is important that teachers at DSM continue to assess each child's progress, so they are given a differentiated learning plan. For all children we will work out how to assess their math and language skills, as is required by our charter agreement. We will work with the BLP district to plan for Dibels testing in language and EasyCBM testing for math.

A great deal of time has been spent by staff over the summer, (especially in the Upper Elementary in which children will not be able to cover all instruction time in person,) to align the state standards with the Montessori program and to develop a plan for which areas are best covered in person and which can be more easily covered at home.

DSM is looking at in-person time for our children who qualify for ELD and IEP services. For 5th and 6th grade children we will consider if more in-person time for these children is best for them.

All DSM families have been able to communicate with administration if they need help with devices and technology support. This was sent out in an email at the beginning of the short-term distance learning program in spring. It was sent out again in the survey in July, to see if families would need help in this area in the fall, or any time we need to change to short term distance learning in the 2020/21 school year. With the children returning to in-person learning, DSM will need to inventory if any new devices need to be purchased to also cover any children not returning to the building. This question will be sent out again in August, when families are asked if they are planning to return in September.



At this stage DSM is planning for the majority of K-4th grade children to return to On-site learning. Since the 5th and 6th grade children are on hybrid, the whole school plan is considered a hybrid plan. We will be ready with a short-term distance learning program for all children, in case any cohort, cohorts, site or the whole school is quarantined or a stay at home order is issued. ODE regulations state that school must have a four-week instructional response ready to implement immediately.

5c Instructional Calendar and Academic Calendar

DSM has always followed the Bend La Pine district calendar. We have many families that have children at DSM and in neighborhood schools and it is convenient for all if we follow the same calendar. At this stage there is no plan to change this.

DSM will be altering start and finish times at both our Bend River site and our One World Center site. Times for these are:

Bend River: 8:15am – 3:15pm
OWC: 8:30am – 3:30pm.

Children at DSM do not move between classrooms, and all curriculum is delivered from the same head teacher and assistant, except for Spanish. Therefore, all times, except for lunch and recess, qualifies as instructional time. Children will receive 6 hours of instructional time per day, when participating in in-person learning.

When each child's scheduled day/days away from in-person learning is worked out we need to consider:

- When district specialist are at DSM to deliver IEP services.
- When ELD lessons are being provided.
- If children in high risk communities need more time in-person, so they have equitable access to their education.
- Siblings across cohorts.
- Families work schedules.

5d Instructional Considerations

ODE states in the Ready Schools, Safe Guidance: 'It is critical to focus attention on accelerating learning by investing in relationships, honoring student voice, and designing integrated learning around grade-level or above standards. In contrast to remediation efforts, which perpetuate low expectations and lead to disparate outcomes, students who access accelerated learning and advanced coursework demonstrate consistently higher learning outcomes, increased engagement, and agency.'

The Montessori Method considers factors that are necessary for a successful differentiated classroom. A Montessori classroom recognizes the following characteristics of children that need to be supported in such a classroom:

- Same-age children differ a great deal in their life circumstances, experiences, and readiness to learn.
- These differences affect the pace of instruction needed.
- Learning is heightened when a teacher can support and challenge children to work slightly above what they can achieve independently.
- Learning is enhanced when it is connected to the children's real-life experiences.
- Learning is strengthened when it is authentic.
- Children learn best when they feel respected and valued.
- The priority goal of teaching is to enhance the abilities of each and every child.

By staying as true as possible to our Montessori pedagogy and programs we will continue to provide a wonderful individualized learning environment for children during the pandemic. Some parts of our program will need to be adjusted during this time, for the health and safety of our children. However, our decisions will all be guided by our deep beliefs in the work done by Maria Montessori. We will continue her work by providing lessons that integrate culturally sustaining quality instructional strategies and materials and utilize authentic and deep learning experiences that engage our students.

5e Safeguarding Student Opportunity Clause

The Safeguarding Student Opportunity Clause attempts to mitigate negative impact to students' learning pathway or access to a high school diploma as a result of the spring 2020 school closure. The disproportionate and severe impact of the pandemic on students and families must be recognized, and districts must afford every student opportunity to regain their learning stride during this pandemic.

DSM is working with the district to decide what Comprehensive Learning program will be offered to our children during the pandemic. No matter what decisions are made DSM children will all be offered a CDL or short-term distance learning program if quarantined, or there are health concerns.

The progress that children made, or lack thereof, will not be taken into consideration when class are organized for fall. No child will be retained due to work missed in spring. Children attending a Montessori classroom always have access to materials at their level in all curriculum areas. That is the joy of having mixed age ranges. Even the classes that are only one grade level this year have the materials for all three-year levels. We will continue to access and plan for the whole child.

5f Instructional Activities with a Higher Risk for Disease Spread

According to the Ready Schools, Safe Guidance from ODE instructional activities with a higher risk for disease spread are laboratories, career, and technical education, performing arts and Physical Education.

The main area that affects children at DSM is PE. More guidance will be coming from ODE to support schools with planning for this subject area. At this point in time DSM classroom teachers run their own PE for children in their cohorts. Required PE time will be scheduled, to make sure all cohorts are outside at different times and remain socially distanced. Games and skill lessons will be adjusted so that children can remain 6 feet part to the maximum extent possible.

During music and singing teachers will plan for extra distancing between children, preferably

outside in the open fresh air. No shared instruments will be used during the pandemic.

Section 6 Family and Community Engagement

6a Partnership in Planning

The Ready Schools, Safe Guidance, states:
Ongoing engagement among students, families and communities is critical to planning for a successful school year. Schools should consider the cultural and linguistic assets held within their communities when partnering with students and families in designing Operational Blueprints. In the planning process, schools have the opportunity to cultivate relationships with the families, tribal and community organizations, and the early learning and childcare providers who supported student learning and development during school closure. These groups and individuals have been closest to our students during the closure and are best positioned to help schools identify drivers for a successful school plan.

DSM plans to reach out to tribal groups in Central Oregon, to get resources, form relationships and have meaningful consultation on the issues affecting American Indian and Alaskan Native students. When possible, we will reach out to the Confederated Tribes of Warm Springs.

In previous years, Desert Sky Montessori Primary, a separate non-profit from DSM, has run its own childcare program. As the Montessori Primary classes are designed to have both PreK and K children in the same class, it is an important growth area in our school. Unfortunately, due to COVID-19 regulations for both charter schools and childcare facilities, DSMP will not be offering PreK places for 2020/21 school year. The seven classrooms that are at our Bend River and One World sites will be used to educate all our charter children, with appropriate social distancing. DSM has been in contact with other Montessori childcare programs in Bend, to help our families find care for the upcoming year. DSMP will start the PreK program again as soon as we have the facilities and regulations that allow it to happen.

It is a priority at DSM to engage families, so they can contribute to an inclusive school climate. The DSM administrative team has an open-door policy and encourages parents/guardians to share any positive experiences or any concerns. The DSM community was asked through survey to comment on:

- What are the main priorities you have for your child regarding the 2020/21 school year?
- As DSM explores a hybrid model what are the most important factors to consider thinking of your child's needs?
- What worked well with the Distance learning program for your child?
- What did not work well with the Distance Learning program for your child?
- What part of the DLP was the most meaningful for your child?

- How can we improve and strengthen our DLP creating more student engagement?
- Do you have the technology resources for your child to successfully participate in a DLP?
- Are you planning to send your child back to school in September?
- Do you feel you are able to maintain a hybrid learning or DLP for 2020/21 school year?
- If DSM cannot offer as much face to face learning as the district do you plan to stay at our school?
- Would you like to part of a zoom conversation to give input into our reopening plans?

Zoom meetings were held during the last weeks of July. This included new kindergarten families and new elementary families, due to join us in September. Another survey will be sent out in August to gage family's feelings towards their child/children returning to in person learning in September.

During the Zoom meetings a list was shared with parents/guardians on how the community can help DSM children return to the building safely.
Examples were:

- Making individual, easily mobile tables
- Providing or resourcing donations of supplies for children, so they do not need to get up and use shared materials, such as pencils, scissors, erasers, rulers.
- Storage space, to put furniture we need to remove from our classes temporarily.
- Tents for extra outside learning space
- Resourcing donations of PPE
- Resourcing donations of cleaning supplies.

6b Communication

DSM will communicate information related to re-entry for the 2020-21 school year to all families.

Our Operational Blueprint for Re-entry will be available on our website and the BLP district website. All families will be notified about this and sent the link by email.

After the Operational Blueprint has been sent to families a Zoom call will be available for questions and comments.

During the 2020/21 school year, family outreach will be prioritized for children who are not yet demonstrating progress or engagement. The Head of School will have set virtual office hours available to parents and children who would like to communicate.

7 Mental, Social, and Emotional Health

7a Planning

ODE states in the Ready Schools, Safe Guidance: Mental health encompasses social, emotional, cognitive, and behavioral health, and is centered within a continuum of care that provides for the safety, security, and social connection needs of students, families, and school staff. Mental health is grounded in four, interconnected pillars of practice: trauma informed care, social emotional learning, racial equity, and strengths-focused, evidence-based, or field-tested prevention and intervention programs. It is important to recognize that COVID-19 impacts staff and students differently based on race, age, culture, and/or role. Attending to the wellbeing of staff and students is a necessary prerequisite when planning instruction for the 2020-21 school year.

Desert Sky Montessori's crisis response team consists of the Head of School, the School psychologist, and the Special Education teacher. When a crisis occurs these three staff members work out a response and communicate it with the appropriate people.

The Head of School will regularly check on the well-being of staff, especially those disproportionately impacted by COVID19. Teachers are likely to be experiencing increased stress as they consider returning to the school building, implementing new procedures, and increased uncertainty about shifting instructional models.

DSM staff will continue to engage in frequent contact with students previously identified as requiring mental and emotional support or known to have significant life challenges.

7b Resources and Strategies

Heading into the 2020/21 school year the Head of School and School Psychologist are preparing a list of mental health service resources available for DSM students, staff, and families. This will be shared with the DSM community.

DSM will continue to establish partnerships with local agencies and community-based organizations to provide additional services.

When planning for future professional learning opportunities for staff DSM will prioritize skill-building in areas including social emotional learning (SEL), stress reduction, and trauma-sensitive and culturally- and linguistically responsive practices.

8 Staffing and Personnel

8a Supports

It is important that DSM staff are supported through the planning and reentry. It is a very stressful time as teachers, assistants and administration staff balance their desire to see the children back in the building along with health requirements and expectations.

DSM staff who are not required to be face to face with children may be able to continue working remotely.

The Head of School will work with staff in high risk categories and reassign roles if necessary.

If there is a case of a possible covid-19 exposure the Head of School will contact staff by email and text.

Staff will be trained in the week before school returning on all safety plans to protect them and their students, including physical distancing and isolation protocols.

8b Public Health Training

In the week before school reopens all staff will review the Operational Blueprint together with the Head of School.

Staff will receive training on updated protocols, policies, and guidelines to adhere to physical distancing requirements and recommendations outlined in this guidance and the Operational Blueprint for Reentry.

- Staff will be provided ongoing training on new building procedures, cleaning protocols, and COVID-19 safety requirements.
- All staff will be shown how to access ODE/OHA updates and review requirements.
- All school personnel will be trained how to know and recognize the most likely symptoms of COVID-19 and how to protect students and staff from transmissions.
- Staff will be trained on confidentiality requirements under FERPA, HIPAA, and local policy regarding student and staff health information, including a COVID-19 diagnosis.

8c Professional Learning

Staff will be encouraged to continue being a part of the professional learning that is occurring in the Montessori community across the nation, state, and world. All head teachers were provided with the Trillium conference and have 12 months to watch these webinars.

Staff will be encouraged to attend Montessori Social Justice webinars and workshops.

DSM will prioritize having some trauma informed care practices training and mentoring.

DSM will look for mentors and coaches to help staff further develop and refine their skills in providing Hybrid and Comprehensive Distance Learning environments.