School Board Agenda
Oregon City School District, October 28, 2019

The Board of Education will meet in Work Session, beginning at 6:00 p.m. on Monday, October 28, 2019, at the District Office, 1417 12th Street, Oregon City.

Work Session Agenda

CALL TO ORDER

1. Clackamas County Public Health Report
2. District Specific Insurance Program (DSIP)
3. Policy Development
4. Student Success Act Public Engagement
5. Oregon School Board Association Regional Meeting Debrief
6. New Member Orientation

Following the Work Session, the Board of Education will meet in Executive Session at the District Office, 1417 12th Street, Oregon City to discuss bargaining and property matters pursuant to ORS 192.660(2)(d) and (e).

NOTICE TO MEDIA: In accordance with ORS 192.660(4) regarding Executive Sessions, news media representatives may not be allowed to attend portions dealing with collective bargaining strategy or consideration of student expulsion. All other matters discussed in Executive Session must remain undisclosed.

Executive Session Agenda

- Property
- Collective Bargaining

ADJOURNMENT
Chlamydia, Gonorrhea, and Syphilis Rates are Skyrocketing in Clackamas County

The silent epidemic

Each year, thousands of Clackamas County residents contract bacterial sexually transmitted infections (STIs), such as syphilis, gonorrhea, and chlamydia. In just over five years, rates of syphilis, gonorrhea, and chlamydia have peaked. The rise of STIs in Clackamas County mirrors national, statewide, and regional trends. In 2016, the Centers for Disease Control and Prevention (CDC) identified approximately 2 million cases of chlamydia, gonorrhea, and syphilis in the United States – the highest number ever recorded (Centers for Disease Control and Prevention, 2017b). In Oregon, diagnosed chlamydia infections have spiked in the last 20 years to nearly 18,000 cases in 2016. From 2007 to 2014, Oregon’s rate of gonorrhea increased 78%. From 2014 to 2016, that rate increased another 85%. Between 2007 and 2014, Oregon’s syphilis rate increased over 1,300%. The syphilis rate increased another 36% in the subsequent two years (Oregon Health Authority, 2015b, 2017, 2018b).

Bacterial STIs are frequently preventable and, at this point, treatable. However, when left untreated or improperly treated, STIs can cause serious reproductive health problems and produce drug-resistant bacteria, making first-line antibiotics less effective (Office of Disease Prevention and Health Promotion, 2018).

While rates of STIs are increasing across all populations in Clackamas County, certain groups, such as young people (ages 15 – 24), women, people of color, and LGBTQ+ individuals – particularly gay, bisexual, and other men who have sex with men (MSM) – are disproportionately impacted by STIs. The sexual health of these communities is largely influenced by the social conditions that unjustly affect non-dominant groups. Factors such as racism, homophobia, and sexism are shown to negatively affect sexual health outcomes (Centers for Disease Control and Prevention, 2017d; Unemo et al., 2017).

Clackamas County Public Health and our partners have a role to play to stop the transmission of STIs. This report outlines our initial steps.

STI Facts for Clackamas County

- In five years (2012—2016), chlamydia rates increased 26% and gonorrhea rates increased 162%.
- The chlamydia rate for Black/African American populations is 75% higher than the county average.
- American Indian/Alaska Native populations experience 23% higher rates of gonorrhea than the county average.
- 55% of male syphilis cases occur in the MSM population.
- Over a quarter of chlamydia cases occur among teenagers between 15-19 years old.
- Almost 70% of all chlamydia cases occur in women.

Numbers rising

Over the last five years, the number of chlamydia, gonorrhea, and syphilis cases has increased dramatically in Clackamas County. In 2017, there were 1,441 cases of chlamydia, 340 cases of gonorrhea, and 56 cases of syphilis (figures a – c). The highest concentrations of known chlamydia cases occur in the northern, urban areas of the county – North Clackamas and Gladstone Health Equity Zones*. The lowest rates of chlamydia occur in Lake Oswego and Colton Health Equity Zones (figure d).
Two cases of congenital syphilis have been reported in Clackamas County since the beginning of 2018. There were zero cases in the previous decade.

**Chlamydia incidence rates by Health Equity Zone**
2013-2017, Figure d
Clackamas County Age-specific rate per 100,000

**Chlamydia rates by age and gender**
2012-2016, Figure e

**Gonorrhea rates by age and gender**
2012-2016, Figure f

**Disparities examined**

Young people, racial and ethnic minorities, the LGBTQ+ community, and women are more affected by STIs than other groups in Clackamas County. Nearly half of all new cases of gonorrhea and chlamydia in Clackamas County are reported in young people (figures e and f), although nationally they represent just 25% of the sexually active population (Centers for Disease Control and Prevention, 2013; Unemo et al., 2017). The Black/African American population in Clackamas County experiences disparately high rates of chlamydia and gonorrhea, followed by American Indian and Hispanic populations (figures g and h). Approximately 70% of chlamydia cases in Clackamas County occur in women (figure e).

Syphilis cases among Clackamas County women remain lower than men; however, syphilis in women of childbearing age is particularly concerning (Centers for Disease Control and Prevention, 2011). Pregnant women can pass the infection to their babies, which can cause severe physical and cognitive problems. Up to 40% of babies born to women with untreated syphilis may be stillborn or die from the infection as a newborn (Centers for Disease Control and Prevention, 2017a). In the first half of 2018, two cases of congenital syphilis have been reported in Clackamas County.

Nationally, gonorrhea and syphilis rates are accelerating among men, particularly gay and bisexual men. In 2016, gay, bisexual, and other MSM accounted for 81% of male syphilis cases where the sex of the partner was known (Centers for Disease Control and Prevention, 2017c). The same is true in Clackamas County. Since 2014, MSM represent 55% of all male syphilis cases and 24% of male gonorrhea cases; however, 63% of men diagnosed with gonorrhea did not report the sex of their partner, so the proportion of MSM who test positive for gonorrhea is likely higher than reported. If left untreated, syphilis can affect multiple organ systems, including the brain, nerves, eyes, heart, blood vessels, liver, bones, and joints (Centers for Disease Control and Prevention, 2017b, 2017e).

*Clackamas County is diverse and health outcomes vary widely across the county. Because of this, CCPH has developed Health Equity Zones (HEZ). HEZs are 10 distinct geographic regions in the county where we can examine the specific factors that impact the health of those living within the zone. HEZs allow us to identify health inequities so community members can take action to strengthen the social conditions that influence their health.*
Why are STI rates soaring?

Similar to other patterns of disease, there is not a single direct cause for the growing number of STIs or the disproportionate burden some populations face (Oregon Health Authority, 2018b). Rather, it is a combination of the many social, cultural, and structural factors that influence sexual behavior, risk, and transmission of STIs (Unemo et al., 2017).

• Racism, stigma, and poverty all increase the risk of STIs. Low-income populations face a combination of social, epidemiologic, and individual risk factors that can increase STI rates. Systemic factors such as institutional discrimination, health care provider bias, or distrust in health systems and health care providers all impact STI risk for people of color (Centers for Disease Control and Prevention, 2017d).

• A decrease in public health spending can lead to higher transmission rates of gonorrhea and syphilis (Gallet, 2017). Reduced capacity and infrastructure in local public health departments reduces the ability to investigate and provide follow-up for positive cases; notify, test, and treat people who have had sex with infected partners; provide sexual education services; and conduct comprehensive STI surveillance.

• Technology has changed the frequency and availability of sex. Researchers in Oregon cite that internet meet-up sites and mobile dating apps were associated with a 2014 syphilis outbreak in Multnomah County (DeSilva et al., 2016). A 2015 study also found that MSM who use social media sites to meet sexual partners are more likely to have unprotected sex (Holloway, Pulsipher, Gibbs, Barman-Adhikari, & Rice, 2015).

• Condom use is inconsistent. Among sexually active youth in Clackamas County, only 62% of 11th graders used a condom the last time they had intercourse (Oregon Health Authority, 2018a). Nationally, among 15 to 44 year olds who use condoms and no other prevention method, only 60% of women and 56% of men used a condom the last time they had vaginal intercourse (Copen, 2017). The use of long-acting reversible contraceptives might decrease condom use because their efficacy at preventing unintended pregnancies (Abma & Martinez, 2017; McNicholas, Klugman, Zhao, & Peipert, 2017). Similarly, pre-exposure prophylaxis (PrEP) – a course of anti-HIV drugs taken by HIV-negative people to prevent infection – might decrease condom use within the MSM population (Nguyen et al., 2018).

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### Gonorrhea rates per 100,000 by Race/Ethnicity
2012 - 2016, Figure g

<table>
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<th>Race/Ethnicity</th>
<th>Clackamas</th>
<th>Oregon</th>
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</thead>
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<td>American Indian/Alaska Native</td>
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<td>99</td>
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<tr>
<td>Asian</td>
<td>12</td>
<td>20</td>
</tr>
<tr>
<td>Black/African American</td>
<td>196</td>
<td>303</td>
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<tr>
<td>Hispanic</td>
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<td>52</td>
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<tr>
<td>White</td>
<td>32</td>
<td>54</td>
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</table>

### Chlamydia rates per 100,000 by Race/Ethnicity
2012 - 2016, Figure h

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Clackamas</th>
<th>Oregon</th>
</tr>
</thead>
<tbody>
<tr>
<td>American Indian/Alaska Native</td>
<td>266</td>
<td>443</td>
</tr>
<tr>
<td>Asian</td>
<td>57</td>
<td>118</td>
</tr>
<tr>
<td>Black/African American</td>
<td>531</td>
<td>763</td>
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<tr>
<td>Hispanic</td>
<td>219</td>
<td>333</td>
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<tr>
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<td>199</td>
<td>271</td>
</tr>
<tr>
<td>White</td>
<td>156</td>
<td>267</td>
</tr>
</tbody>
</table>

There are four critical steps to stop the transmission of STIs in Clackamas County:

1. Strengthen community prevention activities, including surveillance; enhanced screening; focused testing for populations engaging in high-risk behavior; and public education and engagement about safer sex practices.
2. Educate and support people who test positive to seek medical treatment.
3. Expand case investigation, partner notification, and treatment services.
4. Develop a county-wide coalition that is grounded in health equity, unites community leaders and community-based organizations, and aligns efforts within and across the Health Equity Zones.
Taking action in Clackamas County to reduce STI rates

Clackamas County Public Health and our partners must lead the way to prevent STIs. For long-term success, all partners need to strengthen and integrate our current efforts, and reimagine our approach to STI prevention. A vision for the future includes all of the work below.

- Clackamas County Public Health – Provides STI surveillance and monitoring, health education, and partner notification services. Beginning in January 2018, Clackamas County, along with Multnomah and Washington counties, received funding to enhance and expand HIV and STI investigation, testing, treatment, and prevention services for the region. Through this work, Clackamas County will deepen connections with community partners to identify, test, and treat those who are most at-risk of getting STIs.

- Health care clinics – Health clinics make STI testing and timely treatment a standard part of medical care, especially for women of childbearing age, pregnant women, and MSM. Providers collect sexual histories of patients and report positive cases of STIs. Clinics that receive Title X funds – like the Clackamas County Health Centers – primarily serve women, low-income, and young people. Health clinics play a critical role in reducing the number of STIs through evidence-based treatment methods like Expedited Partner Therapy – a practice of treating sex partners of persons who test positive for either chlamydia or gonorrhea with antibiotics, even if the partner has not undergone a medical evaluation (Mmeje, Wallett, Kolenic, & Bell, 2017; Oregon Health Authority, 2015a). Three HEZs (Canby, North Clackamas, Oregon City) currently have clinics that provide free or low-cost STI prevention, testing, and treatment services.

- Schools – Teach comprehensive sexual health education that focuses on STI prevention practices, participate in the Oregon Healthy Teens Survey, and provide access to a full spectrum of reproductive health care services in school based health centers (SBHC), including STI testing, treatment, sexual health education, and condoms. SBHCs are proven to have a positive impact on youth sexual health (Bersamin, Paschall, & Fisher, 2017). Clackamas County presently has four SBHCs operating in the Estacada, North Clackamas, Oregon City, and Oregon Trail HEZs. All provide different levels of reproductive health care services. Half of the HEZs currently participate in the Oregon Healthy Teens Survey, including Gladstone, North Clackamas, Oregon City, Canby, and Estacada.

- Community organizations – Conduct community-based STI testing. Community organizations also provide culturally-appropriate sexual health education services, which involve safer sex practices, including the use of condoms, abstinence from sex, and routine testing for STIs. Community partners have a direct link with those who are most affected by the STI epidemic. Clackamas County Public Health plans to convene a coalition of community organizations in the future.

- Policymakers – Advocate for STI prevention funding and ensure that services are free or affordable, promote the use of evidence-based STI prevention and treatment methods, leverage public and private sector resources, and have the ability to improve the structural barriers that put certain populations at higher-risk of contracting STIs.

Methods

By law, Oregon clinicians and laboratories must report diagnoses of bacterial STIs, including gonorrhea, syphilis, and chlamydia to local health departments. These data are entered into the Oregon Public Health Epidemiologists’ User System (ORPHEUS). The data included in this report represent individuals who test positive for gonorrhea, syphilis, or chlamydia and reside in Clackamas County. All rates that are not age specific have been age-adjusted, unless otherwise noted.

Limitations

Data at the local level regarding demographics (race/ethnicity), substance use, number of sexual partners, and the sex of partners is incomplete. There are inconsistent data collection methods and inherent challenges in underreporting. We can draw conclusions from data that is reported; however, the relative proportion of unknown or unanswered questions makes any correlations tenuous. Additionally, herpes, human papillomavirus (HPV), HIV, and viral hepatitis were excluded from this report either because they are not reportable diseases (herpes and HPV) or have a low incidence (HIV and sexually transmitted viral hepatides).

To cite this article, use the following: Clackamas County Public Health Division. (2018). Chlamydia, Gonorrhea, and Syphilis Rates are Skyrocketing in Clackamas County. Public Health Impact (1), 1-4. You can get this document in other languages and formats. Contact the Public Health Division at 503-742-5300.
Objectives
- Science based information on adolescent health
- The current state of sexual and reproductive health at Oregon City High School

Adolescence is a time of major transformation that requires a unique set of supports for parents and students. This presentation provides the Oregon City School Board:

- Supports for parents and students
- Science based information on adolescent health
- The current state of sexual and reproductive health at Oregon City High School

Healthy Kids Learn Better

- A healthy adolescent population provides longstanding social and economic benefits
- Supporting quality school health efforts improves academic achievement
- Decreased unhealthy/early sexual behaviors, pregnancy
- Controlled infectious disease (STIs)
Sexually Transmitted Infections are Increasing

Untreated Sexually Transmitted Infections

- Sexually Transmitted Infections (STI) can lead to cancer, infertility, and pelvic inflammatory disease
- STIs can be cured but drug-resistant strains of gonorrhea are becoming more common
- HPV, the virus that causes genital warts, is currently the most common STI
  - One in five Americans infected.

Oregon Healthy Teens, 2017

Have you Ever had Sexual Intercourse?
Percent that Answered “Yes” in Clackamas County
Chlamydia, Gonorrhea and Syphilis rates are skyrocketing.

Oregon City Health Equity Zone had the highest rate of teen Chlamydia in 2018.

Prevention of Sexually Transmitted Infections

- Increase access to barrier methods
  - Among sexually active youth in Clackamas County, only 62% of 11 graders used a condom the last time they had intercourse.
- Condoms are not offered onsite at OC High School
- Educate and support students who test positive to seek medical treatment at SBHC for themselves and partners.
- Promote STI testing and offer treatment.
- Increase education and engagement about safer sex practices.
- 42% of pregnancies are unintended in the U.S.
- Women with incomes below the federal poverty level were 5 times more likely to report an unintended pregnancy.
- Problems accessing/using a method is a common reason for gaps in use.
- Expanding ways to access contraception methods could reduce unintended pregnancy.
- Only about half of teen mothers earn a high school diploma by age 22, compared to 90 percent of women without a teen birth.
- Teenage mothers are also more likely to live in poverty and need public assistance.
- Children born to teen parents are more likely to have lower school achievement, enter the child welfare and correctional systems, drop out of high school and become teen parents themselves, compared to children born to older parents.

**National Teen Rates Trending Down**

**Oregon Teen Pregnancy is Declining**
Reasons for the Decline in Teen Pregnancy

- Primarily related to more and better contraceptive methods.
- No significant change in # of youth who are sexually active during the decline.
- Increased use of highly effective contraceptive methods such as LARCs.
- Oregon has increased access to all RH services through regulation such as Reproductive Health Equity Act.
- Comprehensive sex education programs alone cannot prevent pregnancy or abortion.

Teen Pregnancy Rates by Health Equity Zone

- Out of the ten health equity zones, Oregon City ranks 5th in rate of teen pregnancy.
- 2016-2017: 27 babies born to mothers between the ages of 15-19 in Oregon City HEZ.
- 70% of teenagers who received abortions in Clackamas County were not using any form of contraception.

Access to Contraception at Oregon SBHCs

- As of 2018, 60% (46 of 76) of Oregon's certified SBHCs reported dispensing at least one type of contraceptive on-site. Condoms and contraceptive pills are the most common forms.
- Sites that dispense are in 17 counties, in both urban and rural areas.
- For reproductive health services among school-age clients, 33% were Hispanic, 40% were White, non-Hispanic.
- 34% (26 out of 76) of SBHCs are providing Long-Acting Reversible Contraception (LARC) on-site, which is an increase of eight SBHCs from the previous year.
Schools, Birth Control, and Parental Consent

A debate over whether School-Based Health Centers should be able to offer IUDs.

SEP 8, 2015

By expanding access to reliable and affordable contraception, school clinics may help reduce the number of teenagers who become pregnant. A 2011 study in the Journal of Applied Research on Children compared two school clinics located in a large urban Southwestern school district; one of the clinics dispensed contraception onsite, while the other did not, instead referring girls to an off-campus family-planning clinic. Researchers discovered that the school with the referral policy had a significantly lower “appointment keeping rate” for contraceptive services—and a higher pregnancy rate—than the school with on-site contraception.

Disparities Between LGB and Heterosexual Students

- According to the CDC:
  - being physically forced to have sex (18% LGB vs. 5% heterosexual)
  - Experiencing sexual dating violence (23% LG B vs. 9% heterosexual)
  - Experiencing physical dating violence (18% LG B vs. 8% heterosexual)
  - Being bullied at school or online (at school: 34% LG B vs. 19% heterosexual; online: 28% LG B vs. 14% heterosexual)
- Foster Safe, Supportive School Environment
  - Improve School Environment for LGBTQ Youth
  - Develop and implement policies that protect from discrimination, violence, and bullying
  - Build the capacity of teachers and other school staff to create more supportive environments for LGBTQ youth
  - Establish organizations and clubs that expand school-based supports for LGBTQ youth

Access to Health Services: SBHCs

- Oregon City High School School-Based Health Center
  - Clinic team includes a Pediatrician, Licensed Professional Counselor, and a Certified Medical Assistant
  - We provide primary care and mental health services, including Sports Physicals, Well-Child Visits, sports injury follow-up, & mental health counseling.
  - We serve district K-12 students, regardless of their ability to pay or bill insurance when possible. Students and families are never charged for services.
  - In the 2018-2019 School Year, we provided care through 1,822 completed medical and mental health visits.
School-Based Health Centers
Core Framework

- Evidence-based Practice
- Abstinence-First Model
- Follow Oregon Consent Laws and Medical Ethics Standards
- Transparent communication with parents is our goal
- Meets students where they are, convenient for student and parents
- State-certified Health Centers

Adolescent Well Visits

<table>
<thead>
<tr>
<th>School</th>
<th>Percent of Clients with Adolescent Well Visits (12-21 yrs)</th>
<th>Service Year July 1, 2017 to June 30, 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Estacada High School</td>
<td>45%</td>
<td>0%</td>
</tr>
<tr>
<td>Milwaukie High School</td>
<td>0%</td>
<td>10%</td>
</tr>
<tr>
<td>Sandy High School</td>
<td>70%</td>
<td>30%</td>
</tr>
<tr>
<td>Oregon City High School</td>
<td>50%</td>
<td>50%</td>
</tr>
</tbody>
</table>

What Can the OC School Board Do?

- Adopt policies that support and equip young people with knowledge, skills and services to stay healthy.
  - Stay abreast of trends in adolescent health
  - Engage youth, parents and the school community about sexual and reproductive health needs
  - Promote use of SBHC services, especially adolescent well visits that address physical, behavioral and social and emotional well-being
  - Offer contraception and STI prevention on site at Oregon City SBHC
  - Foster supportive environments for LGBTQ youth
Public Health Impact: Chlamydia, Gonorrhea, and Syphilis Rates are Skyrocketing in Clackamas County. August 2018.

https://www.clackamas.us/publichealth/stireport


https://www.guttmacher.org/gpr?issue=3%3A17&volume=17&language=en


Center for Disease Control and Prevention. LGBTQ Youth Experience. https://youth.gov/youth-topics/lgbtq-youth/school-experiences


Questions?

Thank you!

- **Kim La Croix, MPH, RD**
  - Access to Care Program Manager
  - Clackamas County Public Health Division
  - KLaCroix@Clackamas.us or 971-806-0004

- **Dr. Lisa Sullivan, MD**
  - Pediatric Medical Director
  - Clackamas County Health Centers
  - LSullivan@clackamas.us
WHAT IS A DSIP

• Certain insurance products available to Owners that are designed to provide primary insurance to protect the interests of the Owner and its Contractors (parties)
• Coverages often used to cover specific construction projects:
  • General Liability/Excess
  • Contractors Pollution Liability (CPL)
  • Builders Risk
  • Owner’s Protective Professional Indemnity (OPPI)

COVERAGE 1: GENERAL LIABILITY/EXCESS

• Protects parties from third party bodily injury and property damage when the parties are legally liable
• Produced to cover claims during the construction period and additional 10 years from substantial completion
  • Statutory period of repose in the state of Oregon – the time in which claims can be made against the parties
• Advantages:
  • Known coverage and limits
  • Joint defense, eliminating multiple attorneys
  • Better coverage than traditional annual programs
  • Allows smaller contractor participation (MWESB)
COVERAGE 2: CONTRACTORS POLLUTION LIABILITY (CPL)

• BBNW often recommends adding CPL coverage to the DSIP
• Works in the same manner as General Liability/Excess program – covers parties for claims during construction and the 10 year period of repose
• Some of the exposures covered:
  • Lead
  • Asbestos
  • Silica
  • Mold
  • Transportation
  • Wrongful disposal

COVERAGE 3: BUILDERS RISK

• Property damage coverage to the project while it is in the course of construction that protects the parties from fire, theft, collapse, earth movement, flood, vandalism, etc.
• Protects the interests of the owner and contractors
• Three primary elements:
  • Hard costs
  • Soft costs
  • Delay in opening/start up

COVERAGE 4: OWNER’S PROTECTIVE PROFESSIONAL INDEMNITY (OPPI)

• Product that solely benefits the owner
• Excess professional liability (errors and omissions) coverage for the owner over the coverage provided by the hired design teams and their sub consultants
• Covers claims arising during construction and offers an extended reporting period to cover claims post-completion
• Primary advantage is larger limits to protect the owner from under insured design professionals
Environmental Health & Safety (EHS) Processes & Procedures Manual

The Oregon City School District (OCSD) EHS Processes and Procedures Manual establishes minimum environmental health and safety performance expectations of construction contractors working on OCSD sites.

Overview

The following processes and procedures define OCSD’s expectations which meet and in some case exceed the requirements of applicable regulatory agencies.

OCSD provides a copy of this EHS Processes and Procedures Manual to all firms who receive a bid award. The contract that follows a bid award indicates the firm is responsible for knowing and complying with the information provided in this Manual. OCSD expects these performance requirements to be understood prior to work commencing, be included in a project specific EHS Plan and be strictly complied with.

1. RELATED REQUIREMENTS

Contractor shall comply with and be responsible for the enforcement of all federal, state and local codes, ordinances, guidelines or other governing requirements of any agency having jurisdiction (AHJ) over employee health and safety on the Project site, regardless of the requirements of the Agreement or District Requirements.

It is the Contractor’s responsibility to ensure their workers and subcontractor employees have a good working knowledge of their EHS Processes and Procedures along with those required by OCSD.

2. GENERAL

A. No person shall be required or instructed to work in surroundings or under conditions that are unsafe or dangerous to his/her health.

B. Contractor shall be responsible for initiating and maintaining a safety and health program that complies with the State of Oregon – Occupational Safety and health Administration (OR-OSHA).
C. Each employee is responsible for complying with applicable safety and occupational health requirements, wearing prescribed safety and health equipment, reporting unsafe conditions/activities, preventing avoidable accidents, and working in a safe manner.

D. Safety and health programs, documents, signs, and tags shall be communicated to employees in a language that they understand.

E. Worksites with non-English speaking workers shall have a person(s), fluent in the language(s) spoken and English, on site when work is being performed, to translate as needed.

F. Contractor will provide all necessary barricades, safety signs, stanchions, safety cones or safety warning tape as required isolating and protecting unsafe work areas from workers, vehicle traffic or pedestrians.

G. The Contractor shall erect and maintain a safety and health bulletin board in an area commonly accessed by workers. The bulletin board shall be maintained current, in clear view of on-site workers, and protected against the elements and unauthorized removal. It shall contain at least the following safety and health information:
   i. Map denoting the route to the nearest emergency care facility;
   ii. Emergency phone numbers;
   iii. Other public information postings as may be required by any AHJ specifically including but not limited to OR-OSHA; and
   iv. Project Safety Plan (PSP).

H. Before initiation of work at the job site, Contractor shall develop a PSP, written in English for the specific work and hazards of the contract and implementing in detail the pertinent requirements to the satisfaction of the District. The Contractor shall address each of the elements/sub-elements of the Project and shall provide the information required with appropriate sections and appendices including but not limited to the following:
   i. Pre-Task planning;
   ii. Fall protection and personal protective equipment;
   iii. Compressed gasses and electrical safety;
   iv. Powered industrial trucks, cranes/hoists/rigging and other power equipment;
   v. Confined space management;
   vi. Fire prevention, including fire extinguisher requirements, fire system work/red tag process and welding, cutting, brazing/hot work permit (including fire watch after work is completed);
   vii. Hazardous material control, i.e., Lead Compliance Plan when working with lead, Asbestos Hazard Abatement Plan when working with asbestos, etc.

I. The PSP will be developed by qualified personnel and will be signed by that person. The Contractor shall be responsible for documenting the qualified person's credentials.

J. Contractor's PSP will be job specific and will include work to be performed by subcontractors and measures to be taken by the Contractor to control hazards associated with materials, services or equipment provided by suppliers.

K. To assure compliance with this section, the Contractor may be required to prepare for review specific safety and occupational health submittal items. These submittal items may be specifically required by this or other sections or may be identified in the Contract or by the District.
No additional compensation or time extensions shall be provided to the Contractor for additional submittals under this section.

L. The District or its designated representative may immediately stop work when an employee is deemed to be in imminent danger of serious injury or loss of life.

No additional compensation or time extensions shall be provided to Contractor for delays incurred under this section.

Work shall not resume until the danger to any and all employees has been mitigated to the satisfaction of the District or its Representative.

M. The Contractor shall employ a competent person at each project to function as the Site Safety and Health Officer (SSHO). The SSHO will manage the Contractor’s PSP (This may be a collateral duty responsibility). The person(s), at a minimum, must have completed the 10 hour OSHA Construction Safety class or an equivalent course applicable to the work to be performed and given by qualified instructors. Such training shall have been within the last three (3) years. An SSHO shall be on-duty at all times when work is being performed and shall be responsible for enforcing and implementing the Contractor’s Safety and Health program in accordance with the accepted PSP.

N. Contractor is responsible for assuring subcontractor compliance with the safety and occupational health requirements contained in this section.

O. A hazard communication program shall be implemented by the Contractor.

P. The written hazard communication program shall address, at a minimum, the following: training (to include potential safety and health effects from exposure), labeling, current inventory of hazardous chemicals on site, and the location and use of Safety Data Sheets (SDS’s).

Q. Contractor is responsible to ensure compliance with State law and District policies surrounding the use and possession of weapons, tobacco, alcohol and drugs on District property.

3. INSPECTIONS

A. The PSP shall provide for frequent safety inspections, conducted by competent persons, of the work sites, material and equipment to ensure compliance with the PSP.

B. In addition, Contractor quality control (QC) personnel – as part of their QC responsibilities – shall conduct and document daily safety and occupational health inspections in their daily QC logs.

C. Identified safety and health issues and deficiencies, and the actions, timetable, and responsibility for correcting the deficiencies, shall be recorded in inspection reports. Follow up inspections to ensure correction of any identified deficiencies shall be conducted and documented in a like manner.

D. The Contractor shall establish a safety and occupational health deficiency tracking system that lists and monitors the status of safety and health deficiencies in chronological order. The list will be updated daily, and will provide the following information:
i. Date deficiency identified;
ii. Description of deficiency;
iii. Name of person responsible for correcting deficiency;
iv. Projected resolution date; and
v. Date actually resolved.

E. The Contractor will immediately notify the District’s Risk Manager of any OR-OSHA or other regulatory agency inspection and provide an opportunity to accompany the Contractor on the inspection. (The inspection will not be delayed due to the non-availability of the District’s Risk Manager.) The Contractor shall provide the District’s Risk Manager with a copy of any citations or reports issued by the inspector and any corrective action responses to the citation(s) or report(s).

4. INDOCTRINATION AND TRAINING

A. A qualified person(s) shall conduct all training required by this section.

B. Employees shall be provided safety and health indoctrination prior to the start of work and continuing safety and health training to enable them to perform their work in a safe manner. Employee indoctrinations will be documented in writing by date, name and content.

C. Indoctrination and training shall be based on the safety and health program of the Contractor and shall include but not be limited to:
   i. Requirements and responsibilities for accident prevention and maintaining safe and healthful work environments;
   ii. General safety and health policies and procedures and pertinent provision of this manual;
   iii. Employee and supervisor responsibilities for reporting all accidents;
   iv. Provisions for medical facilities and emergency response and procedures for obtaining medical treatment or emergency assistance;
   v. Procedures for report and correcting unsafe conditions or practices;
   vi. Job hazards and the means to control/eliminate those hazards, including applicable position and/or activity hazard analyses; and
   vii. Specific training as required by this section.

D. All visitors to the Site will be briefed by a qualified person on the hazards to be expected on the site and the safety and health controls required (i.e., hard hat, fcow protection, etc.). The person-in-charge of the Site will assure that all visitors entering the site are properly protected and are wearing or provided with the appropriate personal protective equipment (PPE). Site personnel should maintain a stock of common PPE (i.e., hart hats, eye protection, ear plugs, reflective vests, etc.) for use by visitors. The site manager may require an escort for all visitors while on site.

Contractor shall have the right to refuse Site access to ANYONE not having attended the Contractor’s safety briefing or wearing the appropriate PPE.

Contractor’s briefing under this section D shall not be overly lengthy, technical in nature or create undue burden by visitors to access the Site. Access to the site shall not be withheld without justifiable reason.
E. A visitor sign-in log will be maintained on site.

F. Safety Meetings shall be conducted to review past activities, plan for new or change operations, establish safe working procedures for anticipated hazards, and provide pertinent safety and health training and motivation.

G. Meetings shall be conducted at least once a month for all supervisors on the project location and at least once a week by supervisors or foremen for all workers.

H. Meetings shall be documented, including the date, attendance, subjects discussed, and names of individuals who conducted the meeting. Documentation shall be maintained and copies provided to the District on request.

I. The District Project Manager will be informed of all scheduled meetings in advance and be invited to attend.

J. When hazardous substances are brought onto the job site, all employees potentially exposed to the substance will be advised of information in the SDS for the substance.

K. A copy of the SDS for each hazardous substance at the project will be maintained in an inventory, will be provided to the District's Project Manager, and will be made available to all potentially exposed employees. For emergency response purposes, each entry in the inventory shall include the approximate quantities, (e.g., gallons, pounds) that will be on site at any given time. In addition, a site map will be attached to the inventory showing where inventoried hazardous substances are stored. The inventory and the site map will be updated as frequently as necessary to ensure accuracy and will be posted in a conspicuous location that is accessible by the general public and workers on site at any time.

L. Contractor shall provide training in handling emergency situations that may arise in the activities or use of equipment on the project.

M. All persons who may have occasion to use emergency and rescue or lifesaving equipment shall be familiarized with the location of the equipment, trained in the proper use of the equipment and its capabilities and limitations, and medically qualified for its use.

N. Contractor will maintain on-site at all time, a minimum of one (1) person who is first aid and CPR trained, who will be available to assist during emergency events. Contractor shall maintain the following supplies:
   i. Mask for mouth-to-mouth rescue breathing with a one-way valve;
   ii. Appropriate PPE required in case of a medical emergency;
   iii. Means by which first responder may summon medical aid; and
   iv. Sufficient and appropriate medical supplies to stabilize an injured person until professional medical care can arrive at the Site.

5. PHYSICAL QUALIFICATION OF WORKERS

A. At no time and under no circumstance while on the Site, may workers use or be under the influence of alcohol, narcotics, intoxicants, or similar mind-altering substances. Workers found under the influence of consuming such substances will be immediately removed from Site. Contractors shall enforce the drug-free workplace requirements specified by the District as part of their PSP.
B. Operators of any equipment or vehicle shall be able to read and understand the signs, signals, and operating instructions in use.

6. ACCIDENT REPORTING AND RECORDKEEPING

A. All accidents and “near-misses” (events where a high probability of worker injury existed but did not occur) that occur incidentally to an operation on the Site will be investigated, reported, and analyzed as prescribed by the District Project Manager.

B. Employees are responsible for reporting all injuries or occupationally related illnesses as soon as possible to their employer or immediate supervisor.

C. Contractor, subcontractors and immediate supervisors are responsible for reporting all injuries to the District Risk Manager within 24 hours.

D. No supervisor shall decline to accept a report of injury from a subordinate.

E. An accident that appears to have any of the consequences listed below shall be immediately reported to the District’s Project Manager. If the determination of one of these consequences is not readily apparent at the time of the accident but determined at a later time, the accident should then be immediately reported to the District’s Project Manager. These accidents will be investigated in depth to identify all causes and to recommend hazard control measures. The District’s Project Manager shall immediately notify the Risk Management office of all serious accidents and follow up with official accident reports as prescribed by regulation. Contractors are responsible for notifying OSHA when one or more of their employees are seriously injured.

   i. Fatal injury;
   ii. Permanent partial disability injury;
   iii. Permanent total disability injury;
   iv. One or more persons admitted to a hospital; or
   v. Property damage in an amount specified by the District.

F. Except for rescue and emergency measures, the accident scene shall not be disturbed until it has been released by the investigating official. Contractor is responsible for obtaining appropriate medical and emergency assistance and for notifying, fire, law enforcement, and regulatory agencies. Contractor must assist and cooperate fully with District representatives conducting investigation(s) of the accident.

G. Daily records of all first aid treatments not otherwise reportable shall be maintained on prescribed forms and furnished to the District Project Manager or Risk Manager upon request.

H. In addition to any other applicable requirements of this section, the Contractor shall:

   i. Maintain records of all exposure and accident experience incidental to the work (this includes exposure and accident experience of the Contractor and subcontractors and,
   ii. As a minimum, the records shall include exposure work hours and a log of occupational injuries and illnesses – OSHA Form 300 or equivalent; provide a current copy of OSHA Form 300 or equivalent to the District Project Manager, or Risk Manager upon request;
iii. Maintain health hazard assessment documentation and employee exposure monitoring to chemical, biological, and physical agents as required. Provide this information to employees who are characterized by these assessments and exposure monitoring in accordance with OSHA requirements. Immediately notify the District Project Manager of any exposure in excess of the limits and the hazard control measures that have been taken to reduce or eliminate such exposures.

iv. Submit project work hours to the District Project Manager. Work hours include all hours on the project where an employee is in an on-duty pay status.

7. EMERGENCY PLANNING

A. Emergency plans to ensure employee safety in case of fire or other emergency shall be prepared, in writing, and reviewed with all affected employees. Emergency plans shall be tested to ensure their effectiveness.

B. Plans shall include escape procedures and routes, critical operations, employee accounting following an emergency evacuation, rescue and medical duties, means of reporting emergencies and person to be contacted for information or clarification.

C. On-site emergency planning shall be integrated with off-site emergency support. (Documentation of specific on-site emergency services shall be made. This can include written agreements, memorandum for record, telephone conversation logs, etc. The emergency services provider should be offered an on-site orientation of the Site and associated hazards.)

D. Planning for any operation shall include the total system response capabilities to minimize the consequences of accidents or natural disaster and shall consider communications, rescue, first aid, medical, emergency response, emergency equipment, and training requirements.

E. The number of persons permitted in any location shall be limited to rescue and escape capability.

F. Emergency alert systems shall be developed, tested and used to alert all persons likely to be affected by existing or imminent disaster conditions and to alert and summon emergency responders.

G. Emergency telephone numbers and reporting instructions for ambulance, physician, hospital, fire and police shall be conspicuously posted at the worksite.

H. Workers working alone in a remote location or away from other workers shall be provided an effective means of emergency communications. This means of communication could include a cellular phone, two-way radio, or other acceptable means. The selected communication must be readily available (easily within the immediate reach) of the workers and must be tested prior to the start of work to verify that it effectively operates in the area/environment. A worker check-in/check-out communication procedure shall be developed to assure employee safety.

8. SITE SECURITY

A. Contractor will provide all necessary fencing and barricades to establish a secure perimeter for the site. If unarmed private security is deemed necessary to monitor the Site, the Contractor
shall contract with a vendor that is certified by the Oregon Department of Safety and Security Training.

B. See attached document titled “Background Checks and Badging”

Background Checks and Badging

Oregon City School District’s priority is the safety of our students and staff. Accordingly, construction contractors must comply with the below. Failure to do so will result in immediate District action, up to and including, contract termination and immediate removal from the job site.

Contractor certifies that:

1. All workers and subcontractors have been made aware of and will follow the Maintaining Appropriate Boundaries section below.

2. All workers and subcontractors are not allowed direct, unsupervised contact with students, unless directly accompanied by District staff or a Project Superintendent or Bond Project Manager who has passed a District background check. Alternatively, if worker or subcontractor is unaccompanied and with the opportunity of direct, unsupervised contact with students, Bond Superintendent or Project Manager shall ensure that worker or subcontractor has passed a nationwide background check. Workers or subcontractors convicted, or arrested without resolution, of the crimes listed in ORS 342.143(3)(a), constitutes failure of the background check.

Long-Term Contractors

Long-term contractors, such as project managers, shall be fingerprinted and background checked by District. The Bond Office will initiate the process with the District Human Resources Department.

Long-term contractors shall wear identification similar to a District employee badge. The Bond Office will initiate the process with the District Human Resources Department to produce the badge.

Short-Term Workers and Sub-Contractors

Short-term workers and sub-contractors, such as maintenance and service workers, shall be background checked by the contractor. The contractor will control this process and certify compliance for the duration of the contract.

1. Contractor shall provide the District Project Manager with a listing of workers or short-term contractors whom have satisfactorily passed the background check.

2. The District Project Manager will provide the building’s main office with a current listing of those individuals.

3. When cleared, if workers or short-term contractors will be entering an area where they may have potential direct or unsupervised contact with students, they first check in at the main office to receive identification prepared by the individual building site, and properly wear and display said identification. Identification will be returned to the main office upon completion of the visit. Short-term business restricted to the main office is exempt from the badge requirement.
All other workers and short-term contractors shall be directly accompanied by a person who has undergone a District background check and who will have identification similar to a District employee badge.

**Architects, Engineers, and Consultants**

There is no background check requirement for architects, engineers, and consultants as they will not have direct, unsupervised contact with students. They will be accompanied at all times by a District staff member, a Project Superintendent, or District Project Manager.

Architects, engineers, and consultants shall wear identification as prepared and controlled by individual building sites. Identification will be returned to the main office upon completion of the visit. Short-term business restricted to the main office is exempt from the badge requirement.

**Maintaining Appropriate Boundaries**

Contractors and their workers should not be interacting with students in any way. The following is a list of inappropriate interactions, which apply on or off campus, during work hours, and during non-work hours. Inappropriate interaction with students will result in immediate District action, up to and including, contract termination and immediate removal from job site.

- Invading personal space; being too close in physical proximity.
- Touching students in any way.
- Maintaining intense eye contact.
- Making comments that are physical in nature or may have sexual overtones.
- Non-verbal or gestures that are physical in nature or may have sexual overtones.
- Holding conversations with students.
- Spending time alone with a student, intentionally or unintentionally.
- Meeting with a student off campus.
- Receiving from or writing communication to a student (including note, texts, social media, email, chat rooms).
- Leering or “checking out” students’ appearance, clothing, activity, or behavior.
- Conversations with others about students’ appearance, clothing, activity, or behavior.

Any individual that becomes aware of a situation where any worker on a job site has or may have failed to maintain appropriate boundaries as described above, must immediately report to the Project Superintendent, who will immediately report to the District’s Risk Manager or District Project Manager.
OSBA Model Sample Policy

Code: IGAI
Adopted:

Human Sexuality, AIDS/HIV, Sexually Transmitted Diseases, Health Education**

The district shall provide an age appropriate, comprehensive plan of instruction focusing on human sexuality, HIV/AIDS and sexually transmitted infections and disease prevention in elementary and secondary schools as an integral part of health education and other subjects. Course material and instruction for all human sexuality education courses that discuss human sexuality shall enhance a student’s understanding of sexuality as a normal and healthy aspect of human development. A part of the comprehensive plan of instruction shall provide age-appropriate child sexual abuse prevention instruction for students in kindergarten through grade 12. The district must provide a minimum of four instructional sessions annually; one instructional session is equal to one standard class period. In addition, the HIV/AIDS and sexually transmitted infections and disease prevention education and the human sexuality education comprehensive plan shall provide adequate instruction at least annually, for all students in grades 6 through 8 and at least twice during grades 9 through 12.

Parents, teachers, school administrators, local health departments staff, other community representatives and persons from the medical community who are knowledgeable of the latest scientific information and effective education strategies shall develop the plan of instruction and align it with the Oregon Health Education Standards and Benchmarks.

The Board shall approve the plan of instruction and require that it be reviewed and updated biennially in accordance with new scientific information and effective educational strategies.

Parents of minor students shall be notified in advance of any human sexuality or AIDS/HIV instruction. Any parent may request that his/her child be excused from that portion of the instructional program under the procedures set forth in Oregon Revised Statute (ORS) 336.035(2).

The comprehensive plan of instruction shall include the following information that:

1. Promotes abstinence for school age youth and mutually monogamous relationships with an uninfected partner for adults;
2. Allays those fears concerning HIV that are scientifically groundless;
3. Is balanced and medically accurate;
4. Provides balanced, accurate information and skills-based instruction on risks and benefits of contraceptives, condoms and other disease reduction measures;
5. Discusses responsible sexual behaviors and hygienic practices which may reduce or eliminate unintended pregnancy, exposure to HIV, hepatitis B/C and other sexually transmitted infections and diseases;
6. Stresses the risks of behaviors such as the sharing of needles or syringes for injecting illegal drugs and controlled substances;

7. Discusses the characteristics of the emotional, physical and psychological aspects of a healthy relationship;

8. Discusses the benefits of delaying pregnancy beyond the adolescent years as a means to better ensure a healthy future for parents and their children. The student shall be provided with statistics based on the latest medical information regarding both the health benefits and the possible side effects of all forms of contraceptives including the success and failure rates for prevention of pregnancy, sexually transmitted infections and diseases;

9. Stresses that HIV/STDs and hepatitis B/C can be possible hazards of sexual contact;

10. Provides students with information about Oregon laws that address young people’s rights and responsibilities relating to childbearing and parenting;

11. Advises students of consequences of having sexual relations with persons younger than 18 years of age to whom they are not married;

12. Encourages family communication and involvement and helps students learn to make responsible, respectful and healthy decisions;

13. Teaches that no form of sexual expression or behavior is acceptable when it physically or emotionally harms oneself or others and that it is wrong to take advantage of or exploit another person;

14. Teaches that consent is an essential component of healthy sexual behavior. Course material shall promote positive attitudes and behaviors related to healthy relationships and sexuality, and encourage active student bystander behavior;

15. Teaches students how to identify and respond to attitudes and behaviors which contribute to sexual violence;

16. Validates the importance of one’s honesty, respect for each person’s dignity and well-being, and responsibility for one’s actions;

17. Uses inclusive materials and strategies that recognizes different sexual orientations, gender identities and gender expression;

18. Includes information about relevant community resources, how to access these resources, and the laws that protect the rights of minors to anonymously access these resources.

19. Is culturally inclusive.

The comprehensive plan of instruction shall emphasize skills-based instruction that:

1. Assists students to develop and practice effective communication skills, development of self-esteem and ability to resist peer pressure;
2. Provides students with the opportunity to learn about and personalize peer, media, technology and community influences that both positively and negatively impact their attitudes and decisions related to healthy sexuality, relationships and sexual behaviors, including decisions to abstain from sexual intercourse;

3. Enhances students’ ability to access valid health information and resources related to their sexual health;

4. Teaches how to develop and communicate sexual and reproductive boundaries;

5. Is research based, evidence based or best practice; and

6. Aligns with the Oregon Health Education Content Standards and Benchmarks.

All sexuality education programs emphasize that abstinence from sexual intercourse, when practiced consistently and correctly, is the only 100 percent effective method against unintended pregnancy, sexually transmitted HIV and hepatitis B/C infection and other sexually transmitted infections and diseases.

Abstinence is to be stressed, but not to the exclusion of contraceptives and condoms for preventing unintended pregnancy, HIV infection, hepatitis B/C infection and other sexually transmitted infections and diseases. Such courses are to acknowledge the value of abstinence while not devaluing or ignoring those students who have had or are having sexual relationships. Further, sexuality education materials, including instructional strategies, and activities must not, in any way use shame or fear-based tactics.

Materials and information shall be presented in a manner sensitive to the fact that there are students who have experienced, perpetrated or witnessed sexual abuse and relationship violence.

END OF POLICY

Legal Reference(s):

ORS 336.035
ORS 336.107
ORS 336.455 - 336.475
ORS 339.370 - 339.400
OAR 581-021-0009
OAR 581-021-0200
OAR 581-022-2030
OAR 581-022-2050
OAR 581-022-2220

Human Sexuality, AIDS/HIV, Sexually Transmitted Diseases, Health Education** – IGAI

3-3
Appeal Procedure for Talented and Gifted Student Identification and Placement**

The Board has established an appeal process for a parent to utilize if they are dissatisfied with the identification process and/or placement of their student in the district program for talented and gifted (TAG) students, and wish to request reconsideration. The district’s desire and intent is to reach satisfactory solutions during the informal process:

Informal Process

1. A parent will contact the district’s TAG Coordinator to request reconsideration.

2. The TAG Coordinator/teacher will confer or meet with the parent and may include any additional appropriate persons (e.g., principal, counselor, teacher, etc.), within five working days of the request. At this time, information pertinent to the selection or placement will be shared.

3. If an agreement cannot be reached, the parent may initiate the Formal Process.

Formal Process

1. A parent shall submit a written request for reconsideration of the identification and/or placement to the District TAG Coordinator within five working days of the conference identified above.

2. The District TAG Coordinator shall acknowledge in writing the receipt of the request within five working days and shall forward copies of the request and acknowledgment to the Director of Teaching & Learning.

3. The District TAG Coordinator Director of Teaching & Learning and other appropriate administrator shall review the student’s file and earlier decisions within 10 working days of the original request presented in the previous step. Additional data may be gathered to support or change the earlier decision. The parent may be provided an opportunity to present additional evidence.

   If deemed necessary, a formal hearing will be conducted by the district hearings officer utilizing the appropriate procedures.

4. A decision will be made by the Director of Teaching & Learning within 20 working days after receipt of the written request for reconsideration from the parent. The parent shall be notified of the decision in writing and the decision shall be forwarded to the superintendent.

5. The decision may be appealed to the Board using procedures found in IGBBC-AR - Complaints Regarding the Talented and Gifted Program.
6. If the parent is still dissatisfied, the parent may file an appeal to the State Deputy Superintendent of Public Instruction following the procedures outlined in the under Oregon Administrative Rules (OAR) 581-002-00400001 – 581-002-0023 may be used. The district shall provide a copy of the appropriate OARs upon request.
OSBA Model Sample Policy

Talented and Gifted Students - Identification**

In order to serve academically talented and intellectually gifted students in grades K through 12, the district directs the superintendent to establish a written identification process.

This process of identification shall include as a minimum:

1. Use of research based best practices to identify talented and gifted students from under-represented populations such as ethnic minorities, students with disabilities, students who are culturally and/or linguistically diverse or economically disadvantaged.

2. Behavioral, learning and/or performance information.

3. A nationally standardized mental ability test for assistance in the identification of intellectually gifted students.

4. A nationally standardized academic achievement test of reading or mathematics or a test of total English Language Arts/Literacy or total mathematics on the Smarter Balanced Oregon statewide Assessment for assistance in identifying academically talented students.

Identified students shall score at or above the 97th percentile on one of these tests. Other students who demonstrate the potential to perform at the eligibility criteria, as well as additional students who are talented and gifted may be identified.

If a parent is dissatisfied with the identification process or placement of their student, they may appeal the decision through the accompanying administrative regulation, IGBBA-AR.

After exhausting the district’s appeal procedure and receiving the district’s final decision, a parent may appeal the decision to the Deputy Superintendent of Public Instruction under Oregon Administrative Rule (OAR) 581-002-0001 – 581-002-0023. The district shall provide a copy of the OARS upon request.

END OF POLICY

Legal Reference(s):

ORS 343.395
ORS 343.407
ORS 343.411

OAR 581-021-0030
OAR 581-022-2325
OAR 581-022-2330

OAR 581-022-2370
OAR 581-022-2500
OSBA Model Sample Policy

Code: IGBBC

Talented and Gifted – Programs and Services**

A district written plan will be developed for programs and services beyond those normally offered by the regular school program. All required written course statements shall identify the academic instructional programs and services to be provided which accommodate the assessed levels and accelerated rates of learning in identified talented and gifted students. The superintendent will remove any administrative barriers that may exist which restrict a student’s access to appropriate services and will develop program and service options. These options may include, but are not limited to, the following:

1. Early Entrance;
2. Promotion;
3. Compacted/Fast-Paced Curriculum;
4. Advanced Placement Classes;
5. Honors Classes.

The Board has established an appeal process for a parent or guardian to utilize if they are dissatisfied with the programs and services recommended for their student that has been identified as talented and gifted, and wish to request reconsideration. The appeal process is identified in administrative regulation IGBBA-AR - Appeal Procedure for Talented and Gifted Student Identification and Placement.

The Board has established a complaint procedure to utilize if a person who resides in the district or a parent or guardian of a student attending school in the district has a complaint regarding the appropriateness of programs and services provided for a student identified as talented and gifted. This complaint procedure, IGBBC-AR - Complaints Regarding the Talented and Gifted Program, is available at the district’s administrative office and on the home page of the district’s website. The complainant may file an appeal to the Deputy Superintendent of Public Instruction under Oregon Administrative Rules (OAR) 581-002-0001 – 581-002-0023. The district shall provide a copy of these OARs upon request.

END OF POLICY

Legal Reference(s):

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Talented and Gifted – Programs and Services** – IGBBC
1-1
OSBA Model Sample Policy

Code: IGBBC-AR
Revised/Reviewed:

Complaints Regarding the Talented and Gifted Program

The following procedure will be utilized when complaints arise regarding the district’s talented and gifted programs and services (“TAG”).

All complaints regarding TAG will be reported to the superintendent. The complainant will be given the Talented and Gifted Standards Complaint Form which must be filled out and submitted to the superintendent’s office before further consideration can be given to the complaint.

1. Upon receipt of a TAG complaint, the superintendent shall arrange for a review committee consisting of the TAG Coordinator, the District TAG Coordinator, the Director of Teaching & Learning and/or a counselor and a school psychologist.

2. The review committee shall meet within five working days of when the superintendent received the written complaint and review all pertinent information. A recommendation from the review committee will be submitted to the superintendent within 10 working days of receiving the original complaint.

The review committee may recommend that:

a. The programs or services are appropriate; or
b. The programs or services are not appropriate.

The superintendent shall report the recommendations of the review committee to the Board.

3. After consideration of the recommendations, if any, issued by the review committee, the Board will make a decision, and issue a decision within 20 days of the Board meeting. The Board’s decision will be final and will address each allegation in the complaint and contain reasons for the Board’s decision. The Board’s final decision will be issued in writing or electronic form.

If the complainant, who is a parent or guardian of a student who attends school in the district is a person who resides in the district, remains dissatisfied and has exhausted local procedures, may appeal. The appeal procedure identified in Oregon Administrative Rules (OAR) 581-002-0040, 581-002-0001-581-002-0023. The district shall provide a copy of the appropriate OARs upon request.

[1] The complaint procedure set out above will not be longer than 90 days from the filing date of the original complaint with the district’s final decision to the Deputy Superintendent of Public Instruction and is subject to the appeal procedure identified in Oregon Administrative Rules. The complaint procedure may be extended upon written agreement between the district and the complainant.

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1 An appeal must meet the criteria found in OAR 581-002-0005(1)(a).

2 The district’s timeline established by each step of the district’s complaint procedure must be within 30 days of the submission of the complaint at any step, unless the district and complainant have agreed in writing to a longer time period for that step. However, the district’s complaint procedure should not exceed a total of 90 days from the initial filing of the complaint, regardless of the number of steps involved, unless the district and the complainant have agreed in writing to a longer time period. (OAR 581-002-0005)

3 The timelines may be extended upon written agreement between both parties.

9/28/17 7/18/19 PH
TALENTED AND GIFTED STANDARDS COMPLAINT FORM

Name ____________________________________________________________

Address _________________________________________________________

Email ____________________________________________________________

Student’s Name __________________________ School ________________ Grade Level ______________

Phone (Daytime) ___________________________ (Evenings) ________________________

Date of Complaint ____________________________

1. What is the nature of your complaint?
   _______________________________________________________________
   _______________________________________________________________
   _______________________________________________________________

2. What is the district currently doing?
   _______________________________________________________________
   _______________________________________________________________
   _______________________________________________________________

3. In your opinion, in what way is this situation a violation of state standards?
   _______________________________________________________________
   _______________________________________________________________
   _______________________________________________________________

4. What do you feel the district should be doing?
   _______________________________________________________________
   _______________________________________________________________
   _______________________________________________________________

5. Other pertinent comments _________________________________________
   _______________________________________________________________
   _______________________________________________________________

Signature: ________________________________________________________
Timeline

- **October 15-October 31, 2019** – ThoughtExchange (Online Forum)
  How can we ensure our students develop traits of the district’s Portrait of a Graduate? Where are we doing well and where do we need to improve?

- **October 22-January 30, 2019** – Selected Focus Groups
  Including representatives of populations who have historically experienced academic disparities.

- **November 1, 2019** – Submit Continuous Improvement Plan (CIP) to ODE

- **January 27, 2020** – School Board Work Session
  Needs Assessment/Initial Priorities for Student Investment Account (SIA) Plan

- **January 27-February 10, 2020** – ThoughtExchange (Online Forum)
  What Should OCSD prioritize in its Student Investment Account (SIA) Plan?

- **February 10, 2020** – School Board Work Session
  Review ThoughtExchange feedback on Student Investment Account (SIA)

- **February 24, 2020** – School Board Work Session
  Student Investment Account (SIA) Draft Plan

- **March 2, 2020** – Post SIA Draft Plan on District Website

- **March 9, 2020** – School Board Meeting
  SIA Plan — Discussion Item/Public Comment

- **March 16, 2020** – School Board Meeting
  SIA Plan — Action Item/Public Comment

- **March 31, 2020** – Submit SIA Application to ODE
**2019 Legislative Session**

OSBA Priorities
- Revenue Reform
- Cost Containment
- Accountability

**2019 Starting Funding Levels**

- 2017-19 allocation: $8.2 billion
- Department of Administrative Services: $0.77 billion
- Legislative Fiscal Office Cuts: $0.2 billion
- Oregon Association of School Business Officials roll-up: $0.2 billion
- Quality Education Model: $0.7 billion

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**2019-21 K-12 Funding**

- State School Fund (HB 5016)
  - 49-50 distribution: $9.0 billion
- Measure 98 Full Funding
  - $133 million tied to GSA
  - CDE memo allowing full funding in 2019-20
- Student Success Act (HB 3427)
  - Student Investment Account
  - Statewide Initiatives
  - Early Learning Programs
- K-12 Facilities Bonding (HB 5003)
  - $335 million
  - $25 million for Oregon School Capital Improvement Hatch grants
  - $100 million for Vocational Rehabilitation Grants

Total Resources: $10.43 billion

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**2019-21 Post-Secondary Funding**

- Community College Support Fund (HB 5024)
  - $0.41 million
- Oregon Opportunity Grant
  - $149.5 million
- Outdoor School - OSU Extension Office - BM 99 (2016)
  - $45.3 million
- Oregon Promise
  - $40 million
REVENUE PACKAGE
Student Success Act (HB 3427)

Corporate Activity Tax
- Only applies to businesses with "taxable business receipts" over $10,000,000
- $250 flat fee plus 0.57% tax on "taxable business receipts" above $1,000,000
- Businesses may subtract the cost of inputs or labor up to 35% of their commercial activity
- Exemptions for groceries, utilities, petroleum/gasoline, hospitals, and others
- 0.25% reduction in all personal income tax brackets except for the top-earning bracket
- Department of Revenue will begin collecting the tax in April 2020
- Oregon Department of Education will start disbursement of funds in July 2020
**INVESTMENTS**

<table>
<thead>
<tr>
<th>Student Investment Account</th>
<th>Student Success Act (HB 3427)</th>
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<tr>
<td>At least 10% of revenue</td>
<td>Statewide Initiatives:</td>
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<tr>
<td>Distributed by district</td>
<td>Up to 30% of revenue</td>
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<tr>
<td>With a disability weight</td>
<td>Full funding for Measure BB</td>
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<td>Expanded Learning Time</td>
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<td>Student Health and Safety</td>
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<td></td>
<td>ESD funds to support districts</td>
</tr>
<tr>
<td></td>
<td>High Cost Disability Fund</td>
</tr>
</tbody>
</table>

**Early Learning Programs**

- EUSDCC
- Racial Equity
- Early Childhood Equity Fund
- Oregon Pre-K Program
- PD for early childhood
- Early Head Start
- Preschool Reimbursements

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**Student Success Act Implementation**

Resources for school district leaders

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**ACCOUNTABLE FOR IMPROVING OUTCOMES**

There are two stated purposes for SIA funds:

1. Meet students' mental or behavioral health needs, and
2. Increase academic achievement for all students and reduce disparities for:

- Students of color; students with disabilities; emerging bilingual students; students navigating poverty, homelessness, and foster care; and other students that have historically experienced disparities in our schools.
**STRATEGIC PLANNING PROCESS**

The Student Success Act requires an inclusive public process that contains:

1. A completed needs assessment:
   - Include in your district Continuous Improvement Plan
   - Address the following priorities:
     - Reducing academic disparities for students
     - Meeting students’ mental or behavioral health needs
     - Providing equitable access to academic courses
     - Allow teachers and staff to have sufficient time to:
       - Collaborate with each other
       - Review data on students’ grades, absences, behavior, and graduation rates

2. Engagement with and input from stakeholders:
   - School employees
   - Students from historically underserved groups
   - Parents of these students

3. Use of data to make equity-based decisions
   - Identify strategies to ensure that at-risk students stay on track to graduate
   - Establish partnerships

4. Analysis of potential academic impacts:
   - All students in district generally
   - Students from historically underserved groups specifically

---

**ENGAGEMENT**

State and local education systems must be inclusive of the voices of students and families, especially those historically underserved by our systems. We must also strive to include the voices of educators at all levels, local community, and other stakeholders. The first step in community engagement is your district’s needs assessment.

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**INCLUSIVE PUBLIC PROCESS REQUIREMENTS**

An open and inclusive public process is critical for building support and ultimately protecting this investment.

- All plans must be orally presented to your board by an administrator.
- The public must have ability to comment in an open meeting.
- Plans must be approved by your board.
- Plans must be available at the district office and on the district website.
**STUDENT INVESTMENT ACCOUNT TIMELINE**

*2019-2020*

- Community Engagement
- September-December
- Develop Student Investment Account Application
  - January
- Submit Student Investment Account Application
  - March
- Continue Community Engagement
  - May
- Work Together to Put Plan Into Action

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**Cost Containment**

**COST CONTAINMENT**

PEERS Modifications (SB 1049)

- Tier 1: E 2, P 365 (AP refund) – Effective July 1, 2020
- Tier 2: 0.7% MIP refund – Effective July 1, 2020
- Refund exempt employees below $60,000 per year/$6,000 per month
- Changes PEERS contribution period from 2002-2012 to 2013-2017
- Final average salary cap of $120,000

**Redline Work Back**

Elimination of annual work hours restrictions
- Employees must continue to make employer contributions
- Effective January 1, 2020 – Sunsets January 1, 2022

**Estimated Cost Savings**

The combination of all cost containment measures, estimated to be $4.5 billion.

There is a one-time increase of 1.5% estimated for 2021-2022, depending on each school district's individual rate account.
**SENATE BILL 1049**

Challenged
Senate bill 1049 has been challenged in court. Expedited review to the Supreme Court was included in the bill.

Defense
OSBA's Legal Assistance Trust is participating in defense of the bill on behalf of the school districts and community colleges named in the lawsuit.

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**HEALTH INSURANCE**

Oregon Educators Benefit Board (OEBB)
Public Employee Benefit Board (PEBB)

HB 1087 (2019) was the legislature's cost containment bill. Two provisions in the bill impact school districts and community colleges:

- Removing the ability to allow an employee to opt out of insurance coverage with an incentive.
- Removing ability of employees to cover other family members if both covered by OEBB or PEBB.

HB 2186 (2019) undoes those two provisions because they did not have the expected cost containment outcome.

School districts and community colleges can continue offering health insurance just as they have been doing.
HB 2016 - Collective bargaining bill
SB 195 - Boundary invasion and inappropriate conduct
SB 415 - School & charter school board member mandatory reporting
HB 2314 - Executive session for FERPA
HB 3310 - Election of board members (zone vs. at-large)
HB 3409 - CSAA Conduct Policy
SB 52 - Suicide prevention plan

POLICIES AND PRIORITIES

In January, the Legislative Policy Committee will begin a new process to guide OSBA's work in the 2021 Legislative Session.

We want your input!

Late October you will receive an email survey to fill out. This will help us gather necessary information as we begin this new process.

COLLABORATIVE GOVERNANCE
Agency-Wide Competencies

Cultural Proficiency
Articulates and applies historical context of racism and understands the current reality of students and communities of color in order to support racial equity. Actively demonstrates a commitment to supporting equity and inclusion, and serves as an advocate with colleagues, partners, and communities to meet the Agency’s END and goal of becoming an Antiracist Multicultural Organization in support of eliminating the opportunity gap.

Racial Equity Advocate
Recognizes, supports, and engages in dismantling institutional racism. Partners with, and is accountable to stakeholders, including children, families, and communities of color.

Racial Equity Mindset
Demonstrates awareness of biases, internalized racial superiority and oppression. Leads with a racial equity lens and actively uses the racial equity tool in meaningful ways.

Transformational Values
Contributes to valuable and positive, antiracist transformation in individuals, organizations, and social systems in an effort to actively progress across the Antiracist Multicultural Institution Continuum. Is able to foster a sense of community and shared purpose via collaboration and cooperation with others inside and outside PSESD. Embodies the principles and practices that form the Agency’s culture. Operates from an abundance mentality that recognizes opportunities, and is optimistic and realistic about the future.
COLOR LINE EXERCISE

Score “4” if the statement is always true for you
Score “3” if the statement is frequently true for you
Score “2” if the statement is sometimes true for you
Score “1” if the statement is rarely true for you
Score “0” if the statement is never true for you

Because of my race or color...

1. I can be in the company of people of my race most of the time.

2. If I should need to get a mortgage, I can be pretty sure I will not be treated differently because of my race.

3. I can be pretty sure that my neighbors in such a location will be neutral or pleasant to me based on my race.

4. I can go shopping alone most of the time, pretty well assured that I will not be followed or harassed because of my race.

5. I can turn on the television or open the front page of the paper and see people of my race widely and positively represented.

6. When I am told about our national heritage or about “civilization,” I am shown that people of my race made it what it is.

7. I can be sure that my children will be given curricular materials that testify to the existence of their race.

8. I can go into a bookshop and count on finding the writing of my race represented; into a supermarket and find the staple foods which fit with my cultural traditions; into a hairdresser’s shop and find someone who can do my hair.

9. I can arrange to protect my children most of the time from people who might mistreat them because of their race.

10. I can swear and dress in secondhand clothes, or not answer letters, without having people attribute these choices to the bad morals, poverty or illiteracy of my race.

11. Whether I use checks, credit cards, or cash, I can count on my race not working against the appearance that I am financially reliable.

over 5
12. I can do well in a challenging situation without being called a credit to my race.

13. I am never asked to speak for all the people of my racial group.

14. I can remain oblivious to the language and customs of persons of color without feeling, from people of my race, any penalty for such oblivion.

15. I can criticize our government and talk about how much I fear its policies and behavior, without being seen as a racial outsider.

16. I can be pretty sure that if I ask to talk to “the person in charge,” I will be facing a person of my race.

17. If a police officer pulls me over, I can be sure I haven’t been singled out because of my race.

18. I can conveniently buy posters, postcards, picture books, greeting cards, and children’s magazines featuring people of my race.

19. I can go home from most meetings or organizations I belong to feeling somewhat tied-in, rather than isolated, out-of-place, outnumbered, invisible feared, or hated based on my race.

20. I can take a job or attend college with an affirmative action employer without having co-workers or colleagues suspect that I was hired or admitted because of my race.

21. If my day, week, or year is going badly, I do not have to do any mental work trying to figure out whether my race played a role in it.

22. I can be sure that if I need legal or medical help, my race will not work against me.

23. I can worry about racism without being seen as self-interested or self-seeking.

24. I can comfortably avoid, ignore, or minimize the impact of race on my life.

25. I can choose blemish cover or bandages in “flesh” color and have them more or less match my skin.

Total Score: 

Adapted From: Adapted from Peggy McIntosh, White Privilege and Male Privilege: A Personal Account of Coming to See Correspondence through Work in Women’s Studies (1988)

And adapted from Beyond Diversity: A Strategy for De-Institutionalizing Racism and Improving Student Achievement (2001-2002)

And adapted from Cultures Connecting, LLC., www.culturesconnecting.com
As directed by HB 3427, Clackamas Education Service District (CESD) will be working with District Student Success Teams to support their work. The Student Success Act (SSA) has rigorous expectations for meeting the needs of historically underserved students. CESD can provide support in making sure those expectations are met by.....

**Connecting with Community**

There are a variety of tactics to engage with communities authentically, outlined by the Oregon Department of Education (ODE). **CESD can assist districts in community messaging, summarizing data, and hosting school and student safety forums.**

**Plan Development**

CESD can assist in **plan development**, communicating work done in planning, and compiling documentation to achieve the requirements of the SSA.

**Hosting Learning Opportunities**

The SSA has expectations for districts and educators to grow in new ways. **CESD will host professional learning opportunities for staff across our region to fulfill SSA needs.**
Collaborative Governance utilizes effective partnerships to learn and lead together in an environment of trust and respect with a shared focus on student learning through collective responsibility, accountability and support.
WSSDA Board Self-Assessment Survey
(BSAS-WSSDA, 2009; Lighthouse; McREL; NSBA Key Works)

The **Five** Board Standards

**GOVERNANCE**

STANDARD 1: Responsible school district GOVERNANCE

**EXPECTATIONS**

STANDARD 2: High EXPECTATIONS for student learning

**CONDITIONS**

STANDARD 3: Create CONDITIONS for student and staff success

**ACCOUNTABILITY**

STANDARD 4: Holding the district ACCOUNTABLE for learning

**COMMUNITY**

STANDARD 5: COMMUNITY engagement

The SSA/CIP

Source: ODE

Next Steps

Contact a member of the Board Development team at 503-588-2800 or info@osba.org to develop a specific plan for your school board and district or education service district.

Every community is unique. Your professional development plan should be unique as well.