

1 **YWCCSSC**

2
3 COVID-19 Emergency Policies

1900

4
5 The Management Board and YWCCSSC staff are operating under unusual, even unprecedented
6 circumstances by virtue of the declaration of a statewide emergency by the Governor and the
7 executive orders related to school closure to address concerns from the COVID-19 Virus and/or
8 the declaration of an unforeseen emergency (community disaster) made by the Board.

9 In light of the COVID-19 pandemic, the Management Board has found it necessary to
10 adopt temporary policies related to emergency school closures, the ongoing provision of
11 educational services to students, meetings of the Board, gatherings on school property, health
12 and safety of students, staff and community members, human resource matters and budgetary
13 matters. To ensure clarity and transparency, the board has organized all emergency school
14 policies into a temporary chapter. The Board has also included this introductory section as a
15 heading for each policy to ensure understanding of the purpose and duration of each policy
16 adopted pursuant to this chapter.

17
18 Purpose(s) of Policies

- 19
- 20 1. Ensuring that elected Management Board Members charged with the supervision and control of the
- 21 YWCCSSC Cooperative, in collaboration with their staff leadership teams, make decisions
- 22 that are in the best interests of students, staff and the community served.
- 23 2. Ensuring measures to protect the health and safety of students, staff and community
- 24 members.
- 25 3. Addressing issues relating to student instruction and family engagement.
- 26 4. Addressing barriers to learning presented by distance.
- 27 5. Improvement of instruction/therapy in on-site, offsite, and/or on-line settings.
- 28 6. Ensuring continuity of employment of YWCCSSC staff.
- 29 7. Ensuring accountability to families with children.
- 30

31
32 Term of COVID-19 Emergency Measures Policies

33
34 YWCCSSC Policies Numbered 1900-1999 are intended to govern during any emergency
35 related to COVID-19 declared by the President, Congress, Montana Legislature, Governor,
36 Montana Department of Public Health and Human Services, County Health Department or the
37 Management Board. The term of YWCCSSC Policies Numbered 1900-1999 shall run until
38 terminated by a vote of the Management Board.

39
40
45 Legal Reference: Executive Orders – 2-2020 and 3-2020 – Office of the Governor and
46 accompanying Directives
47 Section 20-9-801-806, MCA – Emergency School Closure
48 Section 50-1-202-204, MCA – Public Health Laws
49 Section 10-3-104, MCA – General Authority of Governor
50 Article X, section 8 – Montana Constitution

Policy History:

Adopted on:

August 11, 2020

Reviewed on:

Revised on:

Terminated on:

1 **YWCCSSC**

2
3 **COVID-19 Emergency Measures**

1901

4
5 Emergency Policy and Procedures

6
7 Applicability of Emergency Policy Series

8
9 During a state of emergency declared by the Board or other local, state or federal agency,
10 official, or legislative body, the provisions in the emergency policies adopted by the Board as
11 codified at 1900-1999 in the cooperative policy manual will govern in the event of any conflict or
12 inconsistency between an emergency policy and other provision in the district policy manual. All other
13 aspects of the district policy manual not affected by the provisions in the emergency policy series
14 continue to be in full effect.

15
16 Legal References

17
18 In the absence of a legal reference on an emergency policy adopted by the Board, the policy is
19 specifically based on the Board authority to supervise and control the cooperative
20 in accordance with Article X, section 8 of the Montana Constitution.

21
22 Adoption and Amendment of Policies

23
24 New or revised policies that are required or have required language changes based on State or Federal law
25 or directive, required by administrative rule, or are required due to a declaration of emergency issued by
26 the Board or other state or federal agency official or legislative body may be adopted after the
27 first (1st) reading if notice has been given through the board agenda provided to the Management Board and public.
28 All new or amended policies adopted as part of the emergency policy series shall become effective
29 immediately upon adoption; unless a specific effective date is stated in the motion for adoption.

30
31 Suspension of Policies

32
33 Under circumstances that require waiver of a policy, the policy may be suspended by a majority vote of
34 the Board present. To suspend a policy, however, all Board Members must have received written notice of the
35 meeting, which includes the proposal to suspend a policy and an explanation of the purpose of such
36 proposed suspension.

37
38 Administrative Procedures

39
40 The Director shall develop such administrative procedures as are necessary to ensure consistent
41 implementation of policies adopted by the Board of Trustees.

42
43
44 Legal References: § 20-3-323, MCA District policy and record of acts
45 10.55.701, ARM Board of Trustees
46 Title 20, Chapter 9 Part 8, MCA

47 Policy History:

48 Adopted on: August 11, 2020
49 Reviewed on:
50 Revised on:
51 Terminated on:

© MTSBA 2020

5 Cooperative Meetings, Gatherings, Events, and Visitors

7 The Cooperative has adopted the protocols outlined in this policy to govern during the term of
8 the declared public health emergency to ensure individuals present at a cooperative facility for events
9 or other operationally related reasons honor safety protocols. The Director
10 or designated personnel are authorized to implement this policy in coordination
11 with state and local health officials. The Management Board may authorize the Cooperative physical
12 meetings, gatherings, and events when the event is deemed essential to district operations.
13 Physical meetings, gatherings, and events shall not be held without prior authorization of the Board.
14 Physical meetings, gatherings, and events held on cooperative property shall be limited to outdoor
15 areas designated by the Board. All attendees at a meeting, gathering, or event authorized by the
16 Board held outdoors are required to honor the applicable health and safety protocols outlined in Policy
17 1905 including but not limited to physical distancing. The Cooperative shall provide suitable space
18 for physical distancing to occur and, if practicable, markings and walking routes in the area
19 where the event shall be held to preserve a safe event setting.

21 Vulnerable individuals (defined by the Centers for Disease Control at the time of this policy's
22 adoption as those age 65 or older or those with serious underlying health conditions, including
23 high blood pressure, chronic lung disease, diabetes, obesity, asthma, and those whose immune
24 system is compromised such as by chemotherapy for cancer and other conditions requiring such
25 therapy) must not attend Cooperative meetings, gatherings, or events held in accordance with
26 this policy. Precautions must be taken to isolate from vulnerable individuals. The Cooperative
27 shall accommodate vulnerable individuals so they may participate in the meeting gathering or
28 event via electronic means.

Enforcement

29 Visitors to any school building or any attendee at a meeting, gathering, or event authorized by
30 the Board in accordance with this policy who fail to honor the requirements of
31 Policy or the directives of Cooperative officials shall be asked to correct their conduct
or leave the meeting, gathering.

1 **YWCCSSC**

2

3 **COVID-19 Emergency Measures**

1905

4

5 The Cooperative staff will honor the district policies of the schools where they serve. The local administrators will provide the Cooperative staff and Director with their Policy 1905 prior to the 2020-2021 school year. Staff who enter buildings where CDC Guidelines are not actively implemented will depart, within 24 hours inform Cooperative administration and the local district administration, and revert to remote services.

36 Policy History:

37 Adopted on: August 11, 2020

38 Reviewed on:

39 Revised on:

40 Terminated on:

1 **YWCCSSC**

2
3 **COVID-19 Emergency Measures**

1909

4
5 Human Resources and Personnel

6
7 The Cooperative has adopted the protocols outlined in this policy to govern during the term of
8 the declared public health emergency to ensure clear expectations for Cooperative staff while
9 completing their duties in a safe and healthy workplace. The director
10 or designated personnel are authorized to implement this policy.

11
12 Work Schedule and Assignment for Staff

13
14
15 The working conditions for the ~~certified~~ staff shall be governed by a Collective Bargaining
16 Agreement and any applicable Memorandum of Understanding between the Unit and the School
17 District or the individual employment contracts between the employee and the Cooperative.
18 Staff shall comply with the emergency policies adopted by the Board and
19 related directives from the administration unless there is a provision of a Collective Bargaining
20 Agreement or an applicable Memorandum of Understanding that specifically governs instead of
21 the policy.

22
23
24 Work Schedule and Assignment of Duties for Classified Staff

25 26
26
27 The working conditions for staff are governed by a Collective Bargaining Agreement,
28 individual contract, or any applicable Memorandum of Understanding between the Unit and the School
29 District. Staff shall comply with the emergency policies adopted by the Board and
30 related directives from the director unless there is a provision of a Collective Bargaining
31 Agreement or an applicable Memorandum of Understanding that that specifically governs
32 instead of policy.

33
34
35
36
37
38
39
40 Personal Conduct

41
42 This policy in no way limits or adjusts the Cooperative's expectations for staff conduct. All
43 applicable district policies and handbook provision governing staff conduct remain in full effect.

44 Students shall have access to regular ~~instructional~~ services whether their therapy/instruction is provided
45 in an onsite, offsite, or online setting. Staff shall promptly report any suspected violation of
46 School District Policy or concern about student health, well-being, or safety to their supervisor
47 for review and referral. Students receiving instruction in an offsite or online setting are governed
48 by all applicable laws, including the staff obligation to report suspected child abuse or neglect.

49

50 Compensation and Benefits

51

52 Staff shall continue to earn regular compensation and benefits during the period of declared
53 public health emergency. Payroll dates and schedules are not affected by an applicable public
54 health emergency.

55

56 Evaluation of Staff

57

58 The Board authorizes the administration to adjust or waive the schedule for
59 evaluation of staff to accommodate the changes to the school calendar in response to a public
60 health emergency unless there is a Collective Bargaining Agreement or Memorandum of
61 Understanding specifying the evaluation process of a member of a bargaining unit.

62

63

64 Policy History :

65 Adopted on: August 11, 2020

66 Reviewed on:

67 Revised on:

68 Terminated on:

69

COVID-19 Emergency Measures

1910

4
5
6
7
8
9
10
11

Personnel Use of Leave

The Cooperative has adopted the protocols outlined in this policy to govern during the term of the declared public health emergency to inform staff about leave options. The director or designated personnel are authorized to implement this policy.

12
13
15
16
17
18
19

Cooperative Leave

Staff may utilize accumulated leave granted in accordance with Montana law, District policy, a Collective Bargaining Agreement, or applicable Memorandum of Understanding through the regular procedures governing the type of leave requested.

20
21

Federal Law Controls Federal Leave Provisions

The Board has adopted this policy and related forms on the referenced date based on the law and available federal and state guidance as of the date of such adoption. Federal and state guidance can change following adoption of this policy and forms. To the extent that any subsequently adopted guidance or federal regulation or other controlling interpretation of the law results in a conflict between such guidance, regulation or controlling interpretation and this policy or forms, the provisions of the guidance, regulation or controlling interpretation controls to the extent of any such conflict. The Cooperative shall take reasonable steps to ensure that staff are notified of any change in guidance or federal regulation or other controlling interpretation of the law that creates a conflict with any provision of this policy of forms.

31
32

Emergency Paid Sick Leave

34
35
36
37
38
39
40

In accordance with Federal law, employees may be eligible for two weeks of paid sick leave capped at 80 hours paid at the employee's regular rate of pay when the employee is unable to work because the employee is quarantined in accordance with a Federal, State, or local government order or advice of a health care provider, and/or experiencing COVID-19 symptoms and seeking a medical diagnosis.

41
42
43
44
45
46

Employees may be eligible for two weeks of paid sick leave capped at 80 hours paid at two-thirds the employee's regular rate of pay because the employee is unable to work because of a bona fide need to care for an individual subject to quarantine in accordance with a Federal, State, or local government order or advice of a health care provider, or to care for a child under 18 years of age whose school or child care provider is closed or unavailable for reasons related to COVID-19, and/or the employee is experiencing a substantially similar condition as specified by

47 the Secretary of Health and Human Services, in consultation with the Secretaries of the Treasury and
48 Labor.

49 Eligible employees may request leave available under the Families First Coronavirus Response
50 Act by completing Policy 1910F1 –Emergency Paid Sick Leave

47
48 Emergency Family Medical Leave

50
49 Employees may be eligible for up to an additional 10 weeks of paid expanded family and
50 medical leave at two-thirds the employee's regular rate of pay when the employee, who has been
51 employed for at least 30 calendar days, is unable to work due to a bona fide need for leave to
52 care for a child whose school or child care provider is closed or unavailable for reasons related to
53 Covid-19. Eligible employees may request leave available under the Families First Coronavirus
54 Response Act by completing Policy 1910F2 – Emergency Family Medical Leave.

55
56
Legal Reference: Families First Coronavirus Response Act 24

57
58 Policy History:

59 Adopted on: August 11, 2020

60 Reviewed on:

61 Revised on:

62 Terminated on:

YWCCSSC - EMPLOYEE REQUEST FORM - EMERGENCY PAID SICK LEAVE

Employees may be entitled to Emergency Paid Sick Leave in accordance with the Families First Coronavirus Response Act (FFCRA) if the employee satisfies eligibility standards. Employees can complete this form and submit it or any questions to _____ at _____.

Employee Name: _____

Mailing Address: _____ E-mail: _____

Home Phone Number: _____ Alternate Phone Number: _____

Anticipated Begin Date of Leave: _____ Expected Return to Work Date: _____

EMPLOYEE REQUEST FOR LEAVE AT FULL PAY

Employees satisfying one of the three standards noted below are eligible for two weeks of leave capped at 80 hours paid at the employee's full regular compensation rate. For a part-time employee it is the number of hours equal to the average number of hours that the employee works over a typical two-week period. Please select the applicable reason and follow the related instructions.

I am unable to work or telework for the following reasons:

- 1 I am quarantined pursuant to Federal, State, or local government order.
- 1 I am quarantined on the advice of a health care provider.
- 1 I am experiencing COVID-19 symptoms and seeking a medical diagnosis.

Please attach the applicable government order or documentation from medical provider corresponding to the item(s) selected.

EMPLOYEE REQUEST FOR LEAVE AT 2/3 PAY

Employees satisfying one of the three standards noted below are eligible for two weeks of leave capped at 80 hours paid at the 2/3 of the employee's regular compensation rate. For a part-time employee it is the number of hours equal to the average number of hours that the employee works over a typical two-week period. Please select the applicable reason and follow the applicable instructions.

I am unable to work or telework for the following reasons:

- 1 I need to care for an individual subject to quarantine pursuant to Federal, State, or local government order or advice of a health care provider. I represent that no other person will be providing care for the individual during the period for which the I am receiving Emergency Paid Sick Leave.

Name(s) of the individual(s) being cared for: _____

- 1 I am experiencing a substantially similar condition as specified by the Secretary of Health and Human Services, in consultation with the Secretaries of the Treasury and Labor.

Please attach the applicable government order or documentation from medical provider corresponding to the item(s) selected.

- 1 I am unable to work or telework because I need to care for my child under age 18 because my child's elementary or secondary school, childcare provider, or child's place of care has been closed or is unavailable due to a public health emergency. During this period of unavailability or closure, I represent that no other person will be providing care for my child during the period for which I am receiving Emergency Paid Sick Leave.

Section Continued from previous page

Name(s) and Age(s) of Child or Children: _____

If the age of one or more of the child is between 14 and 18, the following special circumstances exist requiring me to care for the child during daylight hours: _____

Please attach notice or documentation related to the unavailability of the school, daycare, place of care or person providing care to the child. The YWCCSSC reserves the right to request confirmation regarding the nature of the closure or unavailability.

If you are requesting 2/3 paid leave in conjunction with Emergency FMLA to care for a child under the age of 18 affected by school or care closure due to public health emergency, please complete an EFMLA form to submit with this form.

SUPPLEMENT 2/3 PAY WITH ACCRUED DISTRICT LEAVE

An employee on Emergency Paid Sick Leave at 2/3 pay as noted above, may choose to supplement the 2/3 pay provided through Emergency Paid Sick Leave with accrued District leave to earn full compensation. Please indicate if you would like to use paid leave during your Emergency Paid Sick Leave absence to supplement your 2/3 Emergency Paid Sick Leave compensation. Requested leave is subject to availability based on confirmation by the YWCCSSC.

1 Vacation: _____ Hours 1 Sick Leave: _____ Hours 1 Personal: _____ Hours

EMPLOYEE CERTIFICATION AND SIGNATURE

I certify that the above information is accurate and complete. I understand that if I fail to report for work on or before the scheduled return date indicated above or fail to communicate changes in the schedule with my supervisor, I may be subject to discipline in accordance with YWCCSSC Policy.

Employee Signature: _____ Date: _____

FOR YWCCSSC USE ONLY

Request Received By: _____ Date: _____

Leave Approved By: _____ Date: _____

Period of Leave: _____

Duration and Type of Supplemental Leave to Earn Full Pay Approved: _____

YWCCSSC will retain all records related to this leave request for at least 4 years for auditing purposes.

YWCCSSC- EMPLOYEE REQUEST FORM - EMERGENCY FMLA

Employees may be entitled to Emergency FMLA (EFMLA) in accordance with the Families First Coronavirus Response Act (FFCRA) if the employee satisfies eligibility standards. Employees can complete this form and submit it or any questions to _____ at _____.

Employee Name: _____

Mailing Address: _____ E-mail: _____

Home Phone Number: _____ Alternate Phone Number: _____

Employment Start Date: _____ Employees must have worked for YWCCSSC for 30 days to be eligible for EFMLA.

Expected Begin Date of Leave: _____ Expected Return to Work Date: _____

REASON FOR LEAVE

Employees satisfying the standards noted below are eligible for 12 weeks* of leave. The first two weeks of the leave are unpaid unless the employee selects available options in the next box. The remaining 10 weeks of leave are paid at 2/3 of the employee's regular compensation rate unless other options are selected on this form. Please select the applicable reason and follow the applicable instructions.

1 I am unable to work or telework because I need to care for my child under age 18 because my child's elementary or secondary school, childcare provider, or child's place of care has been closed or is unavailable due to a public health emergency. During this period of unavailability or closure, I represent that no other person will be providing care for my child during the period for which I am receiving EFMLA.

Name(s) and Age(s) of Child or Children: _____

If the age of one or more of the child is between 14 and 18, the following special circumstances exist requiring me to care for the child during daylight hours: _____

Please attach notice or documentation related to the unavailability of the school, daycare, place of care or person providing care to the child. YWCCSSC reserves the right to request confirmation regarding the nature of the closure or unavailability.

** An employee who qualifies for and utilizes the Emergency Paid Sick Leave provisions of the FFCRA, is entitled to an additional 10 weeks of Emergency FMLA. Direct questions about or requests for this leave to the staff member noted above.*

SUBSTITUTION OF PAID LEAVE FOR FIRST TEN DAYS OF EFMLA

In accordance with the FFCRA, the first ten days of EFMLA is unpaid, however you may be eligible to use Emergency Paid Sick Leave provided through the FFCRA to cover this period at 2/3 of full pay. In the event you have already used Emergency Paid Sick Leave, you are permitted to use available District-provided paid leave to cover this period at full pay. Please indicate if you would like to use paid leave during the first 10 days of your absence and how many hours you plan to use. Requested leave is subject to availability based on confirmation by the YWCCSSC. If requesting Emergency Paid Sick Leave, please complete and submit an Emergency Paid Sick Leave form.

1 Vacation: _____ Hours 1 Sick Leave: _____ Hours 1 Personal: _____ Hours 1 FFCRA: _____ Hours

SUPPLEMENT 2/3 PAY WITH ACCRUED DISTRICT LEAVE

An employee may choose to supplement the 2/3 pay provided through EFMLA with accrued District leave to earn full compensation. Please indicate if you would like to use paid leave during your EFMLA absence to supplement your 2/3 EFMLA compensation. Requested leave is subject to availability based on confirmation by YWCCSSC.

1 Vacation: _____ Hours 1 Sick Leave: _____ Hours 1 Personal: _____ Hours

CONTINUOUS OR INTERMITTENT LEAVE

After completing the first ten days of EFMLA, an employee may choose to take 10 weeks of continuous leave under EFMLA for the reason indicated above. Continuous leave means the employee will not complete any District duties during this period but will be compensated based on the options selected above.

An employee may also choose to take 10 weeks of intermittent leave. Intermittent leave means an employee will complete some District duties on a modified schedule as approved by the employee's supervisor. When using intermittent leave, the employee will receive full regular pay for hours worked and 2/3 of regular pay during periods on EFMLA unless supplemented in a manner noted above.

I am requesting (choose one): 1 Continuous leave 1 Intermittent leave

If your need for leave is intermittent, please describe the requested schedule for your intermittent leave: _____

EMPLOYEE CERTIFICATION AND SIGNATURE

I certify that the above information is accurate and complete. I understand that if I fail to report for work on or before the scheduled return date indicated above or fail to honor the intermittent EFMLA schedule I may be subject to discipline.

Employee Signature: _____ Date: _____

FOR YWCCSSC USE ONLY

Request Received By: _____ Date: _____

Leave Approved By: _____ Date: _____

Period of Leave: _____

Intermittent Leave Schedule if applicable: _____

Duration and Type of Substituted Leave for First Ten Days Approved: _____

Duration and Type of Supplemental Leave to Earn Full Pay Approved: _____

YWCCSSC will retain all records related to this leave request for at least 4 years for auditing purposes.