



The Community Roots School Board Meeting
Tuesday, August 4, 2020 6:30 p.m.
229 Eureka Ave. Silverton

Agenda

1. Call meeting to order – Jen
2. Reading of Community Roots School Mission Statement – Jason
Rooted in our local community, we learn in an authentic Montessori environment, growing as conscientious and joyful learners, inspired to lead in the world community.
3. Consent Agenda
 - Approve July Meeting Minutes
 - Worker's Compensation Resolution
 - Director of Curriculum and Instruction Contract
4. Audience with Visitors (Audience members may make comments to the board on any topic)
5. Administrator Report – Christen Kelly (6:45-6:55)
6. Committee reports (Fundraising, Finance, School Growth) (6:55-7:05)
7. Discussion Items and Actions (7:05-8:00)
 - 20/21 School Year Plan-Christen
 - Discussion
 - Action
 - Policy Review-Katy/Jen
 - Discussion

(6:30-6:45)

VISITORS: Meetings of the school board are for the members to conduct official school business. All meetings are open to the public, except executive sessions, which may be called according to Oregon law. Members of the public desiring to address the board are asked to contact the administrator at least one week in advance of the meeting. Large groups are asked to designate a primary spokesperson.

The Community Roots School Board Meeting
June 2, 2020
DRAFT Minutes

Board members present: Jen, Dan, Astrid, Jason, Rhonda, Shannon, Jaqueline

Staff present: Miranda, Bridgett, Summer, Christen

1. Audience with visitors: Bridgett: Getting ready for the end of the year. Care and connection. Next week virtual moving up ceremony.
2. Consent agenda: Jason moves to approve, Astrid seconds. **Unanimously approved.**
3. Administrator Report: Workshare must filed be under the SFSD umbrella. The paperwork has been completed from the teachers. Have not been assigned a case manager. Now it is up to SFSD and the state to process. June 8th: Dept of Ed guidance for next school year. Miranda will email the board after the meeting. Christen and Miranda meeting with Paul tomorrow to discuss the contract. Recruiting for office assistant.
4. Finance: Considering ideas for ways to resolve budget issues: staffing, facilities, grants, questions on the lease fees, etc. Resolved issues with this year's budget with a little for next year.
5. Facilities: One meeting with the church team: They have a proposed revised draft which includes more than a \$10,000 increase for next year. Next meeting is tomorrow for the CRS team to discuss. Met again with the church on Monday.
6. Budget: Reviewed with various levels of cuts. Suggestion to move the auction to online which is being considered.
7. Policy: Many changes to the sexual harassment policy. Katy will attend August to answer questions.
8. Adjourn to executive session.
9. Return to regular session. Administrator Contract. Astrid moves to approve, Jason seconds. **Unanimously approved.** Start date updated to July 1, 2020, correct spelling and add the steps in reference to years of experience.

The Community Roots School Board Meeting
July 20, 2020
DRAFT Minutes

Board members present: Jen, Astrid, Shannon, Jaqueline

Staff present: Christen

Audience:: Christine, Sarah Reif, Jennifer Traeger, Dan Kaplan, Michelle, Juliana, Beth Myers-Shenai

1. Calendar/Approach 20/21:

- a. Surveys were sent to families and an advisory committee has convened which includes: SFSD nurse, staff, parents, board members. Considering the hybrid model. Some families wanted online only. Christen presented a visual: Equity, health and safety, social emotional support, support services, A/B cohorts and off campus learning, Short term distance learning (STDL). Could consider a comprehensive online model. A positive is that there would be less yo-yoing if schools cannot have in-person class. Enrollment is currently at 132, 17 IEP, eight 504 plans.
 - b. Using outdoor space as much as possible, daily temp checks. Top 3 priorities, SEL Healthy and safety, academics
 - c. No furloughs at this time, full budget will be presented at the August meeting.
 - d. Question about Equity concerns for working parents. May need the community to work together-cohort families help each other. This is a similar issue for all schools.
 - e. Social emotional considerations with comprehensive online. Making connections for the children, teachers trained to know to check in. may mean PD training. Contact Guy post online Montessori school, NCMSP has info. Increase in ADM, online options may make that easier
 - f. Commitment to transparency-include true costs of both options. Extra set of materials are being considered
 - g. Recommendation to do hybrid in alignment with school district will likely be presented at the August meeting.
 - h. Considering the role of the assistant and other school staff.
2. **Lease**-continued meetings with the church. Lease increases cost about \$15,000 per year. Rent stays the same but will take control of janitorial, garbage and water. One room will go back to the church. Thank you to Astrid and the team for all their work. Geercrest use may be down due to the use of the hybrid schedule. May need to consider COVID related cost savings. Astrid moves, Shannon seconds.
Unanimously approved. Astrid will draft language to consider COVID changes, check with Alyssa and attach drawings which may require an amendment.
3. **Board Chair Vacancy:** New members still need to complete orientation with Kate and Seth. Chari roes include presiding over the meetings and supervisor for the administrator.

(Please put this on your district letterhead)

Volunteer Resolution

Resolution No.:

A RESOLUTION EXTENDING WORKERS' COMPENSATION
COVERAGE TO VOLUNTEERS OF:

WHEREAS, the above district elects the following:

Pursuant to ORS 656.031, workers' compensation coverage will be provided to the classes of volunteer workers as indicated below (checked "Applicable") and listed on the attached Volunteer Election Form(s).

Board Members Applicable Not Applicable

Public Officials on unpaid boards will be covered only for administrative and clerical functions while performing their authorized duties as elected officials.

Public Safety Volunteers Applicable Not Applicable

Public Safety Volunteers are covered at the assumed monthly wage indicated on the attached Volunteer Election Form(s).

Other Volunteers Applicable Not Applicable

Non-public safety volunteers and board members volunteering for duties other than administration and clerical functions will use the attached Volunteer Election Form(s) to keep track of their hours and have their assumed payroll reported in the correct Class Code for all their types of work using Oregon minimum wage.

A roster of active board members and volunteers will be kept monthly for reporting purposes and submitted to SDAO quarterly or more frequently upon request.

NOW, THEREFORE, BE IT RESOLVED by the Board of Directors of

_____ to provide workers' compensation
coverage as indicated above.

ADOPTED by the Board of Directors of _____

on _____ .

(date)

Name and Title of Authorized Representative

ATTEST BY: _____ DATE: _____

Print Name and Title: _____

IMPORTANT

As a member of Special Districts Insurance Services (SDIS) Workers' Compensation Program (group self-insured), OR-OSHA requires that certain loss control efforts set out in OAR 437-001-1055 and OAR 437-001-1060 be implemented by your district.

OAR 437-001-1055 requires each member of a group self-insured program to establish a written occupational health and safety loss prevention program that includes:

1. implementing loss prevention efforts aimed at eliminating or reducing health and safety injuries and illnesses; and
2. informing managers and workplace locations of the availability and procedure for requesting loss prevention assistance.

OAR 437-001-1060 then outlines what is required as part of the loss prevention effort.

SDIS and legal counsel have put together a program that will help members meet the OR-OSHA requirement for a loss prevention effort at your district. This loss prevention effort is above and beyond your already required written programs such as hazard communication and lockout/tagout.

Step One: Ensure that all managers at your district know that SDIS is your workers' compensation carrier and that as a member of the program, loss prevention assistance is available. This can be as simple as sending an email out to all managers or posting a notice at all establishments stating this (attached is a notice you can copy and post). Have a plan in place ahead of time so that if loss prevention assistance is needed, managers will know who to contact at your district so it can be forwarded to the SDAO Risk Management Department.

Step Two: Have a written loss prevention effort that encompasses the district's operations. A generic District Loss Control Program has been included in this toolkit to help meet the requirements. Review this document and add any specific/unique safety issues at your establishments. A copy of this document needs to be located at each establishment, with added district specific hazards, if any. You can use the same loss prevention effort at multiple establishments if the operations are similar at the various locations.

This loss prevention effort needs to be reviewed on an annual basis and changes made when operations or processes have changed, as needed. Document this review and forward the documentation of the loss prevention effort to SDIS. SDAO risk management staff will be reviewing your loss prevention efforts during their visits throughout the year.

Beginning of the year agenda item

Failure to comply with these OR-OSHA requirements can result in fines for your district.

SDAO's Risk Management Department is available to help you meet this loss prevention program requirement.

Please take advantage of our assistance by calling us at 800-285-5461 or emailing riskmanagement@sdao.com



DISTRICT LOSS CONTROL PROGRAM (LCP)

The safety and health of all workers/employees is a shared goal of all who work for this district. The district's policy is that managers, supervisors, and all other employees share responsibility for taking reasonable steps to engender a safe and healthful workplace.

The district has a safety committee consisting of management and labor representatives, or it holds safety meetings. The goal of the committee is to assist in identifying hazards and unsafe work practices, mitigating obstacles to accident prevention, and evaluating the district's safety program.

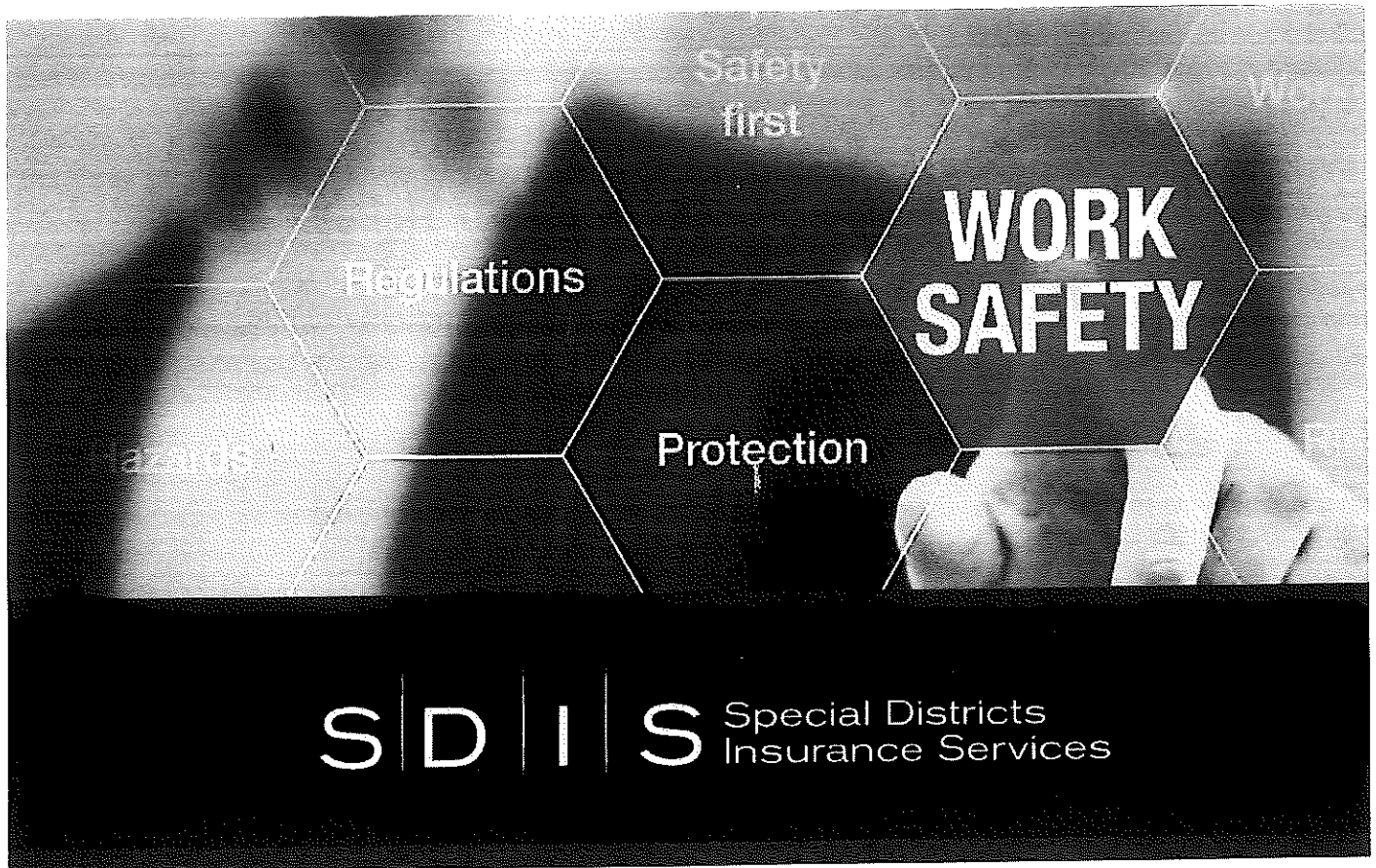
The district expects all management and hourly employees to participate in the following LCP efforts by:

- Striving to achieve zero accidents and injuries
- Taking reasonable steps to improve safety and health policies and procedures at the district
- Assisting loss control efforts aimed at identifying and mitigating industrial hygiene and/or safety hazards
- Identifying reasonable and appropriate mechanical and physical safeguards
- Conducting reasonable safety and health inspections
- Training workers as needed in safe work practices and procedures
- Identifying and providing personal protective equipment (PPE) as appropriate to specific job tasks, and training employees in proper care and use of PPE
- Using appropriate PPE
- Reporting hazards, unsafe work conditions, and on the job near misses/accidents
- Assisting in the investigation into the cause of on the job injuries, and in the identification of reasonable methods to prevent similar occurrences
- Supervising workers in safe work practices
- Enforcing applicable safe work rules
- Disciplining and retraining workers that fail to work safely
- Participating in and supporting safety committee activities
- Reviewing the district's safety and health program annually or as needed

Discipline up to and including termination could result from a failure to pay reasonable attention to any of the above.

If loss prevention assistance is needed at any time, contact:

**SDIS Risk Management
800-285-5461
riskmanagement@sdao.com**



This District is Self-Insured for Workers' Compensation Insurance Through the Special Districts Insurance Services Trust (SDIS)

Pursuant to OAR 437-001-1050, 437-001-1055, and 437-001-1060, SDIS provides assistance and loss prevention services should district personnel and/or volunteers have concerns regarding health and safety hazards.

SDIS strives to help Oregon's special districts provide a safe and healthy workplace. Should you have safety or health concerns, please contact your district risk manager, business manager, or supervisor.

Managers and supervisors are to be advised that assistance regarding safety and health hazards may be obtained by contacting:

SDIS Administrator: SDAO Risk Management Department
Toll-Free: 800-285-5461
Email: riskmanagement@sdao.com
Mailing Address: PO Box 12613, Salem, OR 97309-0613

Display this information in each district facility in a place where your employees can easily read it.

Failure to comply with OR-OSHA requirements may result in fines for your district.

Administered by Special Districts Association of Oregon
PO Box 12613 | Salem, OR | 97309-0613
Toll-Free: 800-285-5461 | **Phone:** 503-371-8667
Email: riskmanagement@sdao.com | **Web:** www.sdao.com

Self-Insured LCP Annual Evaluation

Date: 5/27/20

District: The Community Roots School

Person(s) conducting the evaluation: Miranda Pickler

1 Needs improvement

2 No concerns, but could be improved

3 Excellent

Performance Measure	Effectiveness	Ideas for Improvement
How effectively is the district implementing its written policy concerning management's commitment to health and safety?	1 (2) (3)	Monthly staff meeting documentation
How effective is the district's health and safety accountability system for Management and Employees?	1 2 (3)	
How effective are the district's training practices and follow-up?	1 2 (3)	
How effectively is the district conducting hazard assessments and controlling identified hazards?	1 (2) 3	Label church's supply closet
How effectively is the district implementing its system for investigating all recordable occupational injuries and illnesses, including formulating written findings and taking corrective action?	1 2 (3)	
How effective is the district's system for evaluating, obtaining, and maintaining personal protective equipment?	1 2 (3)	
How effectively is the district using on-site routine industrial hygiene and safety evaluations to detect physical and chemical hazards?	1 (2) 3	
How well is it implementing engineering or administrative controls when physical and chemical hazards are identified?	1 2 (3)	
How effectively is the district evaluating workplace design, layout and operation?	1 (2) 3	More partnership with the church
How well is the district addressing any identified concerns through measures including assistance with job site modifications?	1 2 (3)	
How effectively is the district engaging its employees in the overall health and safety effort?	1 2 (3)	
Has the district utilized SDIS risk management services in the past year?	(Yes) / No	

Note: Ideas for improvement should be given for all areas where effectiveness has been rated at "1." Evaluators should also strive to give ideas for improvement for all areas where effectiveness has been rated at "2." These ideas for improvement should be discussed with management safety and health leadership.

Date: 5/27/20

District: The Community Roots School

Person(s) conducting the evaluation: Miranda Pickner

Comments

Empty box for comments.

Oregon Administrative Rules for Self-Insured & Group Self-Insured Employer Loss Prevention Assistance /Loss Prevention Programs

437-001-1050 Self-Insured and Group Self-Insured Employer Loss Prevention Assistance.

1. A self-insured employer and each self-insured group shall make available to each of its workplace or group locations occupational safety and health loss prevention assistance.
2. A self-insured employer or group shall acknowledge all requests for services which do not involve alleged hazards from any of its locations within 30 days by scheduling a date to begin providing services.
3. Any request from locations of the self-insured employer or group regarding imminent danger of an alleged hazard shall be responded to as soon as possible with loss prevention services.
4. All other requests regarding alleged hazards other than imminent danger shall be responded to with loss prevention services as soon as practicable, but not longer than 30 days following the date of the request.

437-001-1055 Self-Insured and Group Self-Insured Employer Loss Prevention Programs.

Each self-insured employer and each member of a group self-insured program shall establish and implement a written occupational health and safety loss prevention program for each establishment. As a minimum requirement, the program shall:

1. Provide for a loss prevention effort within the normal functions of the business for prevention or reduction of health and safety injuries and illnesses; and
2. Inform its managers and workplace locations of the availability and the process for requesting loss prevention assistance.

437-001-1060 Self-Insured and Group Self-Insured Employer Loss Prevention Effort.

Each self-insured employer and each member of a group self-insured program shall implement a loss prevention effort for each of its locations, which identifies and controls all reasonably discoverable occupational safety and health hazards and items not in compliance with the federal or the division's occupational safety and health laws, rules and standards. The self-insured group shall assist each member of the group in developing and implementing the loss prevention effort. This loss prevention effort shall include at least the following:

1. Management commitment to health and safety;
2. An accountability system for employer and employees;
3. Training practices and follow-up;
4. A system for hazard assessment and control;
5. A system for investigating all recordable occupational injuries and illnesses that includes corrective action and written findings;
6. A system for evaluating, obtaining, and maintaining personal protective equipment;
7. On-site routine industrial hygiene and safety evaluations to detect physical and chemical hazards of the workplace, and the implementation of engineering or administrative controls;
8. Evaluation of workplace design, layout and operation, and assistance with job site modifications utilizing an ergonomic approach;
9. Employee involvement in the health and safety effort;
10. An annual evaluation of the employer's loss prevention activities based on the location's current needs; and
11. The group shall maintain records which document the assistance provided to each member of the group.

Preferred Worker Program Notice

The State of Oregon Preferred Worker Program (PWP) promotes re-employment of qualified Oregon workers who have permanent restrictions from a work injury. The program is funded by worker and employer contributions to the Workers' Benefit Fund.

To qualify for Preferred Worker status, an injured worker must have permanent work restrictions resulting from an on-the job injury which prevent him/her from returning to the job-at-injury. At claim closure, the injured worker will be issued a Preferred Worker card. This card entitles the injured worker, their employer, and their future employers significant benefits through the state.

Major benefits available to employers who retain a Preferred Worker or hire a Preferred Worker include:

- **Premium Exemption:** Premium exemption period is three (3) years. During the premium exemption period, the district does not report the preferred worker's wages. *To use this benefit, the employer must notify the Workers Compensation Division within 90 days of hiring the preferred worker.*
- **Claim Cost Reimbursement:** The Workers' Compensation Division pays the cost of a new claim filed by the Preferred Worker during the 3-year premium exemption period
- **Wage Subsidy:** The Workers' Compensation Division pays 50% of the preferred workers' wages, for 183 days.
- **Employment Purchases:** Items needed to help the Preferred Worker find, accept, or keep a job, including tuition, books, tools and equipment, worksite creation, certification and travel.
- **Worksite Modification:** Items needed to perform a job (\$35,000 per use, up to \$50,000)

Contact the Preferred Worker Program at 800-452-0288 or Pwp.oregon@oregon.gov for more information.

If you employ a Preferred Worker, please report your premium exemptions for this year's workers' compensation policy renewal.

Worker	PWP #	Eligibility Date	Annual Salary

Please provide a copy of this memo along with your renewal information and subtract the above eligible salaries from your reported payroll. Please also include a copy of the Preferred Worker's ID card.

RETURN-TO-WORK PROGRAM

TO: SDIS Workers' Compensation Members
FROM: SDIS Workers' Compensation Team
RE: Return-to-Work Program 2020

Since its inception in 2010, the SDIS Return-to-Work (RTW) Program has assisted our members with returning their injured employees to meaningful transitional duties following an on-the-job injury. Did you know those efforts are adding up to big savings as a risk pool? Our pool's annual claim savings are approximately \$1,000,000.

Whether you call it light duty, transitional duty, or modified work, returning to work as soon as medically reasonable is key to cost savings. Not only does early return to work reduce the cost of workers' compensation claims, it also allows districts to tap into the State of Oregon's Employer-at-Injury Program (EAIP).

SDIS works closely with our member districts to identify appropriate transitional duty work. In addition, we assist districts in obtaining wage subsidy reimbursements, equipment purchases, and/or worksite modifications through EAIP. In 2019, our districts received a combined total of \$273,543 in wage subsidy reimbursements, and made equipment purchases totaling \$121,691.

Employer-at-Injury Program benefits include:

- **Wage Subsidy:** 50% reimbursement of the early return-to-work gross wages for up to 66 work days within a 24-consecutive-month period
- **Purchases:** \$5,000 for the purchase, rental or modification of tools and equipment or worksite modification which allow a worker to perform early return-to-work job duties within the injury-related restrictions
- **Other:** \$1,000 for tuition, books, fees for training; \$400 clothing

An established Return-to-Work Program can ease the RTW process for your injured employees and your district. We will meet with districts and staff to develop and implement a Return-to-Work Program when needed.

For more information, contact:

wc@sdao.com
800-305-1736

Board and Volunteer Election Form

District Name: The Community Roots School

Board Members listed for Class Code 8742B will be covered only for administrative and clerical functions at board/committee meetings. If board members are performing functions other than administrative or clerical duties they must also be listed on the Volunteer Roster and payroll must be reported in the Other Volunteers section to be eligible for coverage.

Unpaid Board of Directors					
Column (1) x Column (2) x Column (3) = Column (4)					
Class Code	Job Duty	(1) No. of Board Members	(2) No. of Meetings Annually	(3) Reimbursement per Meeting (\$40 minimum)	(4) Total Estimated Assumed Payroll (\$2,400 minimum)
8742B	Board of Directors				

Public Safety Volunteers listed for Class Code 8411 use an assumed monthly wage of no less than \$800 per volunteer per month (regardless if one day or 31 days are volunteered) for contribution payment and calculation of benefits. This assumed monthly wage may be increased at the district's discretion in increments of \$100, up to a maximum of \$2,400.

Public Safety Volunteers				
Column (1) x Column (2) = Column (3)				
Class Code	Job Duty	(1) Est. No. of Volunteer Months*	(2) Assumed Monthly Wage (\$800 min.)	(3) Total Estimated Assumed Payroll
8411	Ambulance Driver			
8411	Ambulance Technician			
8411	Crime Prevention Unit			
8411	Sheriff			
8411	Emergency Medical Technician			
8411	Explorer Scout			
8411	Fire Chief/Asst. Fire Chief			
8411	Firefighter			
8411	Police Officer			
8411	Police Reserve			
8411	Probation Officer			
8411	Search and Rescue			
8411	Sheriff's Posse			
8411	Quick Response			
8411JF	Junior Firefighter (Cadet)			
8411A	Support, Non-Firefighting: # Vol _____ x # Hrs _____ x # Months _____ x Hourly Wage _____ =			N/A

*Estimate the number of volunteer months for each position and enter the total on the appropriate line in Column (1). Some volunteers are not active every month, i.e., one volunteer firefighter may be active five months out of the year, two volunteer firefighters may be active 12 months out of the year, and five volunteer firefighters may be active only one month out of the year. Thus, the number of volunteer firefighter months would be 34.

Board and Volunteer Election Form

District Name: _____

Other Volunteers listed for all Class Codes other than Board Member (8742B) and Public Safety Volunteers (8411) use an assumed payroll computed at Oregon minimum wage using actual hours worked and reported in the appropriate Class Code with a "V" added to the end.

SDAO's ability to provide workers' compensation coverage for volunteers is directly related to each entity's ability to keep verifiable records of the names and hours worked by participants. Claims adjusters will verify coverage at the time a claim is filed.

Other Volunteers						
Column (1) x Column (2) x Column (3) x Column (4) = Column (5)						
Class Code	Job Duty	(1) Est. No. of Vol. per month	(2) No. of Hours per month	(3) No. Of Months per year	(4) OR Min. Wage	(5) Total Estimated Assumed Payroll
0042V	Landscaping - V	5	20	12		
0050V	Grove Caretaking Operations - V					
0106V	Tree Pruning, Spraying - V					
0113V	Fish Hatchery and Drivers - V					
0124V	Tree Planting - V					
0251V	Irrigation Works - V					
2702V	Forest Fire Fighting Special Employee - Doctor - V					
4361V	Photography - V					
4511V	Analytical Chemist - V					
5183V	Plumbing - V					
5403V	Carpentry NOC - V					
5445V	Wallboard Install w/in Bldg - V					
5474V	Painting - V					
5479V	Insulation Work NOC & Drivers - V					
5506V	Street and Road Construction - Paving/Repaving/Drivers- V					
5507V	Street and Road Construction- Subsurface Work- V					
5606V	Contractor/Executive Supervisor - V					
5645V	Window/Door Installer - V					
6217V	Excavation NOC - V					
6229V	Irrigation Systems Construction - V					
6306V	Sewer Construction - V					
6319V	Gas & Water Main Construction - V					
6400V	Metal Fence Erection - V					
6834V	Boat Building and Repair - V					
6836V	Marina - V					

Board and Volunteer Election Form

District Name: _____

Other Volunteers						
Column (1) x Column (2) x Column (3) x Column (4) = Column (5)						
Class Code	Job Duty	(1) Est. No. of Vol. per month	(2) No. of Hours per month	(3) No. Of Months per year	(4) OR Min. Wage	(5) Total Estimated Assumed Payroll
6876V	Divers – V					
7024V	Vessels NOC (If Any) - V					
7090V	Boat Livery/Boats Under 15 Tons - V					
7153JV	Railroad Operations (If Any) – V					
7335JV	Dredging (If Any) – V					
7360V	Freighthandler NOC – V					
7370V	Drivers/Attendants - V					
7380V	Chauffeurs and Helpers NOC - V					
7382V	Bus Company and Drivers - V					
7403V	Aircraft Operation - V					
7520V	Waterworks Operations - V					
7539V	Electric Power - V					
7580V	Sewage Plant Operations - V					
7610V	Radio or TV Broadcasting - V					
7720V	Police Officers- V					
8006V	Store - Dry Goods - V					
8010V	Wholesale and Retail Stores - V					
8017V	Store - Retail - V					
8018V	Wholesale NOC - V					
8227V	Municipal Maintenance Yard - V					
8232V	Lumber Yard - V					
8385V	Bus Company - Garage - V					
8601V	Engineer or Architect - V					
8720V	Insurance Inspection & Valuation - V					
8742V	Director/Sales/Collectors - V					
8810V	Clerical Office Employee - V					
8820V	Attorney - V					
8824V	Nursing Home Health Care - V					
8825V	Nursing Home Food Service - V					
8826V	Nursing Home Other Services - V					
8832V	Clinic - V					
8833V	Hospital - Professional EE's - V					

Board and Volunteer Election Form

District Name: _____

Other Volunteers						
Column (1) x Column (2) x Column (3) x Column (4) = Column (5)						
Class Code	Job Duty	(1) Est. No. of Vol. per month	(2) No. of Hours per month	(3) No. Of Months per year	(4) OR Min. Wage	(5) Total Estimated Assumed Payroll
8835V	Nursing - V					
8868V	School Professional Employee - V					
9014V	Buildings Operation by Contractor- V					
9015V	Buildings Operation by Owner- V					
9016V	Kiddie Ride Operators - V					
9040V	Hospital - All Others - V					
9052V	Rooming House/Boarding House - V					
9061V	Club NOC- V					
9063V	YMCA/YWCA - All Employees - V					
9064V	Child Day Camp - V					
9079V	Restaurant NOC - V					
9101V	School -All Other Employees - V					
9102V	Park NOC - All Employees - V					
9154V	Theatre Employees NOC - V					
9182V	Athletic Team - Operation - V					
9220V	Cemetery Operations - V					
9349V	School Cafeteria/Kitchen EE's - V					
9366V	Hospital - Cafeteria - V					
9402V	Street and Sewer Cleaning - V					
9410V	Municipal County Employee NOC - V					
9516V	Radio, TV, Video & Audio Equip. - V					
9519V	TV/Radio Install and Repair - V					

**EMPLOYER OPTION FOR REIMBURSEMENT OF
MEDICAL EXPENSES ON NONDISABLING CLAIMS**

Employers may choose to reimburse SDIS for medical expenses up to \$2,100 (depending on the accident date) per non-disabling claim. Under this option, employers can totally eliminate or partially reduce claim costs from future consideration in determining experience modifications or other charges based on losses. **However, the reimbursement of claims is generally not recommended where the employer's annual premium is less than \$5,000, since the reimbursed claim costs may exceed any premium savings.**

The process works as follows:

1. Prior to the start of each policy year, employers will be notified of their option to reimburse SDIS for medical expenses on accepted non-disabling claims.
2. Employers who choose this option must complete, sign, and mail the election form to SDIS prior to the start of the policy year. (See the "Employer Election to Reimburse SDIS for Medical Expenses" form at the bottom of this page.)

If you have previously made this election and you have had continuous coverage with SDIS, you do not need to resubmit this form.

3. SDIS must receive the employer election form within 30 days of the policy inception date to establish the employer as eligible for participation at the start of the policy.
4. To make the program effective, please carefully read the following. When a worker is injured it is important that an employer submit to SDIS a Claim Report of Occupational Injury or Disease (Form 801) immediately upon learning of the injury. SDIS's claim adjusters will determine if the injury is compensable and will pay the related claim costs.

At the end of the policy year, SDIS will provide an employer who chooses this program with a billing for any reimbursable medical expenses up to \$2,100 (depending on the accident date) for each non-disabling claim.

An employer should not pay a medical provider directly as they may be paying for non-compensable injuries or services.

EMPLOYER ELECTION TO REIMBURSE SDIS FOR MEDICAL EXPENSES

I elect to reimburse SDIS for up to \$2,100 in medical expenses for each accepted non-disabling claim that I select. (Please see next page for the reimbursement procedure.)

Effective: _____
(Month, Day, Year)



Complete Name of District: _____

Signature of
Authorized District Representative: _____ Date: _____

Send completed form to underwriting@sdao.com

(If your district is already signed up, there is no need to resubmit this form.)

Employer Responsibility

Participation in the \$2,100 reimbursement program does not mean you can avoid filing a claim. You must still submit a completed Claim Report of Occupational Injury or Disease (Form 801) immediately upon learning of an injury. SDIS will continue to decide eligibility for benefits, audit medical bills and otherwise ensure that the claim is processed accurately and in a timely fashion.

Definition of a Non-disabling Claim

A non-disabling claim is one in which the injured person does not receive any payment from SDIS for time lost from work. These claims are considered minor in nature and the injured person returns to work within a few hours or days. Generally, time lost from work is less than three days. If non-disabling claim expenses exceed \$2,100, you will only have the option to reimburse up to \$2,100.

How to reimburse SDIS

At the end of the policy period you will receive a billing statement. You may choose to pay all, part or none of the billing by indicating the amount you wish to reimburse per claim on the billing statement. If you choose to reimburse SDIS, return a copy of the billing statement along with your payment within 60 days of the billing date. Any payment received more than 60 days after the billing date will not be accepted by SDIS and will be returned to you. In addition, you will lose your option to reimburse SDIS for the claim costs incurred during that statement period. However, your decision not to reimburse SDIS for any billing period will not terminate your reimbursement election.

Cancellation of Reimbursement Election

The reimbursement election will remain in effect until SDIS receives a written request from you to terminate your election or your coverage is canceled.

Retrospective Rating Plan

If you have a retrospective rating plan and are interested in this program, please contact your account representative for more information.

Background of Reimbursement Program

The 1987 Legislature enacted this law to help employers reduce or eliminate the claim costs considered when determining their future experience modification factors. At the time the employer reimburses SDIS, it is impossible to determine the effect the reimbursement will have on the experience modification factor. For more details see: Oregon Revised Statutes ORS 656.262, 656.307; Oregon Administrative Rule 436-060-0055.

Special Districts Insurance Services

Phone: 503.371.8667 | Toll-free: 800.285.5461 | Email: underwriting@sdao.com

Workers' Compensation Update for Policy Year 2020-2021

Policy#: 35W63007-1062

Date: 03/16/2020

Named Participant

Community Roots School
C/O Silver Falls SD
Silverton, OR 97381

Agent of Record

Larsen-Flynn Insurance, Inc.
105 South Water Street
Silverton, OR 97381

Please enter your estimated payroll, for the 2020-2021 policy year, in the far right column. Volunteer counts can be entered on the following page. Once complete, send this form to your Agent of Record for submission no later than May 15, 2020.

Class	Description	2020-2021 Rate	Current 2019-2020 Estimated Payroll	2020-2021 Contribution	Renewal 2020-2021 Estimated Payroll
8868	School Professional Employee	0.32	\$435,800.00	\$1,381.92	
8868V	School Professional Employee - Volunteers	0.32	\$120,000.00	\$380.52	
9349	School Cafeteria/Kitchen Employees	2.64	\$5,200.00	\$137.41	

Multi-Line Discount applied to SDIS Property/Casualty Contribution*

Manual Contribution:		\$1,899.85
Experience Modification:	x	<u>1.00</u>
Modified Contribution:	=	\$1,899.85
Contribution Volume Credit:	-	\$0.00
Underwriting Adjustment:	x	1.00
Terrorism Exposure Contribution:	+	<u>\$56.10</u>
Standard or Minimum Contribution:	=	\$1,955.95
State Assessment 8.5%:	+	<u>\$166.26</u>
Estimated Workers' Compensation:	=	\$2,122.21
\$1,000,000.00 Employers Liability Coverage:	+	\$0.00
Safety Net Coverages (See Next Page)	+	\$106.11
Net of Commission Discount:	-	\$0.00
Pro Rate Factor:	x	<u>1.00</u>
Preliminary Contribution:	=	\$2,228.32

The indicated Contribution may change if you make changes to the Estimated Payroll or if your district participates in the Medical Expense Reimbursement Program.

*This discount is applied to your SDIS Property/Casualty Contribution and does not reduce the amount of your Workers Compensation Contribution. This discount will not be applied to your Property/Casualty Contribution if your district is not a member of the SDIS Workers Compensation Program.

Workers' Compensation Update for Policy Year 2020-2021

Policy#: 35W63007-1062

Date: 03/16/2020

Coverage C - Safety Net Coverages - Per Claim Limits

First Fill Prescription Coverage: \$1,000 per claim
 Family Support Coverage - Surgery: Lesser of \$300 per day or \$3,000 total per claim
 Family Support Coverage - Catastrophic Injury: Lesser of \$300 per day or \$10,000 total per claim
 Criminal Defense Cost Coverage: \$250,000 per claim
 OSHA Defense Cost Coverage: \$10,000 per claim
 HIPAA Defense Cost Coverage: \$10,000 per claim
 SDIS Staff Support for OSHA Complaints: Unlimited

Employers Liability Limits

(Current Limit:\$1,000,000.00)

Select one of the following:

	<u>Coverage</u>	<u>Estimated Charge</u>
<input type="checkbox"/>	\$1,000,000	No Charge
<input type="checkbox"/>	\$2,000,000	\$150.00
<input type="checkbox"/>	\$3,000,000	\$175.00

Summary and Totals

Number of Full-Time Equivalent Employees (Not Volunteers):

Volunteer Coverage** (Yes/No): No

Board of Director Coverage*** (Yes/No): No

Per Volunteer Assumed Monthly Volunteer Fire Fighter Wage:

Number of Volunteers:

Number of Board Members:

If you add any new volunteer classifications from the ones listed on this update form, you must complete a Volunteer Election Form.

**If Yes payroll must be reported for Class Code 8411 or any other Class Code followed by a "V"

***If Yes payroll must be reported for Classification 8742B

Special Districts Association of Oregon
 P.O. Box 12613
 Salem, OR 97309

Phone: 800-285-5461
 Contact: underwriting@sdao.com

Workers' Compensation Loss Run for Community Roots School

2015

Claim Number	WCSDA2015057183	Event Date	10/28/2015	Open Date	11/2/2015
Claimant	Miller, Nancy	Occupation	Teacher Assist	NCCI Code	8868
Adjuster	Hardman, Cheryl	Status	Closed	Close Date	2/23/2017
Department	Community Roots School	Claim Type	WC-MO	Injury	Strain
Anatomy	Low Back Area (Including Lumbar)	Cause	Strain or Injury By Lifting		
Description	Worker reports injury to low back while pouring bleach water out of tub into sink.				

Financial Information	Type	Paid	Reserve	Collection	Incurred
	EXP	\$40	\$0	\$0	\$40
	MED	\$1,769	\$0	\$0	\$1,769
	Totals:	\$1,809	\$0	\$0	\$1,809

2017

Claim Number	WCSDA2018062133	Event Date	2/6/2018	Open Date	2/9/2018
Claimant	Miller, Nancy	Occupation	Teacher Assist	NCCI Code	8868
Adjuster	Taylor, Katherine	Status	Closed	Close Date	4/26/2018
Department	Community Roots School	Claim Type	WC-MO	Injury	Contusion (Bruise, Skin Surface)
Anatomy	Hand	Cause	Strain or Injury By Pushing or Pulling		
Description	While stacking chairs on a table, sprained left hand.				

Financial Information	Type	Paid	Reserve	Collection	Incurred
	MED	\$384	\$0	\$0	\$384
	Totals:	\$384	\$0	\$0	\$384

2019

Claim Number	WCSDA2019065402	Event Date	9/4/2019	Open Date	9/5/2019
Claimant	Burge, Alyssa	Occupation	Teacher	NCCI Code	9101
Adjuster	Hardman, Cheryl	Status	Closed	Close Date	11/15/2019
Department	Community Roots School	Claim Type	WC-MO	Injury	Laceration
Anatomy	Finger(s)	Cause	Cut, Puncture, Scrape-Hand Tool, Utensil; Not Powered		
Description	While preparing lunch, employee lacerated left index finger with a knife.				

Financial Information	Type	Paid	Reserve	Collection	Incurred
	EXP	\$0	\$0	\$0	\$0
	MED	\$1,180	\$1	\$0	\$1,180
	Totals:	\$1,180	\$1	\$0	\$1,180

Workers' Compensation Loss Run for Community Roots School

Claim Totals By Policy Year

Policy Year	Claims	Paid	Reserve	Collection	Incurred
2015	1	\$1,809.23	\$0.00	\$0.00	\$1,809.23
2017	1	\$384.42	\$0.00	\$0.00	\$384.42
2019	1	\$1,179.58	\$0.89	\$0.00	\$1,180.47