BEFORE THE STATE SUPERINTENDENT OF PUBLIC INSTRUCTION

In the Matter of South Lane School District 45J3	)	FINDINGS OF FACT,
	)	CONCLUSIONS,
	)	AND FINAL ORDER
	)	Case No. 25-054-071

I. BACKGROUND

On October 23, 2025, the Oregon Department of Education (Department) received a written request for a special education complaint investigation from a former District employee (Complainant) who worked with a student (Student) residing in the South Lane School District (District). The Complainant requested that the Department conduct a special education investigation under OAR 581-015-2030. The Department confirmed receipt of this Complaint and forwarded the request to the District.

Under state and federal law, the Department must investigate written complaints that allege violations of the Individuals with Disabilities Education Act (IDEA) and issue an order within sixty days of receipt of the complaint.[1] This timeline may be extended if the Complainant and the District agree to the extension in order to engage in mediation or local resolution, or for exceptional circumstances related to the complaint.[2]

On October 27, 2025, the Department's Complaint Investigator sent a *Request for Response (RFR)* to the District identifying the specific allegations in the Complaint to be investigated and establishing a *Response* due date of November 10, 2025.

The District submitted a *Response* on November 7, 2025, denying the allegations, providing an explanation, and submitting documents in support of its position. The District submitted the following relevant items:

1. District's Written *Response* to Complaint, dated 10/24/25 [*sic*]
2. Statement of Eligibility for Special Education - Other Health Impairment (80), 04/26/23
3. Confidential Psychoeducational Report, 04/26/23
4. Speech-Language Assessment Summary, 04/19/23
5. Individualized Education Program, 11/21/24
6. School Medical Orders, 04/17/25
7. [The Student's] Supervision Plan, 10/09/24
8. Individualized School Healthcare Plan, 2025-26 School Year
9. Temporary Licensed Intent to Hire, 09/25/24

[1] OAR 581-015-2030(12) and 34 CFR § 300.152(a)
[2] OAR 581-015-2030(12) and 34 CFR § 300.152(b)

10. Absence History, 10/28/24-04/03/25
11. Emails dated 09/03/25 through 10/02/25
12. IEP Team Meeting Agenda, 09/22/25
13. IEP Team Meeting Notes, 09/22/25
14. Student Attendance Report, 09/16/25-10/23/25
15. Student Attendance Report, 09/12/24-05/22/25

The Complainant submitted the following relevant items on November 17, 2025:

1. Background and Context, no date
2. Emails dated 12/17/2024, to 10/16/25
3. IEP Team Meeting Handwritten Notes, 09/22/25
4. [The Student's] Supervision Plan 2024-2025, updated 10/09/24
5. Screenshot of Text Messages, multiple dates
6. School Medical Orders, 09/17/25
7. Individualized School Healthcare Plan, 2025-26 School Year
8. District Policy - Student Health Services and Requirements, adopted 06/12/23
9. District Policy - Student Welfare, revised 06/12/23
10. District Policy - First Aid, revised 06/12/23
11. District Policy - Medications, adopted 06/12/23

The Complaint Investigator interviewed the Complainant and District personnel on November 24, 2025. The Complaint Investigator reviewed and considered all documents, interviews, and exhibits in reaching the findings of fact and conclusions of law contained in this order. The timeline for this Order was extended to ensure consistency with the Findings in Complaint 25-054-063, which involved the same Student and some overlapping allegations.

II. ALLEGATIONS AND CONCLUSIONS

The Department has jurisdiction to resolve this Complaint under 34 CFR §§ 300.151-153 and OAR 581-015-2030. The Complainant's allegations and the Department's conclusions are set out in the chart below. The conclusions are based on the Findings of Fact in Section III and the Discussion in Section IV. This Complaint covers the one-year period from October 24, 2024 to the filing of this Complaint on October 23, 2025.

Allegations	Conclusions
When IEPs Must Be In Effect The Complaint alleged the District violated the IDEA by not providing related nursing services in accordance with the Student's IEP. Additionally, the Complaint alleged the District instructed the District Nurse to alter the wording of physician orders to reduce service obligations.	**Substantiated** The District did not provide special education and related services in accordance with the Student's IEP.

Allegations	Conclusions
(OAR 581-015-2220(1)(3), OAR 581-015-2000(29); 34 CFR § § 300.323(a)(d), 300.34(a)(13))	
Content of IEP The Complaint alleged the District violated the IDEA by not including medically accurate information written by the appropriate professional in the Student's "Supervision Plan." (OAR 581-015-2200(1)(d)(e), OAR 581-015-2000(13); 34 CFR § 300.320(a)(4)(7))	**Not Substantiated** The Student's IEP included a statement of the specific special education and related services and supplementary aids and services to be provided.
Review and Revision of IEPs The Complaint alleged the District violated the IDEA by not reviewing and revising the Student's IEP to include updated health information, medical orders, and nursing protocols. (OAR 581-015-2225(1)(b); 34 CFR § 300.324(b)(1))	**Not Substantiated** The IEP Team reviewed the Student's IEP annually, and when additional medical information was obtained.
Free Appropriate Public Education (FAPE) The Complaint alleged the District violated the IDEA by failing to ensure the Student's nursing services were appropriately provided per the IEP, resulting in the Student missing instructional days at the beginning of the 2025-26 school year and continuing to experience interruptions in FAPE. (OAR 581-015-2040(1); 34 CFR § § 300.101(a), 300.17)	**Substantiated** The District failed to provide the Student a FAPE when they refused the Student access to school based on the availability of District staff.

REQUESTED CORRECTIVE ACTION
• Immediate compliance review by ODE to verify that the District implements the Student's IEP nursing services with a licensed nurse, present during all school hours. ● Corrective action plan requiring the District to: ○ "Post and fill the 1:1 licensed nurse position with accurate title, description, duties, and pay"; ○ "Maintain current medical orders and protocols"; and ○ "Ensure all delegation and training are conducted solely by a licensed [Registered Nurse] RN in accordance with the Oregon Nurse Practice Act." ● Revision of all noncompliant documents, including removal or correction of the Student's Supervision Plan, and revision of the Student's IEP to accurately reflect the specific nursing services required.

- Mandatory training for District administrators on IDEA, OAR 851 (Oregon Nurse Practice Act), and OAR 581-015 (Special Education Services).
- "Compensatory educational services for instructional time lost due to a lack of required nursing support."
- "Monitoring and follow-up by ODE for at least one academic year to ensure ongoing compliance."

III. FINDINGS OF FACT

IDEA regulations limit complaint investigation to alleged violations occurring no more than one year before the Department's receipt of the special education complaint. This Complaint Investigation did not consider any IDEA violations alleged to have occurred before October 24, 2024. Any facts listed below relating to circumstances or incidents earlier than that date are included solely to provide the context necessary to understand the Student's disability and special education history.

1. The Student is in second grade and attends an elementary school in the District in the Life Skills classroom. They are eligible for special education services under the category of Other Health Impairment (OHI) due to complex medical needs. Before that, the Student was eligible under Developmental Delay (DD). The Student is curious and active. They have good memory and can recall information learned in different settings with verbal prompts.

2. On April 26, 2023, a Statement of Eligibility indicated the Student was found eligible under the category of OHI. A Psychoeducational Report dated April 26, 2023, described the Student's medical history and adaptive functioning as follows:
   a. The Student was followed by specialists in pulmonology; Ear, Nose, and Throat (ENT); ophthalmology; cardiology; urology; a registered dietitian; gastrointestinal specialist; Occupational Therapist (OT); Physical Therapist (PT); and Speech and Language Pathologist (SLP).
   b. The Student was diagnosed with near-sightedness, "GERD (Gastroesophageal Reflux Disease), calcaneovalgus deformity of both feet, moderate-sized atrial septal defect status post repair, chronic lung disease, subglottic stenosis, feeding difficulties with G-tube (gastrostomy tube) dependence, oropharyngeal dysphagia, eosinophilic esophagitis, retinopathy of prematurity, and DD."
   c. The Student received "very low" scores on the Adaptive Behavior Assessment System 3rd Edition (ABAS-3) in the areas of "communication, functional academics, self-direction, leisure, social, community use, school living, health & safety, and self-care."

   An undated Functional Communication Assessment's analysis indicated the following:

   d. The Student was unable to "attend to a standardized language test," therefore, "formal standardized testing was unable to be completed."

e. Based on teacher reports, observations, and the examiner's informal assessments, the Student's communication skills were determined to be in the "severe range."
f. The Student lacked a system for symbolic communication.
g. The Student was restricted in their ability to communicate needs, wants, feelings, and concerns with others.

3. On September 25, 2024, the District issued a Temporary Licensed Intent to Hire to School Nurse 1 and offered them a seven-hour daily position, which they accepted on October 2, 2024.

4. On October 9, 2024, the Student's supervision plan was updated and included the following supports:
   a. Low staffing: "When [School Nurse 1] is absent, [the Student] will not come to school."
   b. "If more than two staff members are out with unfilled substitutes, a group text between [Teacher 1], [School Nurse 1], [the Parent], and [the Special Education Administrator] will be created to plan for a response for the day by 7:30 a[.]m[.]"
   c. Hygiene.
   d. Feeding and group times.
      i. During feeding and group times, the Student will use "a chair with stability and no armrest" to avoid tubes getting wrapped around and pulled out.
   e. Fire and lockdown drills
      i. Current staff assigned to the Student will support.
      ii. If a real emergency and elevators are not working, "[School Nurse 1] will only be allowed to carry [the Student] out of the building."
   f. Silent aspiration
      i. Staff training is required to reduce risk.
      ii. In any case of aspiration, first call 911, then call the Parent.
   g. Eosinophilic Esophagitis (EOE)
      i. No ingestion of foods due to possible allergy.
   h. Nursing protocols
      i. G-tube: "Staff will never be trained to assist with any G-Tube-related services."
      ii. "Staff will notify [School Nurse 1] of any problems immediately."
   i. Supplemental oxygen
      i. "Staff will never be trained to assist with any supplemental oxygen or related services."
      ii. "[School Nurse 1] will be trained annually or with any changes in protocol."
   j. Tracheostomy
      i. "Staff will never be trained to assist with any trach-related services."
      ii. "[School Nurse 1] will be trained annually or with any changes in protocol."
      iii. "If pulling out occurs, [School Nurse 1] will attend to [the Student] and [their] needs while [Teacher 1] calls 911 and then [the Parent]."
      iv. If trach gets "ripped, wet, or dirty, [School Nurse 1] will change with staff assisting in distracting [the Student] with [their] toy."
   k. OT
      i. "[OT] will provide guidelines on safely using compressions on joint areas."

ii. "Staff will be trained annually."

l. Food sensory experience
   i. Staff will assist by cutting food for the Student to experience tactually.
   ii. Foods will be used to "build tolerance and comfort."
   iii. Staff will put food on the Student's arms and cheeks, and will encourage the Student to try on their own.

m. PT
   i. "[The Student] has a walker for days [they] need assistance."
   ii. Staff should monitor the Student due to low spatial awareness.
   iii. "Staff will be trained annually on [PT] program, when changes occur to [the Student's] gross motor abilities, and upon arrival for new staff."

n. Behavior
   i. "[The Student] will be monitored in all peer interactions for safety of [the Student] with others and for [the Student's] actions to others."

5. On November 21, 2024, the District provided a Special Education Notice of Team Meeting for a meeting on that day at 2:45 p.m.

6. On November 21, 2024, an IEP meeting was held for the Student, which addressed the following:
   a. Meeting participants
      i. Parent,
      ii. Special Education Teacher,
      iii. Special Education Director,
      iv. ESD Staff member,
      v. OT,
      vi. PT, and
      vii. School Nurse 1.
   b. Special factors
      i. Communication needs.
      ii. Assistive technology devices or services.
   c. Present levels
      i. The Student had academic needs in the areas of reading, writing, and math.
      ii. The Student had functional needs in the areas of OT, communication (including the use of an Augmentative and Alternative Communication (AAC) device), feeding and swallowing, academic readiness, social/emotional, adaptive skills, food sensory, assistive technology, and PT.
      iii. The IEP stated, "when medical documentation is acquired," the feeding guidelines would be increased to a protocol that allowed the Student to eat "food items."
   d. Annual academic and functional goals and objectives
      i. Expressive Communication Goal.
      ii. Reading goal.
      iii. Math goal.
      iv. Writing/fine motor goal.
      v. Adaptive goal for a bathroom routine.

vi. Social/emotional learning goal.
vii. Self-care goal around wearing glasses.
viii. Gross motor goal: to use stairs.

e. SDI provided by the [Education Service District] ESD
   i. "Adaptive Skills for 150 minutes weekly."
   ii. "Behavior- Social/emotional for 480 minutes yearly."
   iii. "Motor skills-fine for 75 minutes weekly."
   iv. "Readiness skills for 150 minutes weekly."
f. Related service
   i. "Nursing Services for 360 minutes daily [provided by the] LEA-[Licensed Practical Nurse] LPN/RN."
   ii. "PT for 240 minutes yearly [provided by the] regional-PT."
   iii. "OT for 300 minutes yearly [provided by the] regional-OT."
   iv. "Speech/language pathology/ therapy for 120 minutes monthly [provided by the] ESD."
   v. "Augmentative Communication Service for 420 minutes yearly [provided by the] ESD."
g. Relevant accommodations
   i. "Nursing/health care protocol [for] trach cleaning when needed [provided by the] LEA-LPN/RN."
   ii. "Protocol: feeding [at] lunchtime [provided by the] ESD."
   iii. "Protocol: tube feeding [at] breakfast and lunchtime [provided by the] ESD."
   iv. "Adult Support 1:1 [provided by the] ESD."
h. Non-participation justification
   i. "The Student [was] medically fragile and [had] low spatial awareness," and required a high adult ratio classroom where they could receive "direct supervision from staff and [their] 1:1 nurse."
i. Placement
   i. Self-contained classroom: life skills

IEP Meeting Notes indicated the team discussed changing the wording for adult support from "throughout the day" to "1:1" due to the safety plan, and the Parent's concerns.

The District provided a Prior Notice of Special Education Action, which stated, "IEP Team determined that [the Student's] current performance levels have changed. The updated IEP reflects these changes."

7. On December 17, 2024, the Special Education Director emailed School Nurse 1, with the Complainant copied, regarding district-wide medical program review. The Special Education Director told School Nurse 1 nothing needed to be done until the Complainant contacted them.

   In their response to the Complaint Investigator, the Complainant stated they were previously told School Nurse 1 was not under their clinical supervision; therefore, they did not prioritize following up with School Nurse 1. The Complainant was also not previously aware the Student was under School Nurse 1's care.

8. In an email exchange on March 18, 2025, School Nurse 1 informed the Complainant they did not have a current cardiopulmonary resuscitation (CPR) certification. School Nurse 1 stated they were told they did not need to have one. The Complainant forwarded the exchange to the Special Education Director the same day. Regarding the certification, the Complainant stated, "While this isn't a requirement of the Oregon State Board of Nursing for licensure, it is included in the SLSD LPN job description[.]" They expressed concern over a non-certified person providing one-on-one aide to a student with a compromised respiratory system.

   In a follow-up email exchange between April 1, 2025 and May 28, 2025, the Complainant inquired again if School Nurse 1 had recertified in CPR and recommended accredited trainers. School Nurse 1 responded they had signed up for a class in May 2025, and subsequently emailed their certificate on May 28, 2025.

9. On May 30, 2025, the Complainant emailed the Assistant Superintendent to inform them of a State Bill that passed regarding student healthcare. They reported the law requires licensed registered nurses to supervise and evaluate other clinical staff. They asserted administrators would maintain oversight of scheduling and policy compliance, and clinical guidance and evaluation would come from qualified medical professionals. The Complainant asserted this protected the safety of students and staff by ensuring peer review by medical professionals with appropriate training.

10. In an email on June 20, 2025, the Special Education Director confirmed School Nurse 1 would not be returning to the District. The Principal responded on June 27, 2025, they believed the replacement would need "a fair amount" of training. The same day, the Complainant responded via email to the Special Education Director they would like to be a part of the hiring and interviewing process for the replacement LPN. They separately emailed the Principal expressing the need to train the replacement, as well as informing the Principal they had asked to be part of the hiring process.

11. On August 4, 2025, the Assistant Principal emailed the Special Education Director to ask about the status of the open LPN position. The Special Education Director responded the same day, stating the position would be "posted later this week."

12. On August 27, 2025, the Parent emailed the Special Education Director to request an update on the open nurse position and to connect with the Complainant. The Special Education Director replied to the Parent and included the Complainant on August 28, 2025. They stated they were "working on this" and the ESD would fill the position temporarily until a full-time person was hired. The Special Education Director offered a solution of hiring the Student's existing personal care worker on a "short-term basis" if one existed who was trained on all the Student's protocols.

13. On August 27, 2025, the Special Education Director emailed the Life Skills Supervisor and Teacher 2 to tell them an LPN had not yet been hired. The Special Education Director asked if the Parent could temporarily attend with the Student. The Teacher replied they had concerns

about having a parent in the classroom and were willing to discuss solutions. The Life Skills Supervisor responded the District did not "have a practice of allowing parents into our classrooms as a direct support provider to their child." They stated they understood the District needed to provide the Student an education and did not feel comfortable with the Parent as direct support. They suggested contacting the ESD to provide short-term nursing support until an LPN was hired.

14. On September 3, 2025, the Special Education Director emailed the Parent to inform them the District was "able to secure a temporary RN" for the Student and added they wanted September 8, 2025, to be the start date for the Student.
    a. The Special Education Director added they would continue to look for a "long-term" LPN.
    b. The Life Skills Supervisor emailed the Special Education Director to state the "RN from [the ESD]" was not consistently available full days and asked whether they still wanted to proceed.
    c. The Special Education Director stated it was better than no days and asked to proceed.
    d. The Special Education Director emailed the Complainant to see if they could cover Tuesdays and Thursdays for a couple of weeks until the District hired a permanent nurse.

    The same day, the Complainant emailed the Life Skills Supervisor asking for a copy of the Student's current medical orders, school protocols, and any relevant medical documents. On September 4, 2025, the Life Skills Supervisor responded they could not locate the current files and asked the Special Education Director to research the online database. The Special Education Director replied that the files they found were from 2022-23, therefore outdated. The Life Skills Supervisor suggested the Complainant physically go to the school to obtain records.

15. On September 8, 2025, the Complainant emailed the RN care coordinator to obtain the Student's current doctor's orders and protocols. On September 9, 2025, the RN care coordinator faxed the documents. The Complainant verified receipt of 39 pages of medical documentation for the Student on September 11, 2025.

16. In an email exchange dated September 12, 2025 through September 18, 2025, School Nurse 2 inquired about setting up RN coverage for mandated labor breaks. They stated the Student's nursing support was unable to take a lunch break. The Special Education Director replied they would see if the school's health aide could cover for breaks. School Nurse 2 stated they were able to take a break by leaving the Student with an educational aide, but they recognized that was not ideal. They reported medical documents required adult support at "arms' length" at all times, and indicated while the Student was stable in class, they worried about emergent situations. The Life Skills Supervisor inquired about previous scheduling protocols and indicated the Teacher needed to create a formal schedule for breaks. They asked the Complainant about delegating and training other staff to ensure the nursing staff took their breaks outside the classroom. The Teacher indicated School Nurse 1 took all their breaks in the classroom with the Student. The Complainant requested information regarding the contract between the District and the ESD for 1:1 nursing support for special education students to verify the policies. They agreed all employees deserved appropriate legally

mandated breaks. They stated they would provide delegation and training in accordance with state law pending verification of special education nursing support policies.

17. On September 17, 2025, the Student's pediatrician issued School Medical Orders detailing the Student's specialized needs, which required 1:1 supervision by a licensed RN or LPN within arm's reach of the Student at all times, including during transportation, meals, and therapies. In addition to specific clinical protocols for tracheostomy care, suctioning, and G-tube feeding, the orders clarified that isolated episodes of vomiting did not require exclusion unless accompanied by symptoms such as fever or respiratory distress. To ensure physical safety, the physician restricted the Student from contact sports, directed that the Student not be placed near peers with aggressive behaviors, and required the nurse and teacher to coordinate safe seating. The orders further noted that, while the Student could attend general education with 1:1 nursing, daily recess was to be provided in a designated space at an alternate time. On September 18, 2025, the Complainant emailed these orders to key staff, including the Special Education Director and Life Skills Supervisor, noting that a copy would be placed in the Student's classroom binder for nursing staff.

18. On September 22, 2025, the IEP team convened to review an updated September 17, 2025 doctor's note stating the Student required RN or LPN support at arm's length for 100% of their day. The team engaged in extensive discussion regarding the practical application of these orders, including how to provide coverage during nurse breaks, the district's inability to find a nurse thus far, and the clarification that, while the student would not be excluded for teacher absences, they would not attend school if a nurse was unavailable. Regarding safety and placement, the team addressed the medical necessity of separating the Student from peers with aggressive behaviors; although the Life Skills Supervisor expressed concern that they could not guarantee the environment or follow orders "to a 't,'" the Complainant clarified that the order meant avoiding students who are currently escalated. The team distinguished between medical and educational support, noting that while the Student requires 1:1 support for direct instruction, adding strict 1:1 academic support "in addition to nurse support, feels very restrictive". Additional matters included a referral for a vision assessment, a determination by the PT that a walker was unnecessary, and an agreement to place the Student on an AAC waitlist supported by the ESD. The meeting concluded with action items to draft a new IHP and amend the IEP to reference the IHP for specific medical protocols such as G-tube feeding and oxygen use.

19. On September 22, 2025, the Life Skills Supervisor emailed the supervision plan to the Complainant, School Nurse 2, the Parent, Teacher 2, and the Special Education Director.

20. On September 22, 2025, the Special Education Director emailed the Complainant to thank them for completing the IHP for the Student and asked if they would contact the doctor to clarify with them whether they could "safely delegate [the Student's] nursing services to a non-LPN," adding it would significantly increase staffing possibilities.

21. In an email exchange on September 29, 2025, the Principal reached out to the team for an update on long-term nursing support. The Like Skills Supervisor acknowledged the ESD had

been providing "back-up support" through School Nurse 2 and clarified it was the District's responsibility to find a long-term one-on-one support provider. They stated the ESD had agreed to send School Nurse 2 to support the Student through the end of September, with a schedule of Monday/Wednesday/Friday, and every other Tuesday. They confirmed the ESD was not providing support for the Student on Thursdays. The Special Education Director stated the District would use an educational nurse staffing service and indicated they would consider hiring School Nurse 2 directly.

22. On October 2, 2025, the Parent emailed the Special Education Director with "document to start a formal complaint for [the Student]." The Special Education Director replied to the Parent, stating they were aware the Student had missed school due to a lack of "proper nursing supervision." The Special Education Director added the inability to hire was a "function of the job market and not a lack of effort."

    The Special Education Director agreed to discuss compensatory education as they got closer to "the break," and relayed breaks are when the District would provide those services.

23. In a chain of text messages from October 7, 2025 to October 25, 2025, School Nurse 2 and the Director of Regional Inclusive Services discussed the Student's care. The Director of Regional Inclusive Services confirmed School Nurse 2's position as nursing support for the Student was intended to be on a temporary part-time basis through the ESD while the District looked for a full-time nurse. School Nurse 2 expressed fondness and concern for the Student and stated they were committed to caring for the Student as long as necessary. They expressed interest in a 4-day-per-week position as the Student's nursing support, stating a back-up nurse would be necessary for them to feel secure with the arrangement. The Director of Regional Inclusive Services offered School Nurse 2 a full-time position as the Student's nursing support, which would be hired directly by the District through an educational nurse staffing service. School Nurse 2 declined the full-time position due to scheduling and personal concerns over their qualifications for the position.

24. On October 16, 2025, the Complainant emailed the Superintendent to remind the District of state laws regarding supervision of nursing staff. They reiterated only licensed RNs were allowed to assess, direct, or delegate nursing support to other licensed nurses and non-nursing staff. The Complainant asked that administrators not provide direction on medical issues to the medical staff and not delegate medical tasks to non-medical staff.

25. A document titled Individualized School Healthcare Plan 2025-2026 listed the responsibilities of school staff and care required.
    a. Diagnosis of Tracheostomy Dependence, Gastrostomy Tube Dependence, and Chronic Respiratory Insufficiency. The Student "Requires routine suctioning to maintain airway patency." They receive nutritional formula through the G-Tube.
    b. Clarification of responsibilities stated "Any care that involves hands-on medical procedures such as G-Tube care, tracheostomy care, skin care, and transferring must be performed by the school RN."

c. "Other supportive tasks, including facilitating classroom safety, recess accommodations, and positioning, may be performed either by the RN or by school staff who have been trained and delegated by the RN."
d. School medical orders and descriptions of diagnoses.
    i. Supervision requirements include 1:1 direct supervision by a licensed RN or LPN at all times.
    ii. Tracheostomy and suctioning orders described the medical conditions and subsequent treatments.
e. The suctioning procedure lists the steps for completing it.
f. The school medical orders and descriptions of diagnoses describe the Student's dependency on a G-Tube for feeding due to documented medical needs.
g. The section, accidental dislodgement of trach, describes procedures for staff if the Student's trach were to become dislodged, including calling 911 immediately.
h. The exclusion criteria for vomiting stated that the Student was not to be excluded for vomiting unless there were other signs of illness.
i. The school feeding plan described in detail the Student's feeding procedures.
j. The skin care/trach and G-Tube care sections outlined the specific procedures for skin care and G-Tube cleaning.
k. Safety parameters for the Student describe their "functional limitations and core strength weaknesses," and the need for PT services.
l. Classroom safety indicated the Student should not be placed near peers with aggressive behaviors, and the nurse/teacher should coordinate safe seating and classroom positioning.
m. Recess accommodations include access to outdoor play equivalent to recess in a safe area at an alternate time. The RN/LPN must supervise at all times.
n. General education inclusion explained the Student could attend a general education classroom with a 1:1 RN/LPN present, keeping in mind the Student's attention span and times "that make sense for the teachers."

26. During the period of September 12, 2024 through May 22, 2025 the Student missed five days due to staffing shortages. A Student Attendance Report dated October 23, 2025, indicated the Student missed 12 days of school between September 16 2025 and October 23, 2025 due to an absence code of "nurse out" or "no nurse."

27. On October 23, 2025, the Complainant filed this Complaint.

28. An undated document detailed School Nurse 1's absences from October 28, 2024, to April 3, 2025. During this time period, School Nurse 1 was absent for 13 days.

29. The Complainant submitted the following District Policies:
    a. JHC Student Health Services and Requirements
        i. "Although the district's primary responsibility is to educate students, the students' health and general welfare is also a major Board concern. The Board believes school programs should be conducted in a manner that protects and enhances student and employee health and is consistent with good health practices."

ii. "The district shall provide one registered nurse or school nurse for every 125 medically fragile students; one registered nurse or school nurse or one licensed practical nurse under the supervision of a registered nurse or school nurse for each nursing-dependent student; and one registered nurse or school nurse for every 225 medically complex students. The district may use the most cost-effective means available to meet the above requirements."
iii. The health program included assistance for students taking any medication at school, medically fragile and complex students, and students with special health care needs. School health services were integrated with school health education programs.

b. JH Student Welfare
   i. This policy ensured the safety of all students. It covered supervision during regular school hours on all school property.
c. EBBA First Aid
   i. This policy stated that designated employees in each District building would hold first-aid certification. According to state law, one employee for every 60 students must hold a current first-aid card, or each building must have an emergency response team of no less than six employees with current first-aid cards.
d. JHCD/JHCDA Medications
   i. This policy stated that current first-aid and CPR certification is required for any personnel administering or supervising the self-administration of medication to a student.

30. In an interview with the Complaint Investigator, the Complainant described becoming involved with the Student after the Parent contacted them regarding the Student's care in school. The Complainant added that the School was still waiting to hire a replacement for the previous year's 1:1 LPN.

31. The Complainant explained the District was responsible for filling the 1:1 nursing position because the Student had a 1:1 nurse listed in their IEP. The Complainant added the previous nurse let the District know in the spring of 2025 they would not be returning for the 2025-26 school year. The Complainant recalled an email was sent from an administrator at School 2 in June asking when the position would be posted. The Special Education Director replied it would be posted in August. The Complainant confirmed there were no interviews for the position before school started.

32. The Complainant shared they were the only RN working for the District. They stated they participated in IEP and 504 meetings, contributed to the medical sides of the plans, and helped draft IHPs. They added, in relation to the Student, they met with the family, completed a nursing assessment, spoke to teachers, met with the care team and the IEP team, arranged for nursing, and arranged for a trained nurse delegate if the primary nurse was unavailable. The Complainant noted they did not have "orders or protocols" or any medical documentation on how to perform the Student's care until September of 2025.

33. The Complainant stated they first heard of the Student needing a 1:1 nurse in December 2024. They recalled hearing the Special Education Director was supervising the 1:1, and the

prior district nurse had already gone over the "protocols" with the Special Education Director. The Complainant shared that when the Parent reached out regarding the status of the 1:1, they realized they should have had "much more involvement" and knowledge of the Student.

34. The Complainant recalled receiving an email from the Life Skills Supervisor regarding the Student's supervision plan during the previous school year. The email with the supervision plan was sent to the Student's entire IEP team. The Complainant confirmed they had not seen it before the email, recalled it was not part of the Student's medical folder, and was not part of any email chain they were included in. The Complainant recalled the Parent also stating they hadn't seen it before the email. The Complainant reported the supervision plan did not "involve any consult [*sic*] with an RN," didn't mention a district nurse, and did not include the doctor's orders.

35. The Complainant described the IEP as lacking nursing details and recalled the IEP stated the Student "required nursing services" for the whole time the Student was there. They noted that the IEP did not include the type of medical care required or who would provide it.

36. The Complainant noted they first learned the Student did not have an IHP when they reviewed the Student's health folder. They stated that the school nurse must know what is required for each student who has nursing on their IEP, 504, or IHP to ensure safety and keep them attending school. The Complainant reported that the District did not know where the Student's health folder was or where the protocols were, so they could be updated. The Complainant noted that the District did not have a Release of Information (ROI) to speak with the medical provider in the file. The Complainant stated that the District was required to ensure nursing services were provided by trained and qualified staff with active certifications.

    The Complainant explained that they could not "operate outside of [their] scope of practice" and create orders that did not exist. They confirmed they follow the doctor's orders, and the orders needed to be current. The Complainant added they needed "updated documentation" to do their job safely.

    The Complainant acknowledged it was their responsibility to interpret the doctor's orders and ensure they were implemented.

37. The Complainant described the provision in the Student's IEP stating they would not attend school if the school nurse was unavailable as the District's way of dealing with not having "everything in place." The Complainant expressed that this set the Student's progress back and indicated that the Student was deprived of their ability to establish routines, knowledge, and "all the beneficial aspects of [their] education."

38. The Complainant explained that the Special Education Director asked them whether they could delegate the Student's nursing services to non-nursing staff as a way to "open up" additional staffing options for the 1:1 support. The Complainant stated the Special Education Director knew of another student in the District with similar medical needs who did not require a 1:1. The Special Education Director asked the Complainant to contact the Student's

doctor to review what would be considered a "must" versus a "maybe" in the Student's medical orders. The Complainant stated the Special Education Director wanted to know what could be delegated, and whether it could be all of it or portions of it.

The Complainant stated the Special Education Director asked them again why the Student needed this level of care while another student with similar medical needs didn't, asked if the doctor's orders were "even real," why they were so specific, and if they could take out the parts where a registered nurse was required. They recalled the Special Education Director saying they could employ somebody "faster" and it would be "significantly less expensive" to employ someone who was not a nurse.

39. The Complainant stated staff were concerned that, if the Student required a licensed nurse, they may not be able to attend their program. They added the staff felt it was an "unreasonable" expectation. The Complainant explained they could delegate tasks if someone was willing, capable, and demonstrated competency, but it would be on their license. They also added the tasks needed to be appropriate to delegate.

40. In an interview with the Complaint Investigator, the Special Education Director described their difficulties with retaining nursing staff. They shared that their LPN staff had stayed anywhere from three weeks to a full year, and their RN had recently resigned in October [2025]. The Special Education Director added they were only able to "partially fill" the RN position with an RN from another district. The Special Education Director stated the RN works two days a week for the District and three days at the other district.

41. The Special Education Director stated they were aware of a student at another district school with a similar medical need and that the student's physician had authorized delegated services at a level below an LPN or RN. They added that they asked the Complainant to "investigate" the level of severity and need for the Student to see if an LPN or RN was needed. The Special Education Director stated the Complainant confirmed the Student required that level of care, and the District was "obliged" to provide it.

42. The Special Education Director acknowledged, according to the Student's plan, when the LPN assigned to the Student was ill, they often did not have coverage for the Student. They confirmed they did not have an LPN or RN at the start of the school year and had asked their District RN to "cover," and "that never happened." The Special Education Director stated they had one contingency plan: the other person in the District with RN licensure would provide substitute services. They added the other health aides in the District did not hold LPN certifications.

43. The Special Education Director recalled asking the family if they had a home service provider who could substitute temporarily. Additionally, they described exploring the use of a tutor to provide SDI and services hours while the Student was in the home setting.

44. The Special Education Director reported the Student had a "significant" amount of absences. They explained that many of the absences were due to the District's nursing staff shortage.

They indicated the Student was out for medical reasons in December 2024 and that those absences were excused.

45. The Special Education Director recalled holding a team meeting "this fall" to determine the health services the Student needed. They confirmed a supervision plan had been created the previous year and were unsure whether it occurred during an IEP meeting. They shared the supervision plan stated that when there was "low staff," the Student would not come to school. The Special Education Director clarified they would only keep the Student out if they didn't have nursing staff or didn't have the staff to keep the Student safe, adding it did not apply to instructional staff absences. The Special Education Director stated the document was written down and provided to the family by the classroom teacher and "perhaps an ESD Supervisor." They added that it was not a part of the IEP or the IHP.

IV. DISCUSSION

When IEPs Must Be in Effect

The Complaint alleged the District violated the IDEA by not providing related nursing services in accordance with the Student's IEP. Additionally, the Complaint alleged the District instructed the District Nurse to alter the wording of physician orders to reduce service obligations.

At the beginning of each school year, a school district must have an IEP in effect for each child with a disability within the district's jurisdiction. School districts must also provide special education and related services to a child with a disability in accordance with an IEP.[3] Related services include school nurse services, provided by a qualified school nurse, and school health services, provided by a qualified school nurse or other qualified person.[4] Additionally, school districts must ensure that each IEP is accessible to every teacher and service provider who is responsible for its implementation, and inform them of their specific responsibilities for implementing the IEP, including specific accommodations, modifications, and support.[5]

The District reported difficulty in providing the required nursing support included in the Student's IEP. School Nurse 1, hired temporarily in October 2024, was deemed "not a good fit" and did not return for the 2025-26 school year. Despite being notified of the vacancy in spring 2025, the District did not have a full-time replacement nurse hired by the start of the 2025-26 school year. As a result, the Student missed 12 days of school between September 16 and October 23, 2025, due to the absence of a nurse, as acknowledged by the Special Education Director. During the prior school year, the Student missed five days due to staffing shortages, and an earlier supervision plan indicated the Student would not attend school if School Nurse 1 were absent. The IEP meeting notes from September 22, 2025, confirm the team discussed the lack of nurse availability, which caused the Student to be excluded from school. The Special Education Director attributed the difficulty in hiring to the job market.

[3] OAR 581-015-2220(1); 34 CFR § 300.323(a)
[4] OAR 581-015-2000(29); 34 CFR § 300.34(a)(13)
[5] OAR 581-015-2220(3); 34 CFR § 300.323(d)

The Special Education Director instructed the Complainant to contact the Student's physician to clarify or alter the 1:1 nurse order, suggesting it was to "increase staffing possibilities" and reduce cost by potentially delegating services to non-nursing staff. The Complainant, who is the only RN in the District, asserted that they could not operate outside their scope of practice and relayed state law and District policy requiring RN supervision and delegation. The Complainant did not alter the physician's orders, and no changes were made to the IEP that were contradictory to the physician's medical orders.

The District failed to implement the core related services mandated by the IEP for an extended period, resulting in the student's exclusion from school. The lack of a qualified provider is not an excuse for non-implementation under IDEA.

The Department substantiates this allegation.

Content of IEP

The Complaint alleged the District violated the IDEA by not including medically accurate information written by the appropriate professional in the Student's "supervision plan."

The IEP must include a statement of the specific special education and related services and supplementary aids and services to be provided to the child, or on behalf of the child. It must also include a statement of the program modifications or supports for school personnel that will be provided for the child to advance appropriately toward attaining the annual goals, be involved and progress in the general education curriculum, and be educated and participate with other children with disabilities and children without disabilities.[6] Finally, the IEP must include the projected dates for initiation of services and modifications, and the anticipated frequency, amount, location, and duration of each.[7] Regarding health assessment statements related to Student health plans, these statements are issued by a nurse practitioner licensed by a State Board of Nursing, or by a physician assistant licensed by a State Board of Medical Examiners. Nurse practitioners and physician assistants must practice within their area of specialty.[8]

The Complainant claimed the November 2024 IEP lacked nursing details; however, the supervision plan dated October 9, 2024 was not developed as part of the November 2024 IEP, and was not included in the IEP. Nursing was listed as a related service, and the accommodations included protocols for feeding and trach tube cleaning. The LPN attended the October 2024 IEP meeting.

The Department does not substantiate this allegation.

[6] OAR 581-015-2200(1)(d); 34 CFR § 300.320(a)(4)
[7] OAR 581-015-2200(1)(e); 34 CFR § 300.320(a)(7)
[8] OAR 581-015-2000(13)

Review and Revision of IEPs

The Complaint alleged the District violated the IDEA by not reviewing and revising the Student's IEP to include updated health information, medical orders, and nursing protocols.

Each school district must ensure that the IEP Team reviews the child's IEP periodically, but at least once every 365 days, and must revise the IEP, as appropriate, to address any lack of expected progress toward the annual goals and in the general education curriculum. The IEP must also consider the results of any reevaluation conducted, information about the child provided to, or by, the parents, the child's anticipated needs, or other matters.[9]

In September 2025, after receiving updated medical documentation, the Complainant drafted an IHP that clarified the requirement for 1:1 licensed nurse supervision for medical procedures. The District conducted an IEP review after receiving the new orders and after the Student had experienced significant absences. The team discussed amending the IEP to simply say "care will follow IHP" rather than detailing the necessary protocols within the IEP itself. The IHP was referenced in the IEP agenda and in the meeting notes. Although the IEP was not specifically amended to include the IHP statement, it continued to include nursing as a related service and the accommodations, which included medical protocols and 1:1 adult support. The current IEP included nursing as a related service and addressed the nursing protocols as accommodations, which was not a significant change, according to the updated medical documents, and did not require amending.

The Department does not substantiate this allegation.

FAPE

The Complaint alleged the District violated the IDEA by failing to ensure the Student's nursing services were appropriately provided per the IEP, resulting in the Student missing instructional days at the beginning of the 2025-26 school year and continuing to experience interruptions in FAPE.

School districts must provide a FAPE to all school-age children with disabilities for whom the district is responsible. A FAPE means special education and related services that are provided at public expense and in conformity with an IEP.[10]

By failing to provide the essential 1:1 nursing service, the District prevented the Student from accessing the school environment at all, thereby denying the Student access to the entire instructional program and all other related services. While not attending school, the Student was denied access to academic services, OT, PT, and functional communication instruction, as well as the opportunity to maintain their functional skills and routines. The missed instructional time constitutes a significant interruption and loss of educational opportunity. The offer to

[9] OAR 581-015-2225(1)(b); 34 CFR § 300.324(b)(1)
[10] OAR 581-015-2040(1); 34 CFR § § 300.101(a), 300.17

discuss compensatory education functions as an implicit admission that instructional time was denied due to the District's failure to provide nursing staff.

The Department substantiates this allegation.

V. CORRECTIVE ACTION[11]

In the Matter of South Lane School District 45J3
Case No. 025-054-071

Corrective action was ordered in 25-054-063 for all allegations substantiated in this Complaint; therefore, no additional corrective action is ordered in the present case.

Dated: this 21 Day of January 2026



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Ramonda Olaloye
Assistant Superintendent
Office of Enhancing Student Opportunities

E-mailing Date: January 21, 2026

Appeal Rights: Parties may seek judicial review of this Order. Judicial review may be obtained by filing a petition for review within sixty days from the service of this Order with the Marion County Circuit Court or with the Circuit Court for the County in which the party seeking judicial review resides. Judicial review is pursuant to the provisions of ORS § 183.484. (OAR 581-015-2030 (14).

[11] The Department's order shall include any necessary corrective action as well as documentation to ensure that the corrective action has been completed (OAR 581-015-2030(13)). The Department expects and requires the timely completion of corrective action and will verify that the corrective action has been completed as specified in any final order (OAR 581-015-2030(15)). The Department may initiate remedies against a party who refuses to voluntarily comply with a plan of correction (OAR 581-015-2030(17) & (18)).