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OPERATIONAL BLUEPRINT FOR SCHOOL REENTRY 2020-21

Updated 8/11/2020

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

SCHOOL/DISTRICT/PROGRAM INFORMATION	
Name of School, District or Program	SOESD Long-Term Care and Treatment (LTCT) The Summit Inst 2434–Family Solutions Day Treatment/Girls Residential–Ashland
Key Contact Person for this Plan	Jessica Bach
Phone Number of this Person	541-776-8590
Email Address of this Person	jessica_bach@soesd.k12.or.us
Sectors and position titles of those who informed the plan	SOESD Superintendent, SOESD Administrative Team, SOESD Staff, SOESD Reopening Advisor, Oregon Department of Education, Oregon Health Authority, Local Mental Health Providers, Local Public Health Authorities, Component Districts' Superintendents / Curriculum Directors / ELL Coordinators / Special Education Directors / Technology Directors, Local Tribes, & Families in Local school Districts
Local public health office(s) or officers(s)	Jackson County Health and Human Services - Jackson Baures, Jackson County Environmental Public Health Manager - Stacey Gregg, Public health clinic manager - Tanya Phillips, Health Promotion Program Manager - Bonnie Simpson, Environmental Health Specialist
Name of person Designated to Establish, Implement and Enforce Physical Distancing Requirements	The program supervisor, Kelly Pintarelli, is the assigned individual to enforce physical distancing in locations other than classrooms. An EA and backup EA are assigned the responsibility for each cohort in classrooms. SOESD Contact: Patricia Michiels,SOESD (541) 776-8590 ext. 1104 Email: patty_michiels@soesd.k12.or.us
Intended Effective Dates for this Plan	August 28, 2020 – September 30, 2020

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

ESD Region	SOESD

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

SOESD utilized a variety of stakeholder input and information sharing mechanisms to inform the community as well as the planning process, including:
    ● Coordination of feedback from tribes
    ● Phone survey of migrant families
    ● Surveys sent to parents / guardians of students in served in SOESD schools to gain feedback on Spring 2020 distance learning and school services for Fall 2020
    ● Coordination with component school districts
    ● Compilation, analysis, and sharing of state and county health statistics
Discussion with employee associations

2. Indicate which instructional model will be used.

   Select One:

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

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

4. If you selected On-Site Learning or Hybrid Learning, you have to fill out the blue portion of the Operational Blueprint for Reentry (i.e., pages 3-19 in the initial template) and submit online. (https://app.smartsheet.com/b/form/a4dedb5185d94966b1dffc75e4874c8a) by August 17, 2020 or prior to the beginning of the 2020-21 school year.

* **Note:** Private schools are required to comply with only sections 1-3 of the *Ready Schools, Safe Learners* guidance.

REQUIREMENTS FOR COMPREHENSIVE DISTANCE LEARNING OPERATIONAL BLUEPRINT

This section must be completed by any school that is seeking to provide instruction through Comprehensive Distance Learning. For Private Schools, completing this section is optional (not required). **Schools providing On-Site or Hybrid Instructional Models do not need to complete this section.**

Describe why you are selecting Comprehensive Distance Learning as the school's Instructional Model for the effective dates of this plan.
SOESD is declaring Comprehensive Distance Learning because the state requires it. Under the ODE guidelines mandated to be followed by the Governor, SOESD can only operate at this point under exceptions based on county metrics in a CDL model.

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

Describe the school's plan, including the anticipated timeline, for returning to Hybrid Learning or On-Site Learning consistent with the *Ready Schools, Safe Learners* guidance.

SOESD will operate under allowable exceptions based on county metrics.

SOESD plans to return to "Hybrid Learning" or "On-Site Learning" when both county and statewide metrics are met.

As an ESD supporting 13 component districts and other districts in a five county service area, our plans will align with the plans of districts, families, and students they serve.

The remainder of this operational blueprint is not applicable to schools operating a Comprehensive Distance Learning Model.

ESSENTIAL REQUIREMENTS FOR HYBRID / ON-SITE OPERATIONAL BLUEPRINT

This section must be completed by any school that is providing instruction through On-Site or Hybrid Instructional Models.
Schools providing Comprehensive Distance Learning Instructional Models do not need to complete this section unless the school is implementing the Limited In-Person Instruction provision under the Comprehensive Distance Learning guidance.

0. Community Health Metrics

METRICS FOR ON-SITE OR HYBRID INSTRUCTION

☐ The school currently meets the required metrics to successfully reopen for in-person instruction in an On-Site or Hybrid model. *If this box cannot yet be checked, the school must return to Comprehensive Distance Learning but may be able to provide some in-person instruction through the exceptions noted below.*

EXCEPTIONS FOR SPECIFIC IN-PERSON INSTRUCTION WHERE REQUIRED CONDITIONS ARE MET

☐ The school currently meets the exceptions required to provide in-person person education for students in grades K-3 (see section 0d(1) of the *Ready Schools, Safe Learners* guidance).

☐ The school currently meets the exceptions required to provide limited in-person instruction for specific groups of students (see section 0d(2) of the *Ready Schools, Safe Learners* guidance).

☐ The school currently meets the exceptions required for remote or rural schools in larger population counties to provide in-person instruction (see section 0d(3) of the *Ready Schools, Safe Learners* guidance).

☐ The school currently meets the exceptions required for smaller population counties to provide in-person instruction (see section 0d(4) of the *Ready Schools, Safe Learners* guidance).

☐ The school currently meets the exceptions required for schools in low population density counties (see section 0d(5) of the *Ready Schools, Safe Learners* guidance).

☐ The school currently meets the exceptions required for small districts to provide in-person instruction (see section 0d(6) of the *Ready Schools, Safe Learners* guidance).

1. Public Health Protocols

1a. COMMUNICABLE DISEASE MANAGEMENT PLAN FOR COVID-19

OHA/ODE Requirements	Hybrid/Onsite Plan

☐ Implement measures to limit the spread of COVID-19 within the school setting.
☐ Update written Communicable Disease Management Plan to specifically address the prevention of the spread of COVID-19.
☐ Designate a person at each school to establish, implement and enforce physical distancing requirements, consistent with this guidance and other guidance from OHA.
☐ Include names of the LPHA staff, school nurses, and other medical experts who provided support and resources to the district/school policies and plans. Review relevant local, state, and national evidence to inform plan.
☐ Process and procedures established to train all staff in sections 1 - 3 of the *Ready Schools, Safe Learners* guidance. Consider conducting the training virtually, or, if in-person, ensure physical distancing is maintained to the maximum extent possible.
☐ Protocol to notify the local public health authority (LPHA Directory by County) of any confirmed COVID-19 cases among students or staff.
☐ Plans for systematic disinfection of classrooms, offices, bathrooms and activity areas.
☐ Process to report to the LPHA any cluster of any illness among staff or students.
☐ Protocol to cooperate with the LPHA recommendations.
☐ Provide all logs and information to the LPHA in a timely manner.
☐ Protocol for screening students and staff for symptoms (see section 1f of the *Ready Schools, Safe Learners* guidance).
☐ Protocol to isolate any ill or exposed persons from physical contact with others.
☐ Protocol for communicating potential COVID-19 cases to the school community and other stakeholders (see section 1e of the *Ready Schools, Safe Learners* guidance).
☐ Create a system for maintaining daily logs for each student/cohort for the purposes of contact tracing. This system needs to be made in consultation with a school/district nurse or an LPHA official. Sample logs are available as a part of the Oregon School Nurses Association COVID-19 Toolkit.
  ● If a student(s) is part of a stable cohort (a group of students that are consistently in contact with each other or in multiple cohort groups) that conform to the requirements of cohorting (see section 1d of the *Ready Schools, Safe Learners* guidance), the daily log may be maintained for the cohort.
  ● If a student(s) is not part of a stable cohort, then an individual student log must be maintained.
☐ Required components of individual daily student/cohort logs include:
  ● Child's name
  ● Drop off/pick up time
  ● Parent/guardian name and emergency contact information
	Family Solutions Day Treatment CDMP
	● The program supervisor or designee is the assigned individual to enforce physical distancing in locations other than classrooms. An EA and back-up EA is assigned the responsibility for each cohort in classrooms.
	● All staff will receive compliance training in sections 1-3 of the Ready Schools, Safe Learners guidance via Zoom training or recorded training within 10 days of hire or training initiation, whichever occurs first.
	● Program supervisors and the Clinical Programs Manager receive additional compliance training via in-person Zoom training or recorded training within 10 days of hire or training initiation, whichever occurs first.
	● Education staff receive additional training provided by SOESD.
	● All staff will receive refresher training whenever updates are made to the training material and at a minimum, monthly for the first three months of the 2020-21 school year and then quarterly thereafter.
	● It is the responsibility of the program supervisor to provide the county public health department with all requested logs and information promptly in a manner that discloses the minimal amount of Protected Health Information (PHI) of persons served.
	● Utilize **Confirmed COVID-19 Communications Responsibility & Completion Checklist** on page 46 of the CDMP to confirm notifications have been completed. Store electronically until further notice.
	
	● If an individual tests positive for COVID-19, the program supervisor or in their absence, Clinical Programs Manager is responsible to complete the following steps:
	● Immediately contact the county public health department to report the event and consult regarding further actions such as quarantining and program closure. The minimal necessary PHI is disclosed.
	  ○ Josephine County Answering Service:

- All staff (including itinerant staff, district staff, substitutes, and guest teachers) names and phone numbers who interact with a stable cohort or individual student
☐ Protocol to record/keep daily logs to be used for contact tracing for a minimum of four weeks to assist the LPHA as needed.
☐ Process to ensure that all itinerant and all district staff (maintenance, administrative, delivery, nutrition, and any other staff) who move between buildings keep a log or calendar with a running four-week history of their time in each school building and who they were in contact with at each site.
☐ Process to ensure that the school reports to and consults with the LPHA regarding cleaning and possible classroom or program closure if anyone who has entered school is diagnosed with COVID-19.
☐ Protocol to respond to potential outbreaks (see section 3 of the *Ready Schools, Safe Learners* guidance).

(541) 618-4650 - Anthony Perry or Dr. David Candelaria
- All instructions and recommendations issued by the public health department are fully implemented, including though not limited to cohort/program closure and disinfection.
- All contact logs and other information requested by the public health department is provided in a timely manner.
- All offices, bathrooms, group and classrooms and other areas used by the program are disinfected at least once daily and at other times, if they become contaminated. CDC guidance for cleaning and disinfecting is followed.
- The office specialist is responsible to maintain a daily log of absences for persons served due to illness and track various flu-like symptoms on the COVID Symptom Monitoring Spreadsheet.xlsx.
  o Any cluster of symptoms noted is reported to the program supervisor or in their absence, the Clinical Programs Manager. This individual is responsible to contact Josephine County Health Department within 24 hours for consultation regarding further actions. The program provides all information requested by the county public health department and follows through with directions provided. PHI is protected whenever possible. All reports made to the county public health department are documented on the COVID Symptom Monitoring Spreadsheet.xlsx. The Clinical Programs Manager is notified by the program supervisor if a report is made to the county public health department.

- All staff, persons served and essential visitors are screened daily, prior to entry into the building. Staff may self-screen.
  o Screenings consist of: asking about fever, visual screening and self-assessment for cough, shortness of breath/difficulty breathing or chills. If the person states they feel feverish, their temperature may be taken with a no-touch thermometer.
- If a person served appears symptomatic or expresses feeling unwell, they are removed by staff from their cohort and directed to a sick bay to be monitored by an EA/MTS or other available staff. If fever is a possibility, they have their temperature taken. If a fever is indicated, the person served is provided with an easily disinfected item to play with or they can rest.
  o Staff continues to observe the person served for 10 minutes then takes their temperature again.

- o If it is normal, the person served is returned to their classroom and is closely monitored for the remainder of the treatment day.
- o If a fever is indicated, the office specialist or program supervisor is notified to alert the parent/guardian/emergency contact to pick up the person served.
- o Staff dons a medical-grade face mask and additional PPE as indicated based on the symptoms and behavior of the person served. This may include an additional face covering, shoe covers, gloves and/or apron.
- o The EA/MTS continues to observe the person served in the individual sick bay until someone picks the person served up. The family is directed to use the back door for pick up.
- o Before leaving the sick bay to bring the person served to their parent/guardian/emergency contact, the EA/MTS carefully removes PPE per protocol and disposes of it in a used PPE trash receptacle and completes hand hygiene. A clean face mask and/or face-shield is donned.
- o After the pick-up is complete, the EA/MTS disinfects the sick bay and completes hand hygiene when finished. The EA/MTS completes an entry in the Day Treatment Potential COVID-19 Direct Exposure Log.
- If a fever is not a consideration though the person served has another symptom consistent with the health screening criteria, the office specialist or program supervisor is notified to alert the parent/guardian/emergency contact to pick up the person served.
  - o Staff dons a medical-grade face mask and additional PPE as indicated based on the symptoms and behavior of the person served. This may include an additional face covering, shoe covers, gloves and/or apron.
  - o The EA/MTS continues to observe the person served in the individual sick bay until someone picks the person served up. The family is directed to use the back door for pick up.
  - o Before leaving the sick bay to bring the person served to their parent/guardian/emergency contact, the EA/MTS carefully removes PPE per protocol and disposes of it in a used PPE trash receptacle and completes hand hygiene. A clean face mask and/or face-shield is donned.
  - o After the pick-up is complete, the EA/MTS disinfects the sick bay and completes hand hygiene when finished. The EA/MTS completes an entry in the Day Treatment Potential COVID-19 Direct Exposure Log.

- Staff will send home the **COVID-19 Parent Information Letter** on page 45 of the CDMP to communicate potential COVID-19 cases to families/stakeholders.
- The Daily Cohort Tracking Log is completed each day by the assigned EA. This provides the following information:
  o Persons served in cohort
  o Name
  o Arrival and departure times
  o Method of transport
  o Name, address and phone number of parent/guardian
  o If close contact (less than 6 feet of distance for 15 or more minutes) occurred with another individual
- Staff interacting with cohort
  o Name
  o Arrival and departure date and times
  o Address and phone number
  o If close contact (less than 6 feet of distance for 15 or more minutes) occurred with another individual
- Essential visitors interacting with cohort
  o Name
  o Individual(s) interacted with
  o If close contact (less than 6 feet of distance for 15 or more minutes) occurred with another individual
  o Arrival/departure date and time and contact information is available on the Essential Visitor Health Screening Log

- Using the Cohort Contact Logs and Itinerant Staff Contact Logs, determine those individuals that have been in close (less than 6' of distance for 15 minutes or more) contact with the infected person.
- The person served portion of the log is maintained on paper and includes essential visitors. The staff portion of the log is maintained electronically. Daily Cohort Tracking Logs are stored for a minimum of four (4) weeks. The person served/essential visitor logs are stored in the EA/MTS office in a locked file drawer.
- While assigned maintenance staff are responsible for site disinfection, the program supervisor or designee is responsible to take initial steps in closing off areas used by the COVD-19 infected individual and providing additional air circulation for rooms used by the person, if possible, while waiting for maintenance staff. Disinfection follows CDC guidance.
  o Close off areas used by the infected individual, if possible.

  o Open outside doors and windows to increase air circulation in the area.

	o Wait 24 hours to clean and disinfect. If 24 hours is not feasible, wait as long as possible. o Clean and disinfect all areas used by the infected individual such as offices, bathrooms, common areas, shared electronic equipment such as tablets, touch screens, keyboards and remote controls. o Vacuum the space if needed. Use a vacuum equipped with a high-efficiency particulate air (HEPA) filter, if available. Do not vacuum a room or space that has people in it. Wait until the room or space is empty to vacuum, such as at night, for common spaces, or during the day for private rooms. o Wear disposable gloves to clean and disinfect. For soft (porous) surfaces such as carpeted floors or rugs, clean the surface with detergents or cleaners appropriate for use on these surfaces, according to the textile's label. After cleaning, disinfect with an appropriate EPA-registered disinfectant on List N: Disinfectants for use against SARS-CoV. Follow the disinfectant manufacturer's safety instructions (such as wearing gloves and ensuring adequate ventilation), concentration level, application method and contact time. Allow sufficient drying time if vacuum is not intended for wet surfaces. o Temporarily turn off in-room or on-wall recirculation HVAC to avoid contamination of the HVAC units. o Do not deactivate central HVAC systems. o Consider temporarily turning off the central HVAC system that services the room or space, so that particles that escape from vacuuming will not circulate throughout the facility. o Once the area has been appropriately disinfected, it can be opened for use. o Staff without close contact with the person who is sick can return to work immediately after disinfection, unless otherwise quarantined per county public health department recommendations. o Outdoor areas are disinfected per the disinfection section of the Communicable Disease Management Plan. If more than seven (7) days have passed since the person who is sick has been at the program, additional cleaning and disinfection is not necessary. o Continue routine cleaning and disinfection. This includes everyday practices that businesses and communities normally use to maintain a healthy environment. o In the event the county public health department determines areas used by the infected individual are quarantined for a period of time, those instructions are complied with by the program supervisor and program staff.

	The day treatment program follows all regulations and guidance per the Common Protocols for COVID-19 School Scenarios as described in the most current version of Oregon Planning for COVID-19 Scenarios in Schools

1b. HIGH-RISK POPULATIONS

OHA/ODE Requirements	Hybrid/Onsite Plan

☐ Serve students in high-risk population(s) whether learning is happening through On-Site, Hybrid (partially On-Site and partially Comprehensive Distance Learning models), or Comprehensive Distance Learning models.
 	
Medically Fragile, Complex and Nursing-Dependent Student Requirements
 	
☐ All districts must account for students who have health conditions that require additional nursing services. Oregon law (ORS 336.201) defines three levels of severity related to required nursing services:
1. Medically Complex: Are students who may have an unstable health condition and who may require daily professional nursing services.
2. Medically Fragile: Are students who may have a life-threatening health condition and who may require immediate professional nursing services.
3. Nursing-Dependent: Are students who have an unstable or life-threatening health condition and who require daily, direct, and continuous professional nursing services.
 	
☐ Staff and school administrators, in partnership with school nurses, or other school health providers, should work with interdisciplinary teams to address individual student needs. The school registered nurse (RN) is responsible for nursing care provided to individual students as outlined in ODE guidance and state law:
● Communicate with parents and health care providers to determine return to school status and current needs of the student.
● Coordinate and update other health services the student may be receiving in addition to nursing services. This may include speech language pathology, occupational therapy, physical therapy, as well as behavioral and mental health services.
● Modify Health Management Plans, Care Plans, IEPs, or 504 or other student-level medical plans, as indicated, to address current health care considerations.
● The RN practicing in the school setting should be supported to remain up to date on current guidelines and access professional support such as evidence-based resources from the Oregon School Nurses Association.
● Service provision should consider health and safety as well as legal standards.
● Appropriate medical-grade personal protective equipment (PPE) should be made available to nurses and other health providers.
● Work with an interdisciplinary team to meet requirements of ADA and FAPE.
● High-risk individuals may meet criteria for exclusion during a local health crisis.
● Refer to updated state and national guidance and resources such as:
   o U.S. Department of Education Supplemental Fact Sheet: Addressing the Risk of COVID-19 in Preschool, Elementary and Secondary Schools While Serving Children with Disabilities from March 21, 2020.
   o ODE guidance updates for Special Education. Example from March 11, 2020.
   o OAR 581-015-2000 Special Education, requires districts to provide 'school health services and school nurse services'
	The Summit does not enroll students who are medically fragile/ complex or students who are nursing dependent.

as part of the 'related services' in order 'to assist a child with a disability to benefit from special education.'
- o OAR 333-019-0010 Public Health: Investigation and Control of Diseases: General Powers and Responsibilities, outlines authority and responsibilities for school exclusion.

1c. PHYSICAL DISTANCING

OHA/ODE Requirements	Hybrid/Onsite Plan
☐ Establish a minimum of 35 square feet per person when determining room capacity. Calculate only with usable classroom space, understanding that desks and room set-up will require use of all space in the calculation. This also applies for professional development and staff gatherings. ☐ Support physical distancing in all daily activities and instruction, maintaining six feet between individuals to the maximum extent possible. ☐ Minimize time standing in lines and take steps to ensure that six feet of distance between students is maintained, including marking spacing on floor, one-way traffic flow in constrained spaces, etc. ☐ Schedule modifications to limit the number of students in the building (e.g., rotating groups by days or location, staggered schedules to avoid hallway crowding and gathering). ☐ Plan for students who will need additional support in learning how to maintain physical distancing requirements. Provide instruction; don't employ punitive discipline. ☐ Staff should maintain physical distancing during all staff meetings and conferences, or consider remote web-based meetings.	●Classrooms, group rooms, office spaces and other areas used by persons served/staff at the day treatment program maintain a minimum of 35 square feet of space for each individual. Furniture is excluded from available square footage. ●Physical distancing as defined by maintaining six (6) feet of distance between individuals is promoted at all times. ●Standing in lines is minimized whenever possible and the floor/ground is marked at six (6) foot intervals as needed. ●Classrooms have desks/tables spaced so there is six (6) feet between persons when seated. Persons are required to wear face coverings or face shields. ●All bathrooms only allow for one (1) person occupancy. ●Individuals need to stay at least six (6) feet away from each other when using halls and be moving in the same direction to avoid passing. If another person is already in the hall moving in a different direction, the second person waits until the hall is clear before proceeding. ●Physical contact (e.g., high-fives, shaking hands) is not permitted. Persons served and essential visitors are informed of expectations. ●Staff meetings are conducted in locations that maintain physical distancing and use of face coverings or face shields or via Zoom. ●Treatment review and other meetings are conducted via Zoom or phone. ●Family therapy is only conducted on-site in an outdoor location that preserves confidentiality or via Zoom or phone, at the request of the family.

1d. COHORTING

OHA/ODE Requirements	Hybrid/Onsite Plan
☐ Where feasible, establish stable cohorts: groups should be no larger than can be accommodated by the space available to provide 35 square feet per person, including staff. ● The smaller the cohort, the less risk of spreading disease. As cohort groups increase in size, the risk of spreading disease increases. ☐ Students cannot be part of any single cohort, or part of multiple cohorts that exceed a total of 100 people within the educational week. Schools should plan to limit cohort sizes to allow for efficient contact-tracing and minimal risk for exposure. ☐ Each school must have a system for daily logs to ensure contract tracing among the cohort (see section 1a of the ***Ready Schools, Safe Learners*** guidance).	●Persons served are assigned to a stable cohort of no more than eight (8) persons served based on age and developmental need. Space used will provide 35 square feet per person, including staff. Changes in cohorts are only made for clinical reasons and upon careful consideration in consultation with the Clinical Director or designee. ●Cohorts conduct all program activities in their designated areas. ●The Daily Cohort Tracking Log is completed each day by the assigned EA. This provides the following information:

☐ Minimize interaction between students in different stable cohorts (e.g., access to restrooms, activities, common areas). Provide access to All Gender/Gender Neutral restrooms. ☐ Cleaning and disinfecting surfaces (e.g., desks, door handles, etc.) must be maintained between multiple student uses, even in the same cohort. ☐ Design cohorts such that all students (including those protected under ADA and IDEA) maintain access to general education, grade-level academic content standards, and peers. ☐ Staff who interact with multiple stable cohorts must wash/sanitize their hands between interactions with different stable cohorts.	o Persons served in cohort o Name o Arrival and departure times o Method of transport o Name, address and phone number of parent/guardian o If close contact (less than 6 feet of distance for 15 or more minutes) occurred with another individual ●Each cohort is assigned a bathroom. ●Chairs and tables/desks are assigned and labeled with person served and staff names. ●Alternate areas/areas potentially shared on a small-scale basis due to the function of the space (for example: computer lab) are disinfected between use by staff. These spaces are not utilized the same day by cohorts/individual persons served even with disinfection in place. ●Staff who interact with multiple stable cohorts must wash/sanitize their hands between interactions with different stable cohorts.

1e. PUBLIC HEALTH COMMUNICATION

OHA/ODE Requirements	Hybrid/Onsite Plan
☐ Communicate to staff at the start of On-Site instruction and at periodic intervals explaining infection control measures that are being implemented to prevent spread of disease. ☐ Develop protocols for communicating with students, families and staff who have come into close contact with a confirmed case. ● The definition of exposure is being within 6 feet of a COVID-19 case for 15 minutes (or longer). ☐ Develop protocols for communicating immediately with staff, families, and the community when a new case(s) of COVID-19 is diagnosed in students or staff members, including a description of how the school or district is responding. ☐ Provide all information in languages and formats accessible to the school community.	●All staff will receive compliance training in sections 1-3 of the Ready Schools, Safe Learners guidance via Zoom training or recorded training within 10 days of hire or training initiation, whichever occurs first. ●Program supervisors and the Clinical Programs Manager receive additional compliance training via in-person Zoom training or recorded training within 10 days of hire or training initiation, whichever occurs first. ●Education staff receive additional training provided by SOESD. ●All staff will receive refresher training whenever updates are made to the training material and at a minimum, monthly for the first three months of the 2020-21 school year and then quarterly thereafter. ●The program supervisor is immediately contacted when COVID-19 is suspected or confirmed for a staff, person served, essential visitor or family of person served that has visited the campus. In their absence the Clinical Programs Manager is contacted. ●This individual is also responsible to alert the Family Solutions Clinical Director, Chief Operations Officer, Human Resources Manager, Quality Systems Director and Executive Director. ●If an individual tests positive for COVID-19, the program supervisor or in their absence, Clinical Programs Manager is responsible to complete the following steps:

- Immediately contact the county public health department to report the event and consult regarding further actions such as quarantining and program closure. The minimal necessary PHI is disclosed.
  - Josephine County Answering Service: (541) 618-4650 - Anthony Perry or Dr. David Candelaria
- All instructions and recommendations issued by the public health department are fully implemented, including though not limited to cohort/program closure and disinfection.
- All contact logs and other information requested by the public health department is provided in a timely manner.
- All instructions and recommendations issued by the public health department are fully implemented, including though not limited to cohort/program closure and disinfection.
  - Using the Cohort Contact Logs and Itinerant Staff Contact Logs, determine those individuals that have been in close (less than 6' of distance for 15 minutes or more) contact with the infected person.
  - Take the following actions as soon as possible and within 24 hours including instructions for quarantining and testing in accordance with this procedure and recommendations of the county public health department.
    - Notify applicable staff via phone/in-person and email.
    - Direct the office specialist to phone the parent/guardian/legal guardian of each person served affected as well as send home or mail a **Notification of Exposure to COVID-19 letter** on p.47 of the CDMP. No PHI is disclosed. The information is presented in a manner that is understandable to the parent/guardian and is presented in an alternate language/format if indicated. In addition, the parent/guardian is informed of the program's response to the situation (for example: quarantining cohort, temporary program closure).
    - Phone/email/mail (depending on information available) any essential visitors. No PHI is disclosed.
    - Notify Patricia Michiels, SOESD Human Resources Director (541) 776-8590 ext. 1104.
    - Utilize **Confirmed COVID-19 Communications Responsibility & Completion Checklist** on p. 46 of the CDMP to confirm notifications have been completed. Store electronically until further notice.

| | · Complete a Family Solutions Critical Incident Report. |
| | ● All information will be provided in languages and formats accessible to the school community. |

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1f. ENTRY AND SCREENING

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OHA/ODE Requirements	Hybrid/Onsite Plan

☐ Direct students and staff to stay home if they, or anyone in their homes or community living spaces, have COVID-19 symptoms**,** or if anyone in their home or community living spaces has COVID-19. COVID-19 symptoms are as follows:
● Primary symptoms of concern: cough, fever (*temperature* greater than 100.4°F) or chills, shortness of breath, or difficulty breathing.
● Note that muscle pain, headache, sore throat, new loss of taste or smell, diarrhea, nausea, vomiting, nasal congestion, and runny nose are also symptoms often associated with COVID-19. More information about COVID-19 symptoms is available from CDC.
● In addition to COVID-19 symptoms, students should be excluded from school for signs of other infectious diseases, per existing school policy and protocols. See pages 9-12 of OHA/ODE Communicable Disease Guidance.
● Emergency signs that require immediate medical attention:
 	
   o Trouble breathing
   o Persistent pain or pressure in the chest
   o New confusion or inability to awaken
   o Bluish lips or face (lighter skin); greyish lips or face (darker skin)
   o Other severe symptoms
☐ Screen all students and staff for symptoms on entry to bus/school every day. This can be done visually and/or with confirmation from a parent/caregiver/guardian. Staff members can self-screen and attest to their own health.
● Anyone displaying or reporting the primary symptoms of concern must be isolated (see section 1i of the **Ready Schools, Safe Learners** guidance) and sent home as soon as possible. See table "*Planning for COVID-19 Scenarios in Schools.*"
● Additional guidance for nurses and health staff.
 	
☐ Follow LPHA advice on restricting from school any student or staff known to have been exposed (e.g., by a household member) to COVID-19. See table "*Planning for COVID-19 Scenarios in Schools.*"
☐ Staff or students with a chronic or baseline cough that has worsened or is not well-controlled with medication should be excluded from school. Do not exclude staff or students who have other symptoms that are chronic or baseline symptoms (e.g., asthma, allergies, etc.) from school.
☐ Hand hygiene on entry to school every day: wash with soap and water for 20 seconds or use an alcohol-based hand sanitizer with 60-95% alcohol.
	● All staff and families of persons served are directed to contact the program supervisor, or in their absence the Clinical Programs Manager, if they test positive for COVID-19 or if anyone in their household does. Families are informed of this expectation via an item in the **Day Treatment Consent to Services During COVID-19** form on p. 44 of the CDMP. Staff are notified of the expectation via email.
	● Daily health screenings are conducted per cohort.
	
	● All staff, persons served and essential visitors are screened daily, prior to entry into the building. Staff may self-screen.
	  o Screenings consist of: temperature greater than 104, visual screening and self-assessment for cough, shortness of breath/difficulty breathing, or chills. If the person states they feel feverish, their temperature may be taken with a no-touch thermometer.
	  o Threshold is met when any of the following occurs: fever of greater than 100.4 degrees Fahrenheit or positive for any of the visual screening/self-assessment items
	  o Any individual with symptoms defined in the threshold is to return home.
	    · Staff and essential visitors are to leave the site immediately without entering the building.
	    · Persons served are isolated in the designated isolation area on-site under staff supervision and have their parent/guardian/emergency contact called. They are expected to be picked up within 30 minutes of being contacted and may return to program per the information provided in the Parent Handbook regarding **illness** (see p. 22 of the CDMP). If the symptoms are COVID-19 related, the **COVID-19 Symptoms** section of the CDMP (see p.15) section of this plan is adhered to.

	●Hand hygiene is expected of all staff, persons served, essential visitors and families of persons served visiting the campus for all purposes including outdoor family sessions. All individuals are required to complete hand hygiene upon arrival and before exiting.

<p align="center">1g. VISITORS/VOLUNTEERS</p>

OHA/ODE Requirements	Hybrid/Onsite Plan

☐ Restrict non-essential visitors/volunteers.
  ● Examples of essential visitors include: DHS Child Protective Services, Law Enforcement, etc.
  ● Examples of non-essential visitors/volunteers include: Parent Teacher Association (PTA), classroom volunteers, etc.
 	
☐ Screen all visitors/volunteers for symptoms upon every entry. Restrict from school property any visitor known to have been exposed to COVID-19. See table "*Planning for COVID-19 Scenarios in Schools.*"
☐ Visitors/volunteers must wash or sanitize their hands upon entry and exit.
☐ Visitors/volunteers must maintain six-foot distancing, wear face coverings, and adhere to all other provisions of this guidance.
	●Visitors/volunteers must maintain six-foot distancing, wear face coverings, and adhere to hand washing and respiratory hygiene protocols.
	
	●Visitors to the site are limited to reduce potential exposure to the COVID-19 virus per Oregon Executive Letter dated March 31, 2020 pertaining to Psychiatric Day Treatment Programs.
	
	●Non-essential individuals are restricted from facility entry.
	●Facility staff are considered Essential Individuals.
	
	●In addition, the following are considered Essential Individuals (hereinafter referred to as "essential visitors"):
	
	  o Advocacy agency staff for the purpose of investigating allegations of abuse and neglect
	  o Emergency response including EMS, fire and police
	  o Legal counsel for individuals in the treatment facility
	  o Licensing/survey staff
	  o Long term care ombudsman and deputies (not volunteers)
	  o Friends or family members visiting during end-of-life stages
	  o Office of Training, Investigations, and Safety (OTIS) staff or delegates
	  o Outside agency medical and behavioral health personnel including, but not limited to, mental health staff, substance use disorder staff and detox staff
	  o Vendors who must enter facility in order to deliver medical supplies or other essential items
	  o Visitors for the purpose of placement activities
	  o Two visitors per person served (excluding emergency responders) are permitted at one time.
	●Parents/guardians/emergency contacts are interacted with outside the building whenever possible. If an indoor space must be used, the lobby of each site is the designated area.
	●The lobby is aired and door handles and other items disinfected after use by visitors.
	●All essential visitors are directed by signage to the front entrance for screening and building admission.

	● Signs are posted at the entry stating screening requirements, restricted visitor policy and hand/respiratory hygiene and face covering/shield expectations.
	● The Essential Visitor Log is completed by the office specialist or another available staff member and provides the following information:
	o Name
	o Individual(s) interacted with
	o If close contact (less than 6 feet of distance for 15 or more minutes) occurred with another individual
	o Arrival/departure date and time and contact information is available on the Essential Visitor Health Screening Log
	● The Essential Visitor Log is stored in the EA/MTS office in a locked file drawer.
	● Maintenance and other agency staff that are not part of the program-specific staff team use the **Itinerant Staff Tracking Log** (p.42 of the CDMP). This includes program staff having contact with person(s) served not in regular cohort (for example: staff assisting with behavior management, filling in for absent staff), therapist having contact with person served and/or family for therapy session, staff meetings/ supervision, contact with essential visitors (if not included in Day Treatment Daily Cohort Tracking Log), maintenance staff or Family Solutions non-day treatment program staff. Logs are maintained electronically in a location accessible by the program supervisor and include:
	o Date
	o Time arrived and departed the program
	o Contact information (phone, address)
	o Names of all staff/persons served interacted with
	o Names of all essential visitors interacted with
	● Itinerant Staff Tracking Logs are stored for a minimum of four (4) weeks. Logs maintained by program staff are stored electronically on the program server. Non-program staff may maintain paper logs though they must be accessible by the program supervisor.

1h. FACE COVERINGS, FACE SHIELDS, AND CLEAR PLASTIC BARRIERS

OHA/ODE Requirements	Hybrid/Onsite Plan
☐ Face coverings or face shields for all staff, contractors, other service providers, or visitors or volunteers following CDC guidelines for Face Coverings. Individuals may remove their face coverings while working alone in private offices. ☐ Face coverings or face shields for all students in grades Kindergarten and up following CDC guidelines for Face Coverings. ☐ If a student removes a face covering, or demonstrates a need to remove the face covering for a short-period of time:	● Face coverings and face shields must be in accordance with Centers for Disease Control (CDC) recommendations. ● Face coverings and face shields must be worn, stored and disposed of properly. ● Hand hygiene is performed before and after handling a face covering or face shield.

- Provide space away from peers while the face covering is removed. In the classroom setting, an example could be a designated chair where a student can sit and take a 15 minute "sensory break;"

  o Students should not be left alone or unsupervised;
  o Designated area or chair should be appropriately distanced from other students and of a material that is easily wiped down for disinfection after each use;
- Provide additional instructional supports to effectively wear a face covering;
- Provide students adequate support to re-engage in safely wearing a face covering;
- Students cannot be discriminated against or disciplined for an inability to safely wear a face covering during the school day.

☐ Face masks for school RNs or other medical personnel when providing direct contact care and monitoring of staff/students displaying symptoms. School nurses should also wear appropriate Personal Protective Equipment (PPE) for their role.
- [Additional guidance](#) for nurses and health staff.

Protections under the ADA or IDEA

☒ If any student requires an accommodation to meet the requirement for face coverings, districts and schools should limit the student's proximity to students and staff to the extent possible to minimize the possibility of exposure. Appropriate accommodations could include:
- Offering different types of face coverings and face shields that may meet the needs of the student.
- Spaces away from peers while the face covering is removed; students should not be left alone or unsupervised.
- Short periods of the educational day that do not include wearing the face covering, while following the other health strategies to reduce the spread of disease;
- Additional instructional supports to effectively wear a face covering;

☐ For students with existing medical conditions and a physician's orders to not wear face coverings, or other health related concerns, schools/districts **must not** deny any in-person instruction.

☐ Schools and districts must comply with the established IEP/504 plan prior to the closure of in-person instruction in March of 2020.
- If a student eligible for, or receiving services under a 504/IEP, **cannot** wear a face covering due to the nature of the disability, the school or district must:

  1. Review the 504/IEP to ensure access to instruction in a manner comparable to what was originally established in the student's plan including on-site instruction with accommodations or adjustments.
  2. Placement determinations cannot be made due solely to the inability to wear a face covering.
  3. Plans should include updates to accommodations and modifications to support students.
- Students protected under ADA/IDEA, who abstain from wearing a face covering, or students whose families determine the student will not wear a face covering, the school or district must:

  1. Review the 504/IEP to ensure access to instruction in a manner comparable to what was originally established in the student's plan.
  2. The team must determine that the disability is not prohibiting the student from meeting the requirement.

- Face coverings and face shields temporarily removed (for example: eating or drinking) must be placed on a paper towel, plate or similar item on a clean surface and the item the mask is placed on disposed of in a trash receptacle after the face covering or face shield is re-donned.
- **All staff** are required to wear a face covering or face shield during the work day unless they have an accommodation arranged with the Human Resources Department due to health or disability.
  o If a staff member requires an accommodation for the face covering or face shield requirements, the agency limits the staff member's proximity to persons served and staff to the extent possible to minimize the possibility of exposure.
  o Staff are not required to wear a face covering if they are in a private office alone.
  o Staff may remove face covering for meal breaks or for brief periods if alone in an office or outdoors.
- **All persons served** grade Kindergarten and older are required to wear a face covering or face shield unless one of the following conditions is met:
  o They have a medical condition that makes it difficult for them to breathe with a face covering.
  o They have a disability that prevents them from wearing a face covering.
  o They are unable to remove the face covering independently.
  o They are sleeping.
  o Persons served with existing medical conditions and a physician's orders to not wear face coverings, or other health-related concerns are not denied any in-person instruction provided.
  o If a person served has an accommodation, proximity is limited between the person served and other persons served and staff as much as possible.
    ▪ Other accommodations may include:
      o Offering different types of face coverings and face shields that may meet the needs of the person served.
      o Space away from peers while the face covering is removed, the person served is not left alone or unsupervised.
      o Short periods of the educational day that do not include wearing the face covering, while following the other health strategies to reduce the spread of disease.
      o Additional instructional supports to effectively wear a face covering

- o If the team determines that the disability is prohibiting the student from meeting the requirement, follow the requirements for students eligible for, or receiving services under, a 504/IEP who cannot wear a face covering due to the nature of the disability,
- o If a student's 504/IEP plan included supports/goals/instruction for behavior or social emotional learning, the school team must evaluate the student's plan prior to providing instruction through Comprehensive Distance Learning.
    3. Hold a 504/IEP meeting to determine equitable access to educational opportunities which may include limited in-person instruction, on-site instruction with accommodations, or Comprehensive Distance Learning.
- ☐ For students not currently served under an IEP or 504, districts must consider whether or not student inability to consistently wear a face covering or face shield as required is due to a disability. Ongoing inability to meet this requirement may be evidence of the need for an evaluation to determine eligibility for support under IDEA or Section 504.
- ☐ If a staff member requires an accommodation for the face covering or face shield requirements, districts and schools should work to limit the staff member's proximity to students and staff to the extent possible to minimize the possibility of exposure.

- o If a person served removes their face covering, or demonstrates a need to remove the face covering for a short period of time:
    ▪ Space is provided away from peers for a sensory break. This may occur in the group/class room. If a chair is used, it is disinfected after use.
    ▪ The person served is not left alone or unsupervised.
    ▪ Staff will provide additional instructional supports to the person served to assist them in effectively wearing a face covering or face shield.
    ▪ Staff will offer persons served adequate support to re-engage in safely wearing a face covering or face shield.
- o Persons served are not discriminated against or disciplined for an inability to safely wear a face covering or face shield.
- o Persons served that do not wear a face covering or face shield, or whose families determine the person served will not wear a face covering or face shield during educational time must be provided access to instruction. Comprehensive Distance Learning may be an option, however additional provisions apply to persons served protected under Americans with Disabilities Act (ADA) and Individuals with Disabilities Education Act (IDEA).
    ▪ Family Solutions' legal counsel is contacted if ADA considerations are a factor.
    ▪ All regulations and instructions in Section 1h of the most current version of Ready Schools Safe Learners are followed.
    ▪ Southern Oregon Education Service District (SOESD) is consulted.
- ● **All essential visitors** are expected to wear a face covering or face shield when on-campus unless they provide an accommodation based on health or disability. If they do not have their own face covering or face shield, the program provides a disposable mask or face shield. There is no cost.
- ● **Families**

    o The expectations for face coverings and face shields in the Staff section of this document apply to families when visiting the program for an outdoor family session or meeting in another outdoor location. If children are present, they are expected to comply with expectations in the person served section regarding face coverings and face shields.
    o The program reserves the right to move family therapy sessions to audio/video conferencing or

phone if documented efforts to educate and support the family in meeting expectations are not successful.

● Disposable gowns, shoe covers, gloves and aprons are available for staff use, in addition to disposable face masks and face shields.

● Types of face coverings for staff/persons served/ essential visitors
  o Cloth face mask
    ▪ May be provided by staff/family/visitor. Must be clean and laundered daily by the staff/family/ visitor.
    ▪ The program has cloth masks for use though they become the property of the staff/family/visitor and are expected to be used and laundered daily by the staff/family/visitor.
    ▪ Staff/family/visitor without access to laundry facilities are encouraged to wear a program-provided disposable face mask.

  o Disposable face mask provided by staff/family/visitor or program
  o Face shield provided by staff/family/visitor or program
    ▪ Face shields must be a clear plastic shield and cover the forehead, extend below the chin, and wrap around the sides of the face.
    ▪ Program-provided face shields are disinfected between uses by program staff. Staff are expected to disinfect face shields at home on a daily basis, if staff-provided.

● Face coverings are preferable to face shields, when possible.
● Face coverings and face shields are to be clean and a new one used each day or any time it becomes contaminated.
● Each site maintains an adequate supply of all PPE items in a designated location in each classroom, sick bay/room, front office and staff offices. Adequate supply is defined as no less than (3) of each item, as applicable, for all program staff and persons served that normally occupy the room. The program supervisor or designee is responsible to check the inventory daily and replenish supplies from the store room. When overall inventory is at 25%, the program supervisor or designee makes arrangements to secure additional items from the Family Solutions Chief Operating Officer to replenish the supply of needed item(s).

● All 504/IEP plans are being reviewed to make sure students are receiving and have access to appropriate instruction and services that are meeting the goals of the

| | student's plan. Plans will be updated or modified as needed. |
| | ● All staff have been trained and educated on face covering requirements and alternatives if a student is unable or unwilling to wear a face covering. They are also trained on strategies to support hygiene and safety practices within the school setting. |

<p align="center">1i. ISOLATION AND QUARANTINE</p>

OHA/ODE Requirements	Hybrid/Onsite Plan
☐ Protocols for exclusion and isolation for sick students and staff whether identified at the time of bus pick-up, arrival to school, or at any time during the school day. ☐ Protocols for screening students, as well as exclusion and isolation protocols for sick students and staff identified at the time of arrival or during the school day. ● Work with school nurses, health care providers, or other staff with expertise to determine necessary modifications to areas where staff/students will be isolated. If two students present COVID-19 symptoms at the same time, they must be isolated at once. If separate rooms are not available, ensure that six feet distance is maintained. Do not assume they have the same illness. ● Consider required physical arrangements to reduce risk of disease transmission. ● Plan for the needs of generally well students who need medication or routine treatment, as well as students who may show signs of illness. ● Additional guidance for nurses and health staff. ☐ Students and staff who report or develop symptoms must be isolated in a designated isolation area in the school, with adequate space and staff supervision and symptom monitoring by a school nurse, other school-based health care provider or school staff until they are able to go home. Anyone providing supervision and symptom monitoring must wear appropriate face covering or face shields. ● School nurse and health staff in close contact with symptomatic individuals (less than 6 feet) should wear a medical-grade face mask. Other Personal Protective Equipment (PPE) may be needed depending on symptoms and care provided. Consult a nurse or health care professional regarding appropriate use of PPE. Any PPE used during care of a symptomatic individual should be properly removed and disposed of prior to exiting the care space. ● After removing PPE, hands should be immediately cleaned with soap and water for at least 20 seconds. If soap and water are not available, hands can be cleaned with an alcohol-based hand sanitizer that contains 60-95% alcohol. ● If able to do so safely, a symptomatic individual should wear a face covering. ● To reduce fear, anxiety, or shame related to isolation, provide a clear explanation of procedures, including use of PPE and handwashing. ☐ Establish procedures for safely transporting anyone who is sick to their home or to a health care facility. ☐ Staff and students who are ill must stay home from school and must be sent home if they become ill at school, particularly if they have COVID-19 symptoms. Refer to table in *"Planning for COVID-19 Scenarios in Schools."*	● Staff or persons served who are exposed to a confirmed COVID-19 case within the preceding 14 calendar days are instructed to quarantine at home for 14 days after the last day of exposure. If symptom-free at the end of 14 days they can return to the program. If symptoms develop (fever more than 100.4 degrees Fahrenheit, cough, chills, difficulty breathing or shortness of breath), testing is advised. ● If a person served appears symptomatic or expresses feeling unwell, they are removed by staff from their cohort and directed to a sick bay to be monitored by an EA/MTS or other available staff. If fever is a possibility, they have their temperature taken. If a fever is indicated, the person served is provided with an easily disinfected item to play with or they can rest. 　　○ Staff continues to observe the person served for 10 minutes then takes their temperature again. 　　○ If it is normal, the person served is returned to their classroom and is closely monitored for the remainder of the treatment day. 　　○ If a fever is indicated, or the person served has another symptom consistent with the health screening criteria, the office specialist or program supervisor is notified to alert the parent/guardian/emergency contact to pick up the person served. 　　　▪ Staff dons a medical-grade face mask and additional PPE as indicated based on the symptoms and behavior of the person served. This may include an additional face covering, shoe covers, gloves and/or apron. 　　　▪ The EA/MTS continues to observe the person served in the individual sick bay until someone picks the person served up. The family is directed to use the courtyard for pick up. 　　　▪ Before leaving the sick bay to bring the person served to their parent/guardian/emergency contact, the EA/MTS carefully removes PPE per protocol and disposes of it in a used PPE trash

	receptacle and completes hand hygiene. A clean face mask and/or face-shield is donned.
☐ Involve school nurses, School Based Health Centers, or staff with related experience (Occupational or Physical Therapists) in development of protocols and assessment of symptoms (where staffing exists).	· After the pick-up is complete, the EA/MTS disinfects the sick bay and completes hand hygiene when finished. The EA/MTS completes an entry in the Day Treatment Potential COVID-19 Direct Exposure Log.
☐ Record and monitor the students and staff being isolated or sent home for the LPHA review.	● If the person served using the sick bay also uses a bathroom, it needs to be disinfected after use as well.
	● Meals/snacks/water are to be provided as necessary.
	● Situations involving potential exposure due to close and/or direct contact are recorded on the **Day Treatment Potential COVID-19 Exposure Log** which can be found on on p. 43 of the CDMP. This may be person served to person served or person served to staff. Examples include, though are not limited to: directly coughing, sneezing or spitting on another individual.
	● Day Treatment Potential COVID-19 Exposure Logs are maintained electronically by staff and stored for a minimum of three (3) months.

2. Facilities and School Operations

Some activities and areas will have a higher risk for spread (e.g., band, choir, science labs, locker rooms). When engaging in these activities within the school setting, schools will need to consider additional physical distancing or conduct the activities outside (where feasible). Additionally, schools should consider sharing explicit risk statements for instructional and extra-curricular activities requiring additional considerations (see section 5f of the *Ready Schools, Safe Learners* guidance).

2a. ENROLLMENT
(Note: Section 2a does not apply to private schools.)

OHA/ODE Requirements	Hybrid/Onsite Plan
☐ Enroll all students (including foreign exchange students) following the standard Oregon Department of Education guidelines.	The program will follow all enrollment requirements outlined in the Ready Schools Safe Learners guidance.
☐ The temporary suspension of the 10-day drop rule does not change the rules for the initial enrollment date for students:	
● The ADM enrollment date for a student is the first day of the student's actual attendance.	
● A student with fewer than 10 days of absence at the beginning of the school year may be counted in membership prior to the first day of attendance, but not prior to the first calendar day of the school year.	
● If a student does not attend during the first 10 session days of school, the student's ADM enrollment date must reflect the student's actual first day of attendance.	
● Students who were anticipated to be enrolled, but who do not attend at any time must not be enrolled and submitted in ADM.	
☐ If a student has stopped attending for 10 or more days, districts must continue to try to engage the student. At a minimum, districts must attempt to contact these students and their families weekly to either	

encourage attendance or receive confirmation that the student has transferred or has withdrawn from school. This includes students who were scheduled to start the school year, but who have not yet attended.

☐ When enrolling a student from another school, schools must request documentation from the prior school within 10 days of enrollment per OAR 581-021-0255 to make all parties aware of the transfer. Documentation obtained directly from the family does not relieve the school of this responsibility. After receiving documentation from another school that a student has enrolled, drop that student from your roll.

☐ Design attendance policies to account for students who do not attend in-person due to student or family health and safety concerns.

☐ When a student has a pre-excused absence or COVID-19 absence, the school district should reach out to offer support at least weekly until the student has resumed their education.

☐ When a student is absent beyond 10 days and meets the criteria for continued enrollment due to the temporary suspension of the 10 day drop rule, continue to count them as absent for those days and include those days in your Cumulative ADM reporting.

2b. ATTENDANCE
(Note: Section 2b does not apply to private schools.)

OHA/ODE Requirements	Hybrid/Onsite Plan
☐ Grades K-5 (self-contained): Attendance must be taken at least once per day for all students enrolled in school, regardless of the instructional model (On-Site, Hybrid, Comprehensive Distance Learning, online schools). ☐ Grades 6-12 (individual subject): Attendance must be taken at least once for each scheduled class that day for all students enrolled in school, regardless of the instructional model (On-Site, Hybrid, Comprehensive Distance Learning, online schools). ☐ Alternative Programs: Some students are reported in ADM as enrolled in a non-standard program (such as tutorial time), with hours of instruction rather than days present and days absent. Attendance must be taken at least once for each scheduled interaction with each student, so that local systems can track the student's attendance and engagement. Reported hours of instruction continue to be those hours in which the student was present. ☐ Online schools that previously followed a two check-in per week attendance process must follow the Comprehensive Distance Learning requirements for checking and reporting attendance. ☐ Provide families with clear and concise descriptions of student attendance and participation expectations as well as family involvement expectations that take into consideration the home environment, caregiver's work schedule, and mental/physical health.	Attendance is taken daily for all students in all grades and shared daily with SOESD. Confirmation of the visual screen for COVID-19 symptoms is included in the attendance sheet. Any student who is absent is called and their symptoms tracked in the Symptom Tracker.

2c. TECHNOLOGY

OHA/ODE Requirements	Hybrid/Onsite Plan
☐ Update procedures for district-owned or school-owned devices to match cleaning requirements (see section 2d of the *Ready Schools, Safe Learners* guidance). ☐ Procedures for return, inventory, updating, and redistributing district-owned devices must meet physical distancing requirements.	● Electronics are disinfected using wipes with at least 60% alcohol content. ● Electronics will be cleaned daily and/or between uses by multiple persons served or staff. ● Social distancing will be observed when distributing, returning, inventorying, and updating electronics.

2d. SCHOOL SPECIFIC FUNCTIONS/FACILITY FEATURES

OHA/ODE Requirements	Hybrid/Onsite Plan

☐ **Handwashing:** All people on campus should be advised and encouraged to wash their hands frequently. ☐ **Equipment:** Develop and use sanitizing protocols for all equipment used by more than one individual or purchase equipment for individual use. ☐ **Events:** Cancel, modify, or postpone field trips, assemblies, athletic events, practices, special performances, school-wide parent meetings and other large gatherings to meet requirements for physical distancing. ☐ **Transitions/Hallways:** Limit transitions to the extent possible. Create hallway procedures to promote physical distancing and minimize gatherings. ☐ **Personal Property**: Establish policies for personal property being brought to school (e.g., refillable water bottles, school supplies, headphones/earbuds, cell phones, books, instruments, etc.). If personal items are brought to school, they must be labeled prior to entering school and use should be limited to the item owner.	*Hand hygiene definition: Thoroughly washing all surfaces of hands and fingers with soap and water for at least 20 seconds or using hand sanitizer with 60-95% alcohol content and rubbing all surfaces of hands until dry.* ● Hand hygiene is expected of all staff, persons served, essential visitors and families of persons served visiting the campus for the purpose of outdoor family sessions. All individuals are required to complete hand hygiene upon arrival and before exiting. ○ Staff will model and instruct persons served in hand hygiene. ○ Hand hygiene is completed by staff at a minimum: When arriving and leaving the program site, before donning and after doffing Personal Protective Equipment (PPE), after using the bathroom, prior to and after preparing meals/snacks or eating, after using cleaning/disinfecting products, after handling trash, after returning indoors, before and after providing first aid, after assisting a person served with toileting needs, after handling shared items such as logs/pens, after disposing of used Kleenex, handling materials with body fluids, interacting with a different cohort or person served part of a different cohort and any other time the hands are potentially contaminated. ○ Hand hygiene is completed by persons served: when arriving and leaving the program site, before donning and after doffing Personal Protective Equipment (PPE), after using the bathroom, prior to and after eating meals/snacks, after handling trash, after returning indoors, after handling shared items such as play equipment, toys or supplies, after disposing of used Kleenex, after emergency drills, and any other time the hands are potentially contaminated. ● Cohorts are assigned separate recreation areas and play equipment. o In the event outdoor areas are shared, play equipment is disinfected between uses by staff. ○ Cement, asphalt, wood surfaces and bark chips or other ground materials are not disinfected. ● Field trips and walks off campus are not permitted. ● Walks and outdoor activities on campus are encouraged as long as physical distancing, face coverings/face shields and hand hygiene expectations are followed. ● Individuals need to stay at least six (6) feet away from each other when using halls and be moving in the same direction to avoid passing. If another person is already in the hall moving in a different direction, the second person waits until the hall is clear before proceeding.

| |●Persons served are discouraged from bringing backpacks and personal items from home.
○ All personal items are stored in the individual cubby of the person served and are not to be shared or removed during the treatment day unless absolutely necessary. |

OHA/ODE Requirements	Hybrid/Onsite Plan
☐ Physical distancing, stable cohorts, square footage, and cleaning requirements must be maintained during arrival and dismissal procedures. ☐ Create schedule(s) and communicate staggered arrival and/or dismissal times. ☐ Assign students or cohorts to an entrance; assign staff member(s) to conduct visual screenings (see section 1f of the ***Ready Schools, Safe Learners*** guidance). ☐ Ensure accurate sign-in/sign-out protocols to help facilitate contact tracing by the LPHA. Sign-in procedures are not a replacement for entrance and screening requirements. Students entering school after arrival times must be screened for the primary symptoms of concern. ● Eliminate shared pen and paper sign-in/sign-out sheets. ● Ensure hand sanitizer is available if signing children in or out on an electronic device. ☐ Ensure alcohol-based hand sanitizer (with 60-95% alcohol) dispensers are easily accessible near all entry doors and other high-traffic areas. Establish and clearly communicate procedures for keeping caregiver drop-off/pick-up as brief as possible.	●Persons served are assigned to a stable cohort of no more than eight (8) persons served based on age and developmental need. Space used will provide 35 square feet per person, including staff. Changes in cohorts are only made for clinical reasons and upon careful consideration in consultation with the Clinical Director or designee. ●Physical distancing as defined by maintaining six (6) feet of distance between individuals is promoted at all times. ●All offices, bathrooms, group rooms and classrooms and other areas used by the program are disinfected at least once daily and at other times, if they become contaminated. CDC guidance for cleaning and disinfecting is followed. ●Hand hygiene is expected of all staff, persons served, essential visitors and families of persons served visiting the campus for the purpose of outdoor family sessions. All individuals are required to complete hand hygiene upon arrival and before exiting. ●Alcohol-based hand sanitizer (with 60-95% alcohol) dispensers are easily accessible near all entry doors and other high-traffic areas. **Entry Process (parent/guardian/other drop off)** ●Person served arrives in the front parking lot. If planned drop off, staff meets person served in the front parking lot and completes health screening. If unplanned, office specialist contacts the EA/MTS of the cohort for the person served. ○ The person served is taken outside to complete the health screening. ○ Person served and the EA/MTS enter the building and person served is directed to their assigned cohort's bathroom for hand washing. If the treatment day has already started, the staff completing the health screening oversees that the person served completes hand washing and escorts the person served to their cohort. ○ Staff will encourage brief drop-offs/pick-ups. **Entry Process (Bus)**

	●Persons served arrive at the back door by the alley. There are indicators on the ground outside of the building to help maintain six (6) feet of physical distancing.
	o Assigned EA/MTS from each cohort completes health screening for persons served in their cohort before persons served enters the building.
	o Each person served is asked about feeling hot/feverish, having chills, difficulty breathing/shortness of breath or coughing. Staff observes person served as well for these symptoms.
	o Persons served with no symptoms are directed to second EA/MTS from their cohort for hand washing.
	o Persons served who appear feverish or complain of feeling hot have their temperature taken by a no-touch thermometer in accordance with US Food and Drug Administration guidelines.
	▪ If they do not have a fever, they proceed with the normal entry routine.
	o When their hands are washed, persons served are directed to the applicable classroom space.
	o In the classroom, persons served sit at their designated desk/table and are provided morning snack by staff.
	●The Daily Cohort Tracking Log is completed each day by the assigned EA. This provides the following information:
	o Persons served in cohort
	o Name
	o Arrival and departure times
	o Method of transport
	o Name, address and phone number of parent/guardian
	o If close contact (less than 6 feet of distance for 15 or more minutes) occurred with another individual.
	Each cohort has designated separate entry points. In addition, students are arriving and departing on different buses, and therefore have staggered arrival and departure times.

2f. CLASSROOMS/REPURPOSED LEARNING SPACES

OHA/ODE Requirements	Hybrid/Onsite Plan
☐ **Seating:** Rearrange student desks and other seat spaces so that staff and students' physical bodies are six feet apart to the maximum extent possible while also maintaining 35 square feet per person; assign seating so students are in the same seat at all times.	●Classrooms, group rooms, office spaces and other areas used by persons served/staff at the day treatment program maintain a minimum of 35 square feet of space for each individual. Furniture is excluded from available square footage.
☐ **Materials:** Avoid sharing of community supplies when possible (e.g., scissors, pencils, etc.). Clean these items frequently. Provide hand sanitizer and tissues for use by students and staff.	○ Seating is arranged to ensure six (6) feet of space between individuals.
☐ **Handwashing:** Remind students (with signage and regular verbal reminders from staff) of the utmost importance of hand hygiene and respiratory etiquette. Respiratory etiquette means covering coughs and sneezes with an elbow or a tissue. Tissues should be disposed of in a garbage can, then hands washed or sanitized immediately.	○ Persons served have assigned desks and chairs that are labeled with their names.

● Wash hands with soap and water for 20 seconds or use an alcohol-based hand sanitizer with 60-95% alcohol.	● Shared supplies and items are disinfected between uses and minimized whenever possible. 　○ Persons served are provided their own supply kits (e.g., pens, markers, paper, scissors) whenever possible that are readily accessible. ● Hand hygiene is expected of all staff, persons served, essential visitors and families of persons served visiting the campus for the purpose of outdoor family sessions. All individuals are required to complete hand hygiene upon arrival and before exiting. 　○ Staff instruct persons served and model hand hygiene. ● Respiratory hygiene is expected of all staff, persons served, essential visitors and families of persons served visiting the campus for the purpose of an outdoor family session. 　○ Staff model respiratory hygiene and instruct and coach persons served in utilizing it.

2g. PLAYGROUNDS, FIELDS, RECESS, BREAKS, AND RESTROOMS

OHA/ODE Requirements	Hybrid/Onsite Plan
☐ Keep school playgrounds closed to the general public until park playground equipment and benches reopen in the community (see Oregon Health Authority's Specific Guidance for Outdoor Recreation Organizations). ☐ After using the restroom students must wash hands with soap and water for 20 seconds. Soap must be made available to students and staff. ☐ Before and after using playground equipment, students must wash hands with soap and water for 20 seconds <u>or</u> use an alcohol-based hand sanitizer with 60-95% alcohol. ☐ Designate playground and shared equipment solely for the use of one cohort at a time. Disinfect at least daily or between use as much as possible in accordance with CDC guidance. ☐ Cleaning requirements must be maintained (see section 2j of the *Ready Schools, Safe Learners* guidance). ☐ Maintain physical distancing requirements, stable cohorts, and square footage requirements. ☐ Provide signage and restrict access to outdoor equipment (including sports equipment, etc.). ☐ Design recess activities that allow for physical distancing and maintenance of stable cohorts. ☐ Clean all outdoor equipment at least daily or between use as much as possible in accordance with CDC guidance. ☐ Limit staff rooms, common staff lunch areas, elevators and workspaces to single person usage at a time, maintaining six feet of distance between adults.	● Hand hygiene is completed by persons served after using the bathroom, after returning indoors, after handling shared items such as play equipment, toys or supplies and any other time the hands are potentially contaminated. ● Cohorts conduct all program activities in their designated areas. They do not use space utilized by another cohort. 　○ Separate outdoor areas are utilized. In the event outdoor areas are traded, play equipment is disinfected between uses by staff. ● Persons served are assigned to a stable cohort of no more than eight (8) persons served based on age and developmental need. ● Physical distancing as defined by maintaining six (6) feet of distance between individuals is promoted at all times. ● All bathrooms only allow for one (1) person occupancy. ● Classrooms, group rooms, office spaces and other areas used by persons served/staff at the day treatment program maintain a minimum of 35 square feet of space for each individual. Furniture is excluded from available square footage. ● Each classroom has their own day for outdoor play equipment and gym. They rotate days. ● If a youth needs a break outside and does use the play

	equipment/gym, it is disinfected immediately after use.
	● Outdoor play equipment is disinfected daily per the disinfection schedule (a staff member is assigned).
	● Each classroom has their own days for bikes, or gym use. They rotate days.
	● Bikes are stored outside, locked up, and sanitized after use.
	● Games are stored in closets and each classroom has their own set.

<div align="center">2h. MEAL SERVICE/NUTRITION</div>

OHA/ODE Requirements	Hybrid/Onsite Plan
☐ Include meal services/nutrition staff in planning for school reentry. ☐ Prohibit self-service buffet-style meals. ☐ Prohibit sharing of food and drinks among students and/or staff. ☐ At designated meal or snack times, students may remove their face coverings to eat or drink but must maintain six feet of physical distance from others, and must put face coverings back on after finishing the meal or snack. ☐ Staff serving meals and students interacting with staff at mealtimes must wear face shields or face covering (see section 1h of the **Ready Schools, Safe Learners** guidance). ☐ Students must wash hands with soap and water for 20 seconds <u>or</u> use an alcohol-based hand sanitizer with 60-95% alcohol before meals and should be encouraged to do so after. ☐ Appropriate daily cleaning of meal items (e.g., plates, utensils, transport items). ☐ Cleaning and sanitizing of meal touch-points and meal counting system between stable cohorts. ☐ Adequate cleaning and disinfection of tables between meal periods. ☐ Since staff must remove their face coverings during eating and drinking, staff should eat snacks and meals independently, and not in staff rooms when other people are present. Consider staggering times for staff breaks, to prevent congregation in shared spaces.	● The kitchens are limited to one (1) staff at a time. ● Persons served are not to use the kitchens. ● Persons served do not assist in serving food. ● Hand hygiene is completed by persons served before and after eating meals/snacks. ● Meals and snacks are served individually. ● Staff complete hand hygiene before and after transporting/handling food items and packaging. ● Staff serving meals and persons served interacting with staff mealtimes must wear face shields or coverings. ● Staff complete hand hygiene before and after serving. ● Lunches and snacks are served by staff in the cohort's assigned room(s). ● Face coverings may temporarily be removed (for example: eating or drinking) and placed on a paper towel, plate or similar item on a clean surface. The item the face covering is placed on is disposed of in a trash receptacle after use. Persons complete hand hygiene when donning and doffing their face covering. ● Persons served complete hand hygiene before and after eating/disposing of meal/snack-related trash. **Cleanup** ● Tables/desks are disinfected before and after use. ● Meal trays and any re-useable items are washed daily in the dishwasher. The dishwasher is emptied promptly. Dishwashers are temperature checked monthly.

	●Staff complete hand hygiene before and after loading items into the dishwasher.
	●Containers to be returned to the school kitchen are washed daily by staff, in accordance with guidelines provided by the school kitchen.
	●Staff complete hand hygiene after cleanup.
	Other
	●Disposable plates, bowls, cups, utensils and napkins are used whenever possible and placed in a trash receptacle immediately after use
	●All touch points in the kitchen (e.g., faucets, microwave, refrigerator handles, counters, etc.) are disinfected before and after use.
	●Staff complete hand hygiene before and after logging meal counts.
	●Staff do not eat meals/snacks around others.
	●Sharing food is not allowed by persons served or staff, including food items brought to the program for other staff.
	●Staff do not eat meals/snacks around others.
	●Sharing food is not allowed by persons served or staff, including food items brought to the program for other staff.

2i. TRANSPORTATION

OHA/ODE Requirements	Hybrid/Onsite Plan
☐ Include transportation departments (and associated contracted providers, if used) in planning for return to service.	●Bus riders will arrive at the back door by the alley. There are indicators on the ground outside of the building to help maintain six (6) feet of physical distancing.
☐ Buses are cleaned frequently. Conduct targeted cleanings between routes, with a focus on disinfecting frequently touched surfaces of the bus (see section 2j of the *Ready Schools, Safe Learners* guidance).	●Assigned EA/MTS from each cohort completes health screening for persons served in their cohorts before persons served enter the building.
☐ Develop protocol for loading/unloading that includes visual screening for students exhibiting symptoms and logs for contact-tracing. This should be done at the time of arrival and departure.	o Each person served is asked about feeling hot/feverish, having chills, difficulty breathing/shortness of breath or coughing. Staff observes person served as well for these symptoms.
● If a student displays COVID-19 symptoms, provide a face shield or face covering (unless they are already wearing one) and keep six feet away from others. Continue transporting the student.	o Persons served with no symptoms are directed to second EA/MTS from their cohort for hand washing.
o The symptomatic student should be seated in the first row of the bus during transportation, and multiple windows should be opened to allow for fresh air circulation, if feasible.	o Persons served who appear feverish or complain of feeling hot have their temperature taken by a no-touch thermometer in accordance with US Food and Drug Administration guidelines.
o The symptomatic student should leave the bus first. After all students exit the bus, the seat and surrounding surfaces should be cleaned and disinfected.	o If they do not have a fever, they proceed with the normal entry routine.
● If arriving at school, notify staff to begin isolation measures.	o When their hands are washed, persons served are directed to the applicable classroom space.
If transporting for dismissal and the student displays an onset of symptoms, notify the school.	o In the classroom, persons served sit at their designated desk/table and are provided morning snack by staff.
☐ Consult with parents/guardians of students who may require additional support (e.g., students who experience a disability and require specialized transportation as a related service) to appropriately provide service.	
☐ Drivers wear face shields or face coverings when not actively driving and operating the bus.	

☐ Inform parents/guardians of practical changes to transportation service (i.e., physical distancing at bus stops and while loading/unloading, potential for increased route time due to additional precautions, sanitizing practices, and face coverings).
☐ Face coverings or face shields for all students in grades Kindergarten and up following CDC guidelines applying the guidance in section 1h of the *Ready Schools, Safe Learners* guidance to transportation settings.
	o If a person served does have a fever, follow the protocol in the Communicable Disease Management Plan.
	●The Daily Cohort Tracking Log is completed each day by the assigned EA. This provides the following information:
	    o Persons served in cohort
	    o Name
	    o Arrival and departure times
	    o Method of transport
	    o Name, address and phone number of parent/guardian
	    o If close contact (less than 6 feet of distance for 15 or more minutes) occurred with another individual.
	●Persons served are dismissed individually to board the bus at the close of the treatment day.
	
	●Buses are provided by the local school district(s) who will follow all Ready Schools Safe Learners guidelines.

2j. CLEANING, DISINFECTION, AND VENTILATION

OHA/ODE Requirements	Hybrid/Onsite Plan
☐ Clean, sanitize, and disinfect frequently touched surfaces (e.g. door handles, sink handles, drinking fountains, transport vehicles) and shared objects (e.g., toys, games, art supplies) between uses multiple times per day. Maintain clean and disinfected (CDC guidance) environments, including classrooms, cafeteria settings and restrooms. ☐ Clean and disinfect playground equipment at least daily or between use as much as possible in accordance with CDC guidance. ☐ Apply disinfectants safely and correctly following labeling direction as specified by the manufacturer. Keep these products away from students. ☐ To reduce the risk of asthma, choose disinfectant products on the EPA List N with asthma-safer ingredients (e.g. hydrogen peroxide, citric acid, or lactic acid) and avoid products that mix these with asthma-causing ingredients like peroxyacetic acid, sodium hypochlorite (bleach), or quaternary ammonium compounds. ☐ Schools with HVAC systems should evaluate the system to minimize indoor air recirculation (thus maximizing fresh outdoor air) to the extent possible. Schools that do not have mechanical ventilation systems should, to the extent possible, increase natural ventilation by opening windows and doors before students arrive and after students leave, and while students are present. ☐ Consider running ventilation systems continuously and changing the filters more frequently. Do not use fans if they pose a safety or health risk, such as increasing exposure to pollen/allergies or exacerbating asthma symptoms. Consider using window fans or box fans positioned in open windows to blow fresh outdoor air into the classroom via one window, and indoor air out of the classroom via another window. Fans should not be used in rooms with closed windows and doors, as this does not allow for fresh air to circulate. ☐ Consider the need for increased ventilation in areas where students with special health care needs receive medication or treatments. ☐ Facilities should be cleaned and disinfected at least daily to prevent transmission of the virus from surfaces (see CDC's guidance on disinfecting public spaces).	●Surfaces are cleaned, then disinfected. ●All offices, bathrooms, group rooms and classrooms and other areas used by the program are disinfected at least once daily and at other times, if they become contaminated. CDC guidance for cleaning and disinfecting is followed. ●High touch surfaces (e.g., door handles, bathroom fixtures, counters, etc.) are disinfected in the morning, after each bathroom use, periodically during the day and after the close of the treatment day by staff. ●Outdoor play equipment is disinfected daily and between uses by cohorts, as applicable. ●Electronics are disinfected using wipes with at least 60% alcohol content. ●Cleaning products are approved by the CDC for COVID-19 disinfection. Products with asthma-safer ingredients are selected whenever possible. ●Program staff are assigned specific areas they are responsible to disinfect on a daily basis and complete **Daily Disinfection Logs** (found on p.35 of the CDMP) to indicate compliance. ●Staff are expected to wear applicable PPE when disinfecting and complete hand hygiene when finished. ●Disinfecting products are stored in locked locations at each program site. ●In the event of a confirmed COVID-19 case, additional disinfection of the program site is completed per direction by the county public health department.

OHA/ODE Requirements	Hybrid/Onsite Plan
☐ Consider modification or enhancement of building ventilation where feasible (see [CDC's guidance on ventilation and filtration](#) and [American Society of Heating, Refrigerating, and Air-Conditioning Engineers' guidance](#)).	● The program's designated maintenance staff is responsible for daily and additional disinfection needs due to COVID-19 exposure. ● HVAC systems have filters changed more frequently than normally indicated. ● Portable fans are not to be used in rooms with closed windows or doors. ● The program's designated maintenance staff is responsible for maintaining the HVAC system for optimal functioning.

2k. HEALTH SERVICES

OHA/ODE Requirements	Hybrid/Onsite Plan
☐ OAR 581-022-2220 Health Services, requires districts to "maintain a prevention-oriented health services program for all students" including space to isolate sick students and services for students with special health care needs. While OAR 581-022-2220 does not apply to private schools, private schools must provide a space to isolate sick students and provide services for students with special health care needs. ☐ Licensed, experienced health staff should be included on teams to determine district health service priorities. Collaborate with health professionals such as school nurses; SBHC staff; mental and behavioral health providers; dental providers; physical, occupational, speech, and respiratory therapists; and School Based Health Centers (SBHC).	● If a person served appears symptomatic or expresses feeling unwell, they are removed by staff from their cohort and directed to the sick room to be monitored by an EA/MTS or other available staff. If fever is a possibility, they have their temperature taken. If a fever is indicated, the person served is provided with an easily disinfected item to play with or they can rest. ● Persons served are isolated in the designated isolation area on-site under staff supervision and have their parent/guardian/emergency contact called. They are expected to be picked up within 30 minutes of being contacted and may return to the program per the information provided in the Parent Handbook regarding **illness** (see p. 22 of the [CDMP](#)). If the symptoms are COVID-19 related, the **COVID-19 Symptoms** section of the [CDMP](#) (see p.15) is adhered to.

2l. BOARDING SCHOOLS AND RESIDENTIAL PROGRAMS ONLY

OHA/ODE Requirements	Hybrid/Onsite Plan
☐ Provide specific plan details and adjustments in Operational Blueprints that address staff and student safety, which includes how you will approach: ● Contact tracing ● The intersection of cohort designs in residential settings (by wing or common restrooms) with cohort designs in the instructional settings. The same cohorting parameter limiting total cohort size to 100 people applies. ● Quarantine of exposed staff or students ● Isolation of infected staff or students ● Communication and designation of where the "household" or "family unit" applies to your residents and staff ☐ Review and take into consideration [CDC guidance](#) for shared or congregate housing: ● Not allow more than two students to share a residential dorm room unless alternative housing arrangements are impossible ● Ensure at least 64 square feet of room space per resident ● Reduce overall residential density to ensure sufficient space for the isolation of sick or potentially infected individuals, as necessary; ● Configure common spaces to maximize physical distancing; ● Provide enhanced cleaning;	This Operational Blueprint covers Ashland Day Treatment.

● Establish plans for the containment and isolation of on-campus cases, including consideration of PPE, food delivery, and bathroom needs.	

OHA/ODE Requirements	Hybrid/Onsite Plan

☐ In accordance with ORS 336.071 and OAR 581-022-2225 all schools (including those operating a Comprehensive Distance Learning model) are required to instruct students on emergency procedures. Schools that operate an On-Site or Hybrid model need to instruct and practice drills on emergency procedures so that students and staff can respond to emergencies.
● At least 30 minutes in each school month must be used to instruct students on the emergency procedures for fires, earthquakes (including tsunami drills in appropriate zones), and safety threats.
● Fire drills must be conducted monthly.
● Earthquake drills (including tsunami drills and instruction for schools in a tsunami hazard zone) must be conducted two times a year.
● Safety threats including procedures related to lockdown, lockout, shelter in place and evacuation and other appropriate actions to take when there is a threat to safety must be conducted two times a year.
 	
☐ Drills can and should be carried out as close as possible to the procedures that would be used in an actual emergency. For example, a fire drill should be carried out with the same alerts and same routes as normal. If appropriate and practicable, COVID-19 physical distancing measures can be implemented, but only if they do not compromise the drill.
☐ When or if physical distancing must be compromised, drills must be completed in less than 15 minutes.
☐ Drills should not be practiced unless they can be practiced correctly.
☐ Train staff on safety drills prior to students arriving on the first day on campus in hybrid or face-to-face engagement.
☐ If on a hybrid schedule, conduct multiple drills each month to ensure that all cohorts of students have opportunities to participate in drills (i.e., schedule on different cohort days throughout the year).
☐ Students must wash hands with soap and water for 20 seconds or use an alcohol-based hand sanitizer with 60-95% alcohol after a drill is complete.
	● Routine drills are conducted per the Family Solutions Emergency Response Testing Policy and Procedure in a trauma-informed manner and with physical distancing taken into account.
	  o Fire drills occur monthly.
	  o Earthquake and dangerous person drills occur twice a year
	  o Dangerous person drills occur twice a year.
	● Thirty minutes per month is devoted to educating persons served regarding essential safety drills and emergency response.
	● Time and physical distance considerations are considered and modifications made to reduce close contact and standing in line.
	  o When physical distancing is compromised, drills will be completed in less than 15 minutes.
	● Staff and persons served will complete hand hygiene after safety drills.

OHA/ODE Requirements	Hybrid/Onsite Plan
☐ Utilize the components of Collaborative Problem Solving or a similar framework to continually provide instruction and skill-building/training related to the student's demonstrated lagging skills. ☐ Take proactive/preventative steps to reduce antecedent events and triggers within the school environment. ☐ Be proactive in planning for known behavioral escalations (e.g., self-harm, spitting, scratching, biting, eloping, failure to maintain physical distance). Adjust antecedents where possible to minimize student and staff dysregulation. Recognize that there could be new and different antecedents and setting events with the additional requirements and expectations for the 2020-21 school year. ☐ Establish a proactive plan for daily routines designed to build self-regulation skills; self-regulation skill-building sessions can be short (5-10 minutes), and should take place at times when the	● Staff are trained in Collaborative Problem Solving (CPS) and Crisis Prevention Institute (CPI). These principles are applied to assist persons served in de-escalating through verbal intervention. ● Our staff teaches and utilizes strategies from the Zones of Regulation curriculum to support emotional and sensory self regulation. ● Emergency Safety Interventions are avoided whenever possible. ● Staff must wear a face covering, face shield or both during an event.

student is regulated and/or is not demonstrating challenging behaviors.

☐ Ensure all staff are trained to support de-escalation, provide lagging skill instruction, and implement alternatives to restraint and seclusion.

☐ Ensure that staff are trained in effective, evidence-based methods for developing and maintaining their own level of self-regulation and resilience to enable them to remain calm and able to support struggling students as well as colleagues.

☐ Plan for the impact of behavior mitigation strategies on public health and safety requirements:
- Student elopes from area

  o If staff need to intervene for student safety, staff should:
    - Use empathetic and calming verbal interactions (i.e. "This seems hard right now. Help me understand… How can I help?") to attempt to re-regulate the student without physical intervention.
    - Use the least restrictive interventions possible to maintain physical safety for the student and staff.
    - Wash hands after a close interaction.
    - Note the interaction on the appropriate contact log.

  o *If unexpected interaction with other stable cohorts occurs, those contacts must be noted in the appropriate contact logs.
- Student engages in behavior that requires them to be isolated from peers and results in a room clear.

  o If students leave the classroom:
    - Preplan for a clean and safe alternative space that maintains physical safety for the student and staff
    - Ensure physical distancing and separation occur, to the maximum extent possible.
    - Use the least restrictive interventions possible to maintain physical safety for the student and staff.
    - Wash hands after a close interaction.
    - Note the interaction on the appropriate contact log.

  o *If unexpected interaction with other stable cohorts occurs, those contacts must be noted in the appropriate contact logs.
- Student engages in physically aggressive behaviors that preclude the possibility of maintaining physical distance and/or require physical de-escalation or intervention techniques other than restraint or seclusion (e.g., hitting, biting, spitting, kicking, self-injurious behavior).

  o If staff need to intervene for student safety, staff should:
    - Maintain student dignity throughout and following the incident.
    - Use empathetic and calming verbal interactions (i.e. "This seems hard right now. Help me understand… How can I help?") to attempt to re-regulate the student without physical intervention.
    - Use the least restrictive interventions possible to maintain physical safety for the student and staff
    - Wash hands after a close interaction.
    - Note the interaction on the appropriate contact log.

  o *If unexpected interaction with other stable cohorts occurs, those contacts must be noted in the appropriate contact logs.

o Staff may use other PPE such as gloves and/or aprons.

● Staff and person served complete hand hygiene after the event.

● After the event, the area is promptly disinfected and aired as much as possible.

● Staff are encouraged to have a spare set of clothing and face mask or face shield at the program to change into after an Emergency Safety Intervention. Hand hygiene is completed before and after changing clothes and donning/doffing face masks and face shields.

● In the event an Emergency Safety Intervention or the situation preceding the ESI poses a COVID-19 risk (e.g.: person served purposefully coughing or spitting on staff, removing staff's face covering or face shield, etc.), the Clinical Director is consulted for further direction.

● Reusable Personal Protective Equipment will be cleaned/sanitized after every episode of physical intervention.

● Spaces that are unexpectedly used to de-escalate behaviors will be cleaned and sanitized before they are used by other cohorts.

☐ Ensure that spaces that are unexpectedly used to deescalate behaviors are appropriately cleaned and sanitized after use before the introduction of other stable cohorts to that space. **Protective Physical Intervention** ☐ Reusable Personal Protective Equipment (PPE) must be cleaned/sanitized after every episode of physical intervention (see section 2j of the ***Ready Schools, Safe Learners*** guidance: Cleaning, Disinfection, and Ventilation).	

3. Response to Outbreak

3a. PREVENTION AND PLANNING

OHA/ODE Requirements	Hybrid/Onsite Plan
☐ Review the "*Planning for COVID-19 Scenarios in Schools*" toolkit. ☐ Coordinate with Local Public Health Authority (LPHA) to establish communication channels related to current transmission level.	● The day treatment program follows all regulations and guidance per the Common Protocols for COVID-19 School Scenarios as described in the most current version of Oregon Department of Education Planning for COVID-19 Scenarios in Schools. ● The day treatment program will follow the protocol in the Day Treatment Confirmed COVID-19 Communication Responsibilities and Completion Checklist in the Communicable Disease Management Plan.

3b. RESPONSE

OHA/ODE Requirements	Hybrid/Onsite Plan
☐ Review and utilize the "*Planning for COVID-19 Scenarios in Schools*" toolkit. ☐ Ensure continuous services and implement Comprehensive Distance Learning. ☐ Continue to provide meals for students.	● The day treatment program follows all regulations and guidance per the Common Protocols for COVID-19 School Scenarios as described in the most current version of Oregon Department of Education Planning for COVID-19 Scenarios in Schools. ● Families will be notified by teaching staff about participating in Comprehensive Distance Learning with a tentative plan to return to in-person learning when allowable. ● Families will be contacted by their child's therapist. ● The Summit will continue to provide meals for persons served.

OHA/ODE Requirements	Hybrid/Onsite Plan

☐ Review and utilize the "*Planning for COVID-19 Scenarios in Schools*" toolkit.
☐ Clean, sanitize, and disinfect surfaces (e.g., playground equipment, door handles, sink handles, drinking fountains, transport vehicles) and follow CDC guidance for classrooms, cafeteria settings, restrooms, and playgrounds.
☐ When bringing students back into On-Site or Hybrid instruction, consider smaller groups, cohorts, and rotating schedules to allow for a safe return to schools.
	● The day treatment program follows all regulations and guidance per the Common Protocols for COVID-19 School Scenarios as described in the most current version of Oregon Department of Education Planning for COVID-19 Scenarios in Schools.
	● While assigned maintenance staff are responsible for site disinfection, the program supervisor or designee is responsible to take initial steps in closing off areas used by the COVD-19 infected individual and providing additional air circulation for rooms used by the person, if possible, while waiting for maintenance staff. Disinfection follows CDC guidance.
	
	   o Close off areas used by the infected individual, if possible.
	   o Open outside doors and windows to increase air circulation in the area.
	   o Wait 24 hours to clean and disinfect. If 24 hours is not feasible, wait as long as possible.
	   o Clean and disinfect all areas used by the infected individual such as offices, bathrooms, common areas, shared electronic equipment such as tablets, touch screens, keyboards and remote controls.
	   o Vacuum the space if needed. Use a vacuum equipped with high-efficiency particulate air (HEPA) filter, if available.
	      ▪ Do not vacuum a room or space that has people in it. Wait until the room or space is empty to vacuum, such as at night, for common spaces, or during the day for private rooms.
	   o Wear disposable gloves to clean and disinfect. For soft (porous) surfaces such as carpeted floors or rugs, clean the surface with detergents or cleaners appropriate for use on these surfaces, according to the textile's label. After cleaning, disinfect with an appropriate EPA-registered disinfectant on List N: Disinfectants for use against SARS-CoV. Follow the disinfectant manufacturer's safety instructions (such as wearing gloves and ensuring adequate ventilation), concentration level, application method and contact time. Allow sufficient drying time if vacuum is not intended for wet surfaces.
	   o Temporarily turn off in-room or on-wall recirculation HVAC to avoid contamination of the HVAC units.
	   o Do not deactivate central HVAC systems.
	   o Consider temporarily turning off the central HVAC system that services the room or space, so that particles that escape from vacuuming will not circulate throughout the facility.

	● Once an area has been appropriately disinfected, it can be opened for use.
	● Staff without close contact with the person who is sick can return to work immediately after disinfection, unless otherwise quarantined per county public health department recommendations.
	● Outdoor areas are disinfected per the **Disinfection** section of the CDMP (see p.10).
	● If more than seven (7) days have passed since the person who is sick has been at the program, additional cleaning and disinfection is not necessary.
	● Continue routine cleaning and disinfection. This includes everyday practices that businesses and communities normally use to maintain a healthy environment.
	● In the event the county public health department determines areas used by the infected individual are quarantined for a period of time, those instructions are complied with by the program supervisor and program staff.
	● Each cohort has designated separate entry points. In addition, students are arriving and departing on different buses, and therefore have staggered arrival and departure times.
	● When state and county metrics allow for onsite/hybrid instruction, all Ready Schools Safe Learners guidance will be followed.

ASSURANCES

This section must be completed by any public school that is providing instruction through On-Site or Hybrid Instructional Models.
Schools providing Comprehensive Distance Learning Instructional Models do not need to complete this section unless the school is implementing the* Limited In-Person Instruction *provision under the Comprehensive Distance Learning guidance.
This section does not apply to private schools.

X   We affirm that, in addition to meeting the requirements as outlined above, our school plan has met the collective requirements from ODE/OHA guidance related to the 2020-21 school year, including but not limited to requirements from:
- Sections 4, 5, 6, 7, and 8 of the ***Ready Schools, Safe Learners*** guidance,
- The ***Comprehensive Distance Learning*** guidance,
- The ***Ensuring Equity and Access: Aligning Federal and State Requirements*** guidance, and
- ***Planning for COVID-19 Scenarios in Schools***

☐ We affirm that we cannot meet all of the collective requirements from ODE/OHA guidance related to the 2020-21 school year from:
- Sections 4, 5, 6, 7, and 8 of the ***Ready Schools, Safe Learners*** guidance,
- The ***Comprehensive Distance Learning*** guidance,
- The ***Ensuring Equity and Access: Aligning Federal and State Requirements*** guidance, and
- ***Planning for COVID-19 Scenarios in Schools***

We will continue to work towards meeting them and have noted and addressed which requirement(s) we are unable to meet in the table titled "Assurance Compliance and Timeline" below.

	4. Equity

	5. Instruction

	6. Family, Community, Engagement

	7. Mental, Social, and Emotional Health

	8. Staffing and Personnel

Assurance Compliance and Timeline
If a district/school cannot meet the requirements from the sections above, provide a plan and timeline to meet the requirement.

List Requirement(s) Not Met	Provide a Plan and Timeline to Meet Requirements *Include how/why the school is currently unable to meet them*