



OPERATIONAL BLUEPRINT FOR SCHOOL REENTRY 2020-21

Updated 1/19/2021

Under ODE’s **Ready Schools, Safe Learners** guidance, each school¹ has been directed to submit a plan to the district² 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. *It is required that a revised Operational Blueprint be completed and updated when there is a change of Instructional Model.*

1. Please fill out information:

SCHOOL/DISTRICT/PROGRAM INFORMATION	
Name of School, District or Program	SOESD Long-Term Care and Treatment (LTCT) Inst 2434–Family Solutions Day Treatment–Ashland
Key Contact Person for this Plan	Jessica Bach
Phone Number of this Person	541-776-8590 extension 1116
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, and Families in Local school Districts
Local public health office(s) or officers(s)	Jackson County Health and Human Services <ul style="list-style-type: none"> • 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	Family Solutions Executive Director, Thomas Johnson (541) 531-8078, is designated to establish, implement and enforce physical distancing requirements. Each site has a physical distancing coordinator who will work with the Executive Director to establish building practices for physical distancing. <ul style="list-style-type: none"> o Kelly Pintarelli, The Summit* Program Supervisor, (541) 613-4239, is responsible for areas other than classrooms. o 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 *The Summit refers to LCTC #2434 – Family Solutions Day Treatment in Ashland.
Intended Effective Dates for this Plan	2020-2021 School Year
ESD Region	SOESD

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.

2. 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

3. Select which instructional model will be used:

On-Site Learning Hybrid Learning Comprehensive Distance Learning

4. 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).
5. 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 3-22 in the initial template) and [submit online](https://app.smartsheet.com/b/form/a4dedb5185d94966b1dffc75e4874c8a), including updating when you are changing Instructional Model (<https://app.smartsheet.com/b/form/a4dedb5185d94966b1dffc75e4874c8a>).

* **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.

In completing this portion of the Blueprint you are attesting that you have reviewed the Comprehensive Distance Learning Guidance. [Here is a link to the overview of CDL Requirements.](#) 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.

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. Advisory Health Metrics for Returning to In-Person Instruction

0a. RETURNING TO IN-PERSON INSTRUCTION

OHA/ODE Requirements	Hybrid/Onsite Plan
<ul style="list-style-type: none"> If your school is operating an On-Site or Hybrid Instructional Model, but is located in a county that does not meet the advisory metrics (Section 0b); not later than March 1, 2021, the school must offer access to on-site testing for symptomatic students and staff identified on campus as well as those with known exposures to individuals with COVID-19. See COVID-19 Testing in Oregon K-12 Schools. 	<ul style="list-style-type: none"> Effective March 1, 2021, when a person served develops symptoms consistent with COVID-19 while at school and the school has a consent form on file, the person served will immediately be tested. Regardless of the test results, the person served must leave school immediately and will not return until allowed by Ready Schools, Safe Learners guidance. Effective March 1, 2021, staff members who develop symptoms consistent with COVID-19 while at school may verbally grant consent to test and will immediately be tested. Regardless of the test results, the staff member must leave school immediately and will not return until allowed by Ready Schools, Safe Learners guidance. The person served/staff member who is to be tested will be directed to the isolation area for immediate testing. Family Solutions COVID-19 testing protocol aligns with guidance in COVID-19 Testing in Oregon K-12 Schools. Refer to Family Solutions Day TX Communicable Disease Management Plan (CDMP) for specific information about testing protocols. Refer to the Day TX COVID Testing Administrators document for information about staff members who have been trained to administer tests. The test administrator will follow all guidelines in the 'Testing' section of COVID-19 Testing in Oregon K-12 Schools as well as all those provided in the Abbott BinaxNOW package insert regarding test instructions, test storage, quality control, specimen collection and handling, and specimen disposal. Test kits will be stored in a locked drawer in the office specialist's office. <ul style="list-style-type: none"> Kits will be numbered, and the test administrator will maintain a log sheet indicating the test number, date administered, staff administering, and person the test was administered to.

- Testing administrator PPE is stored in the office specialist’s office.
- A binder with the document [COVID-19 Testing in Oregon K-12 Schools](#) and all forms are stored with the testing materials.
- Instructional posters regarding test administration are posted in the designated testing location.
- Persons served consent forms will be scanned/uploaded to EHR (Electronic Health Record) for each person served. A note will be entered on their “message board” on their face sheet in the EHR stating consent has been provided.
- A list of persons served with consent to test will be printed and stored with the testing kits as backup in the event of loss of power or EHR not being easily accessible.
- Persons served test results will be shared with the person served and their parent/guardian/caregiver only.
- Staff test results will be shared with the staff member only.
- All test results will be promptly logged in the [Abbott BinaxNOW Testing Log](#).
- All test results, positive and negative, will be reported daily to OHA using the [Oregon K-12 School COVID-19 Test Reporting Portal](#) by the Reporter/Back up Reporter.
- The Program Supervisor will immediately notify Jackson County Health Department of positive test results.
 - The Summit staff will use the [The Summit Communication Flowchart](#) as a guide for communication.
- Utilize [DTX Confirmed COVID-19 Responsibilities and Notification Checklist](#) to confirm notifications have been completed. Store electronically until further notice.



1. Public Health Protocols

1a. COMMUNICABLE DISEASE MANAGEMENT PLAN FOR COVID-19

OHA/ODE Requirements	Hybrid/Onsite Plan
<input type="checkbox"/> Conduct a risk assessment as required by OSHA administrative rule OAR 437-001-0744(3)(g) . <ul style="list-style-type: none"> • OSHA has developed a risk assessment template. <input type="checkbox"/> Implement measures to limit the spread of COVID-19 within the school setting, including when the school setting is outside a building. <input type="checkbox"/> Update written Communicable Disease Management Plan to specifically address the prevention of the spread of COVID-19.	<ul style="list-style-type: none"> • Family Solutions Day TX Communicable Disease Management Plan (CDMP) • The program supervisor, Kelly Pintarelli, is the assigned individual to enforce physical distancing in locations other than classrooms. An EA and back-up EA are assigned the responsibility for each cohort in

OHA/ODE Requirements

Examples are located in the [Oregon School Nurses Association \(OSNA\) COVID-19 Toolkit](#).

- Review OSHA requirements for infection control plan to ensure that all required elements are covered by your communicable disease management plan, including making the plan available to employees at their workplace. Requirements are listed in OSHA administrative rule [OAR 437-001-0744\(3\)\(h\)](#).
 - OSHA has developed a sample [infection control plan](#).
- Designate a single point-person at each school to establish, implement, support and enforce all RSSL health and safety protocols, including face coverings and physical distancing requirements, consistent with the **Ready Schools, Safe Learners** guidance and other guidance from OHA. This role should be known to all staff in the building with consistent ways for licensed and classified staff to access and voice concerns or needs.
 - Create a simple process that allows for named and anonymous sharing of concerns that can be reviewed on a daily and weekly basis by the designated RSSL building point-person. Example: Anonymous survey form or suggestion box where at least weekly submissions and resolutions are shared in some format.
 - 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, common areas, offices, table surfaces, 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

Hybrid/Onsite Plan

- classrooms. All staff are aware of these roles. Enforcement will be consistent with this guidance and other guidance from OHA.
- The Summit provides comment boxes for named and anonymous sharing of concerns or questions by staff. Concerns/questions are reviewed daily and weekly by the supervisor and discussed during weekly staff meetings.
 - 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.
 - Staff will follow the guidelines in [The Summit Protocol to Notify Jackson County](#) to notify Jackson County Health Department of any confirmed cases of COVID-19 or cluster of illness among persons served or staff. Staff will cooperate with JCHD recommendations.
 - Staff will provide all logs and information to JCHD in a timely manner as determined by JCHD.
 - Staff will use [The Summit Communication Flowchart](#) as a guide for communication.
 - Utilize [DTX Confirmed COVID-19 Responsibilities and Notification Checklist](#) 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 Jackson County Health Department to report the event and consult regarding further actions such as quarantining and program closure. The minimal necessary PHI is disclosed.
 - All instructions and recommendations issued by the public health department are fully implemented, including though not limited to

OHA/ODE Requirements	Hybrid/Onsite Plan
<ul style="list-style-type: none"> • Drop off/pick up time • Parent/guardian name and emergency contact information • All staff (including itinerant staff, district staff, substitutes, and guest teachers) names and phone numbers who interact with a stable cohort or individual student <p><input type="checkbox"/> Protocol to record/keep daily logs to be used for contact tracing for a minimum of four weeks to assist the LPHA as needed.</p> <ul style="list-style-type: none"> • See supplemental guidance on LPHA/school partnering on contact tracing. • Refer to OHA Policy on Sharing COVID-19 Information <p><input type="checkbox"/> 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.</p> <p><input type="checkbox"/> 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.</p> <p><input type="checkbox"/> Designate a staff member and process to ensure that the school provides updated information regarding current instructional models and student counts and reports these data in ODE's COVID-19 Weekly School Status system.</p> <p><input type="checkbox"/> Protocol to respond to potential outbreaks (see section 3 of the <i>Ready Schools, Safe Learners</i> guidance).</p>	<p>cohort/program closure and cleaning and sanitizing.</p> <ul style="list-style-type: none"> ○ All contact logs and other information requested by the public health department is provided in a timely manner. ○ All offices, bathrooms, common areas, classrooms, table surfaces, and other areas used by the program are cleaned and sanitized at least once daily and at other times, if they become contaminated. CDC Guidance for Cleaning and Disinfecting is followed. <ul style="list-style-type: none"> • 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-Other Symptom Monitoring Log. <ul style="list-style-type: none"> ○ 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 Jackson 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-Other Symptom Monitoring Log. 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 diligently screened daily, prior to entry into the building. Staff may self-screen. <ul style="list-style-type: none"> ○ Screenings consist of: asking about fever or chills, visual screening and self-assessment for cough, shortness of breath/difficulty breathing, or new loss of taste or smell. If the person states they feel feverish, their temperature may be taken with a no-touch thermometer. ○ In addition to visual screening, staff/persons served may be asked about any new symptoms or close contact with someone with COVID-19. For persons served, asking parents/caregivers/guardians is appropriate. • Staff screenings will be recorded daily on the DTX Staff Health Screening Log. • If a person served appears symptomatic or expresses feeling unwell, they are removed by staff from their cohort and directed to the isolation area to be monitored by an EA/MTS or other available staff. If fever is a possibility, they have their temperature taken.

OHA/ODE Requirements	Hybrid/Onsite Plan
	<p>If a fever is indicated, the person served is provided with an easily cleaned and sanitized item to play with or they can rest.</p> <ul style="list-style-type: none"> ○ 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, 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 isolation area until someone picks the person served up. The family is directed to use the back door for pick up. ○ Before leaving the isolation area 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. ○ After the pick-up is complete, the EA/MTS cleans and sanitizes the isolation area and completes hand hygiene when finished. The EA/MTS completes an entry in the Day Treatment Potential COVID-19 Direct Exposure Log. <ul style="list-style-type: none"> ● 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. <ul style="list-style-type: none"> ○ 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 isolation area until someone picks the person served up. The family is directed to use the back door for pick up. ○ Before leaving the isolation area to bring the person served to their parent/guardian/emergency contact, the EA/MTS carefully removes PPE per

OHA/ODE Requirements	Hybrid/Onsite Plan
	<p>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.</p> <ul style="list-style-type: none"> ○ After the pick-up is complete, the EA/MTS cleans and sanitizes the isolation area 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 FS Day TX COVID-19 Parent Information Letter to communicate potential COVID-19 cases to families/stakeholders. • The DTX Persons Served Health Screening Log is completed each day by the assigned EA. This provides the following information: <ul style="list-style-type: none"> ○ Persons served in cohort ○ Name ○ Arrival and departure times ○ Method of transport ○ Name, address and phone number of parent/guardian ○ If close contact (less than 6' of distance for at least 15 cumulative minutes in a day) occurred with another individual • Staff interacting with cohort <ul style="list-style-type: none"> ○ Name ○ Arrival and departure date and times ○ Address and phone number ○ If close contact (less than 6' of distance for at least 15 cumulative minutes in a day) occurred with another individual • Essential visitors interacting with cohort <ul style="list-style-type: none"> ○ Name ○ Individual(s) interacted with ○ If close contact (less than 6' of distance for at least 15 cumulative minutes in a day) occurred with another individual • Arrival/departure date and time and contact information is available on the DTX Essential Visitor Health Screening Log. • All itinerant and district staff (maintenance, administrative, delivery, nutrition, and any other staff) who move between buildings must keep a log or calendar with a running 4-week history that includes the dates and times they were in the facility and who they were in contact with at the facility. • Using the DTX Persons Served Health Screening Log and Itinerant Staff Tracking Logs, determine those individuals that have been in close (less than 6' of distance for at least 15 cumulative minutes in a day) contact with the infected person.

OHA/ODE Requirements	Hybrid/Onsite Plan
	<ul style="list-style-type: none"> • The person served portion of the log is maintained on paper and includes essential visitors. The staff portion of the log is maintained electronically. DTX Persons Served Health Screening 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 cleaning and sanitizing, the program supervisor or designee is responsible to take initial steps in closing off areas used by the COVID-19 infected individual and providing additional air circulation for rooms used by the person, if possible, while waiting for maintenance staff. Cleaning and sanitizing follows CDC Guidance. <ul style="list-style-type: none"> ○ Close off areas used by the infected individual, if possible. ○ Open outside doors and windows to increase air circulation in the area. ○ Wait 24 hours to clean and sanitize. If 24 hours is not feasible, wait as long as possible. ○ Clean and sanitize 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. ○ 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. ○ Wear disposable gloves to clean and sanitize. 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, sanitize with an appropriate EPA-registered cleaner 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. ○ Temporarily turn off in-room or on-wall recirculation HVAC to avoid contamination of the HVAC units. ○ Do not deactivate central HVAC systems. ○ Consider temporarily turning off the central HVAC system that services the room or space, so that

OHA/ODE Requirements	Hybrid/Onsite Plan
	<p>particles that escape from vacuuming will not circulate throughout the facility.</p> <ul style="list-style-type: none"> ○ Once the area has been appropriately cleaned and sanitized, it can be opened for use. ○ Staff without close contact (less than 6’ of distance for at least 15 cumulative minutes in a day) with the person who is sick can return to work immediately after cleaning and sanitizing, unless otherwise quarantined per county public health department recommendations. ○ Outdoor areas are cleaned and sanitized. If more than seven (7) days have passed since the person who is sick has been at the program, additional cleaning and sanitizing is not necessary. ○ Continue routine cleaning and sanitizing. 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. <ul style="list-style-type: none"> • 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. • Family Solutions has conducted a risk assessment as required by OSHA administrative rule OAR 437-001-0744(3)(g). <ul style="list-style-type: none"> ○ Exposure Risk Assessment Form Day Treatment • Jessica Bach will report data regarding current instructional models and student counts in ODE’s COVID-19 Weekly School Status system. <ul style="list-style-type: none"> ○ jessica_bach@soesd.k12.or.us 541-776-8590 Extension 1116

1b. HIGH-RISK POPULATIONS

OHA/ODE Requirements	Hybrid/Onsite Plan
<ul style="list-style-type: none"> <input type="checkbox"/> Serve students in high-risk population(s) whether learning is happening through On-Site (<i>including outside</i>), Hybrid (partially On-Site and partially Comprehensive Distance Learning models), or Comprehensive Distance Learning models. <p>Medically Fragile, Complex and Nursing-Dependent Student Requirements</p> <ul style="list-style-type: none"> <input type="checkbox"/> 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: 	<p>The Summit does not enroll students who are medically fragile/ complex or students who are nursing dependent.</p>

OHA/ODE Requirements	Hybrid/Onsite Plan
<ol style="list-style-type: none"> 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. <p><input type="checkbox"/> Review Supplemental Guidance on Community and Health Responsibilities Regarding FAPE in Relation to IDEA During CDL and Hybrid.</p> <p><input type="checkbox"/> 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:</p> <ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> ○ 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. ○ ODE guidance updates for Special Education. Example from March 11, 2020. ○ OAR 581-015-2000 Special Education, requires districts to provide 'school health services and school nurse services' as part of the 'related services' in order 'to assist a child with a disability to benefit from special education.' ○ 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
<ul style="list-style-type: none"> <input type="checkbox"/> 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. If implementing Learning Outside guidance, establish an outside learning space for learning that maintains minimum 35 square feet per person. <ul style="list-style-type: none"> • Within this design, educators should have their own minimum of 35 square feet and the design of the learning environment must allow for some ability for the educator to move through the room efficiently and carefully without breaking 6 feet of physical distance to the maximum extent feasible. <input type="checkbox"/> Support physical distancing in all daily activities and instruction, maintaining six feet between individuals to the maximum extent possible. <input type="checkbox"/> 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. <input type="checkbox"/> Schedule modifications to limit the number of students in the building or outside learning space (e.g., rotating groups by days or location, staggered schedules to avoid hallway crowding and gathering). <input type="checkbox"/> Plan for students who will need additional support in learning how to maintain physical distancing requirements. Provide instruction; don't employ punitive discipline. <input type="checkbox"/> Staff must maintain physical distancing during all staff meetings and conferences, or consider remote web-based meetings. 	<ul style="list-style-type: none"> • 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
<ul style="list-style-type: none"> <input type="checkbox"/> Where feasible, establish stable cohorts: groups shall be no larger than can be accommodated by the space available to provide 35 square feet per person, including staff. <ul style="list-style-type: none"> • The smaller the cohort, the less risk of spreading disease. As cohort groups increase in size, the risk of spreading disease increases. <input type="checkbox"/> Students cannot be part of any single cohort, or part of multiple cohorts that exceed a total of 100 people within the educational week⁴, unless the school is offering Learning Outside, then they must follow guidelines for cohorting in Learning Outside guidance. Schools must plan to limit cohort sizes to allow for efficient contact-tracing and minimal risk for exposure. Cohorts may change week-to-week, but must be stable within the educational week. 	<ul style="list-style-type: none"> • 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.

⁴ The cohort limit is focused on the students experience and their limit of 100 people includes every person they come into contact with, including staff. There is not a limitation for staff in cohort size while care should be given to design and attention to the additional requirements.

OHA/ODE Requirements	Hybrid/Onsite Plan
<ul style="list-style-type: none"> <input type="checkbox"/> Each school must have a system for daily logs to ensure contact tracing among the cohort (see section 1a of the Ready Schools, Safe Learners guidance). <input type="checkbox"/> Minimize interaction between students in different stable cohorts (e.g., access to restrooms, activities, common areas). Provide access to All Gender/Gender Neutral restrooms. <input type="checkbox"/> Cleaning and sanitizing surfaces (e.g., desks, dry erase boards, door handles, etc.) must be maintained between multiple student uses, even in the same cohort. <input type="checkbox"/> Design cohorts such that all students (including those protected under ADA and IDEA) maintain access to general education, grade-level academic content standards⁵, and peers. <input type="checkbox"/> Minimize the number of staff that interact with each cohort to the extent possible, staff who interact with multiple stable cohorts must wash/sanitize their hands between interactions with different stable cohorts. <input type="checkbox"/> Elementary staff who interact with multiple cohorts (music, PE, library, paraprofessionals who provide supervision at recesses, etc.) should have schedules altered to reduce the number of cohorts/students they interact within a week. Consider having these staff engage via technology, altering duties so that they are not in close contact with students in multiple cohorts, or adjust schedules to reduce contacts. 	<ul style="list-style-type: none"> • Cleaning and sanitizing surfaces (desks, dry erase boards, door handles, etc.) must be maintained between multiple uses by persons served, even in the same cohort. • The DTX Persons Served Health Screening Log is completed each day by the assigned EA. This provides the following information: <ul style="list-style-type: none"> ○ Persons served in cohort ○ Name ○ Arrival and departure times ○ Method of transport ○ Name, address and phone number of parent/guardian ○ If close contact (less than 6’ of distance for at least 15 cumulative minutes in a day) 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 cleaned and sanitized between use by staff. These spaces are not utilized the same day by cohorts/individual persons served even with cleaning and sanitization in place. • Staff who interact with multiple stable cohorts must wash/sanitize their hands between interactions with different stable cohorts.

1e. PUBLIC HEALTH COMMUNICATION AND TRAINING

OHA/ODE Requirements	Hybrid/Onsite Plan
<ul style="list-style-type: none"> <input type="checkbox"/> 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. <input type="checkbox"/> Offer initial training to all staff prior to being in-person in any instructional model. Training could be accomplished through all staff webinar, narrated slide decks, online video, using professional learning communities, or mailing handouts with discussion. Training cannot be delivered solely through the sharing or forwarding information electronically or in paper copy form as this is an insufficient method for ensuring fidelity to public health protocols (see section 8b of the Ready Schools, Safe Learners guidance for specific training requirements). Note: Instructional time requirements allow for time to be devoted for professional learning that includes RSSL training. <input type="checkbox"/> Post “COVID -19 Hazard Poster” and “Masks Required” signs as required by OSHA administrative rule OAR 437-001-0744(3)(d) and (e). <input type="checkbox"/> Develop protocols for communicating with students, families and staff who have come into close contact with a person who has COVID-19. 	<ul style="list-style-type: none"> • 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 receives training when updates are made to Ready Schools, Safe Learners. Trainings are conducted via live Zoom sessions or recorded Zoom sessions that include a quiz that staff must pass. • Staff is required to review and attest to all Day Treatment COVID 19 policies.

⁵ Academic content standards refer to all of Oregon state academic standards and the Oregon CTE skill sets.

OHA/ODE Requirements	Hybrid/Onsite Plan
<ul style="list-style-type: none"> • The definition of exposure is being within 6 feet of a person who has COVID-19 for at least 15 cumulative minutes in a day. • OSHA has developed a model notification policy. <ul style="list-style-type: none"> <input type="checkbox"/> Develop protocols for communicating immediately with staff, families, and the school 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. <input type="checkbox"/> Periodic interval training also keeps the vigilance to protocols ever present when fatigue and changing circumstances might result in reduced adherence to guidance. <input type="checkbox"/> Provide all information in languages and formats accessible to the school community. 	<ul style="list-style-type: none"> • 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. <ul style="list-style-type: none"> ○ 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: <ul style="list-style-type: none"> ○ Immediately contact Jackson County Health Department to report the event and consult regarding further actions such as quarantining and program closure. Follow the guidelines in The Summit Communication Flowchart as a guide for communication. The minimal necessary PHI is disclosed. • All instructions and recommendations issued by the public health department are fully implemented, including though not limited to cohort/program closure and cleaning and sanitization. • 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 cleaning and sanitization. <ul style="list-style-type: none"> ○ Using the DTX Persons Served Health Screening Logs and Itinerant Staff Tracking Logs, determine those individuals that have been in close (less than 6' of distance for at least 15 cumulative minutes in a day) 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. <ul style="list-style-type: none"> ▪ 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. 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

OHA/ODE Requirements	Hybrid/Onsite Plan
	<p>addition, the parent/guardian is informed of the program’s response to the situation (for example: quarantining cohort, temporary program closure).</p> <ul style="list-style-type: none"> ▪ 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 DTX Confirmed COVID-19 Responsibilities and Notification Checklist to confirm notifications have been completed. Store electronically until further notice. ▪ Complete a Family Solutions FS Critical Incident Report. <ul style="list-style-type: none"> • All information will be provided in languages and formats accessible to the school community. • “COVID -19 Hazard Poster” and “Masks Required” signs are posted.

1f. ENTRY AND SCREENING

OHA/ODE Requirements	Hybrid/Onsite Plan
<ul style="list-style-type: none"> ☐ Direct students and staff to stay home if they have COVID-19 symptoms. COVID-19 symptoms are as follows: <ul style="list-style-type: none"> • Primary symptoms of concern: cough, fever (temperature of 100.4°F or higher) or chills, shortness of breath, difficulty breathing, or new loss of taste or smell. • Note that muscle pain, headache, sore throat, diarrhea, nausea, vomiting, new 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 must be excluded from school for signs of other infectious diseases, per existing school policy and protocols. See pages 9-11 of OHA/ODE Communicable Disease Guidance for Schools. • Emergency signs that require immediate medical attention: <ul style="list-style-type: none"> ○ Trouble breathing ○ Persistent pain or pressure in the chest ○ New confusion or inability to awaken ○ Bluish lips or face (lighter skin); greyish lips or face (darker skin) ○ Other severe symptoms ☐ Diligently screen all students and staff for symptoms on entry to bus/school/outside learning space every day. This can be done visually as well as asking students and staff about any new symptoms or close contact with someone with COVID-19. For students, confirmation from a parent/caregiver or guardian can also be appropriate. Staff members can self-screen and attest to their own health, but regular reminders of the importance of daily screening must be provided to staff. <ul style="list-style-type: none"> • 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. 	<ul style="list-style-type: none"> • 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 FS Day TX Consent to Services During COVID-19. Staff are notified of the expectation via email. • Diligent daily health screenings are conducted per cohort. • All staff, persons served and essential visitors are diligently screened daily, prior to entry into the building. Staff may self-screen. <ul style="list-style-type: none"> ○ Screenings consist of: temperature greater than 104, visual screening and self-assessment for cough, shortness of breath/difficulty breathing, chills, or new loss of taste or smell. If the person states they feel feverish, their temperature may be taken with a no-touch thermometer. ○ In addition to visual screening, staff/persons served may be asked about any new symptoms or close contact with someone with COVID-19. For persons served, asking parents/guardians/ caretakers is appropriate. • Effective March 1, 2021, if a person served develops symptoms consistent with COVID-19 while at school and the school has a consent form on file, the person served will immediately be sent to the isolation area and tested (see Section 0 of this document). Regardless

OHA/ODE Requirements	Hybrid/Onsite Plan
<ul style="list-style-type: none"> <input type="checkbox"/> 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 “Planning for COVID-19 Scenarios in Schools” and the COVID-19 Exclusion Summary Guide. <input type="checkbox"/> Staff or students with a chronic or baseline cough that has worsened or is not well-controlled with medication must 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. See the COVID-19 Exclusion Summary Guide. <input type="checkbox"/> 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. 	<p>of the test results, the person served must leave school immediately and will not return until allowed by Ready Schools, Safe Learners guidance.</p> <ul style="list-style-type: none"> • Effective March 1, 2021, staff members who develop symptoms consistent with COVID-19 while at school may verbally grant consent to test and will immediately be tested. Regardless of the test results, the staff member must leave school immediately and will not return until allowed by Ready Schools, Safe Learners guidance. • Staff will utilize the School Decision Tree and Definitions developed by Jackson County Health Department for Jackson, Josephine, and Klamath Counties to determine whether persons served are able to attend class or must be isolated, quarantined, or sent home. <ul style="list-style-type: none"> ○ For further guidance, staff will refer to Planning for COVID-19 Scenarios in Schools and the COVID-19 Exclusion Summary Guide. • 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. • Emergency signs that require immediate medical attention: <ul style="list-style-type: none"> ○ Trouble breathing ○ Persistent pain or pressure in the chest ○ New confusion or inability to awaken ○ Bluish lips or face (lighter skin); greyish lips or face (darker skin) ○ Other severe symptoms • Staff will be regularly reminded of the importance of daily screening. Staff screenings will be recorded daily on the DTX Staff Health Screening Log.

1g. VISITORS/VOLUNTEERS

OHA/ODE Requirements	Hybrid/Onsite Plan
<ul style="list-style-type: none"> <input type="checkbox"/> Restrict non-essential visitors/volunteers. <ul style="list-style-type: none"> • 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. <input type="checkbox"/> Diligently screen all visitors/volunteers for symptoms and ask questions about symptoms and any close contact with someone diagnosed with COVID-19 upon every entry. Restrict from school property any visitor known to have been exposed to COVID-19. See the COVID-19 Exclusion Summary Guide. <input type="checkbox"/> Visitors/volunteers must wash or sanitize their hands upon entry and exit. <input type="checkbox"/> Visitors/volunteers must maintain six-foot distancing, wear face coverings, and adhere to all other provisions of the Ready Schools, Safe Learners guidance. 	<ul style="list-style-type: none"> • 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”):

OHA/ODE Requirements	Hybrid/Onsite Plan
	<ul style="list-style-type: none"> ○ Advocacy agency staff for the purpose of investigating allegations of abuse and neglect ○ Emergency response including EMS, fire and police ○ Legal counsel for individuals in the treatment facility ○ Licensing/survey staff ○ Long term care ombudsman and deputies (not volunteers) ○ Friends or family members visiting during end-of-life stages ○ Family or other community members necessary for psychological well-being and effective treatment and discharge ○ Office of Training, Investigations, and Safety (OTIS) staff or delegates ○ Outside agency medical and behavioral health personnel including, but not limited to, mental health staff, substance use disorder staff and detox staff ○ Vendors who must enter facility in order to deliver medical supplies or other essential items ○ Visitors for the purpose of placement activities ○ 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 cleaned and sanitized after use by visitors. • All essential visitors are directed by signage to the front entrance for diligent 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 DTX Essential Visitor Health Screening Log is completed by the office specialist or another available staff member and provides the following information: <ul style="list-style-type: none"> ○ Name ○ Individual(s) interacted with ○ If close contact (less than 6' of distance for at least 15 cumulative minutes in a day) occurred with another individual ○ Arrival/departure date and time and contact information is available on the DTX Essential Visitor Health Screening Log. • The DTX Essential Visitor Health Screening Log is stored in the EA/MTS office in a locked file drawer.

OHA/ODE Requirements	Hybrid/Onsite Plan
	<ul style="list-style-type: none"> • Maintenance and other agency staff that are not part of the program-specific staff team use the Itinerant Staff Tracking Log. 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 the DTX Persons Served Health Screening 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: <ul style="list-style-type: none"> ○ Date ○ Time arrived and departed the program ○ Contact information (phone, address) ○ Names of all staff/persons served interacted with ○ 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. • All itinerant and district staff (maintenance, administrative, delivery, nutrition, and any other staff) who move between buildings must keep a log or calendar with a running 4-week history that includes the dates and times they were in the facility and who they were in contact with at the facility.

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

OHA/ODE Requirements	Hybrid/Onsite Plan
<ul style="list-style-type: none"> <input type="checkbox"/> Employers are required to provide masks, face coverings, or face shields for all staff, contractors, other service providers, visitors and volunteers. <input type="checkbox"/> Face coverings or face shields for all staff, contractors, other service providers, visitors or volunteers following CDC guidelines for Face Coverings. Individuals may remove their face coverings while working alone in private offices or when separated by more than 6 feet in outside learning spaces. Face shields are an acceptable alternative only when a person has a medical condition that prevents them from wearing a mask or face covering, when people need to see mouth and tongue motions in order to communicate, or when an individual is speaking to an audience for a short period of time and clear communication is otherwise not possible. <input type="checkbox"/> Face coverings or face shields for all students in grades Kindergarten and up following CDC guidelines for Face Coverings. Face shields are an acceptable alternative when a student has a medical condition that prevents them from wearing a mask or face covering, or when people need to see the student’s mouth and tongue motions in order to communicate. <input type="checkbox"/> Face coverings should be worn both indoors and outdoors, including during outdoor recess. 	<ul style="list-style-type: none"> • Face coverings and face shields must be in accordance with Centers for Disease Control (CDC) recommendations. • For staff, contractors, other service providers, and essential visitors: <ul style="list-style-type: none"> ○ Face shields are an acceptable alternative to masks only when a person has a medical condition that prevents them from wearing a mask, or when people need to see mouth and tongue motions in order to communicate, or when a person is speaking to an audience for a short period of time and clear communication is otherwise not possible. • For persons served, kindergarten and older: <ul style="list-style-type: none"> ○ Face shields are an acceptable alternative only when a person served has a medical condition that prevents them from wearing a mask, or when people need to see their mouth and tongue motions in order to communicate.

OHA/ODE Requirements

- Group mask breaks” or “full classroom mask breaks” are not allowed. If a student removes a face covering, or demonstrates a need to remove the face covering for a short-period of time:
 - 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;”
 - Students must not be left alone or unsupervised;
 - Designated area or chair must 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 shall also wear appropriate Personal Protective Equipment (PPE) for their role.
 - [Additional guidance](#) for nurses and health staff.

Accommodations under ADA or IDEA and providing FAPE while attending to Face Covering Guidance

- If any student requires an accommodation to meet the requirement for face coverings, districts and schools must 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 must 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, or the current plan in effect for the student if appropriately developed after 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. Not make placement determinations solely on the inability to wear a face covering.
 3. Include updates to accommodations and modifications to support students in plans.
 - For students protected under ADA/IDEA, who abstain from wearing a face covering, or students whose families

Hybrid/Onsite Plan

- Family Solutions will provide masks, face coverings, or face shields for all staff, contractors, other service providers, visitors and volunteers.
- 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.
- 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.
 - 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.
 - Staff are not required to wear a face covering if they are in a private office alone.
 - Staff may remove face covering for meal breaks or for brief periods if alone in an office or outdoors.
- Staff who refuse to wear appropriate face coverings will be referred to Human Resources.
- **All persons served** grade Kindergarten and older are required to wear a face covering or face shield indoors and outdoors, including during outside recess, unless one of the following conditions is met:
 - They have a medical condition that makes it difficult for them to breathe with a face covering.
 - They have a disability that prevents them from wearing a face covering.
 - They are unable to remove the face covering independently.
 - They are sleeping.
- Persons served/families who refuse to wear appropriate face coverings for a values-based reason will have their educational needs met through Comprehensive Distance Learning. However, additional provisions do apply to persons served under ADA and IDEA.
- 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.
 - If a person served has an accommodation, proximity is limited between the person served

OHA/ODE Requirements

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.
 - 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,
 - 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 shall work to limit the staff member's proximity to students and staff to the extent possible to minimize the possibility of exposure.

Hybrid/Onsite Plan

and other persons served and staff as much as possible.

- Other accommodations may include:
 - Offering different types of face coverings and face shields that may meet the needs of the person served.
 - Space away from peers while the face covering is removed, the person served is not 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
- Group "mask breaks" or "full classroom mask breaks" are not allowed.
 - 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 cleaned and sanitized 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.
 - Persons served are not discriminated against or disciplined for an inability to safely wear a face covering or face shield.
 - 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.

OHA/ODE Requirements**Hybrid/Onsite Plan**

- Southern Oregon Education Service District (SOESD) is consulted.
- Family Solutions will comply with IEP/504 plans established prior to March, 2020, or the current plan in effect for the person served if appropriately developed after March, 2020.
- If a person served eligible for or receiving services under an IEP/504 plan cannot wear a face covering due to the nature of the disability, Family Solutions will:
 - Review the IEP/504 plan to ensure access to instruction in a manner comparable to what was originally established in the plan including on-site instruction with accommodations or adjustments
 - Not make placement determinations solely on the inability to wear a face covering
 - Include updates to accommodations and modifications to support persons served in plans
- For persons served protected under ADA/IDEA, who abstain from wearing a face covering, or whose families determine the person served will not wear a face covering, Family Solutions will:
 - Review the 504/IEP to ensure access to instruction in a manner comparable to what was originally established in the plan.
 - Determine that the disability is not prohibiting the person served from meeting the requirement.
 - If the team determines that the disability is prohibiting the person served from meeting the requirement, follow the requirements for persons served eligible for or receiving services under a 504/IEP who cannot wear a face covering due to the nature of the disability.
 - If a 504/IEP plan includes supports/goals/ instruction for behavior or social emotional learning, Family Solutions will evaluate the plan prior to providing instruction through Comprehensive Distance Learning.
 - 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 persons served not currently served under an IEP or 504 plan, Family Solutions will consider whether or not the 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.

OHA/ODE Requirements**Hybrid/Onsite Plan**

- **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**
 - 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.
 - 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
 - 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.
 - Disposable face mask provided by staff/family/visitor or program
 - 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 cleaned and sanitized between uses by program staff. Staff are expected to clean and sanitize face shields at home on a daily basis, if staff-provided.
- Face coverings and face shields are to be clean and a new one used each day or any time it becomes contaminated.

OHA/ODE Requirements	Hybrid/Onsite Plan
	<ul style="list-style-type: none"> • Each site maintains an adequate supply of all PPE items in a designated location in each classroom, isolation area, 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 staff have been trained and educated on face covering requirements and alternatives if a person served 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. • Appropriate medical-grade PPE will be made available to nurses and other health providers and can be found near the isolation zone and in the front office and in the EA/MTS office.

1i. ISOLATION AND QUARANTINE

OHA/ODE Requirements	Hybrid/Onsite Plan
<ul style="list-style-type: none"> <input type="checkbox"/> 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. <input type="checkbox"/> 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. See the COVID-19 Exclusion Summary Guide. <ul style="list-style-type: none"> • 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 if and where students and staff will be isolated during learning outside. Create a comfortable outdoor area for isolation or follow plan for in building isolation. • 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 for providing care to students with complex needs. <input type="checkbox"/> Students and staff who report or develop symptoms must be isolated in a designated isolation area in the school or outside learning space, 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. 	<ul style="list-style-type: none"> • 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, or new loss of taste or smell, difficulty breathing or shortness of breath), testing is advised. • Staff/persons served 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 and the COVID-19 Exclusion Summary Guide. <ul style="list-style-type: none"> ○ For further guidance, staff may refer to the School Decision Tree and Definitions developed by Jackson County Health Department for Jackson, Josephine, and Klamath Counties to determine whether persons served are able to attend class or must be isolated, quarantined, or sent home. • Effective March 1, 2021, if a person served develops symptoms consistent with COVID-19 while at school and the school has a consent form on file, the person served will immediately be sent to the isolation area and tested (see Section 0 of this document). Regardless of the test results, the person served must leave school

OHA/ODE Requirements	Hybrid/Onsite Plan
<ul style="list-style-type: none"> • School nurses and health staff in close contact with symptomatic individuals (less than 6 feet) must 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 must be properly removed and disposed of prior to exiting the care space. • After removing PPE, hands shall 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 shall 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. <ul style="list-style-type: none"> <input type="checkbox"/> Establish procedures for safely transporting anyone who is sick to their home or to a health care facility. <input type="checkbox"/> 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.” <input type="checkbox"/> 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). <input type="checkbox"/> Record and monitor the students and staff being isolated or sent home for the LPHA review. <input type="checkbox"/> The school must provide a remote learning option for students who are required to be temporarily off-site for isolation and quarantine. 	<p>immediately and will not return until allowed by Ready Schools, Safe Learners guidance.</p> <ul style="list-style-type: none"> • Effective March 1, 2021, staff members who develop symptoms consistent with COVID-19 while at school may verbally grant consent to test and will immediately be tested. Regardless of the test results, the staff member must leave school immediately and will not return until allowed by Ready Schools, Safe Learners guidance. • Meals/snacks/water are to be provided as necessary. • Persons served who are isolated/quarantined will have their educational needs met through Comprehensive Distance Learning. • Situations involving potential exposure due to close and/or direct contact are recorded on the FS Day TX Potential COVID-19 Direct Exposure Log. 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
<ul style="list-style-type: none"> <input type="checkbox"/> Enroll all students (including foreign exchange students) following the standard Oregon Department of Education guidelines. <input type="checkbox"/> The temporary suspension of the 10-day drop rule does not change the rules for the initial enrollment date for students: <ul style="list-style-type: none"> • 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. 	<ul style="list-style-type: none"> • Family Solutions will follow all enrollment requirements outlined in the Ready Schools, Safe Learners guidance. • The ADM enrollment date for a person served is the first day of their actual attendance. <ul style="list-style-type: none"> ◦ A person served 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

OHA/ODE Requirements	Hybrid/Onsite Plan
<ul style="list-style-type: none"> • 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. <ul style="list-style-type: none"> <input type="checkbox"/> 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. <input type="checkbox"/> 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. <input type="checkbox"/> Design attendance policies to account for students who do not attend in-person due to student or family health and safety concerns. <input type="checkbox"/> When a student has a pre-excused absence or COVID-19 absence, the school district must reach out to offer support at least weekly until the student has resumed their education. <input type="checkbox"/> 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. 	<p>attendance, but not prior to the first calendar day of the school year.</p> <ul style="list-style-type: none"> ○ If a person served does not attend during the first 10 session days of school, their ADM enrollment date must reflect their actual first day of attendance. ○ Persons served who were anticipated to be enrolled, but who do not attend at any time, must not be enrolled and submitted in ADM. <ul style="list-style-type: none"> • If a person served has stopped attending for 10 or more days, Family Solutions will continue to try to engage them. At a minimum, Family Solutions will attempt to contact them and their families weekly to either encourage attendance or receive confirmation that the person served has transferred or has withdrawn from school. This includes persons served who were scheduled to start the school year but who have not yet attended. • When enrolling a person served from another school, Family Solutions will 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 Family Solutions of this responsibility. After receiving documentation from another school that a person served has enrolled, Family Solutions will drop that person served from our roll. • Family Solutions will design attendance policies to account for persons served who do not attend in-person due to person served or family health and safety concerns. • When a person served has a pre-excused absence or COVID-19 absence, Family Solutions will reach out to offer support at least weekly until the person served has resumed their education. • When a person served is absent beyond 10 days and meets the criteria for continued enrollment due to the temporary suspension of the 10 day drop rule, Family Solutions will continue to count them as absent for those days and include those days in our Cumulative ADM reporting.

2b. ATTENDANCE

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

OHA/ODE Requirements	Hybrid/Onsite Plan
<ul style="list-style-type: none"> <input type="checkbox"/> 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). <input type="checkbox"/> Grades 6-12 (individual subject): Attendance must be taken at least once for each scheduled class that day for all students 	<ul style="list-style-type: none"> • Attendance is taken daily for all persons served in all grades and shared daily with SOESD. Confirmation of the visual screen for COVID-19 symptoms is included in the attendance sheet. Any person served who is absent

OHA/ODE Requirements	Hybrid/Onsite Plan
<p>enrolled in school, regardless of the instructional model (On-Site, Hybrid, Comprehensive Distance Learning, online schools).</p> <ul style="list-style-type: none"> <input type="checkbox"/> 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. <input type="checkbox"/> 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. <input type="checkbox"/> 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. 	<p>is called and their symptoms tracked in the COVID-Other Symptom Monitoring Log.</p> <ul style="list-style-type: none"> • Alternative Programs: Some persons served 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 person served, so that local systems can track the person served attendance and engagement. Reported hours of instruction continue to be those hours in which the person served was present. • Family Solutions will provide families with clear and concise descriptions of persons served 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.

2c. TECHNOLOGY

OHA/ODE Requirements	Hybrid/Onsite Plan
<ul style="list-style-type: none"> <input type="checkbox"/> Update procedures for district-owned or school-owned devices to match cleaning requirements (see section 2d of the Ready Schools, Safe Learners guidance). <input type="checkbox"/> Procedures for return, inventory, updating, and redistributing district-owned devices must meet physical distancing requirements. <input type="checkbox"/> If providing learning outside and allowing students to engage with devices during the learning experiences, provide safe charging stations. 	<ul style="list-style-type: none"> • Electronics are cleaned and sanitized 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
<ul style="list-style-type: none"> <input type="checkbox"/> Handwashing: All people on campus shall be advised and encouraged to frequently wash their hands or use hand sanitizer. <input type="checkbox"/> Equipment: Develop and use sanitizing protocols for all equipment used by more than one individual or purchase equipment for individual use. <input type="checkbox"/> 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. <input type="checkbox"/> Transitions/Hallways: Limit transitions to the extent possible. Create hallway procedures to promote physical distancing and minimize gatherings. <input type="checkbox"/> Personal Property: Establish policies for identifying personal property being brought to school (e.g., refillable water bottles, school supplies, headphones/earbuds, cell phones, books, instruments, etc.). 	<p><i>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.</i></p> <ul style="list-style-type: none"> • 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. <ul style="list-style-type: none"> ○ 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/sanitizing products, after handling trash, after returning indoors, before and after providing first aid, after assisting a person served with toileting needs, after handling shared

OHA/ODE Requirements	Hybrid/Onsite Plan
	<p>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.</p> <ul style="list-style-type: none"> ○ 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. <ul style="list-style-type: none"> ○ In the event outdoor areas are shared, play equipment is cleaned and sanitized between uses by staff. ○ Cement, asphalt, wood surfaces and bark chips or other ground materials are not sanitized. • 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. <ul style="list-style-type: none"> ○ All personal items are identified and stored in the individual cubby of the person served and are not to be shared or removed during the treatment day unless absolutely necessary.

2e. ARRIVAL AND DISMISSAL

OHA/ODE Requirements	Hybrid/Onsite Plan
<ul style="list-style-type: none"> <input type="checkbox"/> Physical distancing, stable cohorts, square footage, and cleaning requirements must be maintained during arrival and dismissal procedures. <input type="checkbox"/> Create schedule(s) and communicate staggered arrival and/or dismissal times. <input type="checkbox"/> 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). <input type="checkbox"/> 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. 	<ul style="list-style-type: none"> • 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.

OHA/ODE Requirements	Hybrid/Onsite Plan
<ul style="list-style-type: none"> • 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. <p><input type="checkbox"/> 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.</p>	<ul style="list-style-type: none"> • All offices, bathrooms, group rooms and classrooms and other areas used by the program are cleaned and sanitized 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. • Staff will refer to the Planning for COVID-19 Scenarios in Schools and the COVID-19 Exclusion Summary Guide to determine whether persons served or staff are able to be in class or must be isolated, quarantined, or sent home. <ul style="list-style-type: none"> ○ For further guidance, staff will refer to School Decision Tree and Definitions developed by Jackson County Health Department for Jackson, Josephine, and Klamath Counties to determine whether persons served or staff are able to attend class or be isolated, quarantined, or sent home. <p><u>Entry Process (parent/guardian/other drop off)</u></p> <ul style="list-style-type: none"> • Person served arrives in the front parking lot. If planned drop off, staff meets person served in the front parking lot and diligently completes health screening. If unplanned, office specialist contacts the EA/MTS of the cohort for the person served. <ul style="list-style-type: none"> ○ 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. <p><u>Entry Process (Bus)</u></p> <ul style="list-style-type: none"> • 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. <ul style="list-style-type: none"> ○ Assigned EA/MTS from each cohort diligently completes health screening for persons served in their cohort before persons served enters the building.

OHA/ODE Requirements	Hybrid/Onsite Plan
	<ul style="list-style-type: none"> ○ Each person served is asked about feeling hot/feverish, having chills, new loss of taste or smell, difficulty breathing/shortness of breath or coughing. Staff observes person served as well for these symptoms. ○ Effective March 1, 2021, if a person served displays symptoms consistent with COVID-19 upon arrival at school and the school has a consent form on file, the person served will immediately be sent to the isolation area and tested (see Section 0 of this document). Regardless of the test results, the person served must leave school immediately and will not return until allowed by Ready Schools, Safe Learners guidance. ○ Persons served with no symptoms are directed to second EA/MTS from their cohort for hand washing. ○ 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. <ul style="list-style-type: none"> ▪ If they do not have a fever, they proceed with the normal entry routine. ○ When their hands are washed, persons served are directed to the applicable classroom space. ○ In the classroom, persons served sit at their designated desk/table and are provided morning snack by staff. • The DTX Persons Served Health Screening Log is completed each day by the assigned EA. This provides the following information: <ul style="list-style-type: none"> ○ Persons served in cohort ○ Name ○ Arrival and departure times ○ Method of transport ○ Name, address and phone number of parent/guardian ○ If close contact (less than 6' of distance for at least 15 cumulative minutes in a day) occurred with another individual. • Arrival and dismissal procedures are designed to support physical distancing among persons served and staff. • Each cohort has designated separate entry points. In addition, persons served 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
<ul style="list-style-type: none"> <input type="checkbox"/> 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. <input type="checkbox"/> 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. <input type="checkbox"/> 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 shall be disposed of in a garbage can, then hands washed or sanitized immediately. <ul style="list-style-type: none"> • Wash hands with soap and water for 20 seconds or use an alcohol-based hand sanitizer with 60-95% alcohol. 	<ul style="list-style-type: none"> • 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. <ul style="list-style-type: none"> ○ Seating is arranged to ensure six (6) feet of space between individuals. ○ Persons served have assigned desks and chairs that are labeled with their names. • Shared supplies and items are cleaned and sanitized between uses and minimized whenever possible. <ul style="list-style-type: none"> ○ 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. <ul style="list-style-type: none"> ○ 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
<ul style="list-style-type: none"> <input type="checkbox"/> 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). <input type="checkbox"/> After using the restroom students must wash hands with soap and water for 20 seconds. Soap must be made available to students and staff. For learning outside if portable bathrooms are used, set up portable hand washing stations and create a regular cleaning schedule. <input type="checkbox"/> 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. <input type="checkbox"/> Designate playground and shared equipment solely for the use of one cohort at a time. Outdoor playground structures require normal routine cleaning and do not require disinfection. Shared equipment (balls, jump ropes, etc.) should be cleaned and disinfected at least daily in accordance with CDC guidance. <input type="checkbox"/> Cleaning requirements must be maintained (see section 2j of the Ready Schools, Safe Learners guidance). <input type="checkbox"/> Maintain physical distancing requirements, stable cohorts, and square footage requirements. <input type="checkbox"/> Provide signage and restrict access to outdoor equipment (including sports equipment, etc.). 	<ul style="list-style-type: none"> • Hand hygiene is completed by persons served after using the bathroom, before and after going outdoors, 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. <ul style="list-style-type: none"> ○ Separate outdoor areas are utilized. In the event outdoor areas are traded, play equipment is cleaned and sanitized 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.

OHA/ODE Requirements	Hybrid/Onsite Plan
<ul style="list-style-type: none"> <input type="checkbox"/> Design recess activities that allow for physical distancing and maintenance of stable cohorts. <input type="checkbox"/> Clean all outdoor equipment at least daily or between use as much as possible in accordance with CDC guidance. <input type="checkbox"/> Limit the number of employees gathering in shared spaces. Restrict use of shared spaces such as conference rooms, break rooms, and elevators by limiting occupancy or staggering use, maintaining six feet of distance between adults. Establish a minimum of 35 square feet per person when determining room capacity. Calculate only with usable space, understanding that tables and room set-up will require use of all space in the calculation. Note: The largest area of risk is adults eating together in break rooms without face coverings. 	<ul style="list-style-type: none"> • 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. • Office spaces, common staff lunch areas and workspaces and other spaces used by staff will be limited to single person usage at a time. • Each classroom has their own day for outdoor play equipment and gym. They rotate days. • If a person served needs a break outside and does use the play equipment/gym, it is cleaned and sanitized immediately after use. • Outdoor play equipment is cleaned and sanitized daily per the cleaning 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.

2h. MEAL SERVICE/NUTRITION

OHA/ODE Requirements	Hybrid/Onsite Plan
<ul style="list-style-type: none"> <input type="checkbox"/> Include meal services/nutrition staff in planning for school reentry. <input type="checkbox"/> Prohibit self-service buffet-style meals. <input type="checkbox"/> Prohibit sharing of food and drinks among students and/or staff. <input type="checkbox"/> 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. <input type="checkbox"/> Staff serving meals and students interacting with staff at mealtimes must wear face coverings (see section 1h of the Ready Schools, Safe Learners guidance). Staff must maintain 6 feet of physical distance to the greatest extent possible. If students are eating in a classroom, staff may supervise from the doorway of the classroom if feasible. <input type="checkbox"/> Students and staff 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 shall be encouraged to do so after. <input type="checkbox"/> Appropriate daily cleaning of meal items (e.g., plates, utensils, transport items). <input type="checkbox"/> Cleaning and sanitizing of meal touch-points and meal counting system between stable cohorts. <input type="checkbox"/> Adequate cleaning and disinfection of tables between meal periods. <input type="checkbox"/> Since staff must remove their face coverings during eating and drinking, limit the number of employees gathering in shared spaces. Restrict use of shared spaces such as conference rooms and break rooms by limiting occupancy or staggering use. Consider staggering times for staff breaks, to prevent congregation in shared spaces. Always maintain at least six feet of physical distancing and 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. Wear face coverings 	<ul style="list-style-type: none"> • 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 and staff 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. • Staff serving meals will maintain 6 feet of physical distance to the greatest extent possible and will supervise from a doorway if space is limited. • Meals provided to persons served will be accessible (open packages, etc.). • Advise families who send meals that they need to be packaged in a way that the person served can access independently. • 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 served complete hand hygiene when donning and doffing their face covering.

OHA/ODE Requirements	Hybrid/Onsite Plan
<p>except when eating or drinking and minimize time in spaces where face coverings are not consistently worn.</p>	<ul style="list-style-type: none"> ○ Persons served must maintain 6’ distance from others while eating with their masks off. • Persons served complete hand hygiene before and after eating/disposing of meal/snack-related trash. <p>Cleanup</p> <ul style="list-style-type: none"> • Tables/desks are cleaned and sanitized 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. <p>Other</p> <ul style="list-style-type: none"> • 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 cleaned and sanitized 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
<ul style="list-style-type: none"> <input type="checkbox"/> Include transportation departments (and associated contracted providers, if used) in planning for return to service. <input type="checkbox"/> 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 <i>Ready Schools, Safe Learners</i> guidance). <input type="checkbox"/> Staff must use hand sanitizer (containing between 60-95% alcohol) in between helping each child and when getting on and off the vehicle. Gloves are not recommended; hand sanitizer is strongly preferred. If hand sanitizer is not available, disposable gloves can be used and must be changed to a new pair before helping each child. <input type="checkbox"/> Develop protocol for loading/unloading that includes visual screening for students exhibiting symptoms and logs for contact-tracing. This must be done at the time of arrival and departure. 	<ul style="list-style-type: none"> • All persons served kindergarten and older will wear face coverings while being transported. • 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. • Assigned EA/MTS from each cohort completes diligent health screening for persons served in their cohorts before persons served enter the building. <ul style="list-style-type: none"> ○ Each person served is asked about feeling hot/feverish, having chills, new loss of taste or smell, difficulty breathing/shortness of breath or

OHA/ODE Requirements	Hybrid/Onsite Plan
<ul style="list-style-type: none"> • If a student displays COVID-19 symptoms, provide a face covering (unless they are already wearing one) and keep six feet away from others. Continue transporting the student. <ul style="list-style-type: none"> ○ The symptomatic student shall be seated in the first row of the bus during transportation, and multiple windows must be opened to allow for fresh air circulation, if feasible. ○ The symptomatic student shall leave the bus first. After all students exit the bus, the seat and surrounding surfaces must be cleaned and disinfected. • If arriving at school, notify staff to begin isolation measures. <ul style="list-style-type: none"> ○ If transporting for dismissal and the student displays an onset of symptoms, notify the school. <ul style="list-style-type: none"> <input type="checkbox"/> 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. <input type="checkbox"/> Drivers must wear masks or face coverings while driving, unless the mask or face covering interferes with the driver’s vision (e.g., fogging of eyeglasses). Drivers must wear face coverings when not actively driving and operating the bus, including while students are entering or exiting the vehicle. A face shield may be an acceptable alternative, only as stated in Section 1h of the Ready Schools, Safe Learners guidance. <input type="checkbox"/> 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). <input type="checkbox"/> Face coverings for all students, applying the guidance in section 1h of the Ready Schools, Safe Learners guidance to transportation settings. This prevents eating while on the bus. <input type="checkbox"/> Take all possible actions to maximize ventilation: Dress warmly, keep vents and windows open to the greatest extent possible. 	<p>coughing. Staff observes person served as well for these symptoms.</p> <ul style="list-style-type: none"> ○ Persons served with no symptoms are directed to second EA/MTS from their cohort for hand washing. ○ Effective March 1, 2021, if a person served displays symptoms consistent with COVID-19 upon arrival at school and the school has a consent form on file, the person served will immediately be sent to the isolation area and tested (see Section 0 of this document). Regardless of the test results, the person served must leave school immediately and will not return until allowed by Ready Schools, Safe Learners guidance. ○ When their hands are washed, persons served are directed to the applicable classroom space. ○ In the classroom, persons served sit at their designated desk/table and are provided morning snack by staff. <ul style="list-style-type: none"> • Staff will refer to the Planning for COVID-19 Scenarios in Schools and the COVID-19 Exclusion Summary Guide to determine whether persons served or staff are able to attend class or must be isolated, quarantined, or sent home. <ul style="list-style-type: none"> ○ For further guidance, staff will refer to School Decision Tree and Definitions developed by Jackson County Health Department for Jackson, Josephine, and Klamath Counties to determine whether persons served are able to attend class or must be isolated, quarantined, or sent home. • Staff must use hand sanitizer (containing between 60-95% alcohol) in between helping each person served and when getting on and off the vehicle. Gloves are not recommended; hand sanitizer is strongly preferred. If hand sanitizer is not available, disposable gloves can be used and must be changed to a new pair before helping each person served. • If a person served has been determined to be symptomatic while on the bus: <ul style="list-style-type: none"> ○ They will be seated in the first row of the bus during transportation, and multiple windows will be opened to allow for fresh air circulation, if feasible. ○ They will leave the bus first. After all persons served exit the bus, the seat and surrounding surfaces will be cleaned and sanitized. • The DTX Persons Served Health Screening Log is completed each day by the assigned EA. This provides the following information: <ul style="list-style-type: none"> ○ Persons served in cohort

OHA/ODE Requirements	Hybrid/Onsite Plan
	<ul style="list-style-type: none"> ○ Name ○ Arrival and departure times ○ Method of transport ○ Name, address and phone number of parent/guardian ○ If close contact (less than 6' of distance for at least 15 cumulative minutes in a day) occurred with another individual. ● Persons served are dismissed individually to board the bus at the close of the treatment day. ● Drivers must wear masks or face coverings while driving, unless the mask or face covering interferes with the driver's vision (e.g., fogging of eyeglasses). Drivers must wear face coverings when not actively driving and operating the bus, including while persons served are entering or exiting the vehicle. A face shield may be an acceptable alternative; refer to Ready Schools, Safe Learners guidance. ● The requirement to wear face coverings on the bus prevents eating on the bus. ● Staff will remind persons served to dress warmly so vents and windows can be open when possible to maximize ventilation.

2j. CLEANING, DISINFECTION, AND VENTILATION

OHA/ODE Requirements	Hybrid/Onsite Plan
<ul style="list-style-type: none"> <input type="checkbox"/> 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. Provide time and supplies for the cleaning and disinfecting of high-touch surfaces between multiple student uses, even in the same cohort. <input type="checkbox"/> Outdoor learning spaces must have at least 75% of the square footage of its sides open for airflow. <input type="checkbox"/> Outdoor playground structures require normal routine cleaning and do not require disinfection. Shared equipment should be cleaned and disinfected at least daily in accordance with CDC guidance. <input type="checkbox"/> Apply disinfectants safely and correctly following labeling direction as specified by the manufacturer. Keep these products away from students. <input type="checkbox"/> 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. <input type="checkbox"/> Schools with HVAC systems must 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 shall, to the extent possible, increase natural ventilation by opening windows and interior doors before students arrive and after students leave, and while students are present. Do not prop 	<ul style="list-style-type: none"> ● Surfaces are cleaned and sanitized. ● All offices, bathrooms, group rooms and classrooms and other areas used by the program are cleaned and sanitized 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, table surfaces, dry erase boards, bathroom fixtures, counters, etc.) are cleaned and sanitized in the morning, after each bathroom use, periodically during the day and after the close of the treatment day by staff. ● Outdoor play structures will be routinely cleaned but do not require sanitization. ● Outdoor play equipment is cleaned and sanitized daily and between uses by cohorts, as applicable. ● Electronics are cleaned and sanitized using wipes with at least 60% alcohol content. ● Time and supplies for cleaning and sanitizing high-touch surfaces between multiple uses by persons served, even in the same cohort, will be provided. ● Cleaning products are approved by the CDC for COVID-19 disinfection. Products with asthma-safer ingredients are selected whenever possible.

OHA/ODE Requirements	Hybrid/Onsite Plan
<p>open doors that can pose a safety or security risk to students and staff (e.g., exterior doors and fire doors that must remain closed.)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Schools with HVAC systems should ensure all filters are maintained and replaced as necessary to ensure proper functioning of the system. <input type="checkbox"/> All intake ports that provide outside air to the HVAC system should be cleaned, maintained, and cleared of any debris that may affect the function and performance of the ventilation system. <input type="checkbox"/> Consider running ventilation systems continuously and changing the filters more frequently. Do <u>not</u> 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 must not be used in rooms with closed windows and doors, as this does not allow for fresh air to circulate. <input type="checkbox"/> Consider the need for increased ventilation in areas where students with special health care needs receive medication or treatments. <input type="checkbox"/> Facilities must be cleaned and disinfected at least daily to prevent transmission of the virus from surfaces (see CDC's guidance on disinfecting public spaces). <input type="checkbox"/> 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). 	<ul style="list-style-type: none"> • Program staff are assigned specific areas they are responsible to clean and sanitize on a daily basis and complete FS Day Treatment Daily Disinfection Log to indicate compliance. • Staff are expected to wear applicable PPE when cleaning and sanitizing and complete hand hygiene when finished. • Cleaning and sanitizing products are stored in locked locations at each program site. • In the event of a confirmed COVID-19 case, additional cleaning and sanitization of the program site is completed per direction by the county public health department. • The program's designated maintenance staff is responsible for daily and additional cleaning and sanitizing needs due to COVID-19 exposure. • The program's designated maintenance staff is responsible for maintaining the HVAC system for optimal functioning. • Family Solutions will evaluate the HVAC system to minimize indoor air recirculation to the extent possible. • Family Solutions will run ventilation systems continuously and change filters as necessary to ensure proper functioning of the system. Fans will not be used in rooms with closed windows and doors or if they pose a safety or health risk, such as increasing exposure to pollen/allergies or exacerbating asthma symptoms. When possible, window or box fans will be 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. • All intake ports that provide outside air to the HVAC system will be cleaned, maintained and cleared of any debris that may affect the function and performance of the ventilation system.

2k. HEALTH SERVICES

OHA/ODE Requirements	Hybrid/Onsite Plan
<ul style="list-style-type: none"> <input type="checkbox"/> 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. <input type="checkbox"/> 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). 	<ul style="list-style-type: none"> • Effective March 1, 2021, when a person served develops symptoms consistent with COVID-19 while at school and the school has a consent form on file, the person served will immediately be tested. Regardless of the test results, the person served must leave school immediately and will not return until allowed by Ready Schools, Safe Learners guidance. • Effective March 1, 2021, staff members who develop symptoms consistent with COVID-19 while at school may verbally grant consent to test and will immediately be tested. Regardless of the test results, the staff member must leave school immediately and will not

OHA/ODE Requirements	Hybrid/Onsite Plan
	return until allowed by Ready Schools, Safe Learners guidance.

2I. BOARDING SCHOOLS AND RESIDENTIAL PROGRAMS ONLY

OHA/ODE Requirements	Hybrid/Onsite Plan
<p><input type="checkbox"/> Provide specific plan details and adjustments in Operational Blueprints that address staff and student safety, which includes how you will approach:</p> <ul style="list-style-type: none"> • 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 <p><input type="checkbox"/> Review and take into consideration CDC guidance for shared or congregate housing:</p> <ul style="list-style-type: none"> • 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; • Establish plans for the containment and isolation of on-campus cases, including consideration of PPE, food delivery, and bathroom needs. <p>Exception K-12 boarding schools that do not meet the Advisory Metrics (Section 0 of the Ready Schools, Safe Learners guidance) may operate, in consultation with their Local Public Health Authority, provided that:</p> <p><input type="checkbox"/> They have a current and complete RSSL Blueprint and are complying with Sections 1-3 of the Ready Schools, Safe Learners guidance and any other applicable sections, including Section 2L of the Ready Schools, Safe Learners guidance.</p> <p><input type="checkbox"/> The school maintains a fully-closed residential campus (no non-essential visitors allowed), and normal day school operations are only offered remotely through distance learning.</p> <p><input type="checkbox"/> There have been no confirmed cases of COVID-19 among school staff or students in the past 14 days.</p> <p><input type="checkbox"/> Less than 10% of staff, employees, or contracts (in total) are traveling to or from campus. Staff in this designation will:</p> <ul style="list-style-type: none"> • Limit travel to essential functions. • Carefully monitor their own health daily and avoid coming to campus at any potential symptom of COVID-19. <p><input type="checkbox"/> Any boarding students newly arriving to campus will either:</p> <ul style="list-style-type: none"> • Complete a quarantine at home for 14 days* prior to traveling to the school, OR • Quarantine on campus for 14 days.* <p>* A 14-day quarantine is the safest option to prevent the spread of COVID-19 to others. However, in either option above, for boarding students who have not developed any symptoms, schools may consider ending quarantine after 10 days without any testing, or after 7 days with a negative result on a COVID-19 viral test collected within 48 hours before ending quarantine, unless otherwise directed by the local public health authority (LPHA).</p>	<p>This Operational Blueprint covers Ashland Day Treatment.</p>

OHA/ODE Requirements	Hybrid/Onsite Plan
<input type="checkbox"/> Student transportation off-campus is limited to medical care.	

2m. SCHOOL EMERGENCY PROCEDURES AND DRILLS

OHA/ODE Requirements	Hybrid/Onsite Plan
<input type="checkbox"/> 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. <ul style="list-style-type: none"> • 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. <input type="checkbox"/> Drills can and should be carried out <u>as close as possible</u> to the procedures that would be used in an actual emergency. For example, a fire drill must 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. <input type="checkbox"/> When or if physical distancing must be compromised, drills must be completed in less than 15 minutes. <input type="checkbox"/> Drills shall not be practiced unless they can be practiced correctly. <input type="checkbox"/> Train staff on safety drills prior to students arriving on the first day on campus in hybrid or face-to-face engagement. <input type="checkbox"/> 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). <input type="checkbox"/> 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.	<ul style="list-style-type: none"> • Routine drills are conducted as closely as possible to the procedures that would be used in an actual emergency per the Family Solutions Emergency Response Testing Policy and Procedure in a trauma-informed manner and with physical distancing taken into account. <ul style="list-style-type: none"> ○ Fire drills occur monthly. ○ Earthquake, lockdown, lockout, shelter in place, evacuation, and dangerous person drills occur twice a year. ○ Dangerous person drills occur twice a year. • Thirty minutes per month is devoted to educating persons served regarding essential safety drills and emergency response. • Staff will complete the Emergency Drill Form as drills are completed. A copy of this form will be forwarded to Susan Peck monthly. <ul style="list-style-type: none"> ○ susan_peck@soesd.k12.or.us • Time and physical distance considerations are considered and modifications made to reduce close contact and standing in line. <ul style="list-style-type: none"> ○ 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.

2n. SUPPORTING STUDENTS WHO ARE DYSREGULATED, ESCALATED, AND/OR EXHIBITING SELF-REGULATORY CHALLENGES

OHA/ODE Requirements	Hybrid/Onsite Plan
<input type="checkbox"/> 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. <input type="checkbox"/> Take proactive/preventative steps to reduce antecedent events and triggers within the school environment. <input type="checkbox"/> 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. <input type="checkbox"/> 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 student is regulated and/or is not demonstrating challenging behaviors.	<ul style="list-style-type: none"> • 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. • CPI provides effective, evidence-based methods for staff to develop and maintain their own level of self-regulation and resilience. • Our staff teaches and utilizes strategies from the Zones of Regulation curriculum to support emotional and sensory self-regulation. <ul style="list-style-type: none"> ○ Staff is made aware of new and different antecedents and setting events with the additional

OHA/ODE Requirements	Hybrid/Onsite Plan
<ul style="list-style-type: none"> <input type="checkbox"/> Ensure all staff are trained to support de-escalation, provide lagging skill instruction, and implement alternatives to restraint and seclusion. <input type="checkbox"/> 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. <input type="checkbox"/> Plan for the impact of behavior mitigation strategies on public health and safety requirements: <ul style="list-style-type: none"> • Student elopes from area <ul style="list-style-type: none"> ○ If staff need to intervene for student safety, staff should: <ul style="list-style-type: none"> • 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. ○ *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. <ul style="list-style-type: none"> ○ If students leave the classroom: <ul style="list-style-type: none"> • 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. ○ *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). <ul style="list-style-type: none"> ○ If staff need to intervene for student safety, staff should: <ul style="list-style-type: none"> • 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. <p>*If unexpected interaction with other stable cohorts occurs, those contacts must be noted in the appropriate contact logs.</p> <input type="checkbox"/> 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.	<p>requirements and expectations for the 2020-21 school year.</p> <ul style="list-style-type: none"> • Emergency Safety Interventions are avoided whenever possible. • When an intervention cannot be avoided, Family Solutions will plan for the impact of behavior mitigation strategies on public health and safety requirements: <ul style="list-style-type: none"> ○ When a person served elopes from area: <ul style="list-style-type: none"> ▪ If staff needs to intervene for the safety of persons served, staff will: <ul style="list-style-type: none"> ○ 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 person served without physical intervention. ○ Use the least restrictive interventions possible to maintain physical safety for the person served and staff. ○ Wash hands after a close interaction. ○ Note the interaction on the appropriate contact log. ○ When a person served engages in behavior that requires them to be isolated from peers and results in a room clear, and persons served leave the classroom, staff will: <ul style="list-style-type: none"> ▪ Preplan for a clean and safe alternative space that maintains physical safety for the person served 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 person served and staff. ▪ Wash hands after a close interaction. ▪ Note the interaction on the appropriate contact log. • When a person served 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) <ul style="list-style-type: none"> ○ If staff needs to intervene for the safety of persons served, staff will: <ul style="list-style-type: none"> ▪ Maintain the dignity of the person served 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

OHA/ODE Requirements	Hybrid/Onsite Plan
	<ul style="list-style-type: none"> re-regulate the person served without physical intervention. ▪ Use the least restrictive interventions possible to maintain physical safety for the person served and staff ▪ Wash hands after a close interaction. ▪ Note the interaction on the appropriate contact log. • If unexpected interaction with other stable cohorts occurs, those contacts must be noted in the appropriate contact logs. • Staff must wear a face mask or a mask and a shield during an event. <ul style="list-style-type: none"> ○ 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 cleaned and sanitized 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.

2o. PROTECTIVE PHYSICAL INTERVENTION

OHA/ODE Requirements	Hybrid/Onsite Plan
<input type="checkbox"/> Reusable Personal Protective Equipment (PPE) must be cleaned and disinfected following the manufacturer’s recommendation, after every episode of physical intervention (see section 2j. Cleaning, Disinfection, and Ventilation in the Ready Schools, Safe Learners guidance). Single-use disposable PPE must not be re-used.	<ul style="list-style-type: none"> • Reusable Personal Protective Equipment (PPE) must be cleaned and sanitized following the manufacturer’s recommendation, after every episode of physical intervention. <ul style="list-style-type: none"> ○ Single-use disposable PPE will be provided for staff whose PPE is potentially contaminated. ○ Single-use disposable PPE must not be re-used. • Family Solutions will follow all guidance in Ready Schools, Safe Learners.



3. Response to Outbreak

3a. PREVENTION AND PLANNING

OHA/ODE Requirements	Hybrid/Onsite Plan
<ul style="list-style-type: none"> <input type="checkbox"/> Review the "Planning for COVID-19 Scenarios in Schools" toolkit. <input type="checkbox"/> Coordinate with Local Public Health Authority (LPHA) to establish communication channels related to current transmission level. 	<ul style="list-style-type: none"> • The day treatment program follows all regulations and guidance per the Common Protocols for COVID-19 School Scenarios as described in the most current versions of Oregon Department of Education Planning for COVID-19 Scenarios in Schools and the COVID-19 Exclusion Summary Guide. • The day treatment program will follow the protocol in the FS Day TX Confirmed COVID-19 Communication Responsibilities & Completion Checklist.

3b. RESPONSE

OHA/ODE Requirements	Hybrid/Onsite Plan
<ul style="list-style-type: none"> <input type="checkbox"/> Review and utilize the "Planning for COVID-19 Scenarios in Schools" toolkit. <input type="checkbox"/> Ensure continuous services and implement Comprehensive Distance Learning. <input type="checkbox"/> Continue to provide meals for students. 	<ul style="list-style-type: none"> • The day treatment program follows all regulations and guidance per the Common Protocols for COVID-19 School Scenarios as described in the most current versions of Oregon Department of Education Planning for COVID-19 Scenarios in Schools and the COVID-19 Exclusion Summary Guide. • 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.

3c. RECOVERY AND REENTRY

OHA/ODE Requirements	Hybrid/Onsite Plan
<ul style="list-style-type: none"> <input type="checkbox"/> Review and utilize the "Planning for COVID-19 Scenarios in Schools" toolkit. <input type="checkbox"/> Clean, sanitize, and disinfect surfaces (e.g. door handles, sink handles, drinking fountains, transport vehicles) and follow CDC guidance for classrooms, cafeteria settings, restrooms, and playgrounds. <input type="checkbox"/> 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. 	<ul style="list-style-type: none"> • The day treatment program follows all regulations and guidance per the Common Protocols for COVID-19 School Scenarios as described in the most current versions of Oregon Department of Education Planning for COVID-19 Scenarios in Schools and the COVID-19 Exclusion Summary Guide. • While assigned maintenance staff are responsible for site cleaning and sanitizing, the program supervisor or designee is responsible to take initial steps in closing off areas used by the COVID-19 infected individual and providing additional air circulation for rooms used by the person, if possible, while waiting for maintenance staff. Cleaning and sanitization follows CDC Guidance. <ul style="list-style-type: none"> ○ Close off areas used by the infected individual, if possible.

OHA/ODE Requirements	Hybrid/Onsite Plan
	<ul style="list-style-type: none"> ○ Open outside doors and windows to increase air circulation in the area. ○ Wait 24 hours to cleaned and sanitized. If 24 hours is not feasible, wait as long as possible. ○ Clean and sanitize 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. ○ Vacuum the space if needed. Use a vacuum equipped with high-efficiency particulate air (HEPA) filter, if available. <ul style="list-style-type: none"> ▪ 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. ○ Wear disposable gloves to clean and sanitize. 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, sanitize with an appropriate EPA-registered cleaner 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. ○ Temporarily turn off in-room or on-wall recirculation HVAC to avoid contamination of the HVAC units. ○ Do not deactivate central HVAC systems. ○ 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 cleaned and sanitized, it can be opened for use. ● Staff without close contact (less than 6’ of distance for at least 15 cumulative minutes in a day) with the person who is sick can return to work immediately after cleaning and sanitization, unless otherwise quarantined per county public health department recommendations. ● Outdoor areas are cleaned and sanitized. ● If more than seven (7) days have passed since the person who is sick has been at the program, additional cleaning and sanitizing is not necessary. ● Continue routine cleaning and sanitization. This includes everyday practices that businesses and communities normally use to maintain a healthy environment.

OHA/ODE Requirements	Hybrid/Onsite Plan
	<ul style="list-style-type: none"> • 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, persons served 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.

- 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 <i>Include how/why the school is currently unable to meet them</i>