

COVID-19 Preparedness and Response Plan

**Oakland Schools (OS)
Intermediate School District (ISD)**

Early On

Great Start Collaborative-Oakland

*Great Start Readiness Program (GSRP)
Community-Based Organization (CBO) Sub-Recipients*

Submitted by OS ISD Early Childhood

(in accordance with Executive Order 2020-142)

August 17, 2020



Note:

The first and last page of this template was revised to reflect one COVID-19 Preparedness and Response Plan for the OS ISD GSRP CBO Sub-Recipients, GSC-O, and Early On.

Preparedness Plan Introduction

Governor Whitmer's [Executive Order 2020-142](#) "provides a structure to support all schools in Michigan as they plan for a return of pre-K-12 education in the fall. Under the order, school districts must adopt a COVID-19 Preparedness and Response Plan laying

out how they will cope with the disease across the various phases of the [Michigan Safe Start Plan](#). In turn, the accompanying Michigan Return to School Roadmap offers a guide to the types of safety protocols appropriate during each phase. There's no one-size-fits-all solution: What works in Lansing may not work in Sault Sainte Marie.

Districts will retain the flexibility to tailor their instruction to their particular needs and to the disease conditions present in their regions." (EO-2020-142)

Each district (public, public school academy (PSA), nonpublic, and intermediate school district (ISD) that educates pre-K-12 students) shall submit a single completed Assurance Document and Preparedness Plan to its Board in time for approval by August 15 or seven days before the first day of school, whichever comes first. This template, when completed, serves as a single Assurance Document and Preparedness Plan.

The Preparedness Plan will be collected by the Intermediate School District for public school districts, the authorizing body for public school academies, or the chief/designated school administrator for nonpublic schools for transmission to the State Superintendent of Public Instruction and State Treasurer by August 17, 2020. Additionally, this Preparedness Plan must be posted on the district's/PSA's, or nonpublic school's public website home page no later than August 17, 2020. A single application should be filed by the district rather than multiple applications for individual schools within a district.

Preparedness Plan Assurances

The District agrees to meet all of the following requirements of Executive Order 2020-142

- ✓ The District assures that when it provides in-person instruction to its students without disabilities, the district must also provide in-person instruction to its students with disabilities, consistent with their individualized education programs (IEPs).
- ✓ The District assures that when schools are closed to in-person instruction, districts must strive in good faith and to the extent practicable, based upon available resources, technology, training, and curriculum, as well as the circumstances presented by COVID-19, to provide equal access to any alternative modes of instruction to students with disabilities from birth through age 26. This assurance includes the provision of auxiliary services under section 1296 of the Revised School Code, MCL 380.1296.
- ✓ The District assures that while any state of emergency or disaster related to the COVID-19 pandemic continues, it shall comply with guidance from the United States Department of Education, including its Office of Civil Rights and Office of Special Education and Rehabilitative Services, and the Michigan Department of Education concerning the delivery of alternative modes of instruction to students with disabilities in light of the impact of COVID-19.
- ✓ The District assures that it shall, to the extent practicable and necessary, make individualized determinations whether and to what extent compensatory services may be needed for students with disabilities in light of the school closures during the 2019–2020 school year.
- ✓ The District assures that during **Phase 1, 2, or 3** of the *Michigan Safe Start Plan* it will close its buildings to anyone except: (a) District employees or contractors necessary to conduct minimum basic school operations consistent with a Preparedness Plan, including those employers or contractors necessary to facilitate alternative modes of instruction, such as distributing materials and equipment or performing other necessary in-person functions. (b) Food-service workers preparing food for distribution to students or their families. (c) Licensed child-care providers and the families that they serve, if providers follow all emergency protocols identified by the state.
- ✓ The District assures that during **Phase 1, 2, or 3** of the *Michigan Safe Start Plan* it will suspend athletics, after-school activities, inter-school activities, and busing.
- ✓ The District assures that during **Phase 1, 2, or 3** of the *Michigan Safe Start Plan* it will provide for the continued pay of school employees while redeploying staff to provide meaningful work in the context of the Preparedness Plan, subject to any applicable requirements of a collective bargaining agreement.
- ✓ The District assures that in **Phases 1, 2, or 3** of the *Michigan Safe Start Plan* it will provide for the continuation of food distribution to eligible students.
- ✓ The District assures that during **Phase 4** of the *Michigan Safe Start Plan* it will prohibit indoor assemblies that bring together students from more than one classroom.

- ✓ The District assures cooperation with the local public health department if a confirmed case of COVID-19 is identified, and agrees to collect the contact information for any close contacts of the affected individual from two days before he or she showed symptoms to the time when he or she was last present in school.

Preparedness Plan

Every district must develop and adopt a COVID-19 Preparedness and Response Plan (“Preparedness Plan”) that is informed by [Michigan’s 2020-21 Return to School Roadmap](#) (“Return to School Roadmap”) from the COVID-19 Task Force on Education and Return to School Advisory Council.

In accordance with Executive Order 2020-142 a plan must include all the following parts:

- A. The policies and procedures that the District will follow when the region in which the district is located is in **Phase 1, 2, or 3** of the *Michigan Safe Start Plan*.
 - 1. Describe how the district will offer alternative modes of instruction other than in-person instruction and a summary of materials each student and the student’s parents or guardians will need to meaningfully access the alternative modes of instruction included in the Preparedness Plan. If the Preparedness Plan relies on electronic instruction, the Preparedness Plan must consider how the district will aid students who lack access to computers or to the internet. This is also in the Continuity of Learning and COVID-19 Response Plan submitted in April. You may want to update and link to this plan in your response below.

OS GSRP CBO Sub-Recipients will implement if in Phases 1, 2, or 3:

→ ALL SAFETY PROTOCOLS - REQUIRED

Decide:

- School buildings may continue to be used by licensed child care providers, if providers follow all emergency protocols identified by the state.
- School employees and contractors are permitted to be physically present in school buildings for the purposes of conducting basic school operations, including remote live instruction, as determined by school administrators.
- Methods to quickly enact food distribution programs, e.g., accessible community, school, and/or neighborhood locations from which parents/families can pick up food on a regular schedule; delivery of food to families without transportation or that cannot access food distribution locations

→ MENTAL & SOCIAL EMOTIONAL HEALTH PRACTICES

- Partner closely with OS Early Childhood to:
 - Designate a mental health liaison from the center or program who will support the development/implementation of practices, working across the center/program, local public health agencies, and community partners.
 - Customize and proactively implement prioritized Strongly Recommended practices for the center or program’s children,

families, and staff with a focus on well-being and strengthening protective factors.

→ INSTRUCTION PRACTICES

- ❑ Implement OS EC Guidance for Continuity of Child Development and Learning Plans for GSRP.
- ❑ Implement and build onto the center or program’s Continuity of Child Development and Learning Plan. See #1 in CBO Plans. These describe alternative modes of instruction; materials needed by children/families to access and actively engage in the alternative modes of instruction; and child/family/staff technology needs.
- ❑ Ensure child and family access to equitable opportunities via
 - ❑ technological means (internet connectivity, hardware/devices, flash drives, videos, recordings, etc.); *and/or*
 - ❑ non-technological or low-tech means (e.g., delivery of school supplies, manipulatives, books, learning materials; audio or “Facetime” phone calls; mailed letters and cards with self-addressed stamped envelopes for reciprocal communication); *and*
 - ❑ synchronous and asynchronous (real-time and anytime) lessons
- ❑ Implement MDE EC Guidance requirements, including:

Programs must prepare for a purposeful, inclusive remote instruction experience for GSRP. Expectations for remote learning in GSRP emphasize the continuation of child-centered, developmentally appropriate experiences that incorporate learning objectives across all domains of development. Further, it is essential that remote learning be designed with family needs, connectivity/device limitations, and children’s social-emotional needs at the forefront.

Every program’s remote learning plan must:

- Focus on relationships first;
- Include the full teaching team in planning and delivery as well as participating in large group and small group virtual meetings and in one-on-one communication with families. Lead and Associate Teachers may coordinate to facilitate each conducting virtual interactions with a small group of children and may establish regular communication with an assigned group of families;
- Provide for learning activities or events:
 - at least 4 times weekly during fully remote learning times; and
 - the number of days needs to equal 4 days weekly in combination with in-

person instruction within a hybrid programming plan;

- Include at least one weekly contact (phone call/email/text/virtual meeting) with every family on remote learning days;
- Establish “office hours” or specific times a family can contact a member of the teaching team;
- Utilize curriculum resources and goals to ensure the skills, knowledge, and concepts for all domains of learning continue to be supported;
- Ensure that the individual, family, and cultural needs are identified and addressed;
- Ensure continued assessment of children’s development to the fullest extent possible (through parent reports, pictures/videos shared by families of children’s work or activities, observations/notes from virtual meetings or conversations with children, etc.);
- Promote intentional use of ongoing assessment data to identify learning goals and plan for group lessons and individual learning suggestions to families;
- Strive to include activities, outreach, or connections that replicate the child’s experience at school. Consider implementing a condensed version of customary daily routines like large group time, music and movement, or small group time, with a suggestion each child create a plan for something they will do before the next connection with them;
- Help families create predictable routines for learning and play in whatever way works best for them;
- Provide simple, clear directions for activities, remember that less is more. Families will have greater success facilitating activities that are easily implemented;
- Ensure that activities for children include guidance for families in how to follow their child’s lead and ask open-ended questions that encourage critical thinking (e.g. “How did you know that?” “Tell me about your drawing.” “How could you figure out...”);
- Encourage families to read with their child every day or as often as possible; and
- Beginning in spring 2021, include information, activities, and/or resources for children and families to facilitate the transition to kindergarten.

B. The policies and procedures that the District will follow when the region in which the District is located is in **Phase 4** of the Michigan Safe Start Plan. Those policies and procedures must, at a minimum, include:

1. **Face coverings** ([p. 22](#))

- a. Please describe how the district will implement **requirements** for facial coverings that at a minimum require the wearing of face coverings, except during meals and unless face coverings cannot be medically tolerated, for:
- i) All staff and all students in grades preK-12 when on a school bus.
 - ii) All staff and all students in grades preK-12 when in indoor hallways and common areas.
 - iii) All staff when in classrooms.
 - iv) All students in grades 6 and up when in classrooms.
 - v) All students in grades kindergarten through grade 5 unless students remain with their classes throughout the school day and do not come into close contact with students in another class.
 - vi) Staff will NEVER physically force a child to put a mask on. Staff will not punish, shame and use ANY negative interactions to a child wear a mask. If they begin to experience labored breathing, staff will help them remove their mask immediately. Staff will encourage, practice and model for children how to properly wear masks. We will continue to teach children health and safety practices in fun and age appropriate ways.

OS GSRP CBO Sub-Recipients will:

- ❑ Implement the [LARA Guidelines for Safe Child Care Operations during COVID-19](#) and the center or program licensing-required Child Care Preparedness and Response Plan.
 - ❑ OS GSRP CBOs will update the respective Child Care Preparedness and Response Plan by 8.26.20, if needed, to align with the 8.12.20 updated LARA Guidelines.
 - ❑ Provide OS Early Childhood with a copy of the center/program Child Care Preparedness and Response Plan when requested.
- ❑ Implement the **Mental and Social Emotional Health practices** and **Instruction practices** previously delineated for Phases 1-3 requirements in this OS GSRP CBO Preparedness and Response Plan.

→ SAFETY PROTOCOLS

Note:

Below is a summary of all **Safety** practices that OS GSRP CBO Sub-Recipients will follow during Phase IV if/when instruction is in person. Further descriptive details and points of emphasis are *starred* in some of the subsequent numbered items of this OS GSRP CBO Preparedness and Response Plan.

- ❑ Implement ALL of the Required and Strongly Recommended **PPE and Hygiene practices**.

- ❑ For children whose parent or legal guardian states that the child is medically unable to wear a mask, follow the standard procedure for any health need: Require a note from the health provider stating the need and reason for a medical exemption. These children will be required to wear a face shield during the time frames listed above.
- ❑ Proactively inform the building administrator in instances of uncertainty about any individuals not wearing face coverings for timely follow-up.
- ❑ Implement ALL of the Strongly Recommended **Spacing, Movement, and Access practices** (except the two practices about student desks as this furniture is not in GSRP environments).
- ❑ Implement the Recommended **Spacing, Movement, and Access practices** that apply to early childhood centers/programs:
 - ❑ If a classroom has windows that can open, they should be open as much as possible, weather permitting. Considerations should be made for students with allergy-induced asthma.
 - ❑ As able and appropriate, schools should try to cohort groups of students to isolated hallways or areas that can be monitored.
 - ❑ Efforts should be made to keep six feet of distance between people in the hallways. Staggered movements at incremental intervals should be used if feasible to minimize the number of persons in the hallways as able.
 - ❑ Flow of foot traffic should be directed in only one direction, if possible. If one-way flow is not possible, hallways should be divided with either side following the same direction. Entrances and exits should be kept separate to keep traffic moving in a single direction.
- ❑ Implement ALL of the Required and Strongly Recommended practices for **Screening Staff and Students**.
- ❑ Implement ALL of the Required and Strongly Recommended practices for **Testing Protocols for Students and Staff and Responding to Positive Cases**.
- ❑ Implement ALL of the Required and Strongly Recommended practices for **Responding to Positive Tests Among Staff and Students**.
- ❑ Implement ALL of the Required and Strongly Recommended practices for **Food Service, Gathering, and Extracurricular Activities** that apply to early childhood environments, e.g., children eat only in classrooms already and not cafeterias.

❑ Implement ALL Required **Cleaning practices.**

2. Hygiene

Please describe how you will implement the **requirements** for hygiene protocols from the [Return to School Roadmap \(p. 22-23\)](#).

OS GSRP CBO Sub-Recipients:

- ★ Provide adequate supplies to support healthy hygiene behaviors, including soap, hand sanitizer (60% alcohol or more) for safe use by children and staff, paper towels, and post proper hand washing signs.
- ★ Frequently check and refill soaps and hand sanitizers.
- ★ Maintain a supply of disposable masks and face shields (child and adult) for use as necessary. Shields are not a replacement or substitute for masks.
- ★ Staff will wear/utilize contactless thermometer for drop off screening.
- ★ Staff and children will wash hands upon arrival to the center/program.
- ★ Staff and children will frequently wash their hands with soap and water for at least 20 seconds. Hand washing should be done with soap and water as much as possible but, if unavailable, use an alcohol-based hand rub with at least 60% alcohol. Upon availability then wash hands with soap and water for at least 20 seconds.
- ★ Schedule hand washing every 2-3 hours and continue to wash hands when soiled or potentially contaminated.
- ★ Avoid touching one's eyes, nose, or mouth with unwashed hands.
- ★ Model and teach the children appropriate respiratory etiquette, which includes covering for coughs/sneezes into one's elbow.
- ★ Staff and children (with frequent reminders and support) will cover coughs/sneezes with a tissue or elbow part of sleeve and wash hands immediately after.
- ★ Avoid close contact with anyone who is sick.
- ★ Toys and classroom materials are to be cleaned and disinfected on a daily rotation or if used that day.
- ★ Three step wash, rinse, sanitize procedure will continue to be used.
- ★ Staff will wear gloves while performing cleaning duties.

- ★ Limit the amount of materials in the classroom at one time for easier disinfecting.
- ★ Remove cloth and soft items from the classroom for the time being.
- ★ Door handles and common touch surfaces are to be disinfected frequently and at least daily.
- ★ Keep children’s personal items in personal cubbies or containers.
- ★ Limit unnecessary personal items brought from home.
- ★ Maintain appropriate social distance of six feet to the greatest extent possible, implementing strategies to support physical distancing throughout the day.
- ★ Limit group size if possible and keep the class as a cohort that does not interact with other classes or groups. Design the physical environment of the classroom with tables and interest areas spaced widely. Enlarge the whole group and interest areas as possible to allow for greater physical distancing. Remove some of the furniture and materials for a more spacious classroom that still functions well, i.e. with “just enough” furniture and materials. Redesign to space apart, as possible, areas of the classroom that tend to become congested or are high traffic, e.g., cubbies, coat area, etc.

3. Cleaning

Please describe how you will implement the cleaning **requirements** for cleaning protocols from the [Return to School Roadmap \(p. 27\)](#).

OS GSRP CBO Sub-Recipients will:

- ❑ Implement ALL of the Required **Cleaning** practices, including these emphases:

Oakland Schools GSRP CBO Sub-recipients are committed to protecting the health of all children, families, staff, and community members they serve. The following practices were designed in response to guidance from the Michigan Departments of Licensing and Regulatory Affairs (LARA) and Health and Human Services and MI Safe Start Return to School Roadmap, in accordance with best practices from the Centers for Disease Control and Prevention, and with everyone's well-being in mind. To limit the potential spread of COVID-19, OS GSRP CBO Sub-recipients will be making some temporary changes to programming that include robust cleaning and disinfecting procedures and minimizing opportunities for person-to-person exposure (e.g., an infected person spreading respiratory droplets through actions such as coughing, sneezing, or talking). The following plan outlines the expected practices and strategies that OS GSRP CBO Sub-Recipients will use to protect the health of children, staff, and families while at the same time ensuring that children are experiencing developmentally appropriate and responsive interactions and environments.

Engage in the following cleaning and disinfecting practices in accordance with CDC recommendations:

- ★ Implement a daily cleaning/disinfecting routine of high-touch surfaces (e.g., sinks, toilets, light switches, door knobs, counter, and tabletops, chairs).
- ★ Ensure regular cleaning of electronics (e.g., keyboards, parent/staff check-in kiosks) according to manufacturer's instructions.
- ★ Do regular routine cleaning of outdoor spaces and equipment, with special attention to high-touch plastic/metal surfaces (e.g., grab bars, railings).
- ★ Use a posted schedule for daily and routine cleaning and disinfecting tasks.
- ★ Provide and require staff to wear disposable gloves to perform cleaning, disinfecting, laundry, and trash pick-up, followed by hand washing.

- ★ Clean dirty surfaces using detergent or soap and water prior to disinfection.
- ★ Use CDC-recommended disinfectants such as EPA-registered household disinfectants, diluted bleach solution, and/or alcohol solutions with at least 70% alcohol following product use guidelines.
- ★ Keep cleaning products secure and out of reach of children at all times, avoiding use near children, and ensuring proper ventilation during use to prevent inhalation of fumes.

Follow best practices to clean and disinfect toys:

- ★ Clean toys frequently, especially items that have been in a child's mouth.
- ★ Use a posted schedule for daily and routine cleaning and disinfecting tasks.
- ★ Remove toys that need to be cleaned (e.g., out of children's reach in a dish pan with soapy water or separate container marked for "soiled toys").
- ★ Clean toys with soapy water, rinse them, sanitize them with an EPA-registered disinfectant, rinse again, and air-dry.

4. Athletics

Please describe how you will implement the **requirements** for athletics protocols from the [Return to School Roadmap \(p. 27\)](#).

Not Applicable to OS GSRP CBO Sub-Recipients

5. Screening

Please describe how you will implement the **requirements** for screening protocols from the [Return to School Roadmap \(p. 24\)](#).

OS GSRP CBO Sub-Recipients will implement the following screening procedures:

- ★ Upon arrival to the center or program building, staff and families are required to report if they or anyone in their household:
 - I. Have received positive COVID-19 results;
 - II. Been in close contact with someone who has COVID-19; and/or have experienced symptoms such as persistent cough, fever, difficulty breathing, chills, headache, fatigue, change in smell or taste, diarrhea, and/or vomiting;
 - III. Traveled outside of the state.
- ★ The procedures to screen staff for symptoms and exposure include:
 - I. All staff are required to have their temperature checked upon arrival and submit a daily health screening attestation.
- ★ The procedures to screen children/families for symptoms and exposure include:
 - I. Teaching or other designated staff is responsible for greeting the families from the respective classroom in a designated outdoor check-in space to do the daily health screening and check-in procedures with families. An alternative indoor location will be designated in the event of inclement weather. This information will be collected verbally and documented on an electronic health attestation. The attestation will be stored in the individual child electronic file to maintain privacy.
 - II. If families or staff are absent (or otherwise off site) but experience exposure or symptoms, they should contact the designated center or program contact.
 - III. Daily temperature checks: As fever is the key indicator of COVID-19 in children, designated staff will check and document each child's temperature upon daily arrival to the center or program. Staff will recheck children's temperatures throughout the day, if they appear ill or "not themselves" (e.g., flushed cheeks, rapid or difficulty breathing without recent physical activity, fatigue, or extreme fussiness).
- ★ If a child or staff member has a temperature above 100.4 degrees and/or symptoms such as persistent cough, difficulty breathing, chills, diarrhea,

or vomiting, they will be sent home immediately with the recommendation to contact their primary care physician/medical provider. If anyone shows emergency warning signs (e.g., trouble breathing, persistent pain/pressure in the chest, new confusion, inability to wake or stay awake, or bluish lips or face), seek medical care immediately.

- ★ If a child develops symptoms during program hours, parents will be contacted for prompt pick up. The child will be isolated to a designated quarantine area, away from other children and as many staff as possible. The child will not be left alone but will wait with a designated staff member. Staff and children in quarantined space will be provided with a surgical mask.
- ★ If a staff member develops symptoms during program hours, they will be sent home immediately.
- ★ Children and staff must be fever/symptom free for 24 hours without the aid of medications in order to return to the center.
- ★ All sub-recipients will communicate and cooperate with licensing and health department guidelines and protocols in the event of exposure.

6. Testing

Please describe how you will implement the **requirements** for testing protocols from the [Return to School Roadmap \(p. 25\)](#).

OS GSRP CBO Sub-Recipients will:

- ★ Implement the center or program licensing-required Child Care Preparedness and Response Plan testing practices for children and adults.
- ★ Implement a comprehensive COVID-19 Workplace Health Screening that may necessitate testing protocols, e.g.:

Each employee will be asked if they have or are experiencing any of the following symptoms within the past 24 hours:

1. Fever (subjective)
2. Chills
3. Headache
4. New or worsening cough
5. Shortness of breath
6. Sore throat
7. Loss of smell or taste
8. Runny nose or congestion
9. Muscle aches/pains
10. Abdominal pain
11. Fatigue
12. Nausea
13. Vomiting
14. Diarrhea
15. A current temperature will then be obtained.

If the employee answered “YES” to any of the above listed symptoms, or temperature is 100.4F or higher:

- The individual is not to enter the workplace and is to contact the designated supervisor via phone, text, or email (if not an automated report) and inform the supervisor that the response(s) to the daily health screening indicate that the individual needs to contact a Primary Care Provider or

local COVID-19 testing location.

The employee will also be asked by staff conducting the daily health screening if in the past 14 days the individual:

- Had close contact with someone diagnosed with COVID-19;?
- Traveled via airplane, train, or automobile internationally or domestically and have symptoms?

If the employee answered “YES to either of these questions:

- The individual is not to enter the workplace and is to contact the designated supervisor via phone, text, or email (if not an automated report) and inform the supervisor that the response(s) to the daily health screening indicate that the individual needs to contact a Primary Care Provider or local COVID-19 testing location.
- The supervisor or designee will inform the employee of the current requirement or recommendation from health authorities (e.g., from the State of MI, CDC/MDHHS, OCHD) regarding self-quarantining and the respective number of days.

What to do if an employee(s) comes to work ill or becomes ill while at work:

- The supervisor or designee will direct the individual to go home immediately even when their symptoms are mild, and advise the individual to contact a Primary Care Provider or local COVID-19 testing location.
- The employee cannot return to work without a doctor’s written clearance or in accordance with CDC/MDHHS/OCHD guidelines.
- COVID-19 symptoms are very similar to the symptoms seen in what is known as the “typical cold or flu.” It is best practice to send employees home if they have these symptoms, and advise them to contact their Primary Care Providers.
- The employee cannot return to work for 14 days, without a negative COVID-19 test or a doctor’s written clearance. If a teacher who became ill was in a classroom, any staff or students that came in contact with the room, while the teacher was there, will be required to quarantine for 14 days and the classroom will be closed.
- If an employee/volunteer/ancillary staff (e.g., a speech therapist) is sent home from the workplace because they are ill and/or exhibit any of the symptoms listed on the Workplace Health Screening, the supervisor must:
 1. Send home any staff that worked in close contact with the employee exhibiting symptoms, e.g., within six feet for fifteen or more minutes.
 2. Notify facilities staff of the area possibly contaminated for thorough cleaning according to CDC guidelines.

3. Move staff to another work area if able, until cleaning is completed.
4. If the supervisor receives a positive result notification from the employee: Ask the employee who they had exposure to while at work and 48 hours prior to exhibiting symptoms. This list needs to include those that may commute together.
5. Based on the information provided from #4, the supervisor will inform any other employee(s) regarding workplace exposure.

At-work infection control protocol:

Employees reporting to work must practice good hygiene and infection control practices, including:

1. Completion of daily Workplace Health Screening and temperature.
2. Frequent thorough hand washing for at least 20 seconds with soap and water. If soap and water are not readily available, use an alcohol-based hand sanitizer that contains at least 60% alcohol to clean your hands. Upon availability then wash hands with soap and water for at least 20 seconds.
4. Avoid touching one's face.
5. Wear a face mask.
6. Adhere to six foot social distancing and limit the number of people gathering in common areas such as an elevator, restroom, breakrooms, and hallways.
7. Cover mouth and nose with a tissue when coughing or sneezing.
 - a. Throw used tissue in the trash immediately.
 - b. Wash hands for at least 20 seconds with soap and water. If soap and water are not readily available, use an alcohol-based hand sanitizer that contains at least 60% alcohol to clean one's hands. Upon availability thereafter, wash hands with soap and water for at least 20 seconds.
8. If no tissue, cough or sneeze into the elbow, not hands.
9. Do not use another worker's phone, desk, or office equipment.
10. Routinely clean and disinfect one's work surface, equipment, and space.
11. Appropriate/approved cleaning supplies will be available to all staff.
12. Practice personal responsibility both at work and at home to help ensure the safety of one another.

Return-to-work protocol:

- 1. An affirmative response to screening question #1 related to fever**
 - a. At least 24 hours with no fever (without use of medicine that reduces fevers) AND other symptoms have improved (for example, cough and shortness of breath have improved) AND at least 10 days have passed since symptoms first appeared.**

- 2. An affirmative response to screening question: Exposure to an individual diagnosed with COVID-19.**
 - a. 14 days after the last exposure to the person with COVID-19, per the Centers for Disease Control and Prevention (CDC)**

- 3. An affirmative response to the traveling question: Internationally and or domestic travel and having symptoms.**
 - a. 14 days following travel unless that travel was due to commuting from a home location outside of Michigan**

7. Busing and Student Transportation

Please describe how you will implement the **requirements** for busing and student transportation protocols from the [Return to School Roadmap \(p. 28\)](#).

OS GSRP CBO Sub-Recipients that offer busing/transportation will implement the following practices:

- All bus drivers, staff, and students in grades preK-12, if medically feasible, must wear facial coverings while on the bus.
- All buses will be cleaned and disinfected before and after every transit route, including frequently touched surfaces in the vehicle (e.g., surfaces in the driver's cockpit, hard seats, arm rests, door handles, seat belt buckles, light and air controls, doors and windows, and grab handles). Children must not be present when a vehicle is being cleaned.
- Weather permitting, keep doors and windows open when cleaning the vehicle and between trips to let the vehicles thoroughly air out.
- Weather permitting, consider keeping windows open while the vehicle is in motion to help red
- If children become sick during the day, they must be picked up by a parent/guardian and will not be transported by the school/center.
- If a driver becomes sick during the day, they must follow protocols for sick staff outlined above and must not return to drive students.

- C. Describe the policies and procedures that the district will follow when the region in which the district is located is in Phase 5 of the Michigan Safe Start Plan.

OS GSRP CBO Sub-Recipients will:

- ❑ **Continue to implement ALL of the Required and Strongly Recommended practices previously delineated for Phase 4 in this Preparedness and Response Plan and work with Oakland Schools Early Childhood before discontinuing any of these practices which in Phase 5 are Strongly Recommended and Recommended.**

1. Indicate which highly recommended protocols from the *Return to School Roadmap* the district **will include** in its Preparedness Plan when the region in which the district is located is in **Phase 5** of the *Michigan Safe Start Plan*.

OS GSRP CBO Sub-Recipients will include all of the highly recommended protocols in Phase 5, except those that explicitly would not apply to GSRP preschool, i.e. practices for placement of desks and provision of athletics.

2. Indicate which highly recommended protocols from the *Return to School Roadmap* the district **will not** include in its Preparedness Plan when the region in which the district is located is in **Phase 5** of the *Michigan Safe Start Plan*.

OS GSRP CBO Sub-Recipients will include all of the highly recommended protocols in Phase 5, except those that explicitly would not apply to GSRP preschool, i.e. practices for placement of desks and provision of athletics.

- D. After considering all the protocols that are highly recommended in the *Return to School Roadmap*, please indicate if a school plans to exclude protocols that are highly recommended for any of the categories above in **Phase 4**.

OS GSRP CBO Sub-Recipients do not plan to exclude protocols that are highly recommended for any of the categories above in Phase 4.

COVID-19 Preparedness and Response Plan

Early On

**Oakland Schools (OS)
Intermediate School District (ISD)**

Early On Oakland Plan for Service Delivery Fall 2020

Purpose To provide guidance regarding enhanced precautions for Early On services during the COVID-19 pandemic that align the MI Safe Schools Roadmap, the DHHS Guidelines for Resuming Home Visiting, Oakland County Health Division recommendations, and MDE memo #.

Plan for Phases 1-3: Due to Executive Order, in person instruction is suspended until the region is in Phase 4. As a result, early intervention services for infants and toddlers with disabilities (both for children eligible for Part C Only and for children eligible for Part C and MMSE) will be provided remotely, to the extent possible under the current circumstances of COVID-19. A variety of alternate modes of instruction/ interaction will be used to implement all components of Early On, in accordance with federal Part C of IDEA regulations and the Michigan State Plan, including services, evaluations, assessments, initial and annual IFSPs, periodic reviews, and transition plans/conferences. Possible modes include video conferencing, audio conferencing, sharing video recordings, telephone interactions, printed materials, email, text messages, postal delivery services, or a hybrid of multiple modes.

Services in Phases 1- 3:

- Early Intervention Services will be provided virtually using a variety of modes of instruction/interaction, in good faith and to the extent practicable, based upon available resources, technology, and training, as well as the circumstances presented by COVID-19.
- Since school buildings will be closed to in-person instruction, equal access to any alternative modes of instruction for infants and toddlers with disabilities, including auxiliary services, will be provided.
- Evaluations to determine eligibility for Part C and Michigan Mandatory Special Education will be conducted virtually and within 45 calendar days of referral.
- Children will have access to the array of providers identified on their IFSPs.
- Providers will make individualized determinations regarding whether and to what extent the child's needs or service requirements have changed in light of school closures; the IFSP team will determine whether and how often the child's IFSP should be reviewed.
- Services will be fluid and flexible to meet families' unique needs. Temporary adjustments to the implementation of an IFSP made purely due to limits created by COVID-19 may be documented in the child's record without a meeting or changing an IFSP. However, families must be notified of any changes in service modality using Prior Written Notice.
- **Face to face visits are prohibited in this phase.**

Plan for Phase 4:

Per the MI Safe Schools Roadmap, face to face visits are allowable as an early intervention service option with the appropriate mitigation and safety protocols in place. However, while in-person services are allowed, there still should be great flexibility and a variety of remote options for early intervention services that ensure the health and safety of children, families and staff. Possible options include video conferencing, audio conferencing, sharing video recordings, telephone interactions, printed materials, email, text messages, postal delivery services, or a hybrid of multiple modes. Because COVID-19 is not yet contained in Phase 4 and the overarching community priority is to minimize exposure to risk, services that can be (or have been) successfully delivered in a manner other than face to face should be considered and/or continued. That said, all decisions regarding early intervention services and the modes of delivery for children with IFSPs will be made on a case-by-case basis, by the IFSP team (which includes the parent), as is required by the law.

Services in Phase 4:

- Early Intervention Services will be provided in good faith and to the extent practicable, using a variety of modes of instruction, including face to face.
- Infants and toddlers with disabilities will be provided equal access to any alternative modes of instruction.
- Evaluations to determine eligibility for Part C and Michigan Mandatory Special Education may be conducted virtually or face to face, within 45 calendar days of referral.
- Children will have access to the array of providers identified on their IFSPs.
- Providers will make individualized determinations regarding whether and to what extent the child's needs or service requirements have changed in light of school closures and the IFSP team will determine whether and how often the child's IFSP should be reviewed.
- Services will be fluid and flexible to meet families' unique needs. Temporary adjustments to the implementation of an IFSP made purely due to limits created by COVID-19 may be documented in the child's record without a meeting or changing an IFSP. However, families must be notified of any changes in service modality using Prior Written Notice.
- **There should be no group face to face opportunities during Phase 4.**

Preparation for Service Delivery in Phase 4:

1. Providers identifying as medically vulnerable should schedule a meeting with their supervisor (or the Human Resource office) to discuss options for reasonable accommodations regarding expectations for home visiting in consideration of when district resumes face to face instruction.
2. Providers should prioritize families who have been unable or unwilling to participate in virtual support for in person visits to ensure equitable access for all children and families.
3. If using a multi-disciplinary approach, teams must coordinate and plan which service providers will visit the family, preferably limiting the number of people who interact with one another on a weekly basis to minimize the risk of exposure among all parties.
4. Providers must consult with the families they service to assess readiness to return to in-person services. Providers and families should discuss:
 - If anyone in the family is at greater risk of transmitting infection;
 - If anyone in the family is at greater risk of having complications if infected by COVID-19;
 - If the service provider is at greater risk of having complications if infected by COVID-19;
 - If children have chronic health conditions and whether or not the primary care physician

supports resuming in-person visits (permission from the physician isn't necessary but a conversation may be helpful);

- Procedures and expectations for in person visits to mitigate risk of spreading COVID-19 (use of face coverings, sanitation, health screenings, etc.);
 - If the family is willing to adhere to safety protocol associated with in person visits;
 - How many other homes, school buildings, classrooms, students and families the provider may have contact with on a regular basis;
 - Whether or not family prefers to maintain virtual services over in-person services.
5. Depending on the conversation resulting from the above items, the family and service provider will come to consensus regarding one of the following options:
- A. All in-person visits (as long as family consents to all precautions without exception)
 - 1. In the family home
 - 2. In an alternative location (i.e. school classroom, park, outside space)
 - 3. In childcare if:
 - The childcare setting allows visitors to enter the facility;
 - The services can be provided safely and in compliance with all precautions;
 - The contact with other children is limited; and
 - It is necessary the child receives services in that setting.
 - B. Some in-person and some virtual visits (in-person locations same as above)
 - C. All virtual visits

Safety Protocols for In-Person Services in Phase 4:

MINIMUM REQUIREMENTS IN PHASE 4:

HEALTH SCREENING

- Staff will self-screen for symptoms of COVID-19 daily, including health questions and temperature checks.
 - Any temperature of 100.4 or higher is considered a symptom. That, or a “yes” answer to any of the screening questions, necessitates that any face to face visit scheduled for the day must be offered virtually.
- Providers must contact the family to complete a health screening protocol before each visit. This can be done by sending a link to a health screening form, via an app, a phone call, or some other formalized process.
 - Any “yes” responses on the screening necessitates that the in-person visit be cancelled and offered virtually instead.
- Parents must be advised that they will need to monitor all household members for illness and notify provider if anyone in the household is ill.
 - If any family member has any symptoms of an illness, the visit can be held virtually but cannot be in person.
- Parents must inform provider of any household members that are symptomatic and/or test positive for COVID- 19.
 - If a positive report occurs, in person visits must be suspended until the household member is 3 days with no fever **and** symptoms improved **and** 10 days since first symptoms (CDC guidance).
 - Provider must follow state, local, district and/or agency protocols for positive cases.

FACE COVERINGS

- Facial coverings are **required** for adults during in-person visits. These can be homemade masks (washed daily) or basic surgical grade masks.
 - The mouth and nose must be fully covered, with the sides fitting snugly against the face

so there are no gaps.

- Providers should wear a new, clean facial mask for each visit.
- Providers who are at high risk may choose to wear an N95 mask under their outer mask. The N95 mask should be replaced weekly or if it becomes exposed to contaminants, and stored in a breathable container or bag.
- Providers may wear clear masks if it is important that the child is able to see their face during the visit. Face shields should not be used without facial coverings/masks.
- Families that do not have access to masks will be provided with a disposable mask for the visit.
 - Services may not be provided in person if family members refuse to wear masks.
 - Children under age 2 should never wear a mask.
 - Children between the ages of 2-3 may wear a mask if the parent prefers, but it is neither required nor recommended.

SANITATION

- Providers must use hand sanitizer with at least 60% ethanol or 70% isopropanol immediately before entering the home and after the session.
- Sanitize during visit if there is direct contact with a child or family member, if items were handled that others have touched, or touching a high contact area.
- Providers must employ proper handwashing/sanitization techniques, change masks, and consider changing clothing before the next destination.
- Gloves should be considered for certain activities where the provider may contact the child's bodily fluids (for example, feeding or other oral-motor activities).
- Avoid touching eyes, nose, mouth or mask during visit. If any contact with these areas occurs, perform hand hygiene immediately.

RECOMMENDATIONS IN PHASE 4:

HEALTH SCREENING

- Adults and children in the home will receive a non-contact temperature screen prior to the home visit. Any temp of 100.4 is considered as a positive screen.

SPACING

- Social distancing of at least 6 feet should be observed during the visit, when possible.
- Visits should be conducted outside if weather permits and safety allows.
 - Staff may bring their own chair to sit on during outdoor visits. Follow proper hand sanitation practices and hygiene if the chair will be used on consecutive visits.
- Providers may request that parents have only the necessary individuals in the room during the home visit when possible.
- Providers may request that parents limit visitors outside of the family unit during the time in which they are in the home.
- Providers should strive to limit the number of rooms they visit inside the home, when possible.

HYGIENE

- Providers should not share any items during visits, including pens. Any materials needed for a family to use during a visit should be left with them. If unable to leave it, the item should be put in a sealed bag and cleaned thoroughly after the visit. Providers must wash their hands/sanitize after handling a shared object.
- Providers should make efforts to minimize contact with frequently touched surfaces in the home.
- Providers may consider using a beach towel or other covering for their car to sit on in between visits. This should be washed daily.

- Providers may wear an over garment (button down, smock, lab coat, scrubs, etc.) and change the top layer between visits. Providers should have enough on hand each day to use a clean over garment for each visit.
- Clothing worn during an inside visit should be kept in a bag if removed and laundered at the end of the day.

Documentation and Reporting in Phase 4:

- Providers will document all contacts and attempts to contact in the child’s file or contact log.
- Providers will document joint decision making with families regarding preferences for service delivery and frequency.
- Providers will document all service provision including date provided, modality, and duration in an attendance log or system.
- Providers will document any changes in service modality using Prior Written Notice, distribute a copy to parents, and record in the child’s file.
- Providers will record results of self assessments and family health assessments according to district/agency policy.
- Providers must maintain accurate records to help with contact tracing in the event of exposure to COVID-19.
 - Records must include date and time of visit, who participated, others in the home at the time of the visit, and current contact information.
 - Results of the family health screen (including temperatures) must be noted in the child’s contact log.
- If a family reports a positive case of COVID-19, providers must report this to their supervisor.
 - If the provider was less than 6 feet apart from the individual for longer than 15 minutes, or if there was an exposure to a cough, sneeze, or other bodily fluid, the provider should discuss self-quarantining and/or testing with their supervisor.
 - In-person visits must be suspended until the household member is 3 days with no fever **and** symptoms improved **and** 10 days since first symptoms (CDC guidance).

Mental Health and Social-Emotional Wellbeing in Phase 4:

- Providers will continue to assess a parent's mental health status and inquire about making referrals to community agencies if necessary.
- Providers will continue to provide social-emotional strategies for parents to build connections with their children that foster positive healthy relationships, emotion regulation, and support.
- Providers will continue to assess and progress monitor children’s strengths and needs in the social emotional domain, at least twice annually.
- Early On Oakland will offer virtual Family Support Workshops so parents can receive education and support.
- Staff will report any families/children that may be a risk for abuse/neglect to DHHS as mandated reporters.
- Providers will be encouraged to practice self-care to reduce compassion fatigue and stress during this extraordinary time.
- Early On Oakland will provide group reflective supervision through the “Relationships Count” series for any providers who are interested in attending.

Plan for Face to face visits are allowable as a service option, with the appropriate mitigation and

Phase 5: safety protocols in place. However, while in-person services are allowed, there still should be great flexibility and a variety of remote learning options for early intervention services that ensure the health and safety of children, families and staff. Possible modes include video conferencing, audio conferencing, sharing video recordings, telephone interactions, printed materials, email, text messages, postal delivery services, or a hybrid of multiple modes. All decisions for children with IFSPs will be made on a case-by-case basis, by the IFSP team (which includes the parent), as is required by the law.

Services in Phase 5:

- Early Intervention Services will be provided in good faith and to the extent practicable, using a variety of modes of instruction, including face to face.
- Infants and toddlers with disabilities will be provided equal access to any alternative modes of instruction.
- Evaluations to determine eligibility for Part C and Michigan Mandatory Special Education may be conducted virtually or face to face, within 45 calendar days of referral.
- Children will have access to the array of providers identified on their IFSPs.
- Providers will make individualized determinations regarding whether and to what extent the child's needs or service requirements have changed in light of school closures, and the IFSP team will determine whether and how often the child's IFSP should be reviewed.
- Services will be fluid and flexible to meet families' unique needs. Temporary adjustments to the implementation of an IFSP made purely due to limits created by COVID-19 may be documented in the child's record without a meeting or changing an IFSP.
- Families must be notified of any changes in service modality using Prior Written Notice, which must be documented in the child's record.
- There may be small group face to face learning opportunities (fewer than 10 participants) with the appropriate mitigation and safety precautions in place.

Preparation for Service Delivery in Phase 5:

1. Providers must consult with the families they service to assess readiness to return to in-person services if early intervention services remained virtual through Phase 4. Providers and families should discuss:
 - If anyone in the family is at greater risk of transmitting infection;
 - If anyone in the family is at greater risk of having complications if infected by COVID-19;
 - If the service provider is at greater risk of having complications if infected by COVID-19;
 - If children have chronic health conditions and whether or not the primary care physician supports resuming in-person visits (permission from the physician isn't necessary but a conversation may be helpful);
 - Procedures and expectations for in person visits to mitigate risk of spreading COVID-19 (use of face coverings, sanitation, health screenings, etc.);
 - If the family is willing to adhere to safety protocol associated with in person visits;
 - How many other homes, school buildings, classrooms, students and families the provider may have contact with on a regular basis;
 - Whether or not family prefers to maintain virtual services over in-person services.
2. Depending on the conversation resulting from the above items, the family and service provider will come to consensus regarding one of the following options:
 - A. All in-person visits (as long as family consents to all precautions that will be followed without exception)

1. In the family home
 2. In an alternative location (i.e. school classroom, park, outside space)
 3. In childcare if:
 - The childcare setting allows visitors to enter the facility;
 - The services can be provided safely and in compliance with safety precautions;
 - The contact with other children is limited; and
 - It is necessary the child receives services in that setting.
- B. Some in-person and some virtual visits (in-person locations the same as above)
- C. All virtual visits

Safety Protocols for In-Person Services in Phase 5:

NOTE: The Roadmap does not specify requirements in Phase 5; instead, strong recommendations and recommendations are presented. A district can determine which requirements from Phase 4 will continue, and/or which recommendations will not be required in Phase 5. However, the safety protocol for the two phases can be the same.

STRONG RECOMMENDATIONS IN PHASE 5:

FACE COVERINGS

- Facial coverings should always be worn by providers during in-person visits. These can be homemade masks (washed daily) or basic surgical grade masks.
- Facial coverings should be considered for adult family member participating in in-person visits. These can be homemade masks (washed daily) or basic surgical grade masks. If families do not have access to masks a disposable one will be provided for the visit.
 - Children under age 2 should never wear a mask.
 - Children between the ages of 2-3 may wear a mask if the parent prefers, but it is neither required nor recommended.

SANITATION

- Providers must use hand sanitizer with at least 60% ethanol or 70% isopropanol immediately before and after the session.
- Sanitize during visit if there is direct contact with a child or family member, or if items were handled that others have touched.
- Providers must employ proper handwashing/sanitization techniques, change masks, and consider changing clothing before the next destination.
- Limit toys for group opportunities to those that can be easily sanitized and clean after each use, especially if a child has put it in the mouth.
- Deep clean all common areas, frequently touched surfaces, and toys using an EPA approved disinfectant or diluted bleach solution following each playgroup or school-based session.

RECOMMENDATIONS IN PHASE 5:

HEALTH SCREENING

- Staff will self-screen for symptoms of COVID-19 daily, including health questions and temperature checks.
 - Any temperature of 100.4 or higher is considered a symptom. That, or a “yes” answer to any of the screening questions, necessitates that any face to face visit scheduled for the day must be offered virtually.
- Parents must be advised that they will need to monitor all household members for illness and notify provider if anyone in the household is ill.

- If any family member has any symptoms of an illness, the visit can be held virtually but cannot be in person.
- Parents must inform provider of any household members that are symptomatic and/or test positive for COVID- 19.
 - If a positive report occurs, in person visits must be suspended until the household member is 3 days with no fever **and** symptoms improved **and** 10 days since first symptoms (CDC guidance).
- Provider must follow state, local, district and/or agency protocols for positive cases.
- Use a contactless thermometer to check the temperature of all parents and children who are attending a group experience, before they enter the room.

SPACING

- Social distancing of at least 6 feet should be observed during the visit, when possible.
- Visits should be conducted outside if weather permits and safety allows.
 - Staff may bring their own chair to sit on during outdoor visits. Follow proper hand sanitation practices and hygiene if the chair will be used on consecutive visits.
- Providers may request that parents have only the necessary individuals in the room during the home visit when possible.
- Providers may request that parents limit visitors outside of the family unit during the time in which they are in the home.
- Providers should strive to limit the number of rooms they visit inside the home, when possible.
- Host group meetings in a room large enough to accommodate the number of people (10 or fewer) while social distancing.
- Post signage or visible markers to indicate proper social distancing in the room in which group opportunities are offered.
- Open windows and doors during group experiences if safe to do so to increase circulation of outdoor air.

HYGIENE

- Providers should not share any items during visits, including pens. Any materials needed for a family to use during a visit should be left with them. If unable to leave it, the item should be put in a sealed bag and cleaned thoroughly after the visit. Providers must wash their hands/sanitize after handling a shared object.
- Providers may consider using a beach towel or other covering for their car to sit on in between visits. This should be washed daily.
- Providers may wear an over garment (button down, smock, lab coat, scrubs, etc.) and change the top layer between visits. Providers should have enough on hand each day to use a clean over garment for each visit.
- Clothes worn during an inside visit should be laundered at the end of the day. Scrubs may be an appropriate option for easier laundry and sanitation.
- Set up a hand hygiene station at the entrance to the room in which the group will be help and require that everyone clean their hands before entering.
- Eliminate group snack time or meal sharing from parent meetings or playgroups.
- Eliminate water and sensory tables from playgroup experiences.
- Group learning opportunities will not be offered “back to back” unless an adequate amount of time is allocated to deep clean all surfaces, items, and materials.

Documentation and Reporting in Phase 5:

- Providers will document all contacts and attempts to contact in the child’s file or contact log.
- Providers will document joint decision making with families regarding preferences for service

delivery and frequency.

- Providers will document all service provision including date provided, modality, and duration in an attendance log or system.
- Providers will document any changes in service modality using Prior Written Notice, distribute a copy to parents, and record in the child’s file.
- Providers will record results of self assessments and family health assessments according to district/agency policy.
- Providers must maintain accurate records to help with contact tracing in the event of exposure to COVID-19.
 - Records must include date and time of visit, who participated, others in the home at the time of the visit, and current contact information.
 - Results of the family health screen (including temperatures) must be noted in the child’s contact log.
- If a family reports a positive case of COVID-19, providers must report this to their supervisor.
 - If the provider was less than 6 feet apart from the individual for longer than 15 minutes, or if there was an exposure to a cough, sneeze, or other bodily fluid, the provider should discuss self-quarantining and/or testing with their supervisor.
 - In-person visits must be suspended until the household member is 3 days with no fever **and** symptoms improved **and** 10 days since first symptoms (CDC guidance).

Mental Health and Social-Emotional Wellbeing in Phase 5:

- Providers will continue to assess a parent's mental health status and inquire about making referrals to community agencies if necessary.
- Providers will continue to provide social-emotional strategies for parents to build connections with their children that foster positive healthy relationships, emotion regulation, and support.
- Providers will continue to assess and progress monitor children’s strengths and needs in the social emotional domain, at least twice annually.
- Early On Oakland will offer virtual Family Support Workshops so parents can receive education and support.
- Staff will report any families/children that may be a risk for abuse/neglect to DHHS as mandated reporters.
- Providers will be encouraged to practice self-care to reduce compassion fatigue and stress during this extraordinary time.
- Early On Oakland will provide group reflective supervision through the “Relationships Count” series for any providers who are interested in attending.

Plan for Phase 6: Face to face visits are encouraged, however, there should be great flexibility and a variety of remote learning options for early intervention services that ensure the health and safety of children, families and staff. All decisions for children with IFSPs will be made on a case-by-case basis, by the IFSP team (which includes the parent), as is required by the law.

Services in Phase 6:

- Early Intervention Services will be provided in good faith and to the extent practicable, using a variety of modes of instruction, including face to face. Families may choose to continue virtual visits if they prefer.
- Infants and toddlers with disabilities will be provided equal access to any alternative modes of instruction.
- Evaluations to determine eligibility for Part C and Michigan Mandatory Special Education should

be conducted face to face, within 45 calendar days of referral. Virtual evaluations should still be an option on a case by case basis.

- Children will have access to the array of providers identified on their IFSPs.
- Providers will make individualized determinations regarding whether and to what extent the child's needs or service requirements have changed in light of school closures, and the IFSP team will determine whether and how often the child's IFSP should be reviewed.
- Services will be fluid and flexible to meet families' unique needs. Temporary adjustments to the implementation of an IFSP made purely due to limits created by COVID-19 may be documented in the child's record without a meeting or changing an IFSP. However, families must be notified of any changes in service modality using Prior Written Notice.
- Small group face to face learning opportunities and parent meetings are allowed.

Preparation for Service Delivery in Phase 6:

1. Providers must consult with the families they service to assess readiness to return to in-person services if early intervention services remained virtual through Phase 5, or if the family is new to early intervention. Providers and families should discuss:
 - If anyone in the family is at greater risk of transmitting infection;
 - If anyone in the family is at greater risk of having complications if infected by COVID-19;
 - If the service provider is at greater risk of having complications if infected by COVID-19;
 - If children have chronic health conditions and whether or not the primary care physician supports resuming in-person visits (permission from the physician isn't necessary but a conversation may be helpful);
 - How many other homes, school buildings, classrooms, students and families the provider may have contact with on a regular basis;
 - Whether or not family prefers to maintain virtual services over in-person services.
2. Depending on the conversation resulting from the above items, the family and service provider will come to consensus regarding one of the following options:
 - A. All in-person visits
 1. In the family home
 2. In an alternative location (i.e. school classroom, park, outside space)
 3. In childcare if:
 - The childcare setting allows visitors to enter the facility;
 - The services can be provided safely and in compliance with safety precautions;
 - The contact with other children is limited; and
 - It is necessary the child receives services in that setting.
 - B. Some in-person and some virtual visits (in-person locations the same as above)
 - C. All virtual visits

Safety Protocols for In-Person Services in Phase 6:

REQUIREMENTS FOR PHASE 6:

SANITATION

- Providers must use hand sanitizer with at least 60% ethanol or 70% isopropanol immediately before and after the session.
- Providers must sanitize all items that were handled by others.

RECOMMENDATIONS FOR PHASE 6:

- Parents must be advised that they will need to monitor all household members for illness and

notify provider if anyone in the household is ill.

- If any family member has any symptoms of an illness, the visit can be held virtually but should not be in person.
- Parents must inform provider of any household members that are symptomatic and/or test positive for COVID- 19.
 - If a positive report occurs, in person visits must be suspended until the household member is 3 days with no fever **and** symptoms improved **and** 10 days since first symptoms (CDC guidance).
- Provider must follow state, local, district and/or agency protocols for positive cases.

HYGIENE

- Basic good hygiene protocol will be employed for handwashing, sanitizing toys, cleaning common spaces, etc.
- Staff will stay home if ill.
- Set up a hand hygiene station at the entrance to the room in which the group will be help and require that everyone clean their hands before entering.

Documentation and Reporting in Phase 6:

- Providers will document all contacts and attempts to contact in the child’s file or contact log.
- Providers will document joint decision making with families regarding preferences for service delivery and frequency.
- Providers will document any changes in service modality using Prior Written Notice, distribute a copy to parents, and record in the child’s file.
- Providers must maintain accurate records to help with contact tracing in the event of exposure to COVID-19.
 - Records must include date and time of visit, who participated, others in the home at the time of the visit, and current contact information.
 - Results of the family health screen (including temperatures) must be noted in the child’s contact log.
- If a family reports a positive case of COVID-19, providers must report this to their supervisor.
 - If the provider was less than 6 feet apart from the individual for longer than 15 minutes, or if there was an exposure to a cough, sneeze, or other bodily fluid, the provider should discuss self-quarantining and/or testing with their supervisor.
 - In-person visits must be suspended until the household member is 3 days with no fever **and** symptoms improved **and** 10 days since first symptoms (CDC guidance).

Mental Health and Social-Emotional Wellbeing in Phase 6:

- Providers will continue to assess a parent's mental health status and inquire about making referrals to community agencies if necessary.
- Providers will continue to provide social-emotional strategies for parents to build connections with their children that foster positive healthy relationships, emotion regulation, and support.
- Providers will continue to assess and progress monitor children’s strengths and needs in the social emotional domain, at least twice annually.
- Early On Oakland will offer virtual Family Support Workshops so parents can receive education and support.
- Staff will report any families/children that may be a risk for abuse/neglect to DHHS as mandated reporters.
- Providers will be encouraged to practice self-care to reduce compassion fatigue and stress during this extraordinary time.

- Early On Oakland will provide group reflective supervision through the “Relationships Count” series for any providers who are interested in attending.

Sources:

Early Intervention (EI) Plan for Resuming In-Person (Face-to-Face) in Phase 4 of the Restore Illinois Plan N07/17/20

MI Safe Schools: Michigan 20-21 Return to Schools Roadmap

https://www.michigan.gov/documents/whitmer/MI_Safe_Schools_Roadmap_FINAL_695392_7.pdf

MDHHS Guidelines for How to Restart In-Person Visits

https://www.michigan.gov/documents/mde/Home-based_early_childhood_services_-_Revised_-_07.15.2020_696522_7.pdf

OCHD

MDE Memo

COVID-19 Preparedness and Response Plan

Great Start Collaborative-Oakland

**Oakland Schools (OS)
Intermediate School District (ISD)**

32p ad 32p4 Guidance for Service Delivery Fall 2020

August 12, 2020

Plan for Phases 1-3: Due to Executive Order, in person instruction is suspended until the region is in Phase 4. As a result, all services provided by 32p and 32p4 will be provided remotely, to the extent possible under the current circumstances of COVID-19. A variety of alternate modes of instruction/ interaction will be used to implement, possible modes include video conferencing, audio conferencing, sharing video recordings, telephone interactions, printed materials, email, text messages, postal delivery services, social media events or a hybrid of multiple modes. . The Great Start Collaborative meetings and workgroups will continue virtually, and we will work to meet the goals of the strategic plan action agenda.

Face to face visits are prohibited in this phase.

Plan for Phase 4: Per the MI Safe Schools Roadmap and the MDHHS Guidelines for Resuming Home Visiting, face to face visits are allowable. For home visitation we will require each home visitation model to consult with their national model about recommendations on in person or virtual visits. While in-person services are allowed, there still should be great flexibility and a variety of remote learning options for home visitation that ensure the health and safety of children, families and staff. Possible modes include video conferencing, audio conferencing, sharing video recordings, telephone interactions, printed materials, email, text messages, postal delivery services, or a hybrid of multiple modes. Parent coalition will remain virtual during this phase. Parent liaisons will offer multiple modes of connecting with families including online group meetings as well as personal phone calls emails and texts to remain connected. Parent coalition will also seek to provide supports that parents are asking for and remain flexible in providing supports to families. Parents liaisons will continue to seek parent leaders to attend virtual workgroups and collaborative meetings and provide parent voice through meetings and surveys. The Great Start Collaborative meetings and workgroups will continue virtually, and we will work to meet the goals of the action agenda.

There should be no group face to face opportunities during Phase 4.

Preparation for Home Visitation in Phase 4:

6. Home visitors identifying as medically vulnerable should schedule a meeting with their supervisor (or the Human Resource office) to discuss options for reasonable accommodations regarding expectations for home visiting in consideration of when district resumes face to face instruction.
7. Home visitors must consult with the families they service to assess readiness to return to in-person services. Providers and families should discuss:
 - If anyone in the family is at greater risk of transmitting infection;
 - If anyone in the family is at greater risk of having complications if infected by COVID-19;
 - If the home visitor is at greater risk of having complications if infected by COVID-19;
 - If children have chronic health conditions and whether or not the primary care physician supports resuming in-person visits (permission from the physician isn't necessary but a conversation may be helpful);

- Procedures and expectations for in person visits to mitigate risk of spreading COVID-19 (use of face coverings, sanitation, health screenings, etc.);
 - If the family is willing to adhere to safety protocol associated with in person visits;
 - How many other homes, school buildings, classrooms, students and families the provider may have contact with on a regular basis;
 - Whether or not family prefers to maintain virtual services over in-person services.
8. Depending on the conversation resulting from the above items, the family and home visitor will come to consensus regarding one of the following options:
- D. All in-person visits
 - 4. Visits may be in the family home
 - 5. Visits may be in an alternative location (i.e. school classroom)
 - E. Some in-person and some virtual visits
 - F. All virtual visits

Safety Protocols for In-Person Services in Phase 4:

MINIMUM REQUIREMENTS IN PHASE 4:

HEALTH SCREENING

- Staff will self-screen for symptoms of COVID-19 daily, including health questions and temperature checks.
 - Any temperature of 100.4 or higher is considered a symptom. That, or a “yes” answer to any of the screening questions, necessitates that any face to face visit scheduled for the day must be offered virtually.
- Home visitors must contact the family to complete a health screening protocol before each visit. This can be done by sending a link to a health screening form, via an app, a phone call, or some other formalized process.
 - Any “yes” responses in the screen necessitates that the in-person visit will be cancelled and offered virtually instead.
- Parents must be advised that they will need to monitor all household members for illness and notify provider if anyone in the household is ill.
 - If any family member has any symptoms of an illness, the visit can be held virtually but cannot be in person.
- Home visitors must inform provider of any household members that are symptomatic and/or test positive for COVID- 19.
 - If a positive report, in person visits must be suspended until the household member is 3 days with no fever **and** symptoms improved **and** 10 days since first symptoms (CDC guidance).

FACE COVERINGS

- Facial coverings are **required** for adults during in-person visits. These can be homemade masks (washed daily) or basic surgical grade masks.
- Families that do not have access to masks will be provided with a disposable mask for the visit.
 - Children under age 2 should never wear a mask.
 - Children between the ages of 2-3 may wear a mask if the parent prefers, but it is neither required nor recommended.

SANITATION

- Home visitors must use hand sanitizer with at least 60% ethanol or 70% isopropanol immediately before and after the session.
- Sanitize during visit if there is direct contact with a child or family member, or if items were handled that others have touched.
- Home visitors must employ proper handwashing/sanitization techniques, change masks, and

consider changing clothing before the next destination.

RECOMMENDATIONS IN PHASE 4:

HEALTH SCREENING

- Adults and children in the home will receive a non-contact temperature screen prior to the home visit. Any temp of 100.4 is considered as a positive screen.

SPACING

- Social distancing of at least 6 feet should be observed during the visit, when possible.
- Visits should be conducted outside if possible.
 - Staff may bring their own chair to sit on during outdoor visits. Follow proper hand sanitation practices and hygiene if the chair will be used on consecutive visits.
 - The provider will immediately leave the home and reschedule a virtual visit.
- Home visitors may request that parents have only the necessary individuals in the room during the home visit when possible.
- Home visitors may request that parents limit visitors outside of the family unit during the time in which they are in the home.
- Home visitors should strive to limit the number of rooms they visit inside the home, when possible.

HYGIENE

- Home visitors should not share any items during visits, including pens. Any materials needed for a family to use during a visit should be left with them. If unable to leave it, the item should be put in a sealed bag and cleaned thoroughly after the visit. Providers must wash their hands/sanitize after handling a shared object.
- Providers may consider using a beach towel or other covering for their car to sit on in between visits. This should be washed daily.
- Clothes worn during an inside visit should be laundered at the end of the day. Scrubs may be an appropriate option for easier laundry and sanitation.

Documentation and Reporting in Phase 4:

- Home visitors must maintain accurate records to help with contact tracing in the event of exposure to COVID-19.
 - Records must include date and time of visit, who participated, others in the home at the time of the visit, and current contact information.
 - Results of the family health screen (including temperatures) must be noted in the child's contact log.
- If a family reports a positive case of COVID-19, providers must report this to their supervisor.
 - If the Home visitors was less than 6 feet apart from the individual for longer than 15 minutes, or if there was an exposure to a cough, sneeze, or other bodily fluid, the provider should discuss self-quarantining and/or testing with their supervisor.
 - In-person visits must be suspended until the household member is 3 days with no fever **and** symptoms improved **and** 10 days since first symptoms (CDC guidance).

Mental Health and Social-Emotional Wellbeing in Phase 4:

- Home visitors will continue to assess a parent's mental health status and inquire about making referrals to community agencies if necessary.
- Home visitors will continue to provide social-emotional strategies for parents to build connections with their children that foster positive healthy relationships, emotion regulation, and support.
- Home visitors will continue to assess and progress monitor children's strengths and needs in the social emotional domain, at least twice annually.

- Great Start Oakland will offer virtual Family Support so parents can receive education and support through care coordination including referrals to community resources.
- Great Start Parent Coalition will provide family supports through virtual workshops as well as individual texts, phone calls and emails to support the whole family's mental health and make referrals as needed.
- All staff will be encouraged to practice self-care to reduce compassion fatigue and stress during this extraordinary time.

Plan for Phase 5: Face to face visits are allowable with the appropriate mitigation and safety protocols in place. However, while in-person services are allowed, there still should be great flexibility and a variety of remote learning options for Home visitors as well as the Great Start Collaborative and Great Start Parent Coalition. Possible modes include small group meetings, video conferencing, audio conferencing, sharing video recordings, telephone interactions, printed materials, email, text messages, postal delivery services, or a hybrid of multiple modes.

There may be some small group face to face opportunities (playgroups or parent meetings) with 10 or less participants in this phase with appropriate mitigation and safety protocols in place.

Preparation for Service Delivery in Phase 5:

3. Home visitors must consult with the families they service to assess readiness to return to in-person services. Providers and families should discuss:
 - If anyone in the family is at greater risk of transmitting infection;
 - If anyone in the family is at greater risk of having complications if infected by COVID-19;
 - If the service provider is at greater risk of having complications if infected by COVID-19;
 - If children have chronic health conditions and whether or not the primary care physician supports resuming in-person visits (permission from the physician isn't necessary but a conversation may be helpful);
 - Procedures and expectations for in person visits to mitigate risk of spreading COVID-19 (use of face coverings, sanitation, health screenings, etc.);
 - If the family is willing to adhere to safety protocol associated with in person visits;
 - How many other homes, school buildings, classrooms, students and families the provider may have contact with on a regular basis;
 - Whether or not family prefers to maintain virtual services over in-person services.
4. Depending on the conversation resulting from the above items, the family and home visitor will come to consensus regarding one of the following options:
 - A. All in-person visits
 - a. Visits may be in the family home
 - b. Visits may be in an alternative location (i.e. school classroom)
 - B. Some in-person and some virtual visits
 - C. All virtual visits

Safety Protocols for In-Person Services in Phase 5:

NOTE: Each home visitation model can determine which recommendations from Phase 4 will not be required in Phase 5 although the safety protocol for the two phases can be the same. Any small groups should adhere to the strong recommendations. No onsite childcare will be provided during stage five. Small groups should either allow children participate within the group or provide support for individual families where childcare could be a barrier to attend a group.

STRONG RECOMMENDATIONS IN PHASE 5:

FACE COVERINGS

- Facial coverings should always be worn by providers during in-person visits and groups. These can be homemade masks (washed daily) or basic surgical grade masks.
- Facial coverings should be considered for adult family member participating in in-person visits and groups. These can be homemade masks (washed daily) or basic surgical grade masks. If families do not have access to masks a disposable one will be provided for the visit.
 - Children under age 2 should never wear a mask.
 - Children between the ages of 2-3 may wear a mask if the parent prefers, but it is neither required nor recommended.

SANITATION

- Staff must use hand sanitizer with at least 60% ethanol or 70% isopropanol immediately before and after the session.
- Sanitize during visit or group if there is direct contact with a child or family member, or if items were handled that others have touched.
- Staff must employ proper handwashing/sanitization techniques, change masks, and consider changing clothing before the next destination.

RECOMMENDATIONS IN PHASE 5:

HEALTH SCREENING

- Staff will self-screen for symptoms of COVID-19 daily, including health questions and temperature checks.
 - Any temperature of 100.4 or higher is considered a symptom. That, or a “yes” answer to any of the screening questions, necessitates that any face to face visit scheduled for the day must be offered virtually.
- Parents must be advised that they will need to monitor all household members for illness and notify provider if anyone in the household is ill.
 - If any family member has any symptoms of an illness, the visit can be held virtually but cannot be in person.
- Parents must inform provider of any household members that are symptomatic and/or test positive for COVID- 19.
 - If a positive report, in person visits or groups attendance must be suspended until the household member is 3 days with no fever **and** symptoms improved **and** 10 days since first symptoms (CDC guidance).

SPACING

- Social distancing of at least 6 feet should be observed during the visit or group, when possible.
- Visits or groups should be conducted outside if possible.
 - Staff may bring their own chair to sit on during outdoor visits. Follow proper hand sanitation practices and hygiene if the chair will be used on consecutive visits.
- Staff may request that parents have only the necessary individuals in the room or groups during the home visit when possible.
- Staff may request that parents limit visitors outside of the family unit during the time in which they are in the home or in a group setting.
- Home visitors should strive to limit the number of rooms they visit inside the home, when possible.

HYGIENE

- Home visitors should not share any items, including pens. Any materials needed for a family to use during a visit should be left with them. If unable to leave it, the item should be put in a sealed bag and cleaned thoroughly after the visit. Providers must wash their hands/sanitize after handling a shared object.

- In group settings items should not be shared. Items that need to be used by more than one family should be sanitized between each use. No food should be given during these groups.
- Home Visitors may consider using a beach towel or other covering for their car to sit on in between visits. This should be washed daily.
- Clothes worn during an inside visit or groups should be laundered at the end of the day. Scrubs may be an appropriate option for easier laundry and sanitation.

Documentation and Reporting in Phase 5:

- Staff must maintain accurate records to help with contact tracing in the event of exposure to COVID-19.
 - Records must include date and time of visit, who participated, others in the home at the time of the visit, and current contact information.
 - Results of the family health screen (including temperatures) must be noted in the child’s contact log.
- If a family reports a positive case of COVID-19, staff must report this to their supervisor.
 - If the staff person was less than 6 feet apart from the individual for longer than 15 minutes, or if there was an exposure to a cough, sneeze, or other bodily fluid, the provider should discuss self-quarantining and/or testing with their supervisor.
 - In-person visits must be suspended until the household member is 3 days with no fever **and** symptoms improved **and** 10 days since first symptoms (CDC guidance).

Mental Health and Social-Emotional Wellbeing in Phase 5:

- Staff will continue to assess a parent's mental health status and inquire about making referrals to community agencies if necessary.
- Staff will continue to provide social-emotional strategies for parents to build connections with their children that foster positive healthy relationships, emotion regulation, and support.
- Great Start Collaborative and Great Start Parent Coalition Oakland will offer virtual Family Support Workshops so parents can receive education and support.
- Great Start Collaborative (Help Me Grow) will provide phone support and make referrals as necessary.
- All staff will be encouraged to practice self-care to reduce compassion fatigue and stress during this extraordinary time.

Plan for Phase 6: **Face to face visits are encouraged and large groups can be reinstated following appropriate mitigation and safety protocols in place. There should however be great flexibility and a variety of remote learning options home visitation services that ensure the health and safety of children, families and staff.**

Safety Protocols for In-Person Services in Phase 6:

REQUIREMENTS FOR PHASE 6:

SANITATION

- Staff must use hand sanitizer with at least 60% ethanol or 70% isopropanol immediately before and after the session.
- Staff must sanitize all items that were handled by others.

Documentation and Reporting in Phase 6:

- If a family reports a positive case of COVID-19, staff must report this to their supervisor.
 - If the staff was less than 6 feet apart from the individual for longer than 15 minutes, or if there was an exposure to a cough, sneeze, or other bodily fluid, the staff should discuss self-quarantining and/or testing with their supervisor.
 - In-person visits must be suspended until the household member is 3 days with no fever **and** symptoms improved **and** 10 days since first symptoms (CDC guidance).

Mental Health and Social-Emotional Wellbeing in Phase 6:

- Staff will continue to assess a parent's mental health status and inquire about making referrals to community agencies if necessary.
- Staff will continue to provide social-emotional strategies for parents to build connections with their children that foster positive healthy relationships, emotion regulation, and support.
- Great Start Collaborative and Great Start Parent Coalition Oakland will offer virtual and face to face Family Support Workshops so parents can receive education and support.
- Great Start Collaborative (Help Me Grow) will provide phone support and make referrals as necessary.
- All staff will be encouraged to practice self-care to reduce compassion fatigue and stress during this extraordinary time.

Final Steps for Submission

Each district shall submit a single completed Assurance Document and Preparedness Plan to its Board of Education (in the case of a PSA, the Academy Board of Directors; in the case of a nonpublic school, the chief or designated school administrator) in time for approval by August 15 or seven days before the first day of school, whichever comes first.

Date of Approval by the District Board of Education, PSA Board of Directors, or nonpublic school chief/designated school administrator:

OS GSRP CBO COVID-19 Preparedness and Response Plan approved by OS Director of Early Childhood, August 15, 2020

Link to the Board Meeting Minutes or Signature of Board President, or signature of nonpublic school chief/designated school administrator:

Kellye R. Wood, ED. S., Director of Early Childhood

Link to the approved Plan posted on the District/PSA/nonpublic school website:

The Preparedness Plan will be collected by the Intermediate School District for public school districts, the authorizing body for public school academies, or the chief/designated school administrator for nonpublic schools for transmission to the State Superintendent of Public Instruction and State Treasurer by August 17, 2020. Additionally, this Preparedness Plan must be posted on the district's/PSA's, or nonpublic school's public website home page no later than August 17, 2020.

OS GSRP CBO Sub-Recipient	Link to Plan on Website
<i>A School for the Mind and Body GSRP Program</i>	<u>http://www.schoolforthemindandbody.com/index.php</u>
<i>For Kids Sake Childcare</i>	<u>https://forkidssakemontessori.com/</u>
<i>Heartfelt Impressions Learning Center LLC</i>	<u>https://heartfeltimpressions.net/</u>
<i>Toddler Time Early Childhood Center of Southfield, Inc.</i>	<u>http://www.toddertimechildcare.org/</u>
<i>Wee Friends Inc</i>	<u>https://www.weediscover.com/index.html</u>
<i>Dreamy Day Care</i>	<u>http://dreamycc.com/home/</u>
<i>Oakland Family Services</i>	<u>https://www.oaklandfamilyservices.org/education</u>
<i>Oakland Livingston Human Service Agency</i>	<u>http://www.olhsa.org/</u>
<i>Ree Midwest, Inc DBA Rainbow Child Care Center</i>	<i>NOTE: Rainbow is no longer providing GSRP services as of July 1, 2020</i>

Name of District/PSA/Nonpublic Leader Submitting Plan:

Kellye R. Wood, Ed. S., Director of Early Childhood

Date Received by the ISD/Authorizing Body/Chief or designated School Administrator:

August 15, 2020

Date Submitted to State Superintendent and State Treasurer:

August 17, 2020