
MAC Return to Campus

Adult Program Information for Parents and Caregivers

June 2021

Program Reopening Information

On Campus Programming

Programming on campus will occur from **9:00am - 2:00pm, Monday, Tuesday, Wednesday, and Thursday** with remote programming available from home after on-campus programming. **Distance Learning** for all clients will be offered on **Fridays from 9:00am to 2:30pm.**

Clients, parents, and/or group homes will be contacted by Morgan Autism Center administrators regarding individual start dates for on site services.

Remote programming will continue to be available from 9:00am - 2:30pm, Monday through Friday, for clients who have not yet returned to campus. These remote services will be delivered through a combination of live zoom interactions and asynchronous programming materials available on the Adult Program Google Drive and YouTube channel. Adult Program Directors will provide information about evolving remote programming schedules via email.

Safety Policies and Procedures:

Morgan Autism Center is committed to maintaining a safe environment for all staff and clients. Policies and procedures to mitigate the spread of COVID-19 can be found in the “MAC Adult Program Protection Plan,” on the Adult Program description page of our website.

<https://morgancenter.org/morgan-autism-center-adult-education-program/>

Adult Program staff members will be actively encouraging and supporting program participants to practice good hand hygiene, maintain social distancing, and wear appropriate PPE. However, Morgan Autism Center will not be requiring participants to wear PPE if they are unable to do so.

Transportation:

Transportation will be determined for clients on a case by case basis.

Parents/guardians will be responsible for contacting their participant’s case worker and group home (if applicable) to coordinate transportation . Start dates may be delayed if transportation is not available.

When to Stay Home:

All clients and caregivers must be screened for symptoms of COVID-19 at their home before coming to Morgan Autism Center. If anyone in the vehicle is demonstrating symptoms of COVID-19 upon arrival, those clients will not be admitted to campus. See Appendix A for the screening form.

Procedures for Drop Off and Pick Up:

All individuals in the vehicle will be screened for COVID-19 symptoms (Appendix A) in the parking lot while seated in their vehicle (including clients, drivers, aides, etc.). If anyone in the vehicle is demonstrating symptoms, client(s) will not be admitted to campus.

Clients will be encouraged to wear a mask before entering campus, but it is not required at this time. Morgan Autism Center staff will facilitate good hand hygiene practices with clients before entering the Adult Program, as well as throughout the day.

If symptoms develop on site after drop off, the client will be immediately isolated from the rest of the group, and their caretaker will be called to pick them up. Parents, caregivers, or emergency contacts must be available for immediate transportation at any given time during the day.

Parent/Conservator Agreement

Parents and/or conservators must sign and return the Parent/Conservator Agreement (Appendix B) before their client will be welcomed for on site programming. Parents and guardians must adhere to the guidelines in this document for their adult client to continue with on-site programming.

Appendix A

TODAY'S DATE: _____

COVID-19 SCREENING		
PLEASE READ EACH QUESTION CAREFULLY	PLEASE CIRCLE THE ANSWER THAT APPLIES TO YOU	
Have you experienced any of the following symptoms in the past 48 hours: <ul style="list-style-type: none"> • fever or chills • cough • shortness of breath or difficulty breathing • fatigue • muscle or body aches • headache • new loss of taste or smell • sore throat • nausea or vomiting • diarrhea 	YES	NO
Within the past 14 days, have you been in close physical contact (6 feet or closer for at least 15 minutes*) with a person who is known to have laboratory-confirmed COVID-19 or with anyone who has any symptoms consistent with COVID-19?	YES	NO
Are you isolating or quarantining because you may have been exposed to a person with COVID-19 or are worried that you may be sick with COVID-19?	YES	NO
Are you currently waiting on the results of a COVID-19 test?	YES	NO
Did you answer NO to ALL QUESTIONS?	Access to facilities APPROVED . Please show this at the facility entrance. Thank you for helping us protect you and others during this time.	
Did you answer YES to ANY QUESTION?	Access to facilities NOT APPROVED . Please see Page 2 for further instructions. Thank you for helping us protect you and others during this time.	

*Someone who was within 6 feet of an infected person for a cumulative total of 15 minutes or more over a 24-hour period starting from 2 days before illness onset (or, for asymptomatic patients, 2 days prior to test specimen collection) until the time the patient is isolated.



cdc.gov/screening



cdc.gov/screening/further-instructions.html

Appendix B

Parent/Conservator Agreement

Please **read each bullet point and initial in acknowledgement**. Sign and date at the bottom and return to the office before your client is scheduled for on-site programming. A signed parent/conservator agreement and adherence to the following is mandatory for your client to be considered for on-site instruction.

Thank you for your cooperation in maintaining a safe programming environment.

- I agree to screen my participant for symptoms prior to coming to campus.____
- I agree to screen myself and any other members living in my household for symptoms prior to sending/bringing my client to campus.____
- I agree to immediately pick up my participant when called.____
- I acknowledge the potentially higher risk of exposure between participants and agree to send my participant to on campus programming.____
- I agree that it is the decision of MAC staff to deny entry to campus or send a participant home.____
- I agree to symptom screening for parent or transportation provider and participant upon arrival. I understand that my participant will not be allowed on campus if any of the above individuals are displaying symptoms.____
- I agree to inform MAC administration if an exposure occurs outside of the Morgan Autism Center campus.____
- I agree to follow appropriate CDC/county guidelines and recommendations at home.____
- I acknowledge that the Morgan Autism Center board of directors may decide to return to distance learning for all clients if conditions warrant.____
- I agree that Morgan Autism Center may require COVID-19 testing and/or quarantine period if symptoms are observed or reported.____
- I acknowledge the adult program may need to return to distance learning if there is an insufficient number of staff available to be on-site.____

Contact Information

Parent/Group Home Contact information:

Name: _____

Cell Phone: _____

Student's Daily Caregiver Contact Information (if different from above):

Name: _____

Cell Phone: _____

Name of Student:_____ Date:_____

Parent/Guardian Signature:_____