



**PUBLIC MEETING OF THE WOU BOARD'S
EXECUTIVE, GOVERNANCE AND TRUSTEESHIP COMMITTEE (EGTC)**

Meeting No. 22

November 5, 2020 | 2:00pm – 4:00pm

Public Meeting: [WebEx](#)

Phone: +1-415-655-0002 | Access Code: 133 354 6899

AGENDA

- I. CALL-TO-MEETING AND ROLL CALL**
- II. CHAIR'S WELCOME/ANNOUNCEMENTS**
- III. DISCUSSION/ACTION ITEMS:**
 - 1) Internal Auditor | Shadron Lehman**
 - a. [Status Report](#) (page 2)
 - b. [Report: Payroll Audit – New Hire Process](#) (page 5)
 - 2) [Board Statement on Diversity, Inclusion, Equity, Accessibility](#) (page 12)**
 - 3) [Updates: Fall 2020 Safe Operations and Instructional Plan](#) (page 17)**
- IV. EXECUTIVE SESSION**

Following the open session of the committee meeting, the Western Oregon University Board's Executive, Governance and Trusteeship Committee (EGTC) will transition to an executive session to discuss the upcoming presidential search and preliminary, advisory information on the development of an Article 15 plan. The committee will meet pursuant to ORS 192.660(2)(f) (to consider a record otherwise exempt from disclosure). The media is authorized to attend the executive session except the portion of the session held pursuant to ORS 192.660(2)(d) pursuant to ORS 192.660(4) provided that the information shared and discussed in the executive session remain undisclosed. Pursuant to ORS 192.660(6), no final action may be, or will be, taken in executive session.

 - 4) Presidential Search**
 - 5) *DRAFT* Article 15 Plan**
- V. ADJOURNMENT**

Audit Status Report - In Process

Topic	Audit Objective and Scope
Accounts Payable Audit	<p>The scope of the audit included all invoice transactions that were recorded during the 2018-19 fiscal year.</p> <p>Determine if adequate controls are in place to ensure payments are mathematically accurate and properly supported.</p> <p>Determine if adequate controls are in place to prevent duplicate payments.</p> <p>Determine if adequate controls are in place to detect if splitting of purchases has occurred to circumvent the purchasing policy thresholds which require quotes or bids.</p>

Audit Status Report - In Process

Topic	Audit Objective and Scope
Year-end Closing Journal Entries	<p>The scope of the audit included all Period 14 journal entries for fiscal years ended 2018, 2019, and 2020.</p> <p>To evaluate all journal entries that transferred cash between funds in Period 14 to ensure presentation in the financial statements is appropriate.</p>

Audit Status Report - Report Completed

Topic	Key Recommendations	Management Response	Status
Procurement Card (p-card) Audit	<p>Immediate Action: The Program Administrator should establish a process to ensure all cardholders are submitting card reconciliations with receipts on a timely basis.</p>	<p>The Controller has been charged with meeting with the Program Administrator to address the shortcomings noted in this report.</p>	<p>Management agrees with the recommendation, and work is currently underway and ongoing to hire a full-time Program Administrator in addition to redesigning the process in the workgroup that was convened in March.</p>
	<p>Short-term: Bring together a cross-functional team to establish a new p-card policy, written procedures, and training classes for each level of user.</p>	<p>Management will establish a cross-functional team and report its progress to the Controller on a monthly basis until all points have been resolved.</p>	<p>The workgroup met five times to discuss the Internal Auditor's findings. Most, if not all, recommendations are found in the draft policy.</p>
	<p>Mid-term: All users must attend a new training class to ensure the standards that are being implemented have been communicated.</p>	<p>Written procedure manuals for each level of user in the p-card program shall be established by the end of 2020. Users will be required to undergo new training as early as fall 2020 and refresher training every 2 years.</p>	<p>The workgroup considered procedure manuals from other institutions and have agreed, in form, to adopt the strengths of each manual.</p>
	<p>Long-term: Quarterly review to ensure compliance with policy. Annual review to ensure policy, procedures, and training materials are current.</p>	<p>Management will develop a process that includes quarterly review of the p-card transactions and approval process by the Controller.</p>	<p>The Controller is working with the Director of Accounting to design reports using Cognos to review samples of transactions.</p>

Audit Status Report - Report Completed

Topic	Key Recommendations	Management Response
New Hire Process Audit	<p>On a regular basis, the software access controls should be tested to ensure they are operating as they were designed.</p> <p>Best practices would assign the task of establishing employee IDs, maintaining the employee master file in the software (creating new employees, updating names, inputting address changes), and entering bank account numbers for direct deposit to staff outside of those with payroll processing responsibilities.</p> <p>The Human Resource Office should contact the software representative to discuss our manual processes throughout all of the payroll cycle to seek electronic options.</p>	<p>This is an issue Human Resources is aware of, have discussed with the Banner Systems Auditor (WOU personnel). Human Resources has taken preliminary steps to identify and create new user groups. Making these changes would provide the necessary updated permissions to the various Banner forms which would ensure adequate segregation of duties.</p> <p>Human Resources is not in agreement with the analysis and recommendation as made.</p> <p>The Human Resource Office continually monitors our processes to identify ways to streamline tasks which equate to fewer errors and delays. Human Resources has been working with our University Computing Services department for approximately 2 years to request the ability to create fillable forms that would enhance our ability to collect information for processing. Human Resources utilize Banner to a reasonable capacity, the only changes we could consider implementing are recruitment and protected leave tracking in Banner.</p> <p>President Fuller has directed the Human Resource Office to report back on the status of updates to internal controls that address the recommendations by January 2021.</p>

EGTC – November 5, 2020

Internal Audit, Report on the Payroll Audit – New Hire Process

The Internal Auditor conducted an audit of the new hire process related to payroll. The objectives of the audit were:

1. To determine if the various risks facing the onboarding of new employees are identified and assessed routinely.
2. To determine that control activities and other mechanisms are proactively designed to address and mitigate the significant risks.
3. To determine if information critical to identify risks and meeting business objectives is communicated to stakeholders.
4. To determine if the entire system of internal control is monitored continuously, and if problems are addressed timely.

The audit procedures included interviewing personnel with payroll responsibilities, Business Services and Budget. It also included reviewing policies and procedures related to the new hire process. Procedures included analyzing user access granted in the payroll software.

Based on our audit procedures, it has been determined, overall, the Human Resource Office has established adequate, effective control procedures. The following is a summary of the Internal Auditor's key recommendations:

1. On a regular basis, the software access controls should be tested to ensure they are operating as they were designed.
2. Best practices would assign the task of establishing employee IDs, maintaining the employee master file into the software (creating new employees, updating names, inputting address changes), and entering bank account numbers for direct deposit to staff outside of those with payroll processing responsibilities.
3. The Human Resource Office should contact the software representative to discuss our manual processes throughout all of the payroll cycle to seek electronic options.

President Fuller has directed the Human Resource Office to report back to him on the status of updates to internal controls that address the recommendations in the Report on the Payroll Audit – New Hire Process by January 2021.

STAFF RECOMMENDATION:

The Internal Auditor recommends that the WOU Executive, Governance and Trusteeship Committee accept the Report on the Payroll Audit – New Hire Process as include in the docket material.



2021.1 REPORT ON THE PAYROLL AUDIT: NEW HIRE PROCESS

Objective and Scope

This payroll audit scope was narrowed to the new hire process.

The objective of the audit was to determine if the various risks facing the onboarding of new employees are identified and assessed routinely. Also, to determine that control activities and other mechanisms are proactively designed to address and mitigate the significant risks. Then, to determine if information critical to identifying risks and meeting business objectives is communicated to stakeholders. Finally, to determine if the entire system of internal control is monitored continuously, and if problems are addressed timely.

Background on Payroll

The Human Resources Office is responsible for processing pay for all classified, unclassified, temporary, and student employees. Approximately 1,500 employees are paid each month with an average monthly payroll of approximately \$4 million. During fiscal year 2018-19, the Payroll Office processed 791 new hires.

The Human Resources Office consists of 13 employees (8 with responsibilities in the new hire process) and reports to the Associate Vice President of Human Resources, Affirmative Action, and Title IX Coordinator.

Procedures

The engagement procedures included the following:

- Interviewing personnel in Payroll, Business Services, and Budget
- Reviewing policies and procedures related to the new hire process
- Analyzing user access granted to critical Banner objects related to payroll and human resources

Results

Control Strengths

1. Human Resources Office has exhibited a desire to maintain internal controls designed to provide reasonable assurance of the achievement of operational effectiveness and efficiency, financial reporting reliability, and applicable laws and regulations compliance.
2. Human Resources Office has created organizational structure through the issuance of clear assignment of authority and responsibility.
3. Human Resources Office has developed a New Hire Checklist. This checklist ensures critical payroll forms are obtained from new employees. It also guides the



Human Resources Office in the input of information into the payroll software. This checklist is divided into sections based on the office's segregation of duties.

4. Human Resources Office has developed forms for the accumulation of information from new employees (New Hire Packet). The use of these forms has allowed the Payroll Office to develop consistency within the onboarding of new employees. The Payroll Office has made these forms available on their website and gives new employees clear guidance on how to obtain them.

Areas for Improvement

1. Segregation of Duties – Software Access Controls

The above Control Strength section includes segregation of duties. Segregation of duties is also included in the Areas for Improvement section. The difference is between the design of the control activity (a strength) and the monitoring of that control (an area for improvement).

Payroll staff responsibilities were established to create proper segregation. The software used for payroll has the ability to limit access to match their responsibilities. However, the access controls built into the software did not match their responsibilities. Therefore, the payroll staff duties are not adequately segregated.

The payroll staff had access in the software to set up new employee records, enter bank account information, pay information, and prepare payroll.

Recommendation

Due to the severity of the finding, the Human Resources Office was immediately informed of the oversight in access controls. The Human Resources Office took immediate action to correct this issue.

The recommendation is to build into the system a monitoring of the access controls. On a regular basis, the access controls should be tested to ensure they are operating as they were designed. The individual assigned to perform this function should be required to report the results to Associate Vice President of Human Resources.

Management Response

The Banner HRIS system does not provide a mechanism to automatically monitor access. When Banner was implemented for the university the various HRIS forms were assigned user "groups" (such as "BAN_PAYROLL", "BAN_EMPMAINT"). The set-up of these groups did not provide nor consider the mechanism to ensure a proper segregation of duties. As such we have had to regularly monitor what access



may have inadvertently been assigned if someone is assigned an additional user group. This is an issue we are aware of, have discussed with the Banner Systems Auditor. We have taken preliminary steps identify and create new user groups. Making these changes would provide the necessary updated permissions to the various Banner forms which would ensure adequate segregation of duties. This process is labor intensive and will require extensive time from the Bursar/Banner Systems Auditor to implement.

Also, we would request that the access to the report now being monitored by the WOU Treasurer be moved to being monitored by the Associate Vice President of Human Resources. WOU began running the PZRACTD report in January 2018. It is run monthly to monitor who is entering data for HR personnel records. We would recommend expending this report to identify if any HR personnel have modified a record that is not part of their assigned duties to further ensure segregation of duties.

2. Segregation of Duties – Best Practice

The Payroll Audit dated June 5, 2017 made recommendations based on staffing levels at that time. The report stated it made recommendations that “with the current structure and level of staffing, I do not believe this is a viable option”. Some of the recommendations in that report related to the new hire process which is the focus of this audit. With the current structure and level of staffing recommendations made in that report are now a viable option and will strengthen controls through enhanced segregation of duties.

Recommendations

Best practices would assign the task of establishing employee IDs, maintaining the employee master file in the software (creating new employees, updating names, inputting address changes), and entering bank account numbers for direct deposit to staff outside of the those with payroll processing responsibilities. Typically, these tasks are performed by staff in Human Resources that have no other responsibilities in the payroll process.

Management Response

The recommendation from the June 5, 2017 Payroll audit was “to improving segregation by removing Payroll staff duties (and access) for establishing employee IDs, updating employee names, and addresses (Banner form PPAIDEN) and for updating employee status, classification, and benefit and leave categories (Banner form PEAEEMPL), and entering bank account numbers for direct deposit (Banner form GXADIRD). These duties could then be given to a new Payroll position without the job and pay related duties. Ideally, these duties (of establishing IDs, updating



names, employee status, employee classification, etc.) would be performed by HR staff; however, with the current structure and level of staffing, I do not believe this is a viable option.”

In January 2018 the payroll functions that had resided in the Budget Office were moved to Human Resources. At that time great care was taken to address the recommendations made in the June 5, 2017 report noted above. Care was taken to develop position descriptions that accounted for the need to segregate the duties listed appropriately as recommended. I am not in agreement with the analysis and recommendation as made, but I would point out that we did comply with the previous audit’s recommendation in this area.

3. Manual Process for Paperwork

The current new hire process uses paper forms, handwritten input and signature approvals. This includes staff prepared forms such as the Authorization to Fill a Position form, the Employment Authorization form and the New Hire Packet prepared by the new employee. Information obtained from these forms is then manually input by the payroll staff into the software.

Recommendation

The Human Resources Office should contact the software representative to discuss the manual processes throughout all of the payroll cycle to seek electronic options. The software package utilized by WOU has been designed for colleges and universities. WOU’s process is not unique and has most likely been addressed in the design of the software.

However, if electronic options are not available in our current software, then an assessment of supplementary software packages should be conducted. Payroll/human resource software currently on the market that could assist our payroll staff reduce their manual processes would be highly beneficial. This would allow the Human Resources Office to elevate payroll staff responsibilities from data input roles to accuracy roles to increase quality.

Management Response

The Human Resources Office continually monitors our processes to identify ways to streamline tasks which equates to fewer errors and delays. The Banner HRIS system does have any additional manual process that we are not utilizing. The cost of implementing and maintaining complementary software to merge data into the HRIS system does not justify the means, thus it would not be cost effective. We have been working with UCS for approximately 2 years to request the ability to create fillable forms that would enhance our ability to collect information for processing. Recently these projects have been moving forward.



Additionally, we utilize Banner to a reasonable capacity, the only changes we could consider implementing are recruitment and protected leave tracking in Banner. (We have looked into protected leave tracking in the past, but ran into issues due to constraints of coding utilized by USSE).

4. Exception Report

A key component of a control framework is accumulating information critical to identifying risks. A tool often used to accumulate errors that were not identified by the internal controls in place during the normal course of operations is an exception report. The exception report would then be routinely reviewed to identify risks not previously identified. These risks would be assessed and controls implemented, if deemed appropriate.

Recommendation

Establish an exception report process.

Management Response

As identified in the June 5, 2017 payroll audit it was recommended that management develop and run a monthly exception report that is a comparison of the current month to the prior month gross pay by employee. This report was developed in early 2018 and is utilized monthly. It identifies both gross-gross & net-net pay which is used to identify any oddities with the payroll run. Additionally, we run a number of other exception reports:

- A report that identifies anyone in NBAJOBS who is not in the payroll run
- A report that identifies if any earn codes are doubled up on an employee record
- A report that identifies if someone's leave codes aren't deducted from their REG pay.
- A report that identifies if anyone has an amount in the MEC deduction code which is utilized to ensure benefits are calculated correctly
- There are a number of Banner reports utilized monthly which identify potential issues: insufficient leave balances, possible missing deduction codes, etc.

Additionally, we have a direct deposit change report which identifies if any direct deposits have been added/modified in the last 30 days. We have a report that identifies if there are direct deposits that have missing bank numbers. As well as if anyone is set up having a prenote for their first direct deposit. We have also requested a report be created that will identify if any employees have the same bank account set up as another employee.

5. Employee Files



Employee files have typically been maintained in a paper format. Recently, certain forms are being scanned into an electronic format while the remainder of the file is in a paper format.

Recommendation

The Human Resources Office should develop a formal plan to implement an electronic employee file management system. The short-term plan should minimize the period of time that files are maintained in a paper/electronic hybrid format.

The plan developed by the Human Resources Office should be coordinated with any potential plan developed for the manual process for paperwork recommendation above.

Management Response

The Human Resources Office already has a formal plan in place to implement an electronic employee file management system, utilizing DocStar. We have been working with UCS (Tony) to continue to add to the number of documents we have secured in DocStar, including all new hires personnel records as of March 2020. A majority of all personnel documents are now being scanned into DocStar. In the coming months we will begin to determine what a reasonable timeline looks like for scanning and indexing old personnel files that are currently being stored in paper format. We have also been working on moving digitally stored employee records that are not part of regular personnel records into DocStar.

Approved by Western Oregon University Board of Trustees | <<DATE>>

DRAFT Board Statement on Diversity, Inclusion, Equity and Accessibility

I. INTRODUCTION

Key concepts include:

- (1) Higher education paradigm (marketplace of ideas, citizenship, challenging)
- (2) Responsibility of every community member
- (3) Necessary for citizenship and democracy
- (4) How to develop our community, with legal requirements as the floor
- (5) Board takes active role in this core, enterprise-wide value expectation

II. DEFINITIONS

(1) **Diversity** encompasses the similarities and differences between individuals accounting for all aspects of one's personality and individual identity. These similarities and differences include *individual* differences, such as life experiences, learning styles and personality types and *group* or *social* differences, such as age, color, disability, ethnicity, gender, gender identity or expression, marital status, national origin, political affiliation, race, religion, sexual orientation, or veteran status. [and/or]

Diversity is all the ways that people are different and the same at the individual and group levels. Even when people appear the same, they are different. Organizational diversity requires examining and questioning the makeup of a group to ensure that multiple perspectives are represented.

(2) **Equity** is fairness or justice in the way people are treated. Equity is a measure of achievement, fairness and opportunity within an educational or employment environment, which is dependent on two main factors: fairness and inclusion. Fairness ensures that factors specific to one's personal conditions should not interfere with the potential of success and inclusion refers to a comprehensive standard that applies to everyone within the University community. [and/or]

Equity is the fair and just treatment of all members of a community. Equity requires commitment, is the goal of our work, and requires deliberate attention. It is, collectively, a step toward recognizing past exclusion and achieving genuine inclusion. Equity is not the natural state of things. The University must deliberately apply time, resources, and consideration to achieve this goal.

(3) **Inclusion** is the active, intentional and ongoing engagement with diversity—with people, in the curriculum, in the co-curriculum, and in intellectual, social, cultural, and geographic communities which individuals might connect—in ways that increase one's awareness, content knowledge, cognitive sophistication, and empathic understanding of

the complex ways individuals interact within (and change) systems and institutions.
[and/or]

Inclusion refers to the intentional, ongoing effort to ensure that diverse individuals fully participate in all aspects of organizational work, including decision-making processes. It also refers to the ways that diverse participants are valued as respected members of an organization and/or community.

(4) **Accessibility** is giving equitable access to everyone along the continuum of human ability and experience. Accessibility encompasses the broader meanings of compliance and refers to how the University makes spaces for the characteristics that each person brings.

(5) **Cultural Competence** is an understanding of how institutions and individuals can respond respectfully and effectively to people from all cultures, economic statuses, language backgrounds, races, ethnic backgrounds, disabilities, religions, genders, gender identifications, sexual orientations, veteran statuses and other characteristics in a manner that recognizes, affirms and values the worth, and preserves the dignity, of individuals, families and communities. See HB 2864 (2017).

(6) **Bias** is act of bigotry, harassment or intimidation that occurs on campus or within an area that impacts the University community. A bias incident is an action directed at a member or group because of an actual or perceived aspect of diversity, such as age, color, disability, ethnicity, gender, gender identity or expression, marital status, national origin, political affiliation, race, religion, sexual orientation, or veteran status.

(7) **Underserved** and **underrepresented** includes anyone in the campus community—faculty, staff, students, stakeholders, vendors, or licensees—who have historically not received equitable resources when compared to other groups. Typically, these groups include those who have been underserved and underrepresented due to their age, color, disability, ethnicity, gender, gender identity or expression, marital status, national origin, political affiliation, race, religion, sexual orientation, or veteran status.

III. PRIORITIES AND EXPECTATIONS

(1) **Climate.** The Board of Trustees expects purposeful and intentional action by the University to create and sustain a climate of respect, civility and tolerance to allow all members of the University community—administrators, faculty, employees, and students—to succeed as a University employee or student.

(2) **Recruitment and Retention of Employees.** The Board of Trustees expects purposeful and strategic prioritization of the recruitment and retention of University

employees, including administrators, faculty, and staff. The Board expects measurable and demonstrable action, progress, and visibility throughout all steps of an employee's relationship with the University, including but not limited to job announcements, the consideration of minimum and preferred qualification, the composition and training of search committees, application and interview questions, professional development, formal and informal mentor relationships, and the incorporation of the principles of diversity, equity, inclusion, and accessibility, as appropriate, into the performance evaluation of all employees.

(3) **Recruitment and Retention of Students.** The Board of Trustees expects the purposeful and strategic prioritization of a diverse student body, as well as the primacy of culturally competent and inclusive practices, programming, and resources to retain as many students as possible. The Board expects measurable and demonstrable action, progress, and visibility in admission practices, financial aid practices, programming, student organizations, student resources, and new student orientation.

(4) **Curriculum and Pedagogy.** The Board of Trustees—recognizing the faculty's role in the development and stewardship of the University's curriculum—expects the curriculum, academic departments and divisions, majors and minors, degree and certificate programs, pedagogies, and modalities to prepare students as citizens of an increasingly diverse and inclusive community, state, nation and world. The Board expects pedagogies and modalities of instruction to challenge and educate students in culturally competent, inclusive, and equitable ways. The Board expects measurable and demonstrable action, progress, and visibility in incorporating the concepts of diversity, inclusion, equity, accessibility and cultural competence into the curriculum, including but not limited to general education requirements, first-year seminar, major requirements, the development of elective courses, degree and certificate programs, and modalities of instruction.

(5) **Community Partnerships.** The Board of Trustees expects the University to assume a visible and prominent leadership role in embracing and embodying the strength of diversity, equity, inclusion and accessibility in the community and with external partners. This includes purposeful and intentional engagement and support of affinity organization, speaking engagements, federal, state and local initiatives, the WOU Foundation, and the WOU Alumni Association.

(6) **Business Practices.** The Board of Trustees expects the University to incorporate and sustain the values of diversity, inclusion, equity and accessibility in its business practices. This includes, but is not limited to purposeful and intentional action, progress and visibility in engaging minority, women and emerging small business (MWESB) vendors, making key documents and forms accessible to the vendor community, and incorporating and upholding the values of diversity, equity, inclusion and accessibility in its budget proposals and deployment of scarce resources.

(7) **Facilities and Physical Plant.** The Board of Trustees expects the University's maintenance of its facilities and physical plant to embody and uphold the values of diversity, inclusion, equity and accessibility, including prioritizing physical accessibility to buildings, venues, and campus, proposals for art and installations in campus buildings and on campus grounds, and in the development of capital construction projects and engagement and procurement of vendors to perform construction, repair or work on the campus's facilities.

IV. ACCOUNTABILITY

The Board of Trustees expects the University to account for its intentional and purposeful elevation of diversity, inclusion, equity, accessibility, and cultural competence as core institutional values. The Board of Trustees expects multiple avenues of reinforcing visible accountability to ensure the University community does not lose sight of the essential imperative of a diverse, inclusive, equitable and accessible enterprise. These include, but are not limited to:

- (1) Demonstrable primacy of these values in the University's strategic plan.
- (2) Clear and demonstrable expectation that every member of the University community is responsible and accountable for these values.
- (3) Clear and easily accessible avenues to share concerns, file grievances or complaints, or report bias without the fear of retaliation.
- (4) Clear and demonstrable incorporation of data, evidence, and surveys in upholding and incorporating these values into University practices, processes, and initiatives.
- (5) Clear and demonstrable availability of relevant training to assist members of the University community to uphold and incorporate these values into their relationship with the University.
- (6) Clear and demonstrable mechanisms to assess University progress in upholding and incorporating these values.

V. REPORTS

The Board recognizes that the University Diversity and Inclusion Advisory Committee ("UDIAC") and the University Cultural Competence Advisory Committee ("UCCAC") assume critical roles in upholding and advising the University and President on strategies, tactics and goals to ensure the Board's expectations in this Board Statement

are upheld and met. Under Oregon law, the Board must receive a biennial report from the University Cultural Competence Advisory Committee and will do so consistent with the Committee's charter. The Board of Trustees expects the University President to share updates and progress from UDIAC and, as appropriate, to demonstrate intentional and purposeful engagement with the expectations and requirements of this Board Statement, including but not limited to information about the University's strategic plan on diversity, inclusion, equity, and accessibility.

VI. DOCUMENT HISTORY

DRAFT



Western Oregon UNIVERSITY



Fall 2020 Safe Operations and Instructional Plan

Presented to WOU Board of Trustees
August 19, 2020

Update:
Presented to WOU Board of Trustees
November 18, 2020



Western Oregon University—Fall 2020 Safe Operations and Instruction Plan

Background and planning

Western Oregon University formed a reopening task force that began its regularly scheduled meetings in May 2020. Before that time, individual groups were working on various aspects of planning for fall 2020. For example, housing worked to develop several alternatives and these efforts were informed by conversations with other campuses in Oregon. A principal coordinating group has been the Provosts' Council of the Oregon Council of Presidents. The provosts have met regularly with HECC and additional campus representatives to drive the reopening process.

The formal WOU Reopening Planning Group began with Cabinet and members of the campus emergency planning team. Since its inception the work of the group has been coordinated by Dave McDonald, Associate Vice President for Public Affairs and Strategic Initiatives. The group has added key campus representatives from its unions and student government, and key functional areas of campus to allow for broad-based discussion and decision making. Additionally, the campus has held multiple virtual town halls on its plans as they develop. These meetings were held in early May and again in late June. The purpose was to share the latest scenarios and to garner input on the process and key issues. The WOU Board of Trustees was briefed on the various alternatives at its meeting in June.

Throughout the process of responding to COVID-19, the university has been guided by Executive Orders from Governor Kate Brown, most notably EO 20-09, EO 20-17, and EO 20-28. These orders provided guidance for higher education instruction and include minimum standards. EO 20-28 requires Western to:

develop, and submit to its governing board, and the governing board must approve a written plan describing how the institution will comply with the standards referenced in paragraph 3 of this Executive Order and such other relevant guidance as the HECC may promulgate to implement this Executive Order. In developing such plans, public universities and community colleges must consult with local public health authorities and are encouraged to consult with representatives of other interested parties, including but not limited to administration, faculty, classified staff, and students. The board shall submit a copy of the approved plan to the Higher Education Coordinating Commission (HECC).

Furthermore, the plan must be approved by the Board of Trustees by September 1, 2020.

On June 12, 2020, HECC and the Oregon Health Authority issued *Guidance for the Conduct of In-Person Instructional, Residential, and Research Activities at Oregon Colleges and Universities*. The remainder of this plan follows this guidance. In general, the Oregon Health Authority will adopt standards that “may include, but are not limited to, requirements for face coverings, physical distancing, sanitization, monitoring, and isolation procedures. These standards may be amended from time to time.”



Plan Development

Element	Status
<p>Plan Development: <i>Required</i></p> <ul style="list-style-type: none"> o Every public university and community college shall develop a written operational plan that addresses how the institution is meeting the requirements of this guidance. o Prior to September 1, 2020, in-person activities at public universities and community colleges may resume prior to the submission and approval of their institutional operational plans, as long as they meet the requirements of this guidance. o All colleges and universities must designate an employee or officer to implement and enforce, or supervise the implementation or enforcement, of the standards and requirements provided in this guidance and established in the institution’s operational plan. o Each college or university must establish or designate a complaint process or processes for receiving and responding to concerns regarding these matters. 	<p><i>Completed</i></p> <p>Completed</p> <p><i>Completed—assigned to Allen Risen</i></p> <p><i>Online form with HR & MarCom</i></p>
<p>Plan Development: <i>Recommended</i></p> <p>Colleges and universities are recommended to:</p> <ul style="list-style-type: none"> o Assemble a planning team to develop an institutional operational plan; o Consult their local public health authority (LPHA) and familiarize themselves with the disease management metrics within the health region or regions in which their institution and its campuses reside; and o Consult with students, faculty, staff and others in the community in developing an institutional operational plan. 	<p><i>Completed</i></p> <p><i>Completed and on-going</i></p> <p><i>Completed and On-going</i></p>



Element	Status
<p>Public Health Review: <i>Required</i></p> <p>Community colleges and public universities shall submit their operational plan to their local public health authority (LPHA). Their LPHA will review the plan and support their efforts towards ongoing COVID-19 mitigation efforts.</p>	<p><i>Review completed.</i></p> <p><i>No changes needed</i></p>
<p>Final Plan Submission: <i>Required</i></p> <p>Public universities and community colleges shall:</p> <ul style="list-style-type: none"> o Not later than September 1, 2020, each public university and community college must develop, and submit to its governing board, and the governing board must approve, the operational plan. o Ensure that their governing board, at each regular board meeting, reviews the operational plan and any amendments thereto. o Following the approval of their governing board, submit their operational plan to the Higher Education Coordinating Commission. The operational plan shall be resubmitted to the Higher Education Coordinating Commission upon any significant amendments. <p>Final Plan Submission: <i>Recommended</i></p> <ul style="list-style-type: none"> o Colleges and universities are encouraged to post their operational plan on their institution’s website. 	<p><i>Approved by Board of Trustees 08/19/2020</i></p> <p><i>On-going at quarterly meetings—November 18, 2020</i></p> <p><i>Approved plan submitted to HECC: 08/20/2020</i></p> <p><i>Reopening plan posted</i></p>



Reopen Plan

The mainstays of reducing exposures to the coronavirus and other respiratory pathogens are:

1. Physical distancing — minimizing close contact (<6 feet) with other people
2. Hand hygiene — frequent washing with soap and water or using hand sanitizer
3. Cohorts — conducting all activities in small groups that remain together over time with minimal mixing of groups
4. Protective equipment — use of face coverings, barriers, etc.
5. Environmental cleaning and disinfection — especially of high-touch surfaces
6. Isolation of those who are sick and quarantine of those who have been exposed
7. With the above considerations foremost, outdoor activities are safer than indoor activities.

Each college and university will have the flexibility to determine how and when students return, but must meet, at a minimum, the public health requirements contained in this document.

College and university determinations about the resumption of on-site operations must be informed by local circumstances and regional readiness, in consultation with their Local Public Health Authority (LPHA).

Colleges and universities shall provide the greatest level of choice and flexibility to equitably support student access and success in their education while minimizing risks to students and staff.

Element	Status
<p>General requirements: Colleges and universities shall:</p> <ul style="list-style-type: none"> ○ Follow Oregon Health Authority’s (OHA) General Guidance for Employers on COVID-19. ○ Additional guidance issued October 20, 2020 ○ Encourage students, staff, faculty, and other community members to follow OHA’s Public Guidance and Centers for Disease Control and Prevention (CDC) public guidance on COVID-19. ○ Implement measures to limit the spread of COVID-19 within buildings and the campus setting, such as appropriate cleaning and disinfecting procedures; screening, monitoring, and testing for illness among symptomatic students, staff, and faculty; and use of face coverings, as more fully described in this document. 	<p><i>Completed</i></p> <p><i>Reviewed by reopening committee, Oct. 26, 2020</i></p> <p><i>In process. Communications will occur throughout the year.</i></p> <p><i>Completed</i></p>
<ul style="list-style-type: none"> ○ Permit remote instruction/telework or make other reasonable accommodations for students and employees who are at higher risk for severe illness from COVID-19 including those with any of the following characteristics: <ul style="list-style-type: none"> • People 65 years and older 	<p><i>Fall reopen plans allow for face-to- face classes, remote/online classes, and hybrid</i></p>



<ul style="list-style-type: none"> • People with chronic lung disease (other than mild asthma) • People who have serious heart conditions • People who are immunocompromised • People with obesity (body mass index [BMI] of 30 or higher); • People with diabetes; • People with chronic kidney disease undergoing dialysis; • People with liver disease; and • Any other medical conditions identified by OHA, CDC or a licensed health care provider. <p>Note: Higher risk students are advised to enroll in remote options or reach out to the Office of Disability Services to explore potential accommodation options. ods@wou.edu or 503-838-8250 (voice) and Higher risk employees are advised to contact Human Resources to explore their options of remote telework, EFLMA, and/or ADA. hr@wou.edu or 503-838-8490 (voice)</p>	<p>(i.e., a mix of synchronous and asynchronous remote)</p> <p>Winter reopen plans allow for face-to-face classes, remote/online classes, and hybrid</p>
<ul style="list-style-type: none"> ○ Recommend the use of face coverings for all students, staff, and faculty, in accordance with local public health, OHA, and CDC guidelines. ○ Require the use of face coverings in settings where six feet of physical distance between people is difficult to maintain. 	<p>Completed. Policy established to comply.</p> <p>New guidelines here</p>
<ul style="list-style-type: none"> ○ For college- or university-operated retail establishments, restaurants, transportation, recreational sports, swimming pools, childcare, camps, events or other functions that are not addressed in this standards document, follow the relevant OHA guidance for the respective sector. 	<p>Completed. All relevant OHA guidance will continue to be followed.</p>
<ul style="list-style-type: none"> ○ Work with their local public health authority (LPHA) to ensure they are able to effectively respond to and control outbreaks through sharing of information when appropriate. 	<p>Completed. Work with Polk County Health will continue.</p>



<p>Entry and self-screening: Colleges and universities shall:</p> <ul style="list-style-type: none"> o Allow campus spaces and buildings to be open only for official college or university business. Campus spaces and buildings should not be open to the general public. Colleges and universities may allow campus use for authorized community programs that lack alternative venues, if programs can adhere to the requirements in this or other applicable guidance. o Encourage students, staff, and faculty to perform appropriate hand hygiene upon their arrival to campus every day: washing with soap and water for 20 seconds or using an alcohol-based hand sanitizer with 60-95% alcohol. 	<p><i>Completed. Campus building use is restricted to official use purposes only.</i></p> <p>Completed. Signage and digital messaging. Hand sanitizer stations located throughout campus</p>
<ul style="list-style-type: none"> o Require students, staff, and faculty to conduct a self-check for COVID-19 symptoms before coming to a campus. Instruct students, faculty, and staff to stay at their residence if they have COVID-19 symptoms. COVID-19 symptoms are as follows: <ul style="list-style-type: none"> • Primary symptoms of concern: cough, fever or chills, shortness of breath, or difficulty breathing • Note that muscle pain, headache, sore throat, new loss of taste or smell, diarrhea, nausea, vomiting, nasal congestion, and runny nose are also symptoms often associated with COVID- 19, but are non-specific. More information about COVID-19 symptoms is available from CDC here. • Emergency signs and symptoms that require immediate medical attention: <ul style="list-style-type: none"> ▪ Trouble breathing ▪ Persistent pain or pressure in the chest ▪ New confusion or inability to awaken ▪ Bluish lips or face ▪ Other severe symptoms • Faculty, staff, or students who have a chronic or baseline cough that has worsened or is not well-controlled with medication should stay at their place of residence. Those who have other symptoms that are chronic or baseline symptoms should not be restricted. 	<p><i>Draft completed. Digital form will be completed with aggregated results.</i></p> <p>Student and visitor forms completed; employee options also available</p>



<p>Isolation Measures</p> <p>Colleges and universities shall take steps to ensure that if a student, staff, or faculty member develops or reports primary COVID-19 symptoms while on campus:</p> <ul style="list-style-type: none"> o The person should immediately return to their place of residence, or isolate in a designated isolation area, until they can safely return to their residence or be transported to a health care facility. Students whose place of residence is within a campus residence hall shall be isolated in a designated isolation area, with staff support and symptom monitoring by a health professional wearing appropriate personal protective equipment (PPE). o The person should seek medical care and COVID-19 testing from their regular health care provider or through the local public health authority. They should follow instructions from their local public health authority regarding isolation. <ul style="list-style-type: none"> • If the person has a positive COVID-19 test, they should remain at their place of residence for at least 10 days after illness onset and 72 hours after fever is gone, without use of fever reducing medicine, and other symptoms are improving. • If the person has a negative viral test (and if they have multiple tests, all tests are negative), they should remain at their place of residence until 72 hours after fever is gone, without use of fever reducing medicine, and other symptoms are improving. • If the person does not undergo COVID-19 testing, the person should remain at their place of residence until 72 hours after fever is gone, without use of fever reducing medicine, and other symptoms are improving. o Any faculty, staff, or student known to have been exposed (e.g., by a household member) to COVID- 19 within the preceding 14 days should stay in their place of residence and follow instructions from local public health authority. 	<p><i>Support for isolated staff, consideration will be given to separate student and employee protocols. Staff are covered by the EFMLEA, if a staff member is symptomatic at work, the supervisor should immediately send the staff member home and alert HR.</i></p> <p><i>Quarantine/Isolation areas on campus housing will be provided to on- campus students first. If space is available, off- campus students may utilize the space.</i></p> <p><i>Completed.</i></p>
<p>Health-related communication: Colleges and universities shall:</p> <ul style="list-style-type: none"> o Advise faculty and staff that working while ill is not permitted. 	<p><i>In progress within plan</i></p>



<ul style="list-style-type: none">o Ensure that faculty and staff remain current on health trainings. They should anticipate need for additional faculty and staff training related to increased precautions and updated protocols. Administrators could collaborate with health professionals to provide evidence-based education.	<i>In progress within plan</i>
<ul style="list-style-type: none">o Advise students, faculty, and staff not residing on campus to stay at their place of residence if they or anyone in their household have recently had an illness with COVID-19 symptoms. See “Entry and self-screening”, above.	<i>In progress within plan</i>
<ul style="list-style-type: none">o Advise and encourage all people on campus to wash their hands frequently. Alcohol-based hand sanitizing products may be used as an alternative to handwashing, except before eating, preparing or serving food, and after using the restroom.	<i>In progress within plan</i>
<ul style="list-style-type: none">o Provide ongoing training to custodial staff on cleaning protocols and COVID-19 safety requirements.	<i>Completed</i>
<ul style="list-style-type: none">o Develop a letter or communication to faculty and staff to be shared at the start of on-campus education and at periodic intervals explaining infection control measures that are being implemented to prevent spread of disease. Alternatively, share protocols themselves.	<i>In progress within plan</i>
<ul style="list-style-type: none">o In partnership with local public health authorities, develop protocols for communicating with students, faculty, and staff who have come into close/sustained contact with a person with COVID- 19.	<i>Part of contact tracing project</i>
<ul style="list-style-type: none">o In partnership with local public health authorities, develop protocols for communicating immediately with students, faculty, staff, and the community when new case(s) of COVID-19 are diagnosed in students, faculty, or staff, including a description of how the institution is responding.	<i>IGA established. Plan between county and WOU developed; (eight students selected to help with the summer tracing (will include 20 hours of training)— OHA funding— 12 students trained for fall and winter tracing.</i>
<ul style="list-style-type: none">o Provide all trainings, protocols, informational letters and other communications in languages and formats accessible to their campus community.	<i>In progress</i>



<p>Hand hygiene and respiratory etiquette: Colleges and universities shall:</p> <ul style="list-style-type: none"> o Use signage and other communications to remind students, faculty, and staff about the utmost importance of hand hygiene and respiratory etiquette. <ul style="list-style-type: none"> • Hand hygiene means washing with soap and water for 20 seconds or using an alcohol-based hand sanitizer with 60-95% alcohol. • Respiratory etiquette means covering coughs and sneezes with an elbow, or a tissue, especially when not wearing a mask. Tissues should be disposed of and hands washed or sanitized immediately. o Provide hand hygiene stations with alcohol-based hand sanitizer in high use areas such as entrances to buildings and classrooms and other areas, as feasible. Strongly encourage students to use hand sanitizer on entry and exit to each room. 	<p><i>Needs to be completed</i></p> <p>Completed</p> <p>Completed—65 stations each service weekly</p>
<p>Faculty and staff: Colleges and universities shall:</p> <ul style="list-style-type: none"> o Ensure that campus health care providers have the personal protective equipment that they need to see students safely. As appropriate, provide face masks, shields, N95 masks, gloves, and protective clothing for health and other personnel who might interact with ill staff or students. Local public health can help if colleges and universities are unable to obtain PPE through usual channels. o If feasible, arrange for fit testing for N95 masks and PPE training for health care and other personnel who might interact with ill faculty, staff or students. o Review and revise where necessary sick-leave and absentee policies to minimize any incentives to work while ill. 	<p><i>In progress and on-going</i></p> <p><i>In progress and on-going</i></p> <p><i>Completed</i></p>
<p>General facilities: Colleges and universities shall:</p> <ul style="list-style-type: none"> o Clean and disinfect facilities frequently, generally at least daily when there is activity, to prevent transmission of the virus from surfaces. CDC provides guidance on disinfecting public spaces. See CDC's "Reopening Guidance for Cleaning and Disinfecting Public Spaces, Workplaces, Businesses, Schools, and Homes": https://www.cdc.gov/coronavirus/2019-ncov/community/reopen-guidance.html 	<p><i>Completed</i></p> <p><i>Cleaning will continue as needed.</i></p>



<ul style="list-style-type: none"> o Consider modification or enhancement of building ventilation where feasible. Air circulation and filtration are important factors in reducing airborne viruses. Guidance on ventilation and filtration is provided by CDC (https://www.cdc.gov/coronavirus/2019-ncov/community/guidance-business-response.html) and American Society of Heating, Refrigerating, and Air-Conditioning Engineers (ASHRAE) (https://www.ashrae.org/news/ashraejournal/guidance-for-building-operations-during-the-covid-19-pandemic). o Open windows where feasible to reduce recirculation of air and transmission of airborne pathogens. 	<p><i>Completed.</i></p> <p><i>Completed. Will continue weather and occupancy permitting.</i></p>
<p>Instructional Activities: For all <i>general</i> instruction offered for courses that lead to a certificate or degree, colleges and universities shall:</p> <ul style="list-style-type: none"> o Establish a minimum of 35 square feet per person when determining room capacity, calculated based only on usable classroom space. <p>In-person classroom instruction shall not exceed 50 persons, or greater than 25 persons in counties that are at Baseline or in Phase One.</p> <ul style="list-style-type: none"> o Modify the physical layout of classrooms to permit students to maintain at least six feet of distance between one another and the instructor(s). This may include changes to traffic flow, desk or chair arrangements, or maximum capacity. o Utilize markings and/or signage to indicate physical distancing requirements within instructional settings. o For settings with higher risk of spread, such as laboratories, computer labs, music/performance classes, studios, and locker rooms, implement enhanced measures such as greater physical distancing, physical barriers (e.g. clear plastic), increased fresh air ventilation, moving outdoors, and enhanced cleaning measures as feasible. o Physical barriers are acceptable instead of, or in addition to, six feet or more of spacing between people. Please see OHA General Guidance for Employers on COVID-19. 	<p><i>Completed</i></p> <p><i>Completed</i></p> <p><i>Installation to commence—completed</i></p> <p><i>In progress and on-going</i></p> <p><i>In progress and on-going. Materials ordered, received and distributed.</i></p>
<p>Instructional Activities: For all instruction and assessment in fields leading to certificates and degrees in the health professions, colleges and universities shall:</p> <ul style="list-style-type: none"> o For laboratory instruction or demonstration of clinical skills <u>without</u> physical contact: 	<p><i>Not applicable</i></p>



<p>Residential Activities: Colleges and universities that provide residential services shall:</p> <ul style="list-style-type: none"> o Take into consideration CDC guidance for shared or congregate housing; o Not allow more than two students to share a residential dorm room unless alternative housing arrangements are impossible; ensure at least 64 square feet of room space per resident; o Reduce overall residential density to ensure that colleges/universities maintain sufficient space for the isolation of sick or potentially infected individuals, as necessary; o Treat roommates/suitemates as family units for cohort isolation and quarantine protocols; o Configure common spaces to maximize physical distancing; o Provide enhanced cleaning; and o Establish plans for the containment and isolation of on-campus cases, including consideration of PPE, food delivery, and bathroom needs. 	<p><i>Completed</i></p>
<p>Communicable Disease Management Plan</p> <p>All colleges and universities shall have a written communicable disease management plan. The plan must include protocols to notify the local public health authority (LPHA) of any confirmed COVID-19 cases among students, faculty or staff; process and record-keeping to assist the LPHA as needed with contact tracing; a protocol to isolate or quarantine any ill or exposed persons; plans for systematic disinfection of classrooms, offices, bathrooms and activity areas; coordinating with local public authority on contingency planning for response to a person diagnosed with COVID-19 who had been in a campus facility. Plans must adhere to OHA and CDC guidance for controlling spread of COVID-19 (see Resources).</p> <p>Each college and university shall:</p> <ul style="list-style-type: none"> o Report to the local public health authority any cluster of illness (two or more people with similar illness) among staff or students. o If anyone who has been on campus is known to have been diagnosed with COVID-19, report the case to and consult with the local public health authority (LPHA) regarding cleaning and possible classroom or campus closure. See Resources for the LPHA directory. 	<p><i>Completed</i> <i>(page 49)</i></p> <p>WOU will continue to work with Polk County Health in this area.</p>



EO 20-28

1. Definitions: For purposes of this Executive Order, “colleges and universities” include public universities listed in ORS 352.002, a community college operated under ORS chapter 341, and degree-granting private colleges and universities that operate in Oregon.
2. Restrictions: Pursuant to my emergency powers under ORS 433.441(3)(a) and (d), ORS 401.175(1), and ORS 401.188(2) and (3), it is ordered that the conduct of in-person instruction leading towards a degree or certificate, research, and residential activities at colleges and universities shall be subject to restrictions, effective June 14, 2020. Namely, in-person instruction, research, and residential activities at colleges and universities may only take place if they comply with the minimum standards described in paragraph 3, below, and the directives in this Executive Order.
3. Minimum standards for in-person instructional, research, and residential activities: The Oregon Health Authority shall adopt minimum standards for the conduct of in-person instructional, research, and residential activities at colleges and universities. Standards may include, but are not limited to, requirements for face coverings, physical distancing, sanitization, monitoring, and isolation procedures. These standards may be amended from time to time.
4. Written plan: Not later than September 1, 2020, each public university and community college must develop, and submit to its governing board, and the governing board must approve, a written plan describing how the institution will comply with the standards referenced in paragraph 3 of this Executive Order and such other relevant guidance as the HECC may promulgate to implement this Executive Order. In developing such plans, public universities and community colleges must consult with local public health authorities, and are encouraged to consult with representatives of other interested parties, including but not limited to administration, faculty, classified staff, and students. The board shall submit a copy of the approved plan to the Higher Education Coordinating Commission (HECC). The governing board of each public university or community college must, at each regular board meeting, review the plan referenced in this paragraph, and any amendments thereto. Private colleges and universities are encouraged to develop and submit such plans as well.
5. Internal enforcement and complaint process: Each college and university must designate an employee or officer to implement, and enforce, or supervise the implementation or enforcement, of the requirements in paragraph 3, the written plan described in paragraph 4, and such other related guidance as the HECC may promulgate. Each college or university must establish or designate a complaint process or processes for receiving and responding to concerns regarding these matters.
6. Other Activities: Other college and university functions beyond in person instruction leading towards a degree or certificate, research and residential activities (including but not limited to on-campus childcare, youth camps, administration, athletics, retail businesses, and restaurants) must comply with other applicable Executive Orders and sector-specific OHA



guidance, including but not limited to gatherings and venue guidance applicable to the re-opening phase where the county the college or university is located.

7. Further Guidance: The HECC shall provide further guidance regarding the OHA guidance referenced in paragraph 3 of this Executive Order, the directives in this Executive Order, as well as other Executive Orders that may impact colleges and universities, as necessary, and may amend such guidance from time to time.

[Oregon General Guidance for Employers on COVID-19](#)

General considerations for your workplace:

- Comply with any of the [Governor's Executive Orders](#) that are in effect.
- Know the [signs and symptoms of COVID-19](#) and what to do if employees develop symptoms at the workplace.
- Understand how COVID-19 is transmitted from one person to another—namely, through coughing, sneezing, talking, touching, or via objects touched by someone with the virus.
- Make health and safety a priority by implementing safeguards to protect employees and the public. Federal and state guidelines, including sector-specific guidance, will help you determine which safeguards are recommended or are required.
 - CDC has detailed [general guidance](#) to help small businesses and employees prepare for the effects of COVID-19.
 - [Oregon's Mask and Face Covering Guidance for Business, Transit and the Public](#)
 - Oregon's specific guidelines for specific sectors can be found [here](#).
- Consider modifying employee schedules and travel to reduce unnecessary close physical contact (physical distance of less than (6) six feet between people).
- Be aware of protected leave requirements and plan ahead for any anticipated workforce adjustments.

Modification of employee schedules and travel:

Considerations for modifying employee schedules and travel as feasible:

- Identify positions appropriate for telework or partial telework, including consideration of telework for employees who are at higher risk for severe COVID-19 complications due to underlying medical conditions identified by the CDC.
- Stagger or rotate work schedules or shifts at worksites to ensure employees are able to sufficiently maintain physical distancing.
- Limit non-essential work travel.