



The Arc[®]

Adirondack Chapter
New York

Re-Opening Plan

Tupper Lake Children's Corner

2020-2021 School Year

Table of Contents

Background	2
Health & Safety	3
Communication Plan	9
Cleaning/Disinfecting Procedure/Policy	11
Cleaning and Disinfecting Procedure/Schedule	13
Learning Plans – Fully Open	15
Learning Plan – Hybrid 1	17
Schooling Plan – Hybrid 2	19
Learning Plan – Full Time Distance Learning	21
Sensory Considerations:	23
Technology/CPSE	24
Visitors/Contractors/Vendors	25
Transportation/Parent Pick Up/Food Service	26
Confirmed COVID-19 Case	27
SEIT/Related Service	29
Preschool Evaluations	30
Early Intervention Evaluations	31
Daily Cleaning Checklist	32
Handwashing Song.....	35
COVID – 19 Questionnaire	36
Diaper Changing Procedure	37
Proper PPE Use	38
Cleaning Products	42
Daily Wellness Checks	46
2020-2021 Weighted/Compression Equipment Cleaning Log	48
Monthly Oral Motor Tools Cleaning Log.....	49
General Classroom Sensory/Adaptive Equipment Daily Cleaning Checklist.	50
Respiratory Hygiene Poster	51
Hand Washing Procedure	52
Illness Policy	53

Background

The re-opening committee was comprised of the following people/groups:

- Nicole Bureau, Education Program Director
- Caitlin Skufca, Occupational Therapist
- Elizabeth Larson, Certified Occupational Therapy Assistant
- Melissa Allen, Teachers Assistant
- Laura Holmes, Physical Therapist
- Judy Hinman, Special Education Teacher
- Mitzy Rondeau, Special Education Teacher
- Community, families, and other staff through an online survey open for 1 week.

The community wide survey was available on our website as well as shared via email and social media platforms. Results of the survey were taken into account when creating our re-opening plan. The survey was anonymous and asked the following questions:

1. What Children's Corner Community are most connected with?
2. What is your connection to Children's Corner?
3. In general terms, which of the following models would you most support for instruction going into the fall?
4. Many factors are important to consider when we reopen our school. If our classrooms were to open for in-person classes in the fall (full or hybrid), please select your top three (3) priorities regarding health and safety practices.
5. Many factors are important to consider when we reopen classrooms. If our programs were to open for in-person classes in the fall (full or hybrid), please select your top three (3) priorities for cleaning/distancing safety.
6. Considering your experience with emergency distance education implemented during the spring of 2020, please indicate your priorities for distance education (if implemented) at any point in time during the 2020-2021 school year.
7. What additional thoughts and feedback can you share regarding the online/remote learning experience from March - June?
8. As a parent/guardian, which of the following statements best describes your overall feeling about returning to school?
9. On a scale of 1 to 5, based on what we know about COVID-19, how comfortable would you be sending children to school in the fall?

37 People participated. 29.7% Current Children's Corner Families, 10.8% Past Children's Corner Families, 40.5% Staff, 10.8% Larger Community Members, 8.1% Therapists (OT/PT/Speech).

Health & Safety

Student Health Checks:

- All students will enter the building using the door closest to the Children's Corner Classroom.
- Parents will be counseled by teachers to do a wellness screening with their children each morning prior to putting them on a bus or bringing them. This includes taking temperature, judging the child's mood and irritability, as well as overall wellness to participate in school. Families will receive our illness policy (pages 53-54) which states symptoms and policy for COVID-19 and non-COVID-19 illnesses.
- When students arrive at school, they will go to the designated area to have their temperature taken with a contact-less thermometer. A child with a temperature reading of 100°F will immediately be brought to the designated isolation area and supervised by an adult. After 10 minutes, their temperature will be retaken. If the temperature has normalized, they will be permitted back into the classroom and monitored the rest of the day. If their temperature is still at or above the threshold, they will be sent home. In addition, regardless of temperature, if the child is showing signs of illness (pale, irritability, uncontrolled runny nose, diarrhea, etc.), they may be sent home and asked to stay home until they are symptom free for 24 hours without the use of medication. Since we do not employ a Registered Nurse, we are not able to assess the child to determine if what they are experiencing is a result of something less contagious. Therefore, following state rules, we will send the child home for follow-up with their healthcare provider. The child can return to school once they have been cleared by a doctor and the school received a note stating such.
- It is against New York State Department of Health (NYSDOH) regulations for a school to record any child's temperature or share it with anyone else. Therefore, if the child meets the temperature and wellness requirement, we will denote "Cleared" on our "Wellness Log" (pages 46-47) to show they have successfully passed the health screening.
- One time per week, we will be asking families to fill out a COVID-19 Questionnaire (page 36) either online or on paper. The online form must be completed on the night before the first day of school each week. If online access at home is not available, a paper copy will be sent home to be returned on the first day of school each week. The survey will be comprised of the NYSDOH and the Center for Disease Control and Prevention (CDC) recommended questions to ensure that no one has had potential exposure to COVID – 19. The Education Program Director will review the surveys weekly. This will ensure that anyone who has had potential exposure will not be permitted in school. The child will be allowed back once the NYSDOH has cleared them to do so and the family is able to provide proper documentation stating that. If a parent forgets to fill out the electronic survey, the teacher will call them first thing in the morning to take the survey over the phone. A child will not be excluded for lack of returning the COVID-19 Questionnaire.
- There will be a primary and secondary staff member designated to perform temperature screenings. The secondary staff member will be available to perform temperature screenings in the

absence of the primary staff member. The screener, prior to taking temperatures, will wash hands and don the proper personal protective equipment (PPE) before starting to take temperatures. This will include gloves, a mask, and a face shield. The thermometer will be cleaned using a saturated alcohol swab in between each student. Once the cotton swab is dry, a new swab will be used. If during the screening process, the screener's gloved hands come in contact with a child, the screener will safely doff their gloves and don a new pair. Upon completion of the screening process, the screener will properly doff all PPE (except for face covering) and wash their hands prior to entering the classroom.

Staff Health Checks:

- Upon arrival, all employees will complete the health screening which includes a temperature check and COVID-19 Questionnaire. Any staff with a temperature of 99.9°F or higher will be isolated in a room to rest for 10 minutes. After 10 minutes, their temperature will be retaken. If their temperature normalizes on the second read, they can remain at work. If their temperature remains at or above 99.9°F, they will be sent home for the day. If, when they come to work the next day they still have a temperature above the threshold, they will again be sent home and encouraged to seek medical attention. After the third day in a row of having a temperature above the threshold, a doctor's note will be required to return to work.
- If a staff member intends on having to answer "yes" to any of the questions on the COVID Questionnaire, they should remain home and call the COVID-19 Hotline as soon as possible. In the morning their supervisor will reach out with guidance.

Physical Distancing:

- Signs will be posted by the entrance to remind anyone entering the building to physically distance.
- Staff will keep six feet of distance between them at all times unless a child requires the assistance of more than one adult. The safety of children remain our top priority.
- Children will be encouraged as much as possible to keep six feet distance. Markers will be placed six feet apart in the classroom to assist students with maintaining a six foot distance from each other during daily classroom activities including lining up, washing hands, and sitting on the carpet.
- Students will be educated as much as possible on the need for six feet of distance.
- Rooms will be set up so that they are providing as much natural physical distancing as possible.

Masks:

- Signs will be posted by the entrance to remind anyone entering the building to wear a mask.
- Staff will wear a face covering. This can include a bandana, surgical mask, or any other type of face covering. Disposable facemasks will be available on site for all staff. If using disposable facemasks, staff members will be allowed minimally 5 masks per week.
- If staff are choosing to wear a cloth face covering they must follow the procedure for sanitizing between environments:

- When arriving on shift, complete health screening
- Wash hands
- Press your mask for at least 1 minute – not constant – allow for material to heat, then lift for steam, then press again.
- Let mask cool and reapply to cover nose and mouth.
- It is recommended to repeat the process at the end of the day before going home.
- Cloth masks should be washed daily in a washing machine, sink with detergent, or be placed in boiled water for 5 minutes. It is recommended to either air dry or place in dryer on low setting.
- If staff members are wearing a mask with a vinyl window, they will wash the mask with soap instead of steaming with an iron.
- Parents will be encouraged to send a mask to school each day with their child. If not, the school will supply 1 disposable mask per student per week. Students will not be required to wear facemasks. However, staff will create an awareness curriculum to educate students on how to don and doff a mask. It is the goal that minimally, students will tolerate their masks long enough for when it is necessary to go into the hallways. If a child cannot independently put on or remove a mask, staff will NOT put a mask on the child. In addition, at the judgement of the teacher and parent, if wearing a mask is disruptive to a child's physical, emotional, or mental well-being, they will be exempt from wearing a mask while at school.
- For families sending a cloth mask, the above noted procedure of sanitizing the mask with an iron will be done by a staff member in the morning. Teachers will allow extra time to ensure that masks are not hot/warm but rather room temperature.
- Parents are required to wear a mask as soon as they exit their car during student drop-off and pick-up. Admittance to the building will be denied to any adult not wearing a facemask. If necessary, staff can provide a disposable facemask for the adult visitor. Parents will only be allowed in the building for emergencies.
- Mask breaks will be provided to all classroom staff twice throughout the day. These breaks will last no more than 10 minutes. Staff members will need to exit the building while on their mask break per building requirement. During group meal times, staff will be required to maintain a six foot distance from any other staff to allow for safe removal of their mask to eat. If it is not possible for staff to keep their distance or a staff member is at higher risk and is not comfortable removing their mask to eat in the classroom, staff will be given an opportunity to eat in a room with no children. Staff are not permitted to remove their masks while students are in the building or on the playground unless it is for a meal.
- Therapists (OT, PT, Speech) who have their own dedicated office are permitted to remove their face mask when they are not working directly with a child and no other staff member is in their space.

Staff Training/Requirements:

- Prior to the beginning of the school year, all staff must attend a training on the COVID-19 re-opening plan and new operating procedures. A staff member cannot work until thoroughly trained in the new operating procedures.
- Staff will be trained to identify the signs of general childhood illness as well as common symptoms related to COVID-19 in children. Specifically known signs of Multisystem Inflammatory Syndrome in Children (MIS-C) relating to COVID which include:
 - Fever
 - Abdominal pain
 - Vomiting
 - Diarrhea
 - Neck pain
 - Rash
 - Bloodshot eyes, and/or
 - Feeling extra tired
- Staff will be trained on the symptoms which would warrant and require a 911 emergency transport. These include but are not limited to:
 - Trouble breathing
 - Pain/pressure in chest that doesn't go away
 - New confusion
 - Inability to wake/stay awake
 - Bluish lips or face or
 - Severe abdominal pain
- Staff will receive training on how to properly don and doff PPE (Gloves, Facemasks, Face shields). In addition, there will be posters hung in each classroom with visual instructions.
- NYS Learning Standards for Preschool will be followed to the most appropriate extent. IEP goals and service will take precedents when considering learning plans.

Good Hygiene Practices:

- Students will be taught the "Hand Washing Song" (page 35). The song takes 20 seconds to sing and students will be asked to scrub their hands during the entire song. In addition, there will be posters by sinks to guide students on hand washing procedure (page 52).
- Students will wash their hands at the following times: upon arrival, after using shared objects or surfaces (e.g. electronic devices, musical instruments, writing utensils, tools, toys, desks or table tops), before and after snacks and lunch, after using the bathroom, after sneezing, wiping or blowing nose, coughing into hands, upon coming in from outdoors, and anytime hands are visibly soiled.

- Students/staff will have access to “No-Touch” trash cans for disposal of paper towels following hand washing. Per the Office of Child Family Services (OCFS) daycare regulation, the trash cans must have a cover on them.
- Students will be taught and continually reminded that they should cough into their elbow in order to decrease the potential for germ spread. Respiratory Hygiene posters will be posted in classroom for reminders (page 51).

Ventilation:

- To the greatest extent possible staff will increase natural ventilation in the classroom. As long as the inside temperature remains at or above 65 degrees, all windows will remain open. Once it is not safe to open the windows because of outside temperature, windows will remain closed but outside play times may be extended to ensure students are receiving as much natural air as possible.
- The building does not have central air, any air circulation comes from the outside.

Safety Drills:

- To the greatest extent possible, physical distancing will be practiced during a fire or shelter in place drill. However, in the event of a real emergency, staff will disregard physical distancing in order to keep children safe.
- If, in the event that in order to maintain the safety of our staff and students, we need to switch to our Hybrid 2 plan where students are in two groups, daycare directors will ensure each group receives the required drills to be able to know how to exit safely.

High Risk Populations:

- Extra measures will be taken to protect those who are high risk or live with someone who is at high risk. This includes providing a face shield and removing staff from performing duties with children that increase exposure (toileting/diapering, etc.).
- If a child or household member of a child is at high risk, the family may request to participate in distance learning regardless of the learning modality currently in place.

Field Trips

- For the remainder of the COVID – 19 pandemic, there will be no classroom field trips. This would include transition visits for soon-to-be kindergarteners. Those will now have to be done with and arranged by parents.

Conference Days/Staff Training

- For the 2020-2021 school year, the October and March superintendent conference days will not include anything requiring large gatherings. This means that any conference or presentation taking place will be remote.
- Any agency mandated in-person training would follow agency COVID procedure of no more than 5 attendees, wearing masks, and keeping social distance.
- Employee Assistance Services (EAS) flyers will be sent home to staff every two months. These are focused on how staff can be supported with COVID-19 related needs (mental health, etc.).

Personal Protective Equipment (PPE):

- All PPE orders and requests will be made through the Education Program Director. This will allow for monitoring of the stockpile and buying needs. This includes:
 - Disposable Student Masks
 - Disposable Adult Masks
 - Face Shields
 - N95 Masks
- Staff can continue to order as usual for items like:
 - Disposable gloves
 - ES-15
 - ServClean
 - NuLemon
 - Hand Sanitizer (>60% alcohol)
 - Bleach, etc.
- If staff are experiencing any type of issues regarding availability of a product, they should contact the Education Program Director immediately.
- If there is a shortage of PPE and we cannot safely protect students and staff, we will seamlessly switch to distance learning until enough PPE can be obtained.
- Staff will be trained on proper methods to don and doff a variety of PPE. In addition, they will be instructed on the proper way to wear a mask. Posters will be hung throughout the building as reminders (pages 38-41).

Communication Plan

Communication with Educational Team:

- Regardless of the learning plan in place (in person, hybrid, distance learning) parents will receive weekly communication in the parents preferred modality (phone calls, texting, email, etc.). The parents preferred method of communication will be documented. The communication will give parents the chance to discuss any concerns they may have, address any needs, and discuss overall student progress.
- Staff will keep one master communication log per child. Therapists will document session day/time (not note) if in Hybrid 2 or distance learning models. Teachers will record a summary of any phone calls had with parents as well as who from the education team was a part of those calls.

Access to Re-Opening Plan

- The re-opening plan will be sent home to any family who cannot access it online prior to the start of the school year.
- There will be a copy posted on the bulletin board at the site.
- It will be available on the website.

COVID Hotline:

- In the event that someone in a child's family or staff/staff's family receives a diagnosis or has been exposed to COVID-19, please call to report as soon as possible to the following number to leave a message: 518-359-7518 ext. 450. The teacher will contact the family the next morning for further details. This phone call allows our program to make an early and informed decision regarding whether it is safe to remain open or if it is necessary to switch to distance learning. It will also allow for more time for parents to plan for alternative child care.
- The phone number is a password protected mailbox therefore it is safe to leave a complete message.

Automatic Calls:

- We will use an automatic calling system to provide families with information about school in an efficient and timely manner. This will include, but is not limited to, events such as weather delays, snow days, changes to the learning plan, or COVID-19 related developments. Families, school districts (as requested), staff, and administration will be included in the calls.

Emergency Contacts:

- As required by the State Department of Education (SED) and OCFS, we are asking that all families provide 3 emergency contacts. Contacts should be available to pick up the child in the event they are unable to continue at school due to illness/failed wellness screening.

- Prior to the start of the year, classroom teachers will be calling emergency contacts to ensure that they have the teacher's number and will answer when called if student pick-up is needed. They will also ask if the person has means (vehicle and proper car seat) to come and pick up a child if needed. At least one person on the list needs to have the ability to pick up the child. If, when called, they do not have the ability or are not willing, teachers will reach out to families to ask them to provide additional emergency contacts.
- Emergency contacts will be checked periodically throughout the year to ensure that their numbers have not changed.

Parent Teacher Conferences

- At least two times per year the whole education team will conduct parent/teacher/ therapist conferences. If technology is available teachers should try and do this via Zoom to separate it from the weekly phone calls. If the family is unable, phone calls will be used.

Staff Meetings:

- Staff meetings will continue to happen twice per month via Teams. During staff meetings teacher and therapists if in the same building, will remain in their offices to participate. Laptops will be provided in each classroom so that TA's and 1:1 aides can participate while being physically distant.

School Contacts:

- Teacher Phone: 518-637-9975
- Teacher email: tlcc@adirondackarc.org
- Education Program Director phone: 518-354-3371
- Education Program Director email: nbureau@adirondackarc.org

Cleaning/Disinfecting Procedure/Policy

Procedure for cleaning/disinfecting:

1. Staff will wear disposable gloves whenever they are cleaning or disinfecting any surface.
2. Staff will clean surfaces using soap and water following the “Cleaning/Disinfecting Procedure/Schedule” (pages 13-14).
3. After proper cleaning, staff will use the proper disinfectant for the surface. Staff will follow product recommendation for wet time to ensure disinfection.
4. Staff will initial the “Cleaning Checklist” (see pages 32-34) to indicate that they have complete the required cleaning/disinfecting for that time period.
5. After cleaning and disinfecting, staff will safely remove gloves and wash their hands.

High touch surfaces will be given priority for frequent cleaning. These include but are not limited to:

- Tables
- Doorknobs
- Light switches
- Countertops
- Handles
- Desks
- Phones
- Keyboards
- Toilets
- Faucets
- Sinks
- Diaper changing areas

Diapering/Toileting:

- To the best extent appropriate, staff will encourage the child to participate in their own personal hygiene needs.
- When the need arises to change a child’s diaper or assist them using the toilet, a poster will be in the bathroom that illustrates the following procedure to be followed (see page 37):
 1. Prepare: Upon entering the bathroom, staff will wash their hands and assist the child in washing their hands. When clean, staff will properly put on disposable gloves.
 2. Clean the Child or help them with the toilet needs (getting up on the potty chair, etc.)
 3. Remove trash (soiled diaper and wipes) to the appropriate disposal.
 4. Replace diaper/pull up/ or child’s underwear if needed.
 5. Remove gloves.
 6. Staff and child will wash hands and staff will help child re-join their peers.
 7. Return to bathroom and clean/disinfect surfaces. If gloves are necessary, put new gloves on.

- a. Changing table mat/Potty Seat or any other surface that child may have touched.
 - i. Wash with soap and water.
 - ii. Disinfect with a fragrance free EPA product following directions for proper disinfection.
 - b. Both sides of the door knob
 - c. Sink and faucet.
8. Remove gloves (if necessary) and wash hands.

What to Use: All product specific pamphlet information is included in the back of the (pages 42-45)

Clean: Soap and warm water on a sponge.

ES-15 (Disinfectant) is for sanitizing- bedrooms, offices, door knobs, doors, furniture, bathrooms, etc. This can be used with a spray bottle or a Pump Spray, the spray pump can disinfect a larger area at one time. This is a spray on, do not wipe off. It has a one minute kill factor on viruses/influenza. **NOT USED ON KITCHEN COUNTERS OR ANYWHERE YOU PREPARE FOOD.**

Serv Clean – (Sanitizer) is used for kitchens counters, tables or any place where you would prepare or serve food. This has a one to two minute kill factor on viruses/influenza.

Nu-Lemon- (Floors) is used for mopping, has a 10 minute kill factor when wet. This is concentrated and will need to be mixed properly, do not just pour and add water. It is 2oz of product for every one 1 gallon of water.

If the above products are not available:

The building will have a back up supply of bleach. The following ratio will be used for disinfecting.

- 5 tablespoons (1/3 cup) bleach per gallon of water OR
- 4 teaspoons bleach per quart of water

The bleach solution must be thrown away and remade fresh each day. After 24 hours, the solution is no longer effective.

In the event of a confirmed case of COVID:

1. Building will be closed for the first 24 hours to all children and staff. If we cannot wait 24 hours, we will wait as long as possible, or as directed by the department of health. Waiting 24 hours will allow any airborne respiratory droplets to settle out of the air.
2. After 24 hours, clean and disinfect all areas
 - a. Open outside doors and windows while cleaning.
3. If more than 7 days have passed since the person who is sick visited or used the facility, additional cleaning and disinfecting is not necessary.

Students will not be in the vicinity where disinfectants are in use and will not participate in cleaning/disinfecting activities.

Cleaning and Disinfecting Procedure/Schedule

Area	Before Each Use	After Each Use	Daily (at end of day)	Weekly	Monthly	Comments
Food area						
Food Prep Surfaces	Clean, Sanitize	Clean, Sanitize				Use Serv Clean to sanitize
Eating Utensils & Dishes		Clean & Sanitize (dishwasher if available)				We are using single use dishes and utensils as much as possible.
Tables & Chairs (Rifton & Regular)	Clean, Sanitize	Clean, Sanitize				Use ServClean on Tables
Food Prep appliances (Microwave)		Clean	Clean, Sanitize			Use Serv Clean to sanitize
Refrigerator					Clean	
Classroom Areas						
Plastic Mouthed Toys		Clean	Clean, Sanitize			
Door & Cabinet Handles/ Light Switches			Clean, Disinfect			ES – 15
Floors			Clean			Sweep or vacuum, then damp mop
Table Dividers		Clean, Disinfect	Clean, Disinfect			
Play Activity Centers				Clean		
iPads, cell phones		Clean, Disinfect				Use products on a paper towel. Do

						not spray directly on.
Office Phone Receivers			Clean			
Printers						Sanitize hands before and after use. NO chemicals on machines
Toilet & Diapering Areas						
Changing Tables		Clean, Disinfect				Clean with soap, rinse, disinfect
Potty Chairs		Clean, Disinfect				Clean with soap, rinse, disinfect
Handwashing sinks & faucets			Clean, Disinfect			
Toilets			Clean, Disinfect			
Diaper pails			Clean, Disinfect			
Adult Restrooms			Clean, Disinfect			
Linen's						
Bed sheets & pillow cases				Clean		Clean before use by another child
Blankets					Clean	

Learning Plans – Fully Open

Overview: All students will attend school five days per week.

Program Specifics:

- Our program hours will remain Monday – Friday 9am – 2pm.
- If bussing is an issue, meaning your child is missing more than an hour of the day because of the bus schedule, teachers will send home weekly packets to ensure your child is not missing out on educational time. Therapies will also be adjusted so that they do not miss out.
- While the weather permits, we will be outside to the greatest and safest extent possible. This will help our students with natural physical distancing.
- Classroom windows will remain open so long as the inside temperature is 65 degrees or higher.
- There will be markers on the floor to help children keep six feet apart when doing things like waiting in line for the sink, lining up to go outside, etc.
- The tables will be affixed with clear barriers for safe meal times and project times which still would allow social skill practice. A child will always be within the same barrier area
- Any family that doesn't feel safe sending their child to in-person school will be able to participate in distance learning. At the end of each month, during the teacher's phone call, families will be asked if they would like to continue with distance learning or if they would like to try in person learning for the following month. If a parent opts in to in person learning, any day a child is not in school will be viewed as a traditional absence. The plan for children who choose this option will follow the distance learning plan as outlined in this plan with the exception of the TA's story time.

Documentation:

- Teachers will continue to document attendance and in addition, will keep a contact log documenting all contact had with families.
- Therapists will maintain their usual digital coversheets and daily sessions notes. Therapists are encouraged to sign everything electronically but if that cannot be done, signing documentation by hand will be acceptable.

Therapists:

- All therapies would happen in person.

Class Size:

- Per our 12:1:2 SED classification, no more than 12 students will be in our room.
- Staff will ensure that the students are kept in the same group.
- To the best extent possible, students will be split over two rooms to allow for better natural physical distancing. Ex. One group in classroom doing a circle time, the other group is in gym/playground, etc.

Communication:

- Parents can expect a phone call home one time per week. This minimally will include the teacher checking in but at times, the therapists assigned to your child may be in attendance for the call.
- In addition, teachers will be required to complete a “Home Visit” packet with families once every six months. This will make sure we are asking specific questions to ensure we are doing everything we can to support our families.

Social Emotional:

- Teachers will continue to use 2nd Step Early Learning as an overall social skills development program. They may decide to incorporate COVID-19 style changes to the program (put masks on characters, talk about not getting too close to friends, etc.)
- Teachers will put an emphasis on social emotional curriculum to meet the child’s needs. The school psychologist will visit one time per week to provide direct support to children and/or training and consultation with teachers and staff.

Curriculum

- Teachers will do mask education. They will have children practice taking a mask on and off and have a time of day where they are working on wearing masks to increase tolerance. If a child cannot physically put on or remove a mask, then they will not participate. In addition, if it is not safe mentally, physically, or emotionally for a child to be wearing a mask then that will be addressed on an individual basis.

Learning Plan – Hybrid 1

Overview: All students would come Monday, Tuesday, Thursday, and Friday. Wednesday would be a routinely distance learning day. Support staff would deep clean the school building on Wednesdays. We will start the 2020-2021 school year with this model and adjust as necessary or needed.

Program Specifics:

- Our program hours will be Monday, Tuesday, Thursday, and Friday 9am – 2pm.
- Since one day is distance learning, a learning packet will be sent home by the teachers weekly for supplemental work at home. If, in addition to the one distance learning day per week, your child missed more than 1 hour of in person schooling each day due to bussing, the teachers will provide your learning packet with supplemental activities.
- While the weather permits, we will be outside to the greatest and safest extent possible. This will help our students with natural physical distancing.
- Classroom windows will remain open so long as the inside temperature is 65.
- There will be markers on the floor to help children keep six feet apart when doing things like waiting in line for the sink, lining up to go outside, etc.
- The tables will be affixed with clear barriers for safe meal times and project times which still would allow social skill practice.
- Any family that doesn't feel safe sending their child to in-person school will be able to participate in distance learning. At the end of each month, during the teacher's phone call, families will be asked if they would like to continue with distance learning or if they would like to try in person learning for the following month. If a parent opts in to in-person learning, any day a child is not in school will be viewed as a traditional absence. The plan for children who choose this option will follow the distance learning plan as outlined in this plan with the exception of the TA's story time

Documentation:

- Teachers will continue to document the child's in-person attendance and in addition, will keep a contact log documenting all contact had with families. The attendance sheet will reflect the type of meaningful contact made on Wednesdays (video calls, therapy sessions, packets, etc.)
- Therapists will maintain their usual digital coversheets and daily sessions notes. Therapists are encouraged to sign everything electronically but if that cannot be done, signing documentation by hand will be acceptable.

Therapies:

- To the best extent possible, children will be seen in-person. However, there may be times that remote sessions on Wednesday's are necessary to meet the IEP.

Class Size:

- Per our 12:1:2 SED classification, no more than 12 students will be in our room.
- Staff will ensure that the students are kept in the same group.
- To the best extent possible, students will be split over two rooms to allow for better natural physical distancing. Ex. One group in classroom doing a circle time, the other group is in gym/playground, etc.

Communication:

- Parents can expect a phone call home one time per week. This minimally will include the teacher checking in but at times, the therapists assigned to your child may be in attendance for the call.
- In addition, teachers will be required to complete a “Home Visit” packet with families once every six months. This will make sure we are asking specific questions to ensure we are doing everything we can to support our families.

Social Emotional:

- Teachers will continue to use 2nd Step Early Learning as an overall social skills development program. They may decide to incorporate COVID-19 style changes to the program (put masks on characters, talk about not getting too close to friends, etc.)
- Teachers will put an emphasis on social emotional curriculum to meet the child’s needs. The school psychologist will either visit one time per week or remote visit with staff to provide direct support to children and/or training and consultation with teachers and staff. If the family expresses interest in a school psychologist consultation, the teacher will share the contact information with the school psychologist who will contact the family directly.

Curriculum

- Teachers will do mask education. They will have children practice taking a mask on and off and have a time of day where they are working on wearing masks to increase tolerance. If a child cannot physically put on or remove a mask, then they will not participate. In addition, if it is not safe mentally, physically, or emotionally for a child to be wearing a mask then that will be addressed on an individual basis.

Schooling Plan – Hybrid 2

Overview: Group 1 would be half the class and they would attend in person school on Monday and Tuesday and then Wednesday through Friday would be distance learning days. Group 2 would be the other half of the class which would receive distance learning Monday through Wednesday and then be in person Thursday and Friday.

Program Specifics:

- Our program hours will be 9am – 2pm. Children in Group 1 will attend in person school on Monday's and Tuesday's. The children in Group 2, will attend in person school on Thursday's and Fridays.
- Since three days would be distance learning, a learning packet will be sent home by the teachers weekly for supplemental work at home. If, in addition to the three distance learning days per week, any child missed more than 1 hour of in person schooling each day due to bussing, the teachers will provide that child's learning packet with supplemental activities.
- While the weather permits, we will be outside to the greatest and safest extent possible. This will help our students with natural physical distancing.
- Classroom windows will remain open so long as the inside temperature is 65 degrees or higher.
- There will be markers on the floor to help children keep six feet apart when doing things like waiting in line for the sink, lining up to go outside, etc.
- The tables will be affixed with clear barriers for safe meal times and project times, which still would allow social skill practice.
- Group 1 families will complete the COVID-19 Questionnaire Sunday's and group 2 families will complete the COVID-19 Questionnaire Wednesday's.
- Any family that doesn't feel safe sending their child to in-person school will be able to participate in distance learning. At the end of each month, during the teacher's phone call, families will be asked if they would like to continue with distance learning or if they would like to try in person learning for the following month. If a parent opts in to in-person learning, any day a child is not in school will be viewed as a traditional absence. The plan for children who choose this option will follow the distance learning plan as outlined in this plan with the exception of the TA's story time.

Documentation:

- Teachers will continue to document the child's in-person attendance and in addition, will keep a contact log documenting all contact had with families. The attendance sheet will reflect the type of meaningful contact made on Wednesdays (video calls, therapy sessions, packets, etc.)
- Therapists will maintain their usual online coversheets and daily sessions notes. Therapists are encouraged to sign everything electronically but if that cannot be done, signing documentation by hand will be acceptable.

- For the purpose of having a complete look at a child's participation in distance learning, therapists will be asked to notate their remote sessions on the master contact log. This should just include: date and time. Any other specifics can be obtained on the case note.

Therapies:

- In order for IEP frequencies to be met, families would need to participate in distance learning.
- Therapists will work with families to meet the students IEP's to the best extent possible and as appropriate.

Class Size:

- Regardless of our SED classification, no more than 6 students will be in the classroom.
- Once a child is assigned to group (1 or 2) they will not switch from that group or be able to attend school on the other groups days.
- To the best extent possible, students will be split over two rooms to allow for better natural physical distancing. Ex. One group in classroom doing a circle time, the other group is in gym/playground, etc.

Communication:

- Parents can expect a phone call home one time per week. This minimally will include the teacher checking in but at times, the therapists assigned to your child may be in attendance for the call.
- In addition, teachers will be required to complete a "Home Visit" packet with families once every six months. This will make sure we are asking specific questions to ensure we are doing everything we can to support our families.

Social Emotional:

- Teachers will continue to use 2nd Step Early Learning as an overall social skills development program. They may decide to incorporate COVID-19 style changes to the program (put masks on characters, talk about not getting too close to friends, etc.)
- Teachers will put an emphasis on social emotional curriculum to meet the child's needs. The school psychologist will either visit one time per week or remote visit with staff to provide direct support to children and/or training and consultation with teachers and staff. If the family expresses interest in a school psychologist consultation, the teacher will share the contact information with the school psychologist who will contact the family directly.

Curriculum

- Teachers will do mask education. They will have children practice taking a mask on and off and have a time of day where they are working on wearing masks to increase tolerance. If a child cannot physically put on or remove a mask, then they will not participate. In addition, if it is not safe mentally, physically, or emotionally for a child to be wearing a mask then that will be addressed on an individual basis.

Learning Plan – Full Time Distance Learning

Overview: Students would participate in a variety of school activities remotely. Direct distance learning sessions will be available Monday – Friday between the hours of 8:30am and 3:30pm. Only under extreme circumstances will sessions be held outside those hours.

Documentation:

- Teachers will document distance learning direct contact of any kind on their attendance sheets for billing purposes.
- In addition, the educational team will keep one master contact log documenting all contact had with families. The attendance sheet will reflect the type of meaningful contact made (video calls, therapy sessions, packets, phone calls etc.)
- Therapists will maintain their usual online coversheets and daily sessions notes.
- At the conclusion of each month, the Education Manager will send the therapist's cover page home for family signature. When returned, a signed copy will be given to the county. If after sending the cover page home to a family two times, the Education Manager will inform county and follow their guidance on the matter.

Therapies:

- Therapists will follow IEP frequencies for service to the best and most appropriate extent possible.

Teachers:

- Teachers will send home bi-weekly learning packets to families. These will include materials from occupational therapists, physical therapists, speech therapists, and school psychologist.
- Teachers will do a virtual learning session minimally one time per week with students as desired and/or requested by families.

Story Time:

- Each day at a routine time, students will be able to go to Zoom and listen to one of their teacher's assistants (TA) do a story time.
- Any days where there are no children in attendance, TA's will be trained on how to record themselves. They will record the story time and it will be posted on our YouTube page to be viewed by families at a more convenient time.

Communication:

- The education team (teachers and therapists) will schedule a call with each family one time per week. During these calls, teachers will provide resources available to families within their community.

- In addition, teachers will be required to complete a “Home Visit” packet with families once every six months. This will make sure we are asking specific questions to ensure we are doing everything we can to support our families.

Social Emotional:

- The School Psychologist will have monthly consults with teachers regarding student need. In addition, if a teacher feels like the school psychologist should connect directly with the family, which will be expressed and arranged. They will work together to provide the best support for the students and their families.

Sensory Considerations:

Addressing sensory needs, center-based and small group learning are critical components of instruction at Children's Corner. In order to maintain a safe environment for all students, Children's Corner will:

- Not permit the use of centers that include multiple students at one time, such as water/sand tables, sensory tables, etc.;
- In order to ensure a varied and robust curriculum, alternative activities will be provided for students to include individual sets of materials, which will not be shared.
- All students will be required to wash hands before material use. Proper cleaning of the materials will be performed according to the Department of Health guidelines.

Equipment:

The use of environmental modifications and adaptive equipment is critical to address adaptive behaviors for the diverse needs within our student population. The following outlines protocols for the use of sensory equipment within the classroom:

- Weighted or compression vests, lap pads, or blankets will be assigned to each student by the occupational therapist with the permission of the legal guardian. The weighted or compression item will not be shared between students. The item will be laundered at least weekly or sooner if visibly soiled; cleaning will be documented (pages 48-50).
- Oral motor tools will be assigned to each student by an occupational therapist or speech therapist with the permission of the legal guardian. Oral motor tools will be washed daily per proper sanitation guidelines and stored in a dry, individualized space. Oral motor tools will not be shared between students.
- Earphones or headphones will be permitted and cleaned with proper sanitation guidelines from the Department of Health between every use.
- Indoor swings and motor equipment will be limited. The use of equipment that can be cleaned in between each use is encouraged. Fabric swings will be used on an individual bases. All proper sanitation guidelines from the Department of Health will be followed between uses of indoor motor equipment.
- Soft, quiet spaces for calming students will be cleaned daily. Classrooms will be modified to include only materials that can be wiped safely, easily, and frequently. Cleaning will be completed and documented daily per the guidelines set forth by the Department of Health.

Technology/CPSE

Access to Wifi/Internet:

- Each school district has identified places for their students to access the internet. Once those are published (likely after the publication of this plan), they will be sent home to families and the plan will be amended to include them so that they are accessible for viewing the re-opening plan on the website.

Devices:

- If a child is participating in distance learning and they do not have the device to do so successfully, notification should be made as soon as possible to the teacher.
- A device will be made available to your child as quickly as possible.
- The device will remain property of the Adirondack Arc and will need to be handed in at the conclusion of the year.

Committee on Preschool Special Education (CPSE)

- Children's Corner staff will work with the school district's CPSE when it comes to providing resources to families.
- Children's Corner will provide contact logs to the school district upon their request.

Visitors/Contractors/Vendors

We are going to limit the visitors allowed in the building to the most extent possible. Automatic access will be given to CPS/DSS visits, local authorities, traveling therapists, education program director, and contractors providing related services.

Procedure:

- Upon arrival, visitors will call the classroom cell phone to inform staff of their arrival. A staff person will meet the visitor at the front door and the visitor will follow COVID-19 Screening to include a questionnaire and temperature check.
- Once they pass the screening, they will be asked to sign in. Information on there will include: Name, Date, Time in/out, and reason for visit.

Commercial Sales:

- Orders will be placed as normal. Cleaning products will not be changed unless prior approval is given.
- When they come for delivery, they will sign in and answer a COVID Questionnaire.
- Staff will provide whatever signature is needed and do their best to get the vendor out of the building as quickly as possible with minimal exposure to students as possible.

Transportation/Parent Pick Up/Food Service

Food Service:

- Families will be asked to provide lunches each day for their child. These lunches should be able to be served without any staff preparation (other than opening the container). Therefore, if a child only likes mac and cheese, the family will have to cook it at home and send it in a thermos. The same concept would apply to chicken nuggets, hot dogs, etc. In addition, if a child requires an item to be cut or peeled in order to be eaten safely (grapes, hot dog, orange) we ask that families send those items precut or peeled. To keep cross exposure and contamination contained we want staff touching meals as little as possible. Also, with the additional need for staff to help maintain physical distance of students, lunch time preparation needs to be as quick and easy as possible.
- Due to the physical barriers at the tables, students will not be able to share food, nor will it be permitted.

Transportation:

- It is still the responsibility of the county to provide free transportation to students. Whomever they contract with may have specific COVID-19 related rules that are out of our control. Any bussing questions should be asked to either the bus company directly or Ara Newman, Franklin County Representative.
- If a parent does not wish for their child to take the county provided transportation but wants to drive their student to and from school, this is an option. The county offers a stipend for each day the family drives their child to school. Families must follow the rules explained below about how to drop off/pick up their child.

Parent Pick Up/Drop Off

- If a parent is dropping off their child at the start of school (9am), they will find parking, unload their child, and bring their child to staff waiting outside. Their child will be brought to the screening area and wait their turn, keeping a six foot distance.
- If parents have to pick-up early or drop-off late, they will pull up to the curb along the school and call the classroom cell phone. If dropping a child off, someone will come out and follow the Student Wellness Check procedure as outline earlier. If families are picking up, we will help the child prepare for leaving (packing up, getting appropriate clothing on, etc.) and then escort them outside. We are doing our best to limit the number of people who come in and out of our building. By calling and waiting in the car, families are helping us keep everyone safe.
- Anytime a parent/guardian is out of their car on school property, they must be wearing a mask. This includes when buckling/unbuckling their child.
- If someone is designated to pick up your child, and is doing so, they will be asked for ID. In addition, they will have to call to have the child brought out. If they do not have the number to call, it will be posted on the door.

Confirmed COVID-19 Case

Notification:

- In the event of a confirmed COVID case within our preschool, families will be notified as outlined in the communication plan.
- If a family of a child or a staff member is notifying the preschool of their child's or family members confirmed case, they should call the COVID-19 Hotline (518-359-7518, ext 450) as soon as possible. The child's teacher will call the family the next morning to discuss next steps.

Confidentiality:

- Any information left on the hotline voicemail or given directly to the daycare director or teacher will be kept confidential to anyone who does not need to know. We will not release the name of the person or family when notifying all families of exposure risk.

Franklin County Public Health:

- Daycare Director or Education Program Director will immediately call the COVID-19 Resource Coordinator through the Adirondack Arc, Shari Holmlund. She will work with local and state health officials to come up with a plan of action.

Returning to School:

- If a person is diagnosed with COVID-19 by a healthcare provider based on a test or their symptoms or does not get a COVID-19 test but has had symptoms, they should not be at school and should stay home until:
 - It has been at least ten days since the individual first had symptoms;
 - It has been at least three days since the individual has had a fever (without using fever reducing medicine); and
 - It has been at least three days since the individual's symptoms improved, including cough and shortness of breath.
 - DOH (if involved) or a physician has approved child for return.

Learning Plan:

- In the event we need to close the building even short term, we will seamlessly switch to distance learning until it is safe for us to re-enter the building.

Arc Administration Building

- Since we are sharing the building with the Administrative offices, we will work together as one in the event Children's Corner or Administrative offices have an exposure. It is likely that we may be able to remain open but that decision is in the control of health officials.

Testing

- If you want to be tested for COVID – 19 please call Adirondack Health Center at 518-897-2462. They are doing both testing clinic times at the hospital as well as drive up clinic on certain days.
- You can also call your primary care doctor for information on where to be tested.

Cleaning:

- The building will be closed for the first 24 hours to all children and staff. If we cannot wait 24 hours, we will wait as long as possible, or as directed by the department of health. Waiting 24 hours will allow any airborne respiratory droplets to settle out of the air.
- After 24 hours, clean and disinfect all areas
 - Open outside doors and windows while cleaning.
- If more than 7 days have passed since the person who is sick visited or used the facility, additional cleaning and disinfecting is not necessary.

SEIT/Related Service

In person vs. distance learning:

- It is the choice of the parent as to how they would like to receive this service. If they choose remote learning, it will include learning packets every couple of weeks as well as weekly phone calls and Zoom calls minimally one time per week.
- If in person, staff will wear an appropriate face covering. In addition, on top of following the Adirondack Arc's staff screening policy, staff will follow any screening process at the facility where they are seeing a child.
- A mask will not be required by the children. However, part of their session may include education on wearing the mask. If children are required to wear a mask by the facility where the child is attending, that policy will remain in place during therapy sessions.

Location:

- For SEIT to re-start in person sessions, the child must be enrolled in a daycare, UPK, Head Start, or similar setting. This will ensure that measures have been taken to check that your child is healthy enough to participate.
- Until further notice, home visits will not be an option for our providers.

Groups:

- If your child is receiving a group session, the provider will do their best to plan activities that are easily done while keeping social distance.
- Any materials that your child touches will go into a cleaning box and will not be used by anyone else until proper cleaning and disinfecting can take place.

Preschool Evaluations

New Referrals:

- We will continue to accept new referrals however, we may have to change the number of referrals that we have at one time to keep the caseloads manageable with the added COVID-19 precautions.
- Evaluators will not be allowed in the homes of students for safety reasons. Instead, they will be in the community in which the child resides.
- On the day of the in person evaluation, the staff conducting the evaluation will be sure to follow agency COVID-19 screening protocol (questionnaire and temperature). If the staff member doesn't pass the screening, the evaluation will be rescheduled.
- To the best extent possible evaluations should be completed virtually. The evaluations that require in person sessions can be conducted so long as the evaluation takes place outside (whether permitting) or in a designated location. If it is not appropriate for a child's evaluation to be done remotely or the family is unable to participate then the full evaluation can be completed in person.
- The school psychologist, OT, PT, or Speech Pathologist will consult with family prior to evaluation. During this, they will ask the family if the child is accustomed to wearing a face covering. If they are, parents will be encouraged to bring one for the in-person piece of the evaluation. If not, the child will NOT be required to wear a mask. During that consultation, the evaluator will also ask if everyone in the home has been healthy. They will inform the family that when they arrive, the parent/guardian will fill out the COVID-19 Questionnaire for themselves and the child and both the parent/guardian and child's temperature will be taken. Any temperature of 99.9°F or higher will result in the evaluation needing to be rescheduled a minimum of 2 weeks from that date.
- PPE will be provided to the evaluators by the employer.
- For school psychologists, during the observation, they will take extreme measures to ensure social distance during that time (sit in car, keep 12+ foot distance).
- Any materials (crayons, pencils, etc.) that can be taken home by the child will be. If a material has to be reused it will be thoroughly cleaned and disinfected prior to being used with another child.
- Evaluators will not be allowed in the homes of students for safety reasons. Instead they will be in the community in which the child resides.

Supplemental Evals for students already enrolled at Children's Corner:

- If the school is open and the student is attending in person, the evaluation will happen in person during the school day. To the best extent possible, the therapist will try and keep physical distance unless safety is a factor.
- If we are in a period of distance learning or a family has chosen not to send their child to the in person classes, the evaluation will be conducted remotely as best as possible. If weather is nice and the family wants to meet to do the evaluation in person, the evaluator may arrange for that in a park or other outside public setting.

Early Intervention Evaluations

New Referrals:

- Due to the intense physical contact and close proximity needed when completing Early Intervention Evaluations, we will not conduct them during the COVID-19 public health crisis.

Daily Cleaning Checklist

Cleaning Task	Time	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Tables	Before Snack																															
Chairs	Before Snack																															
Countertop	Before Food Prep																															
Tables & Table Dividers	After Snack																															
Chairs	After Snack																															
Countertop	After food prep																															
Doorknobs	After Snack																															
Tables & Table Dividers	After Projects																															
Tables & Table Dividers	After Additional Use																															

Cleaning Task	Time	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Tables & table dividers	Before lunch																															
Chairs	Before lunch																															
Countertop	Before Food Prep																															
Tables & table dividers	After lunch																															
Chairs	After lunch																															
Countertop	After food prep																															
Microwave	After food prep																															
Utensils	End of Day																															
Doorknobs & Cabinets	End of day																															
Adult Bathrooms	End of Day																															
Children Bathrooms	End of Day																															
Toys	End of Day																															


Floors	End of Day																															
Gross Motor Room	End of Day																															
iPads	End of Day & after each use																															
Office Phones/ Agency Cell Phones	End of Day																															
Play Activity Centers	2 nd Wednesday																															
Refrigerator	2 nd Wednesday																															


Handwashing Song

Hand Washing Song



SING TO THE TUNE OF "ROW, ROW, ROW YOUR BOAT"
WHILE WASHING CHILD'S HANDS.

Wash, wash, wash your hands
 Play our handy game.
Rub and scrub, and scrub and rub.
Germs go down the drain. HEY!

Wash, wash, wash your hands
Play our handy game. 
Rub and scrub, and scrub and rub.
Germs go down the drain. HEY!



TheDaycareLab.com

COVID – 19 Questionnaire

Have you, your child, or anyone in your household knowingly been in close or proximate contact in the past 14 days with anyone who has tested positive through a diagnostic test for COVID-19 or who has or had symptoms of COVID-19?

_____ Yes

_____ No

Have you, your child, or anyone in your household tested positive through a diagnostic test for COVID-19 in the past 14 days?

_____ Yes

_____ No

Have you, your child, or anyone in your household experienced any symptoms of COVID-19, including a temperature of greater than 100.0°F, in the past 14 days?

_____ Yes

_____ No

Have you, your child, or anyone in your household traveled internationally or from a state with widespread community transmission of COVID-19 per the New York State Travel Advisory in the past 14 days?

_____ Yes

_____ No

Child's Name: _____

Site: _____

Parent/Guardian Name: _____

Date: _____

Parent/Guardian Signature: _____

Diaper Changing Procedure

Safe and Healthy Diapering to reduce the spread of germs

Keep a hand on the child for safety at all times!



1. PREPARE

- Cover the diaper changing surface with disposable liner.
- If you will use diaper cream, dispense it onto a tissue now.
- Bring your supplies (e.g., clean diaper, wipes, diaper cream, gloves, plastic or waterproof bag for soiled clothing, extra clothes) to the diapering area.



2. CLEAN CHILD

- Place the child on diapering surface and unfasten diaper.
- Clean the child's diaper area with disposable wipes. Always wipe front to back!
- Keep soiled diaper/clothing away from any surfaces that cannot be easily cleaned. Securely bag soiled clothing.



3. REMOVE TRASH

- Place used wipes in the soiled diaper.
- Discard the soiled diaper and wipes in the trash can.
- Remove and discard gloves, if used.



4. REPLACE DIAPER

- Slide a fresh diaper under the child.
- Apply diaper cream, if needed, with a tissue or a freshly gloved finger.
- Fasten the diaper and dress the child.



5. WASH CHILD'S HANDS

- Use soap and water to wash the child's hands thoroughly.
- Return the child to a supervised area.



6. CLEAN UP

- Remove liner from the changing surface and discard in the trash can.
- Wipe up any visible soil with damp paper towels or a baby wipe.
- Wet the **entire surface** with disinfectant; make sure you read and follow the directions on the disinfecting spray, fluid or wipe. Choose disinfectant appropriate for the surface material.



7. WASH YOUR HANDS

- Wash your hands thoroughly with soap and water.



Centers for Disease
Control and Prevention
National Center for Emerging and
Zoonotic Infectious Diseases

CS251744

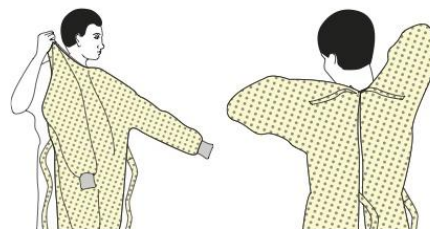
Proper PPE Use

SEQUENCE FOR PUTTING ON PERSONAL PROTECTIVE EQUIPMENT (PPE)

The type of PPE used will vary based on the level of precautions required, such as standard and contact, droplet or airborne infection isolation precautions. The procedure for putting on and removing PPE should be tailored to the specific type of PPE.

1. GOWN

- Fully cover torso from neck to knees, arms to end of wrists, and wrap around the back
- Fasten in back of neck and waist



2. MASK OR RESPIRATOR

- Secure ties or elastic bands at middle of head and neck
- Fit flexible band to nose bridge
- Fit snug to face and below chin
- Fit-check respirator



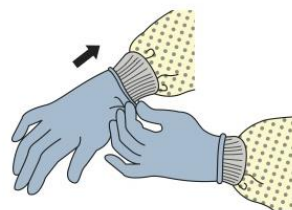
3. GOGGLES OR FACE SHIELD

- Place over face and eyes and adjust to fit



4. GLOVES

- Extend to cover wrist of isolation gown



USE SAFE WORK PRACTICES TO PROTECT YOURSELF AND LIMIT THE SPREAD OF CONTAMINATION

- Keep hands away from face
- Limit surfaces touched
- Change gloves when torn or heavily contaminated
- Perform hand hygiene

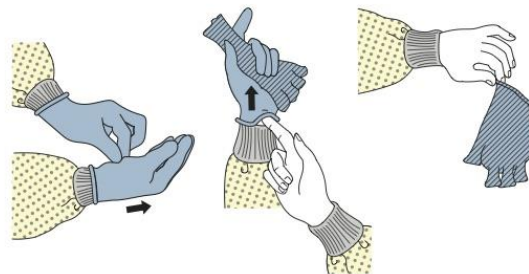


HOW TO SAFELY REMOVE PERSONAL PROTECTIVE EQUIPMENT (PPE) EXAMPLE 1

There are a variety of ways to safely remove PPE without contaminating your clothing, skin, or mucous membranes with potentially infectious materials. Here is one example. **Remove all PPE before exiting the patient room** except a respirator, if worn. Remove the respirator **after** leaving the patient room and closing the door. Remove PPE in the following sequence:

1. GLOVES

- Outside of gloves are contaminated!
- If your hands get contaminated during glove removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Using a gloved hand, grasp the palm area of the other gloved hand and peel off first glove
- Hold removed glove in gloved hand
- Slide fingers of ungloved hand under remaining glove at wrist and peel off second glove over first glove
- Discard gloves in a waste container



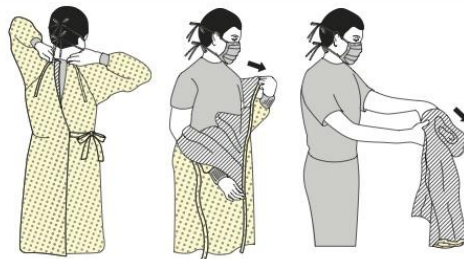
2. GOGGLES OR FACE SHIELD

- Outside of goggles or face shield are contaminated!
- If your hands get contaminated during goggle or face shield removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Remove goggles or face shield from the back by lifting head band or ear pieces
- If the item is reusable, place in designated receptacle for reprocessing. Otherwise, discard in a waste container



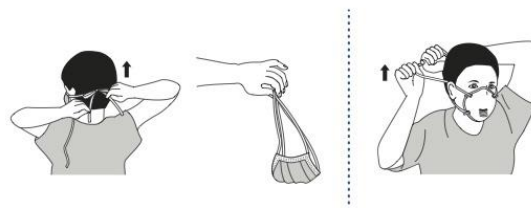
3. GOWN

- Gown front and sleeves are contaminated!
- If your hands get contaminated during gown removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Unfasten gown ties, taking care that sleeves don't contact your body when reaching for ties
- Pull gown away from neck and shoulders, touching inside of gown only
- Turn gown inside out
- Fold or roll into a bundle and discard in a waste container

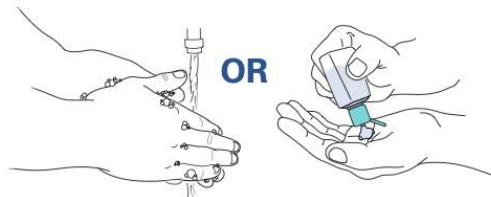


4. MASK OR RESPIRATOR

- Front of mask/respirator is contaminated — **DO NOT TOUCH!**
- If your hands get contaminated during mask/respirator removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Grasp bottom ties or elastics of the mask/respirator, then the ones at the top, and remove without touching the front
- Discard in a waste container



5. WASH HANDS OR USE AN ALCOHOL-BASED HAND SANITIZER IMMEDIATELY AFTER REMOVING ALL PPE



**PERFORM HAND HYGIENE BETWEEN STEPS IF HANDS
BECOME CONTAMINATED AND IMMEDIATELY AFTER
REMOVING ALL PPE**



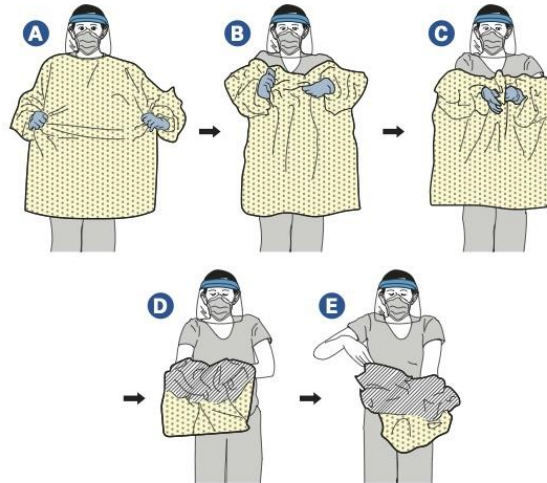
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HOW TO SAFELY REMOVE PERSONAL PROTECTIVE EQUIPMENT (PPE) EXAMPLE 2

Here is another way to safely remove PPE without contaminating your clothing, skin, or mucous membranes with potentially infectious materials. **Remove all PPE before exiting the patient room** except a respirator, if worn. Remove the respirator **after** leaving the patient room and closing the door. Remove PPE in the following sequence:

1. GOWN AND GLOVES

- Gown front and sleeves and the outside of gloves are contaminated!
- If your hands get contaminated during gown or glove removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Grasp the gown in the front and pull away from your body so that the ties break, touching outside of gown only with gloved hands
- While removing the gown, fold or roll the gown inside-out into a bundle
- As you are removing the gown, peel off your gloves at the same time, only touching the inside of the gloves and gown with your bare hands. Place the gown and gloves into a waste container



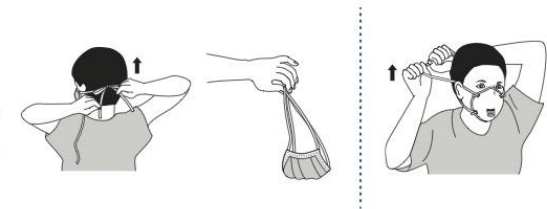
2. GOGGLES OR FACE SHIELD

- Outside of goggles or face shield are contaminated!
- If your hands get contaminated during goggle or face shield removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Remove goggles or face shield from the back by lifting head band and without touching the front of the goggles or face shield
- If the item is reusable, place in designated receptacle for reprocessing. Otherwise, discard in a waste container

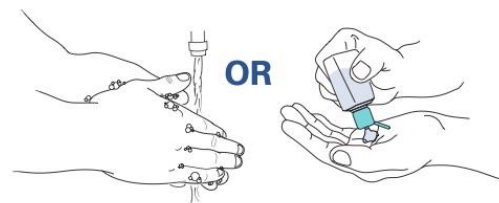


3. MASK OR RESPIRATOR

- Front of mask/respirator is contaminated — DO NOT TOUCH!
- If your hands get contaminated during mask/respirator removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Grasp bottom ties or elastics of the mask/respirator, then the ones at the top, and remove without touching the front
- Discard in a waste container



4. WASH HANDS OR USE AN ALCOHOL-BASED HAND SANITIZER IMMEDIATELY AFTER REMOVING ALL PPE



**PERFORM HAND HYGIENE BETWEEN STEPS IF HANDS
BECOME CONTAMINATED AND IMMEDIATELY AFTER
REMOVING ALL PPE**



CS250672-E

Face Masks and Coverings for COVID-19



- You must wear a face mask or face covering in public when social distancing (staying at least 6 feet apart) is not possible, unless a face covering is not medically tolerated. This includes on public transport, in stores and on crowded sidewalks.
- Children over 2 years of age should wear a face mask in public, too. Children under 2 years of age should NOT wear face coverings for safety reasons.
- Cloth face coverings should be made from fabric you can't see through when held up to the light. They must be cleaned before reusing.
- Disposable paper face masks should be used for one outing outside the home. They cannot be properly cleaned.
- The best way to prevent COVID-19 is to continue social distancing (staying at least 6 feet away from others), **even when wearing a face covering.**

Putting On Face Covering

- **DO** clean your hands with soap and water or if that's not available, alcohol-based hand sanitizer, before putting on your face covering.
- Make sure the face covering covers both your nose and mouth.
- **DON'T** wear your mask hanging under your nose or mouth or around your neck. You won't get the protection you need.
- **DON'T** wear the face covering on top of your head, or take it off and on repeatedly. Once it is in place, leave the covering in place until you are no longer in public.

Taking Off Face Covering

- **DO** clean your hands with soap and water or if that's not available, alcohol-based hand sanitizer, before taking off your face covering.
- Remove your mask only touching the straps.
- Discard the face covering if it is disposable. If you are reusing (cloth), place it in a paper bag or plastic bag for later.
- Wash your hands again.
- When cleaning a cloth face covering, **DO** put in the washer (preferably on the hot water setting).
- Dry in dryer at high heat. When it is clean and dry, place in a clean paper or plastic bag for later use. If you live in a household with many people, you might want to label the bags with names so the face coverings are not mixed up.

Cleaning Products

ES15



1 trigger per case
of 6 x 1 US Quart

ES15 SPRAY & WIPE DISINFECTANT CLEANER (READY-TO-USE)

AVAILABLE IN USA / EPA 1839-220-64900

- Effective against a wide variety broad-spectrum of microorganisms including bacteria, antibiotic resistant bacteria and viruses

	APPEARANCE	USA ODOR	pH-VALUE	SHELF LIFE
ES15	Blue Liquid	Mint	11-12	3 years
SIZES	1 US quart	1 US gallon	5 US gallon	55 US gallon

Non-stock available upon request: 264 US gallon

BENEFITS

- Cleaner
- Disinfectant
- Deodorizer
- Sanitizer
- Bactericide
- Virucide

ACTIVE INGREDIENTS

Alkyl (60% C14, 30% C16, 5% C12, 5% C18)
dimethyl benzyl ammonium chloride..... 0.15% w/w
Alkyl (68% C12, 32% C14)
dimethyl ethylbenzyl ammonium chloride..... 0.15% w/w

EFFECTIVE CLEANING, DEODORIZING, SANITIZING & DISINFECTION IN:

- Food Processing Plants
- Food Service Establishments
- Hospitals/Healthcare settings
- Animal Housing Facilities/ Poultry & Swine Premises
- Washroom Facilities

GENERAL CLEANING:

Spray soiled area and wipe with a dry paper towel or lint free cloth.

CAUTION: Refer to label for complete instructions, dilutions, safety requirements and kill claims

STORAGE

Do not contaminate water, food, or feed by storage and disposal. Store in a dry place no lower in temperature than 10° C or higher than 50° C.

DISPOSAL

Rinse the emptied container thoroughly. Make the empty container unsuitable for further use. Dispose of the container in accordance with provincial requirements. For information on the disposal of unused, unwanted product and the cleanup of spills, contact the Provincial Regulatory Agency or the Manufacturer.

PERSONAL PROTECTION

Please refer to product label and SDS

DISINFECTANTS

DISINFECTING, DEODORIZING:

Remove gross filth or heavy soil prior to application of the product. Hold container 6-8 inches from the surface to be treated. Spray area until it is covered with the product. Allow surface to remain visibly wet for 5 minutes. No scrubbing necessary. Allow treated surfaces to air dry or wipe off with a clean cloth. When using on food contact surfaces: counter tops, stovetops, highchairs, kitchen appliances, thoroughly rinse all treated surfaces with potable water. This product must not be used to clean eating utensils, glassware and dishes.

ES15 Spray & Wipe Disinfectant Cleaner is an effective bactericide and virucide in the presence of organic soil against:

Bactericidal Activity

Micro-Organism	Contact Time
<i>Pseudomonas aeruginosa</i>	2 Minutes
<i>Salmonella enterica</i>	2 Minutes
<i>Staphylococcus aureus</i>	2 Minutes
Multi Drug Resistant <i>Acinetobacter baumannii</i> Ceftazidime and Gentamicin	2 Minutes
Extended Spectrum Beta- Lactamase <i>Escherichia coli</i>	2 Minutes
<i>Klebsiella pneumoniae</i> New Delhi Metallo-Beta Lactamase Carbapenem Resistant	2 Minutes
Methicillin Resistant <i>Staphylococcus aureus</i> (MRSA)	2 Minutes
Vancomycin Resistant <i>Enterococcus faecium</i>	2 Minutes



1 trigger per case
of 6 x 1 US Quart

Virucidal Activity

Micro-Organism	Contact Time
Human Immunodeficiency Virus Type-1 (HIV-1)	30 Seconds
Avian Influenza Virus	30 Seconds
Hepatitis B virus (HBV)	1 Minute
Hepatitis C virus (HCV)	1 Minute
Duck Hepatitis B Virus	1 Minute
Bovine Viral Diarrhea Virus	1 Minute
Human Rotavirus	1 Minute
Feline Calicivirus	2 Minutes
Norovirus (Norwalk Virus)	2 Minutes
Canine Parvovirus	2 Minutes
Rhinovirus Type 14	2 Minutes
Rhinovirus Type 39	2 Minutes
Poliovirus Type 1	5 Minutes

Mildewstat Activity

Micro-Organism	Contact Time
<i>Aspergillus niger</i>	10 Minutes

CHARLOTTE™
PRODUCTS LTD.

2060 Fisher Drive
Peterborough, Ontario
K9J 6X6

Tel: 705.740.2880
Fax: 705.745.1239
Toll Free: 1.877.745.2880



www.charlotteproducts.com

June 14, 2019

Charlotte Products Ltd. verifies that **ServClean Sanitize** is safe for use in food production facilities provided that:

1. The product is exclusively used according to label instructions and use directives.
2. The product is stored in correctly labelled containers separate from all food processing, storage, distribution and handling areas, so that no possibility exists for cross-contamination of food, food contact surfaces or packaging materials.
3. The product is dispensed by trained, authorized personnel.

Our firm will provide all supporting documents to demonstrate that the packaging material meets regulatory requirements if requested by the Canadian Food Inspection Agency. If you have any questions, please do not hesitate to contact us at (705) 740-2880 or orders@charlotteproducts.com.



Sara Khoshmashrab
Regulatory Chemist
Email: khosh@charlotteproducts.com
Office: 705-740-2880 ext. 1203
www.charlotteproducts.com



NULEMON

DISINFECTANT – DEODORANT – MULTI-PURPOSE ODOR COUNTERACTANT CLEANER

Active Ingredients:

Alkyl (C14, 58%; C16, 28%; C12, 14%)
dimethyl benzyl ammonium chloride..... 2.00%
Other Ingredients..... 98.00%
Total 100.00%

EPA REG. NO. 6836-165-72026

Description:

A 1:32 pH neutral cleaner, deodorizer and disinfectant with a broad range of applications and a pleasant lemon fragrance.

Dilution:

Add 5 oz. per gallon of water, to disinfect hard, precleaned nonporous surfaces.

Disinfection/*Virucidal Directions: Remove gross filth or heavy soil, then thoroughly clean surfaces. Apply use-solution to hard nonporous surfaces thoroughly wetting surfaces with a cloth, mop, sponge, or sprayer. For sprayer applications, use a coarse spray device. Spray 6-8 inches from surface, rub with brush, sponge or cloth. Avoid breathing spray. Treated surfaces must remain wet for 10 minutes. Wipe dry with a clean cloth or sponge or let air dry. Rinse all surfaces that come in contact with food such as countertops, appliances, tables and stovetops with potable water before reuse. Do not use on utensils, glassware or dishes. Prepare a fresh solution daily or more often if the use-solution becomes visibly diluted or soiled.

Read label and SDS completely before using this product. KEEP FROM FREEZING.

Specifications:

pH: 7
Colour: Clear Yellow
Fragrance: Lemon

Product Code:

319033-4 (4x1 U.S. Gal.)



Market Segments:



Building Service Contractor, Healthcare, Institution, Recreation, Retail, Transportation



CHARLOTTE™
PRODUCTS LTD.

2060 Fisher Drive,
Peterborough, Ontario
K9J 8N4

Tel: 705.740.2880
Fax: 705.745.1239
Toll Free: 1.877.745.2880
Web: www.charlotteproducts.com

Daily Wellness Checks

Child's Name:

Date:	AM Check	Staff Initials	2 nd Check (if necessary)	Staff Initials	Comments
	<input type="checkbox"/> Cleared <input type="checkbox"/> Not Cleared		<input type="checkbox"/> Cleared <input type="checkbox"/> Not Cleared		
	<input type="checkbox"/> Cleared <input type="checkbox"/> Not Cleared		<input type="checkbox"/> Cleared <input type="checkbox"/> Not Cleared		
	<input type="checkbox"/> Cleared <input type="checkbox"/> Not Cleared		<input type="checkbox"/> Cleared <input type="checkbox"/> Not Cleared		
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	<input type="checkbox"/> Cleared <input type="checkbox"/> Not Cleared		<input type="checkbox"/> Cleared <input type="checkbox"/> Not Cleared		

Date	AM Check	Staff Initials	2 nd Check (if necessary)	Staff Initials	Comments
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	<input type="checkbox"/> Cleared <input type="checkbox"/> Not Cleared		<input type="checkbox"/> Cleared <input type="checkbox"/> Not Cleared		
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2020-2021 Weighted/Compression Equipment Cleaning Log

Student Initials:

Equipment:

- Weighted or compression vests, lap pads, or blankets will be assigned to each student by the therapist with the permission of the legal guardian. The weighted or compression item will not be shared between students. The item will be laundered at least **weekly or sooner if visibly soiled**; cleaning will be documented. If weights are removable, remove weights and sanitize. Once weights are removed the item can be laundered.

September		October		November	
Week of	Staff Initial for Cleaning	Week of	Staff Initial for Cleaning	Week of	Staff Initial For Cleaning
8/31		10/5		11/2	
9/7		10/12		11/9	
9/14		10/19		11/16	
9/21		10/26		11/23	
9/28				11/30	
December		January		February	
Week	Staff Initial for Cleaning	Week	Staff Initial for Cleaning	Week	Staff Initial for Cleaning
12/7		1/4		2/1	
12/14		1/11		2/8	
12/21		1/18		2/15	
12/28	No School	1/25		2/22	
March		April		May	
Week	Staff Initial for Cleaning	Week	Staff Initial for Cleaning	Week	Staff Initial for Cleaning
3/1		4/5		5/3	
3/8		4/12		5/10	
3/15		4/19		5/17	
3/22		4/26		5/24	
3/29				5/31	
June		July		August	
Week	Staff Initial for Cleaning	Week	Staff Initial for Cleaning	Week	Staff Initial for Cleaning
6/7					
6/14					
6/21					
6/28	No School				

Monthly Oral Motor Tools Cleaning Log

Student Initials: Equipment:
Month: Year:

- Oral motor tools will be assigned to each student by an occupational therapist or speech therapist with the permission of the legal guardian. Oral motor tools will be washed daily per proper sanitation guidelines and stored in a dry, individualized space. Oral motor tools will not be shared between students.

Week:		Week:		Week:		Week:		Week:	
Monday		Monday		Monday		Monday		Monday	
Tuesday		Tuesday		Tuesday		Tuesday		Tuesday	
Wednesday		Wednesday		Wednesday		Wednesday		Wednesday	
Thursday		Thursday		Thursday		Thursday		Thursday	
Friday		Friday		Friday		Friday		Friday	

Monthly Oral Motor Tools Cleaning Log

Student Initials: Equipment:
Month: Year:

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Week:		Week:		Week:		Week:		Week:	
Monday		Monday		Monday		Monday		Monday	
Tuesday		Tuesday		Tuesday		Tuesday		Tuesday	
Wednesday		Wednesday		Wednesday		Wednesday		Wednesday	
Thursday		Thursday		Thursday		Thursday		Thursday	
Friday		Friday		Friday		Friday		Friday	

Monthly Oral Motor Tools Cleaning Log

Student Initials: Equipment:
Month: Year:

- Oral motor tools will be assigned to each student by an occupational therapist or speech therapist with the permission of the legal guardian. Oral motor tools will be washed daily per proper sanitation guidelines and stored in a dry, individualized space. Oral motor tools will not be shared between students.

Week:		Week:		Week:		Week:		Week:	
Monday		Monday		Monday		Monday		Monday	
Tuesday		Tuesday		Tuesday		Tuesday		Tuesday	
Wednesday		Wednesday		Wednesday		Wednesday		Wednesday	
Thursday		Thursday		Thursday		Thursday		Thursday	
Friday		Friday		Friday		Friday		Friday	

General Classroom Sensory/Adaptive Equipment Daily Cleaning Checklist.

Week of:					
	Staff Initials				
	Monday	Tuesday	Wednesday	Thursday	Friday
Weighted Vests					
Pressure Vests					
Headphones					
Oral Motor Tools					
Picture Card Systems					
Switches					
Stroller/Harness					
Wheelchair/ Gait Trainer/Walker					
Therapy Ball					
Swings					
Soft Calming Spaces					
Fidgets					

Week of:					
	Staff Initials				
	Monday	Tuesday	Wednesday	Thursday	Friday
Weighted Vests					
Pressure Vests					
Headphones					
Oral Motor Tools					
Picture Card Systems					
Switches					
Stroller/Harness					
Wheelchair/ Gait Trainer/Walker					
Therapy Ball					
Swings					
Soft Calming Spaces					
Fidgets					

Cover Your Coughs and Sneezes



✓ **Use a tissue to cover your sneezes and coughs**

✓ **Sneeze or cough into
your sleeve if you
do not have a tissue**



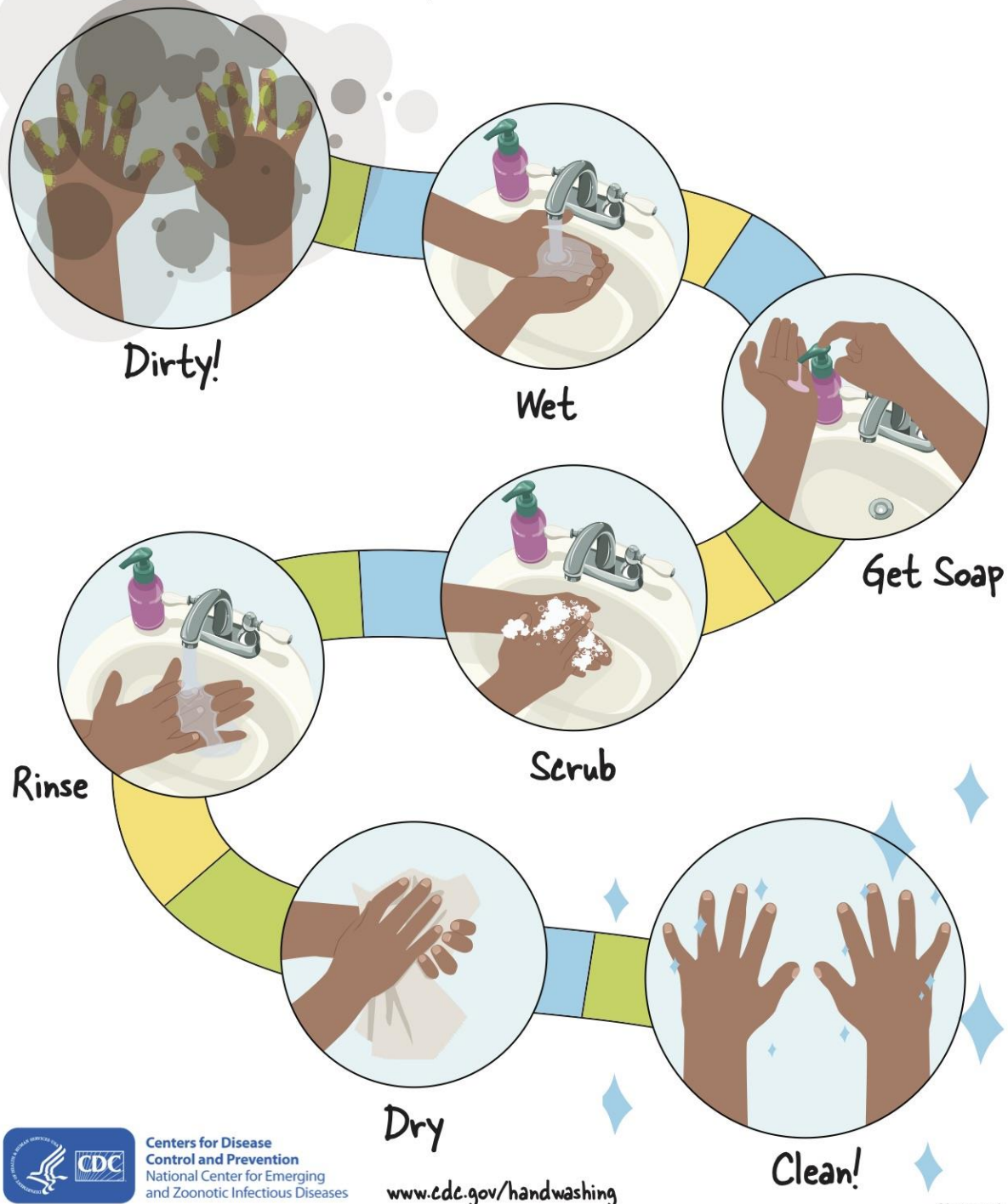
✓ **Clean your hands often**

✓ **When needed, wear a mask to protect
yourself and others from germs**



Hand Washing Procedure

Wash Your Hands!



Illness Policy

Upon arrival and as needed throughout the school day, student's and staff's temperatures will be checked by a designated person. Anyone child found to have a temperature of 100 or higher will be isolated with a staff person. Their temperature will be checked again in 10 minutes. At that point, if the child's temperature normalizes, they will return to the classroom. If it is still at or above 100, they will sent home immediately. If, at any time, it is noted that a child is coughing or scratching excessively or appearing to not feel well, a staff member will remove him or her to a more private setting and investigate the concern more completely. Great care will be taken to make the child feel comfortable and secure until it is determined if the child needs to be sent home and, if so, those arrangements are made.

Any child arriving at the preschool with an infectious illness or condition or who appears to be sick will be sent home. This includes but is not limited to: being pale, irritable, having an uncontrolled runny nose, diarrhea, etc. The child's parent will be contacted immediately and they will be responsible for making arrangements to get their child home. If parents cannot be reached, the emergency contact for the child will be called. The child will be kept separate from the other children until he/she is picked up for transportation home.

If, at any time, a child appears to have any of the following symptoms or illnesses, their parent will be contacted. These illnesses include, but are not limited to, scabies, strep throat, conjunctivitis ("pink eye"), and chicken pox. Also, due to the contagious nature of colds and flu, children having a temperature of 100 degrees or more, or exhibiting symptoms of vomiting, diarrhea, a severe cough, or extensive nasal discharge that is not clear will be separated from the class and the above procedure will be used.

Children should remain at home according to the following guidelines, doctors' orders, or when symptoms subside. The guidelines include:

- Pink Eye - 24 hours after medication begins
- Chicken Pox - Until all pox are scabbed over and there are no new pix appearing
- Diarrhea - 24 hours after last episode
- Vomiting - 24 hours after last episode
- Fever - 24 hours after temperature normalizes **WITHOUT** use of medication
- Head Lice - After treatment is given and all live lice are gone. The environment must also be cleaned (ie. All bedding and clothing washed in hot water, all rugs and furniture vacuumed, all family members treated, etc.) The child's hair should be inspected daily for nits and any found should be removed. Any new nits (within 1/2 inch of scalp) signifies a re-infestation.

- Strep Throat - 24 hours after first antibiotic treatment
- Scabies - 24 hours after treatment begins
- Measles - 5 days after rash appears
- Mumps - After swelling subsides
- Rubella - 5 days after rash first appears

Any time a child has had a serious contagious disease, a surgical procedure, or was sent home from school due to illness, they must be checked by their pediatrician and given a note to return to school.

COVID - 19:

Symptoms may appear 2-14 days after exposure to the virus. People with these symptoms may have COVID-19:

- Fever or chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

Look for emergency warning signs for COVID-19. If someone is showing any of these signs, seek emergency medical care immediately:

- Trouble breathing
- Persistent pain or pressure in the chest
- New confusion
- Inability to wake or stay awake
- Bluish lips or face

Known symptoms for Multisystem Inflammatory Syndrome in Children (MIS-C) relating to COVID include:

- Fever
- Abdominal pain
- Vomiting
- Diarrhea
- Neck pain
- Rash
- Bloodshot eyes, and/or
- Feeling extra tired

OUR GOAL IS TO KEEP EVERYONE HEALTHY - PLEASE HELP US DO SO!!!!