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PURPOSE OF DOCUMENT

The Commonwealth of Pennsylvania Department of Education requires each school to develop a Health and Safety Plan before reopening in fall 2020. The Cooperative Nursery School is not required to have its plan approved by the Pennsylvania Department of Education, but is required to have it approved by our school board and posted to our website.

All decision-makers should be mindful that, as long as there are cases of COVID-19 in the greater community, there are no protocols that can completely eliminate transmission risk within our community. Our goal is to keep transmission as low as possible.

It is imperative that all students, staff, and co-ops who enter the Cooperative Nursery School (CNS) grounds and/or facility follow strict adherence to Centers for Disease Control and Prevention (CDC), Pennsylvania Department of Education (PDE), and City of Philadelphia guidance as described in this document.

Before each child, staff member, or co-oper begins the school year at CNS, a signed COVID-19 waiver must be submitted to the Administrative Coordinator.

CNS PANDEMIC TEAM

NAME	TITLE	ROLE
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Nandini Deo	Board Chair	Lead community through decision making and response efforts
Leah Corsover	Educational Director & Lead Teacher, Pandemic Chairperson	Define, edit, and proof key strategies, policies, and procedures
Kerry Goldman	Lead Teacher	Define, edit, and proof key strategies, policies, and procedures
Pao Souto-Glyn	Parent Representative	Liaison between Board and parent community
Alysia Sheaffer	Health Professional & Parent	Medical consultant
Jessica Stanforth	Administrative Coordinator	Define, edit, and proof key strategies, policies, and procedures

### FOLLOWING RECOMMENDED GUIDELINES

All members of the CNS community are expected to follow pandemic guidelines at all times to slow the spread of the SARS-CoV-2 virus:

- Wear a mask that covers your nose and mouth to help protect yourself and others.
- Stay 6 feet apart from others who don't live with you.
- Get a COVID-19 vaccine when it is available to you.
- Avoid crowds and poorly ventilated indoor spaces.
- Wash your hands often with soap and water. Use hand sanitizer if soap and water aren't available.

### DROPPING OFF AND PICKING UP CHILDREN

Ideally, the same parent or designated person should drop off and pick up your child every day. If possible, older people such as grandparents or those with [underlying conditions](#) which put them at risk for severe illness from COVID-19 who are unvaccinated should not drop off/pick up children.

As you approach the school via the parking lot, please be mindful that we can only process one family at a time at the gate. Please practice social distancing in the parking lot as you are waiting. Masks must be worn at all times on CNS grounds and in the CNS parking lot when outside of your vehicle.

When picking up your child from CNS at the end of their school day, a teacher will be available at the gate to ensure your child will gather their belongings and come to you.

### SCREENING OF STAFF/CHILDREN/CO-OPERS UPON ARRIVAL

Persons who have signs of illness will not be admitted to CNS. Parents are expected to be on the alert for signs of illness in their children and must keep them home when they are sick for the good of the community. If you are keeping your child home due to illness, please notify the school before opening time and provide symptom information.

Upon arrival at the school, you will find a teacher just inside the gate. Please guide your child to the check-in spot identified just outside of the gate. Hand sanitizer will be available at the gate. The teacher will make a visual inspection of your child for signs of illness, which could include flushed cheeks, rapid or difficult breathing (without recent physical activity), fatigue, or extreme fussiness.

If your child does not pass the initial screening, he/she/they will not be admitted to CNS. In case of temperature, new loss of taste or smell, gastrointestinal symptoms, or atypical rash on fingers/toes, your child may not return to CNS until symptoms have resolved as per the School Exclusion Chart provided below.

Co-operators entering CNS are expected to be symptom-free and without known exposure to COVID-19 when entering the school grounds. Please note that CNS is asking co-operators to leave siblings at home when co-opping; this will help CNS keep our total school population within guidelines and help reduce potential virus spread.

### *Visitors*

Non-essential visitors to the school grounds will be limited, and increased social distance will be maintained.

Visitors will be required to show proof of identification and submit to a screening. Visitors must also follow all safety protocols, including mask wearing and hand sanitizing.

## **HYGIENE PRACTICES**

### *Healthy Hands*

All children, staff, and co-operators shall engage in hand hygiene, washing or use of hand sanitizer, at the following times:

- Arrival to the facility and after breaks
- After handling electronic devices
- Before and after handling food or drinks
- Before and after eating
- Before and after administering medication or medical attention
- After physical contact with another person
- After using the toilet or helping a child use the bathroom
- After coming in contact with bodily fluid (e.g. a sneeze, cough, urine, feces)
- After playing outdoors or in sand
- After handling garbage

If washing hands with soap and water, soap should be lathered on palms, backs of hands, between fingers, and on the wrists for at least 20 seconds before rinsing. If soap and water are not available, alcohol-based hand sanitizers with at least 60% alcohol may be used. If hands are visibly dirty, soap and water must be used as hand sanitizer would not be sufficient.

Children are to be supervised by staff while hand washing/sanitizing to ensure thoroughness and to prevent ingestion.

There are seven hand washing sinks available: five indoors (three at the handwashing station and one in each of the two bathrooms) and two outdoors. Hand sanitizing pumps are available at multiple locations inside the school and outdoors. Daily co-oping tasks include checking soap and sanitizer solution levels, refilling as necessary, and wiping each down with a disinfectant.

### *Face Coverings*

As per PA Dept of Health guidelines, everyone who enters the school grounds must wear a face covering until further notice. Masks must cover each person's mouth and nose.

CNS is following the model of the School District of Philadelphia for acceptable mask materials.

“Acceptable masks include disposable surgical masks, cloth masks purchased or made from household items, and gaiters. Clothing and household items (like scarfs, t-shirts, sweatshirts, or towels) are not acceptable in original form for use as masks.”

There are limited exceptions as specified by the order (see excerpt below). If your child falls into this category, please make sure their health report reflects such. Exceptions to mask requirements will be made if wearing a mask is not possible due to medical conditions, disability impact, or other health or safety factors. Face shields will be a viable alternative to masks for those with medical, behavioral or other conditions precluding them from wearing masks.

“Any student who cannot wear a mask or face shield due to a medical condition, including those with respiratory issues that impede breathing, a mental health condition, or disability, and students who would be unable to remove a mask without assistance are not required to wear face coverings. Individuals who are communicating or seeking to communicate with someone who is hearing impaired or who has another disability, where the ability to see the mouth is essential to communication, are not required to wear a mask; however, individuals should consider using another type of face covering such as a plastic face shield.”

Disposable masks should be replaced daily. Cloth masks should be laundered daily and replaced when their listed effectiveness expires. Students and co-ops are expected to provide their own masks. It is required that everyone bring an extra mask along as a back-up each day.

The mask may be removed while eating or drinking or napping, if a 6-foot distance is maintained. Students will be instructed when they may take “mask breaks” and remove their masks. In situations of

mask removal when a 6-foot physical distance from others cannot be achieved, CNS will offer a barrier for protection.

### *Materials*

Each child will be provided with a bin to keep their personal belongings in each day.

### **PHYSICAL DISTANCING**

All children enrolled at CNS will be allowed to use the outdoor space freely. They will be encouraged to spread throughout the entire area to reduce group sizes. The morning program will be 100% outdoors whenever possible. Children will be divided into two groups, by age, for outdoor Circle Time.

In case of weather that prohibits students from eating outdoors, students will be divided into two groups to move indoors for snack (or to warm up in uncomfortable temperatures). These groups will be static and defined by attendance. CNS will be mindful to keep these groups below the limit allowed by the department of education (currently 22 humans, including grownups). In case of inclement weather where safety is a concern (lightning, high winds, extreme cold), students who attend mornings-only may be sent home.

Co-ops will be permitted to join students and staff indoors IF they are (1) vaccinated AND (2) the total number of people indoors does not exceed allowable limits.

A personal water bottle should be sent in for each child, and brought home for cleaning each day. Snack will be prepared and served at school in accordance with Department of Health guidelines. Lunch food should be sent in with students who stay past noon. Water bottles and lunch boxes will be kept in students' bins during the school day.

## EXPOSURE & QUARANTINE PROTOCOLS

**A positive COVID-19 test or any known exposure to SARS-CoV-2 for anyone in your home needs to be reported to the CNS Admin or Director before the following day of school or within 24 hours, whichever is sooner.**

To determine:

- if your child should be kept home from school
- if you should find a sub for your co-oping shift
- when your child can return to school after COVID-19 exposure or illness, or travel
- when you can co-op after COVID-19 exposure or illness, or travel

*See CNS Health & Safety Plan, 2021-22 - Addendum A, School Exclusion Scenarios AND the CNS Handbook*

The potential exists for the virus to spread through the CNS community via anyone entering the grounds/facility. Our shift to an outdoor model with indoor cohorts and use of face coverings should minimize the risk of transmission, but communication and vigilance are necessary to keep our community healthy.

### *Details Regarding a Closure*

Any school in any community might need to implement short-term closure procedures regardless of community spread **if an infected person has been in a school building**. If this happens, CDC recommends the following procedures regardless of the level of community spread:

**Coordinate with local health officials.** Once learning of a COVID-19 case in someone who has been in the school, immediately notify local health officials. These officials will help administrators determine a course of action for their childcare programs or schools.

**Dismiss students and most staff for 2-5 days.** This initial short-term dismissal allows time for the local health officials to gain a better understanding of the COVID-19 situation impacting the school. This allows the local health officials to help the school determine appropriate next steps, including whether an extended dismissal duration is needed to stop or slow further spread of COVID-19.

- Local health officials' recommendations for the duration of school dismissal will be made on a case-by-case basis using the most up-to-date information about COVID-19 and the specific cases in the community.

- During school dismissal, also cancel extracurricular group activities (e.g. playdates, events).
- Discourage staff, students, and their families from gathering or socializing anywhere. This includes group childcare arrangements, as well as gathering at places like a friend's house, a favorite restaurant, or the local shopping mall.

**Communicate with staff, parents, and students.** Coordinate with local health officials to communicate dismissal decisions and the possible COVID-19 exposure.

- This communication to the school community should align with the communication plan in the school's emergency operations plan.
- Plan to include messages to counter potential [stigma](#) and discrimination.
- In such a circumstance, it is critical to maintain confidentiality of the student or staff member as required by the Americans with Disabilities Act and the Family Education Rights and Privacy Act.

**Clean and disinfect thoroughly.**

- Close off areas used by the individuals with COVID-19 and wait as long as practical before beginning cleaning and disinfection to minimize potential for exposure to respiratory droplets. Open outside doors and windows to increase air circulation in the area. If possible, wait up to 24 hours before beginning cleaning and disinfection.
- Cleaning staff should clean and disinfect all areas (e.g., offices, bathrooms, and common areas) used by the ill persons, focusing especially on frequently touched surfaces.
- If surfaces are dirty, they should be cleaned using a detergent or soap and water prior to disinfection.
- For disinfection, CNS will use a diluted household bleach solution.

The CNS community will follow these guidelines for determining when an infected/exposed child/staff member/co-oper can return to the school:

**See CNS Health & Safety Plan, 2021-22 - Addendum A, School Exclusion Scenarios AND the CNS Handbook**

### *Illness at School*

CNS staff will perform ongoing screening throughout the day in an effort to limit the transmission of COVID-19. If a child, staff member, or co-oper develops a fever of 100.4 °F or greater OR any combination of the following symptoms (outside of allergies), he/she/they will be isolated at the school:

- 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
- atypical rash on fingers/toes

A parent/guardian/emergency contact will be required to promptly pick up the child; if the impacted person is a staff member or co-oper, they will be sent home immediately.

### *Guest Teachers (Staff Absence)*

A pool of guest teachers will be established prior to the start of the school year. In situations that call for prolonged teacher absence, all attempts will be made to utilize a guest teacher that can remain in place for the duration of the absence.

Guest teachers must adhere to all of the stated safety guidelines and expectations as defined above for all staff. This includes proper waiver signing, handwashing, wearing of a face mask or face shield when applicable, and daily symptom and temperature checks.

## CLEANING, SANITIZING, AND DISINFECTING

The following checklists will be used:

- Daily Co-oping Checklist
- Evening Co-oping Checklist (Monday – Thursday)
- Weekend Co-oping Checklist A
- Weekend Co-oping Checklist B

Water bottles will be refilled by teachers as necessary. If a school glass/cup is used, it will be sanitized in our commercial dishwasher before being returned to the cabinet.

The office is to be used by staff members only. After use of any item, the staff member is expected to use a sanitizing wipe to disinfect all surfaces touched.

### *Ventilation*

Two of the doors, the main entrance and the upstairs room, shall be opened each morning for 15 minutes by staff before the school opens. The third door is shared with the rental apartment above the school and should only be used in case of emergency.

Windows on both sides of the buildings shall be opened upon arrival by staff each morning and left open throughout the school day, weather permitting. Staff will close the windows before leaving the school for the day.

The bathrooms are equipped with exhaust fans which shall be turned on each morning when staff arrives and left on throughout the school day. They shall be turned off by staff at the end of the school day.

### *First Aid*

First aid kits will be available both inside and outside of the school. In the event of an injury, a teacher will attend to the injured child while wearing fresh disposable gloves. All items used to treat the child shall be disposed of immediately as well as the gloves. Any reusable items (such as wound wash), shall be wiped off with a sanitizing solution before being returned to the first aid kit. The teacher shall wash his/her/their hands before and after attending to the child's needs.

If the injury requires further medical attention, existing protocol shall be followed including calling emergency contacts or EMS as needed. Teachers/Co-ops are not to transport children for emergency care.

### **MODIFICATIONS TO IN-PERSON INSTRUCTION DUE TO CLOSURE**

If guidance from state and local authorities demands smaller group sizes, the COVID-19 planning committee will consider shifting to an alternating day schedule.

If guidance from state and local authorities demands closing in-person facilities, we may implement distance learning procedures. These will be prepared by teachers ahead of time, and will include packets of activities and a schedule of Zoom meetings to connect with peers and teachers.

If school closures remain effective for longer than four continuous weeks, the board will consider furloughing staff and minimizing tuition to cover the basics of rent and utilities.

Activity packets may be made available for no-contact pickup at CNS unless the school is closed due to community exposure/spread.

Book packets containing lending library bags with themed books and activity suggestions may be provided. Our expectation is that they are returned and quarantined at the school before including them back into our library.

### **COMMUNICATION**

Alerts of an emergent nature will be provided to the CNS community via Remind, our Google Group, and/or email. Our bi-weekly newsletter will also contain non-emergent information.

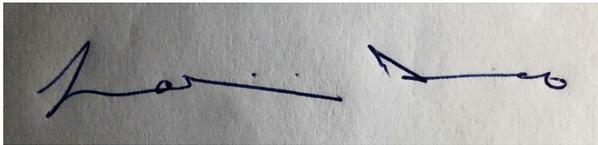
## HEALTH & SAFETY PLAN

### TRANSPORTATION

CNS does not provide transportation for students or staff, except in the event of field trips. While under activity restrictions related to SARS-CoV-2, all field trips are suspended.

### HEALTH AND SAFETY PLAN AFFIRMATION STATEMENT

The Board of Directors for the Cooperative Nursery School at the Unitarian Society of Germantown reviewed and approved the Health and Safety Plan on May 12, 2021.



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Signature of Board Chair

Nandini Deo

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Printed name of Board Chair

## HEALTH & SAFETY PLAN

### ACKNOWLEDGEMENT OF RECEIPT OF CNS HEALTH & SAFETY PLAN

By my signature below, I acknowledge that I was provided an electronic copy of CNS Health & Safety Plan.

I understand that I am expected to read the entire Health & Safety Plan. The Health & Safety Plan contains important information about the school's COVID protocols, and I understand that I should consult the Administrative Coordinator regarding any questions not answered in the Health & Safety Plan.

Since the information, policies, and benefits described herein are subject to change at any time, I acknowledge that revisions to the Health & Safety Plan may occur. All such changes will generally be communicated through official notices, and I understand that the revised information may supersede, modify, or eliminate existing policies.

I understand that it is my responsibility to comply with all policies contained within this Health & Safety Plan, and any revisions made to it.

Parent/Guardian 1	Parent Guardian 2
Print name:	Print name:
Date:	Date:
Signature:	Signature:

# CNS Health & Safety Plan, 2021-22

## Addendum A, School Exclusion Scenarios

*In addition to following expected COVID-19 safety protocols at and outside of CNS, your honesty and diligent adherence to the protocols below will **keep our community safe and our school open**.*

*This protocol is to be followed regardless of vaccination status, unless otherwise noted.*

*Any time COVID-19 testing is required, results must be provided to CNS staff. CNS will only recognize negative results from COVID-19 diagnostic tests that have been performed under the supervision of a healthcare provider.*

### COVID-19 SYMPTOMS

<u>Two</u> of the following symptoms: fever (measured or subjective), chills, fatigue, myalgia, headache, sore throat, congestion or runny nose, nausea, vomiting, or diarrhea	<u>One</u> of the following symptoms: new or persistent cough, shortness of breath, difficulty breathing, or new loss of taste or smell
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### HOW TO HANDLE EXPOSURE TO COVID-19 WITHOUT SYMPTOMS

*Defined as close contact, within 6 feet for 15 minutes or more, to an individual with a positive or probable COVID-19 case regardless of masking.*

#### UNVACCINATED:

**IF** someone in your household has been exposed to a confirmed or probable case of COVID-19

**THEN** you (co-oper)/your child may return to CNS

**AFTER** 10 days after last exposure if remained asymptomatic

**OR**

**AFTER** 7 days if a negative COVID-19 test result is received (test must be taken at least 5 days after exposure)

#### FULLY VACCINATED:

**IF** someone in your household has been exposed to a confirmed or probable case of COVID-19

**AND** you (co-oper) are /your child is fully vaccinated

**AND** you are able to isolate from that household member

**THEN** you may return to CNS without quarantine while self-monitoring for symptoms for 14 days

**HOWEVER** a COVID-19 test taken 5-7 days after exposure is required

**IF** someone in your household has a confirmed case of COVID-19

**AND** you are unable to isolate from that household member (due to caregiver status or other living arrangements)

**AND** you (co-oper) are /your child is fully vaccinated

**AND** you receive a negative test result on day 8 (eight) after the household members initial positive test date

**THEN** you may return to CNS 10 days after the household members initial positive test date

1) Fully vaccinated means it's at least 2 weeks after the final dose of a one- or two-dose vaccine.

- 2) *The most protective recommended quarantine is 14 days post exposure.*
- 3) *Symptom monitoring should continue until day 14 post exposure regardless of test results and/or vaccination status. If symptoms appear, follow protocol for symptomatic COVID-19 illness.*
- 4) *If symptoms do appear and the person with direct exposure to a positive COVID-19 case has been at CNS between exposure and knowledge of exposure, CNS requests 3 days post-exposure to help assess risk to the CNS community.*

## **HOW TO HANDLE COVID-19-LIKE ILLNESS**

*Strictly comply with all masking guidance until symptoms are fully resolved.*

**IF** you (co-oper)/your child has COVID-19 symptoms

**AND** COVID-19 test result is negative OR have doctor's note with differential diagnosis

**AND** no known COVID-19 contacts in the past 14 days

**THEN** you (co-oper)/your child may return to CNS

**WHEN** fever has been resolved for 24 or more hours without the use of fever-reducing medications

**AND** respiratory symptoms have improved

1) *For illnesses not similar to COVID-19, please see the CNS Handbook for protocols to be followed.*

2) *Without a COVID-19 test, follow protocol for COVID-19 positive illness, even if vaccinated.*

## **HOW TO HANDLE SYMPTOMATIC COVID-19 POSITIVE ILLNESS**

*Strictly comply with all masking guidance until symptoms are fully resolved.*

**IF** someone in your household has tested positive for COVID-19

**AND** is symptomatic

**THEN** you (co-oper)/your child may return to CNS

**WHEN** fever has been resolved for 24 or more hours without the use of fever-reducing medications

**AND** improved in symptoms

**AND** it has been at least 10 days since symptoms first appeared

## **HOW TO HANDLE COVID-19 POSITIVE ILLNESS WITHOUT SYMPTOMS**

**IF** someone in your household has tested positive COVID-19 symptoms

**THEN** you (co-oper)/your child may return to CNS

**AFTER** at least 10 days since initial test specimen was collected

**AND** no COVID-19 symptoms have developed

*If symptoms develop during the 10 days, follow guidance for symptomatic COVID-19 positive illness.*

## HOW TO HANDLE TRAVEL

*The CDC recommends delaying travel for those not fully vaccinated. Fully vaccinated travelers are less likely to get and spread COVID-19. However, international travel poses additional risks, and even fully vaccinated travelers might be at increased risk for getting and possibly spreading some COVID-19 variants.*

*Please note: if you have questions or concerns regarding travel plans, please contact Leah ([director@cooperativenurseryschool.com](mailto:director@cooperativenurseryschool.com)) and Jess ([admin@cooperativenurseryschool.com](mailto:admin@cooperativenurseryschool.com)) before you travel.*

### **UNVACCINATED:**

**IF** you travel domestically or internationally via public transportation (i.e. bus, train, plane, ship, etc.)

**THEN** you (co-oper)/your child may return to CNS

**AFTER** 10 days after your return date

**OR**

**AFTER** 7 days if a negative COVID-19 test result is received (test must be taken at least 5 days after your return date)

### **FULLY VACCINATED:**

**IF** you travel domestically or internationally via public transportation (i.e. bus, train, plane, ship, etc.)

**AND** you (co-oper) are / your child is fully vaccinated

**THEN** you may return to CNS without quarantine while self-monitoring for symptoms for 14 days

*CNS asks that you follow state and local recommendations and requirements wherever you are, as well as avoid high risk activities whenever possible. Please refer to this list of activities and their associated risk level provided by the Infectious Diseases Society of America - <https://www.idsociety.org/globalassets/idsa/public-health/covid-19/activity-risk.pdf>*

# What the Experts Say About COVID-19 Risks



There are several factors that may raise or lower your risk of acquiring or transmitting the virus, including but not limited to mask wearing, hand washing frequency, duration of and proximity to others, the number of contacts outside of your household, the size of an indoor space and the quality of indoor ventilation. Underlying medical conditions, such as chronic kidney disease, COPD, diabetes and serious heart conditions will increase your risk of severe illness.

The below activities are categorized assuming that face masks will be worn, physical distancing of 6 feet or more will be maintained, and people with underlying medical conditions are taking increased precautions.

<b>LOW RISK</b>	<ul style="list-style-type: none"> <li>• Staying in a:               <ul style="list-style-type: none"> <li>» Hotel</li> <li>» Vacation rental in a rural area</li> </ul> </li> <li>• Going to a beach (few people)</li> <li>• Going for a walk, run or bike ride with others</li> <li>• Playing non-contact sports (i.e. golf, tennis)</li> <li>• Camping at a campground with physical distancing</li> </ul>	<ul style="list-style-type: none"> <li>• Backyard barbecues with physical distancing (less than 10 people)</li> <li>• Getting take-out from a restaurant</li> <li>• Going grocery shopping</li> <li>• Going to a doctor's office (with adequate ventilation and physical distancing)</li> </ul>
<b>MEDIUM RISK</b>	<ul style="list-style-type: none"> <li>• Air travel</li> <li>• Train travel</li> <li>• Riding a bus</li> <li>• Going to amusement parks</li> <li>• Staying in a vacation rental in a busy/urban area</li> <li>• Taking your children to a playground</li> <li>• Swimming at a public pool with appropriate distancing</li> <li>• Playing low-contact sports (i.e. baseball, softball, volleyball)</li> <li>• Attending a service at a place of worship (risk lower with no singing)</li> </ul>	<ul style="list-style-type: none"> <li>• Outdoor parties with friends and family</li> <li>• Dinner at someone else's house with physical distancing (less than 10 people)</li> <li>• Eating outdoors at a restaurant with adequate physical distancing</li> <li>• Going to:               <ul style="list-style-type: none"> <li>» Hair salons/barbershops</li> <li>» Libraries and museums</li> <li>» The mall</li> <li>» The office</li> <li>» School or college/university</li> </ul> </li> </ul>
<b>HIGH RISK</b>	<ul style="list-style-type: none"> <li>• Going on a cruise</li> <li>• Going to a crowded beach</li> <li>• Going to the gym</li> <li>• Eating indoors at a restaurant</li> <li>• Playing high- or full-contact sports (i.e. football, basketball)</li> <li>• Going to casinos</li> </ul>	<ul style="list-style-type: none"> <li>• Attending a service at a place of worship (risk increases with larger crowds and/or with singing and chanting)</li> <li>• Going to large concert venues</li> <li>• Attending an event at a sports stadium</li> <li>• Eating at a buffet</li> <li>• Going to bars</li> <li>• Going to a movie theater</li> </ul>

For more information visit [idsociety.org/covid-19](https://idsociety.org/covid-19)

## **ADDENDUM B, CLASSROOM IMPLEMENTATION**

Although we hope to return to a traditional CNS model (fluid flow between indoor and outdoor activities), Department of Education guidance still calls for separate smaller cohorts (under 22 people, including adults) when social distancing is not reasonable or realistic. In 2020-2021, we accomplished this with the use of the USG meeting room as our second space. Unfortunately, that space is not available for our use next year.

CNS will remain a fully outdoor morning program. When students need to go indoors, they will be separated into static schedule-based groups (mornings only - Green Group vs. full day- Orange Group). The CNS building will be utilized by both groups, alternating and airing out/cleaning between uses. With 32 children enrolled, this means 16 children will be indoors together in the same space, allowing room for 3 CNS staff and 2 co-ops without violating guidelines. We are able to utilize social distancing when students are eating snack (unmasked). We can go up to 34 children and still accomplish this model, with 17 students and 5 adults in the space together. If we go past 34, we must coordinate schedules that limit the number of students who attend each day unless guidelines change.

When it is too cold/wet to eat snack outdoors:

- 8:15-9:15 - Morning play outdoors or indoors in alternating groups
- 9:15-9:30 - Outdoor circle
- 9:30-10:00 - Green group eats snack indoors, Orange stays out in free play
- 10:00-10:30 - Orange group eats snack indoors, Green stays out in free play
- 10:30-11:00 - Second circle (outdoors)
- 11:00-12:00 - Inquiry (outdoors, or indoors in alternating groups)

### NOTES

- This allows us to continue with curriculum and circle-based activities
- Upstairs Circle children who are used to eating snack at 9:30 may struggle with waiting until 10.
- Parents will need to send multiple sets of weather-appropriate outerwear: you can't put wet gear back on after snack/play.
- Foul weather days will be focused on coping with weather rather than engaging in curriculum.
- More durable tents may be needed.

During extreme weather, days may be split in half to allow more indoor time.

- 8:15-10:00- Green group begins indoors, playing and eating snack. Orange group begins outdoors.
- 10:15-12:00 - Green group shifts outdoors, Orange group moves indoors for snack and play.

In unsafe weather conditions, school closures may be called for the morning-only group.

- Curriculum and circle work are set aside in this model.
- Comfort is greatly increased.
- Parents will only need to send one set of weather-appropriate gear.

### Assumptions

1. We can return to a fluid indoor/outdoor model when static cohort restrictions are lifted.
2. Vaccinated co-ops are an acceptable addition to the static cohorts of children, as they add a minimal amount of risk of exposure to the group.
3. Families will provide adequate inclement weather gear
4. An improved shelter over the snack tables will be installed.



**HEALTH & SAFETY PLAN**