

## Family Information for Distance Learning Camp at Foothill Horizons

We look forward to supporting your child at Foothill Horizons Distance Learning Camp. Thank you for taking the time to read though this information.

We will be following all recommendations of local health department and doing our best to keep all children and staff safe. Groups will be small, stay consistent and work primarily with 2 staff members. Children will wear face masks, practice social distancing and be washing their hands several times throughout the day.

Once Distance Learning time is over, we look forward to playing with your children outside, getting dirty and laughing a lot. While we will be able to support your child in their Distance Learning provided by your child's school, we do have limited internet capacity and may not be able to complete all on-line tasks. We are not teachers and will do our best to support learning as you would at home.

We will have a **orientation for camp on Zoom Thursday at 6:00 pm.\*** Oct. 1, 2020

Meeting ID: 960 5986 1681

Passcode: 688827

<https://stancoe-org.zoom.us/j/96059861681?pwd=WXpEQXBzQmZ6VjVESDQvTHJ5U3ByQT09>

### *If you have questions or concerns please let us know*

#### Times

Drop off 7:30-8:00 am

Pick up 3:00-5:30 pm

#### Ages:

Kindergarten-sixth grade

#### Communication

Between hours of 7:00 to 6:00 pm

209-532-6673 main phone number

209- 404-4771 staff phone number for texting

Night time Emergency number: 209-694-9064

#### Key Staff

Jessica Hewitt, Principal, [jhewitt@stancoe.org](mailto:jhewitt@stancoe.org)

Shay Kaye, Administrative Assistant,  
[skaye@stancoe.org](mailto:skaye@stancoe.org)

Diann Rastetter, Assistant Director

Alex Frierson, Naturalist Coordinator

Brianna Larsen, Health Clerk

#### Distance Learning Family Packet includes the following

##### Forms to Complete and Submit:

To TCSOS attn: Dianna Harford

1. Child Participation form
2. Parent Waiver of Liability
3. Administration of Medication form  
(if needed)

##### Information

1. Health and Safety Guidelines
2. Exclusion policy
3. Packing information

#### Fees

The charge for this program will be \$20 per child per day payable to TCSOS. TCSOS will send a bill each week to families. Payment is due each Friday. Parents may be assessed late fee or the child participation may be canceled for non-payment. Please notify Foothill Horizons of any changes in participation the Thursday before the week of change to avoid unnecessary charges. Families will be billed for days that students are registered for but do not attend.

Families will not be charged for days that Foothill is unable to hold program safely, for example hazardous air quality, program closure due to COVID-19 outbreak, or other uncontrollable act of nature.

\*If families cannot attend that orientation, we will have an additional orientation on Friday at 1 pm Oct. 2

Meeting ID: 993 0097 7555

Passcode: 058878

<https://stancoe-org.zoom.us/j/99300977555?pwd=VW15Qjgyc0VtcllKanB5QWtYV2dldz09>



Scott Kuykendall, Superintendent

## FOOTHILL HORIZONS OUTDOOR SCHOOL



Jessica Hewitt, Principal

21925 Lyons Bald Mountain Rd, Sonora, CA 95370, 209-532-6673, FAX (209) 533-1390

### Foothill Horizons Distance Learning Camp

#### CHILD PARTICIPATION FORM

Entrance Date \_\_\_\_\_ Withdrawal Date \_\_\_\_\_

Child's Name \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ Date of birth \_\_\_\_\_

Home Address (Street) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address (if different from above) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

#### Parent/Guardian A

Name \_\_\_\_\_ email: \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

Home Address (if different from child's) Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address (if different from above) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Place of Employment \_\_\_\_\_ Work Phone \_\_\_\_\_

Employer's Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

#### Parent/Guardian B

Name \_\_\_\_\_ email: \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

Home Address (if different from child's) Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address (if different from above) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Place of Employment \_\_\_\_\_ Work Phone \_\_\_\_\_

Employer's Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Child's Living Arrangements: (check one) ☐ Both Parents/Guardian ☐ A Only ☐ B Only ☐ Other: \_\_\_\_\_

Child's Legal Guardian(s): (check one) ☐ Both Parents/Guardian ☐ A Only ☐ B Only ☐ Other: \_\_\_\_\_

Is there a custody order regarding this child? ☐ Y ☐ N

**The child may only be released to the person(s) signing this agreement or to the following parent/guardian designees:**

\*Name \_\_\_\_\_ Address \_\_\_\_\_  
(Street-City-State-Zip)

Telephone Number \_\_\_\_\_ Relationship to child \_\_\_\_\_

Relationship to Parent(s) or Guardian \_\_\_\_\_

Other identifying information (if any) \_\_\_\_\_

\*Name \_\_\_\_\_ Address \_\_\_\_\_  
(Street-City-State-Zip)

Telephone Number \_\_\_\_\_ Relationship to child \_\_\_\_\_

Relationship to Parent(s) or Guardian \_\_\_\_\_

Other identifying information (if any) \_\_\_\_\_

Additional Persons to contact in the case of emergency when parent/guardian cannot be reached:

Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

Name of School child attends, if any: \_\_\_\_\_

Child's doctor or clinic name \_\_\_\_\_ Doctor/clinic phone # \_\_\_\_\_

My child has the following special needs \_\_\_\_\_

\_\_\_\_\_

The following special accommodation(s) may be required to meet my child's needs while at camp: \_\_\_\_\_

\_\_\_\_\_

*\*Foothill Horizons is not Free Appropriate Public Education and does not have the resources to safely support and accommodate students with more serious special accommodations.\**

My child is currently on medication(s)\*\* prescribed for long-term continuous use and/or has the following pre- existing illness, allergies, or health concerns: \_\_\_\_\_

\_\_\_\_\_

*\*\*Any medications taken at Foothill Horizons Outdoor School must be accompanied by a signed doctor's order within 10 days of starting the program.*

## EMERGENCY MEDICAL AUTHORIZATION

Should (child's name) \_\_\_\_\_ Date of birth \_\_\_\_\_ suffer an injury or illness while in the care of Foothill Horizon Outdoor School and the facility is unable to contact me (us) immediately, Foothill Horizons shall be authorized to secure such medical attention and care for my child as may be necessary. I (We) shall assume responsibility for payment for services.

Parent/Guardian A: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature

Parent/Guardian B: \_\_\_\_\_ Date: \_\_\_\_\_

FHOS Administrator: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature

## Distance Learning

Foothill Horizons staff will assist participants with their Distance Learning curriculum. Staff members are not all credentialed teachers and they will not be filling this role during Day Camp. Foothill staff will facilitate a safe learning environment, answer questions, and keep students focused on their work; your child's teacher will still be the one providing direct instruction and assignments. Please fill out the following questionnaire to help staff plan for and meet your child's academic needs.

Child's Name \_\_\_\_\_ Grade \_\_\_\_\_

Name of School \_\_\_\_\_ Teacher's Name \_\_\_\_\_

**Learning Platform(s):** *Check all that apply*

Google Classroom      Paper Packet      Other: \_\_\_\_\_

**Schedule for live video conference classes\*:**

Mon: \_\_\_\_\_ Tues: \_\_\_\_\_ Wed: \_\_\_\_\_ Thurs: \_\_\_\_\_ Fri: \_\_\_\_\_

**When and how is attendance taken at your child's school?** \_\_\_\_\_  
*Must log on at specific time each morning?***What electronic device will your child be using for distance learning?**

Chrome book      Mac      PC      iPad      iPhone      Android      N/A

**Is your child's school planning on returning to in-person learning soon?**      **Yes**      **No***If yes, estimated date* \_\_\_\_\_ *What is your child's in-person school schedule?*

Mon: \_\_\_\_\_ Tues: \_\_\_\_\_ Wed: \_\_\_\_\_ Thurs: \_\_\_\_\_ Fri: \_\_\_\_\_

*Each child must bring their own electronic device (if needed), paper packet from school, login information, headphones or earbuds, writing implements, and any other academic supplies they will need.*

*\*I acknowledge that my child may not be able to attend all live conference sessions while at Foothill Horizons.*

Parent/Guardian A: \_\_\_\_\_  
Signature

Date: \_\_\_\_\_

Parent/Guardian B: \_\_\_\_\_  
Signature

Date: \_\_\_\_\_

**ASSUMPTION OF RISK AND WAIVER OF LIABILITY AND AGREEMENT TO ABIDE  
BY STANISLAUS COUNTY OFFICE OF EDUCATION COVID-19 PROTOCOLS**

**Activity:** \_\_\_\_\_

**Parent/Guardian:** \_\_\_\_\_

**Student(s):** \_\_\_\_\_

The novel coronavirus (or COVID-19) has created a pandemic resulting in a State of Emergency in California. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and health officers have required or recommended social distancing and have significantly limited the congregation of groups of people.

The Stanislaus County Office of Education (SCOE) and Foothill Horizons Outdoor School (FHOS) are complying with all mandates and taking all reasonable steps to reduce the risk of spreading COVID-19. However, this risk cannot be completely eliminated. Consequently, for the safety of all parties involved, SCOE and FHOS require all persons participating in its activities during this pandemic to acknowledge an assumption of the risk, waive (i.e., release) liability, and agree to abide by our COVID-19 protocols, as follows:

- I. I request to participate in the SCOE-sponsored activity at Foothill Horizons Outdoor School. If applicable, I am the parent and/or legal guardian of the above-named student(s)/child(ren), and I request that he/she/they be allowed to participate in the SCOE-sponsored activity, and I give my permission for he/she/they to do so.
2. Assumption of Risk I understand and acknowledge the risk to myself and, if applicable, my student(s)/child(ren), of becoming exposed to or infected by COVID-19 at a SCOE-sponsored activity at Foothill Horizons Outdoor School, which exposure or infection may result from the actions, omissions, or negligence of myself or others, including, but not limited to, other participants, officials, employees, volunteers, and/or representatives. I assume all such risk and accept sole responsibility for any harm or loss to myself and/or, if applicable, my student(s)/child(ren), including, but not limited to, personal injury or death or related costs or expenses of any kind, that I, or, if applicable, my student(s)/child(ren), may experience or incur in connection with the SCOE-sponsored activity.
3. Waiver of Liability. In consideration for SCOE allowing me and/or, if applicable, my student(s)/child(ren) to participate in the SCOE-sponsored activity, I, on behalf of myself, and/or, if applicable, my student(s)/child(ren), hereby release and hold harmless SCOE, FHOS, and any participants, officials, employees, volunteers, and/or representatives thereof, from any and all liability for any and all harm or losses arising from participation in the SCOE - sponsored activity, including, but not limited to, exposure to or infection by COVID-19. Further, I covenant (i.e.,

promise) not to sue SCOE, FHOS, or any participant, official, employee, volunteer, and/or representative thereof, for any such harm or loss.

4. Agreement to Abide by COVID-19 Protocols. I agree that I, and/or, if applicable, my student(s)/child(ren), will not enter event host site facilities if I am, and/or he/she/they is/are feeling ill, which includes, but is not limited to, the following symptoms: fever, cough, difficulty breathing, shortness of breath, chest pain, and/or bluish lips or face. I understand and acknowledge that I, or, if applicable, my student(s)/child(ren), may be denied entrance or admittance if SCOE or FHOS determines that I am, or he/she/they is/are, showing any such symptoms. I warrant and represent that I am not aware of any medical condition of myself and/or, if applicable, my student(s)/child(ren) which would render it inappropriate for me and/or him/her/they to participate in the activity. I agree to abide by SCOE's maximum capacity limitations and other COVID- 19-related policies and procedures which may include hand washing requirements and temperature checks for myself and, if applicable, my student(s)/child(ren). I agree to practice good hygiene etiquette such as sneezing into my elbow, utilizing tissues, and avoid touching my eyes, nose, and mouth, and, if applicable, to instruct my student(s)/child(ren) to do the same. I understand and acknowledge that my failure to abide by and/or my failure to ensure that any student/child of mine abides by this agreement may result in me and/or, if applicable, my student(s)/child(ren), being removed from the SCOE-sponsored activity at Foothill Horizons Outdoor School.

I certify that I am familiar with the contents of this Assumption of Risk and Waiver of Liability and Agreement to Abide by COVID-19 Protocols, that I have read and understand the same, and that it is my intention by my signature that it bind not only on me, but my heirs, administrators, executors, successors, and assigns, and, if applicable, my student(s)/child(ren).

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Print Name (Parent/Guardian)

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Signature (Parent/Guardian)

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Date



Scott Kuykendall, Superintendent

## FOOTHILL HORIZONS OUTDOOR SCHOOL



Jessica Hewitt, Principal

21925 Lyons Bald Mountain Rd, Sonora, CA 95370, 209-532-6673, FAX (209) 533-1390

### **Foothill Horizons Day Camp Parent/Guardian Participation Agreement**

Foothill Horizons Outdoor School will provide daily childcare, supervision, and assistance with distance learning, while adhering to the local public health department's guidelines for providing a healthy and safe childcare environment. For the protection of your child, other families, and our staff, Foothill agrees to the following:

- Foothill Horizons will follow the system of health and safety practices (attached COVID-19 guidelines) to ensure children are safe at all times.
- Health screenings for staff and children will take place upon arrival each day according to the most current COVID-19 guidelines.
- Staff or children who do not pass the health screening or become ill during the day will be sent home.
- Foothill staff shall immediately notify parents and send a child home immediately if the child presents with fever and/or respiratory infection symptoms. Children waiting to be picked up will rest in the isolation area and quarantine there under Health Office supervision until parents arrive.
- Foothill Horizons Outdoor School shall engage in regular cleaning and sanitation practices outlined in the COVID-19 guidelines.
- Basic services provided are child care, supervision and assistance with distance learning in a caregiver to child ratio of no more than 1:10.
- Foothill Horizons staff will educate and guide children to follow recommended social distancing practices, exercise regular hand washing habits, and wear masks when appropriate distancing is impossible to maintain.
- The charge for this program will be \$20 per child per day payable to TCSOS. TCSOS will send a bill each week to families. Payment is due each Friday. Families will be billed for days that students are registered but do not attend.
- No food will be provided by Foothill Horizons; water will be available from regularly sanitized filling stations.
- All staff and caregivers have a criminal background clearance at Foothill Horizons a division of Stanislaus County Office Education.
- Foothill staff will keep parents informed of any incidents relating to their child including illness, injuries, allergic reactions, behavioral issues, etc.
- If a staff member or child tests positive for COVID-19, Foothill will consult with the local health department and notify parents about next steps including recommendations for notification, testing, program closures, and quarantining.

#### **Parent/Guardian Responsibilities:**

- My child (name) \_\_\_\_\_ may participate in the Foothill Horizons Day Camp during the dates listed on page 1.
- I understand the hours of operation are 7:30 am to 5:30 pm and that children must be picked up on-time by an authorized adult.
- My child's schedule will be as follows: Arrival by: \_\_\_\_\_ Pick up time: \_\_\_\_\_ on the following days of the week: (Check all that apply)      M      T      W      Th      F
- I understand that I need to provide a morning snack, lunch, and an afternoon snack for my child. I have read the attached packing list, and I will provide a water bottle, change of clothing, and virtual learning supplies for my child.
- Due to COVID-19 guidance, only staff and children may enter buildings at Foothill Horizons. I will check in at the entrance station and avoid entering any buildings while on campus.

- I understand that an authorized adult must sign children in and out with a full signature every day. I acknowledge that my child will not be allowed to enter or leave the facility without being escorted by one of the parents/guardians or designees authorized by parent(s) on this form, or facility personnel.
- I understand that staff will be conducting health screenings upon arrival at Foothill Horizons. I will assist my child in hand washing, checking in, and maintaining 6' distance from other participants and families.
- I acknowledge it is my responsibility to keep my child's records current to reflect any significant changes as they occur, e.g., telephone numbers, work location, emergency contacts, child's physician, child's health status, etc.
- I agree to follow the system of health and safety practices (attached COVID-19 guidelines) to ensure children are safe at all times.
- I understand that persons who have a travel history over the course of the last 14 days to an area identified by the CDC as Level 3 Travel Health Notice shall not be allowed on site.
- I have been informed that persons who have been in close contact with someone diagnosed with COVID-19 shall be excluded from the site for 14 days after the date of their last exposure.
- I understand that if it is determined that my child has symptoms of a communicable disease, fever, live lice, or is unable to participate in the program I will be required to transport him/her home immediately.

#### Authorizations:

- I understand that my child is prohibited from engaging in the following: illegal activities; use of alcohol, tobacco, marijuana, or having open flames; stealing someone's belongings; using foul or abusive language; hazing or bullying another child in any way. Children who violate these rules will be counseled and may be restricted from some activities or the program; those who commit a serious offense will be sent home immediately.
- I give consent to Stanislaus County Office of Education (SCOE) and/or Foothill Horizons Outdoor School to **photograph, record, or videotape** my child's image and voice. I understand and agree that this may include his or her likeness and/or voice in public displays, downloadable video slide shows, our website, pamphlets, or other media that may be reproduced for use by SCOE, Foothill Horizons Outdoor School or other agencies with the approval of SCOE. I further agree to release, defend, and hold harmless such agencies, its staff, SCOE and/or Foothill Horizons Outdoor School and its staff, as well as any agent that may be designated from any damage or cause of action, which may result from the use of my child's image or voice in any of its projects. This includes, but is not limited to, any cause of action related to invasion of privacy.

I acknowledge that I have received a copy of this agreement. I understand that it is my responsibility to read and comply with the items listed above. I acknowledge that failure to do so may result in termination of my child's participation. This agreement is valid until revoked or revised in writing.

Parent/Guardian A Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian B Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Foothill Horizons' Representative Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## HEALTH and SAFETY GUIDELINES

### GROUPING

1. Participant numbers will be kept at or below 40 children to maintain physical distancing and a staff to child ratio of no greater than 1:10. Children must be in K-6<sup>th</sup> grade to attend.
2. Contact between campers and staff will be minimized by enforcing social distancing and the use of face coverings, and by designating 2 staff members per group of 10 children. Contact between parents and staff and parents to parents will be minimized by social distancing indicators and face coverings.
3. Children will be assigned to their groups (of 10 participants or fewer) with 2 designated staff members. These groups will not change regardless of absences. Children will be grouped first by children from the same household grouped together, then by geographic region, then by school, then by grade level. Groups of students will not change.
4. Each group will have its own assigned restroom, classroom, and outside handwashing station. No indoor spaces will be shared.
5. Each child will have his or her own delineated Learning Space. This will include seating, desk/table space, and visual boundaries to remind students to stay 6' or greater away from other students. Student chairs will be faced away from the center of the room/other students and out the windows whenever possible.
6. Larger group gatherings (>10 students from different groups) will not be permitted, except in large open outdoor spaces where students can be spread out further than 6' on their beach towels to participate in stationary activities (e.g. to listen to stories, or watch a movie on a large outdoor screen). No materials or surfaces will be shared during any of these activities. Students will not be chanting or singing.
7. Outdoor activities and time will be prioritized. All indoor instruction and activities will take place in these Learning Spaces. All meals, games, and other activities will take place outdoors.

### ARRIVAL AND DEPARTURE

1. Arrival between 7:30-8:00; Departure 3:00-5:30
2. Check-in stations will have designated routes, spread out across campus, located near the classroom/indoor space where students will be supervised and have restroom access.
3. Each group of 10 or fewer students will have their own check-in station, equipped with a portable, outdoor sink for hand-washing.
4. When families arrive, please part and walk your child to the check-in station:
  - a. Put on your face covering and your child's before approaching the check-in station.
  - b. Follow social distancing guidance.
  - c. A staff member will ask questions on the Daily Health Screening form and take your child's temperature with a no-touch thermometer.
  - d. Sign them in and confirm that the person picking up your child is on your approved list.
  - e. If the child passes the health screening—see exclusion policy—you will supervise your child washing their hands for 20 seconds.
  - f. Then your child can put their items in their cubby and join their group.
  - g. Children must be signed out by a person on the participation form.
  - h. Children can wash their hands before departing.

5. Parents and visiting children's siblings will not be allowed into buildings. After signing their child in/out, they will be directed to leave campus without visiting any other locations.

### Promoting Healthy Hygiene Practices

1. Staff will use age appropriate methods to teach and reinforce washing hands, and avoiding contact with their faces, to cover their mouth when coughing or sneezing, when to wash hands, and to always let an adult know if they feel ill.
2. Children will wash their hands or, if not possible, use 70% alcohol based hand sanitizer:
  - a. Before and after eating
  - b. After coughing or sneezing
  - c. After touching their nose, eyes, or mouth
  - d. After playing outside
  - e. After using the restroom
  - f. Before and after using shared equipment
3. In addition, each group of participants and staff will be assigned one restroom (with a sink), a classroom with an indoor sink, and an outdoor area with a portable sink. The group will only use these assigned hand-washing areas, avoiding congestion at hand-washing stations or close contact with other groups.
4. Participants will bring all of their own meals (snacks, lunch) and a water bottle with them each day. Foothill Horizons will not provide any food, except in case of "emergency" (i.e. child forgets snacks at home, food is ruined by spilled water bottle, food is moldy, etc.) All meals will be eaten outside, weather permitting.
5. Children will not share food or utensils due to germ and food allergen concerns. Children will be monitored to assure that they do not eat together or share food and that they maintain social distancing and only consume the food they bring from home, keeping them safe from allergens.
6. Participants will keep their belongings separate in their labeled crate or "cubby" at their group check-in station. Belongings sent home at the end of the day will be sanitized. Families will be asked to provide some clean items that will stay in the crate unless they are needed (e.g. change of clothes).
7. Families will supply all high-touch distance learning materials, including electronics, writing implements, notebooks, etc. to avoid sharing. Each classroom will have a small supply of back-up sanitized pencils and new paper. Participants will always use the same assigned Learning Space indoors. Staff will sanitize each Learning Space at the end of the day. Participants may not share their personal electronic devices, clothing, toys, games, or books from home. If accidental sharing or touching occurs, staff will sanitize these items before returning them to the owner.
8. Staff will avoid using equipment that requires all students to handle the same object or touch the same surface. If staff use teaching supplies, learning aids, or equipment that must be shared, it will be sanitized before another group uses it.

### FOOTHILL HORIZONS SPECIFIC FACE COVERING procedures

9/30/2020 Procedures will be adjusted according to revisions in any guidance from local health agency or the California Department of Public Health (CDPH).

1. All staff and participants must wear face coverings in high-risk situations, including:
  - a. While in line to enter or entering any indoor space;
  - b. While walking through common areas in buildings;

- c. While residing in indoors spaces, working or learning around other people who are not from the same household;
  - d. While outdoors in public spaces where maintaining a 6' foot physical distance is not possible
- 2. Staff and participants will be exempt from wearing a face covering under the following circumstances:
  - a. If they have a medical condition or disability that prevents them from safely wearing a face covering, or in a situation where a face covering could obstruct breathing or the person is unable to remove the face covering on their own
  - b. Staff or participants who are seeking care at the Health Office and require assistance with injury or condition on the face, (e.g. nose bleed)
  - c. Persons who are eating, working, playing, learning, and exercising outdoors and maintaining a distance of 6' or greater between themselves and other persons who are not from the same household or residence
  - d. If a person is two years of age or younger (i.e. the younger siblings of participants who are on campus to drop off or pick up their older sibling—the Day Camp will not accept participants who are younger than Kindergarten-age). Visitors under two years of age will not be allowed to enter indoors areas unless an urgent need arises and they are supervised.
- 3. Staff and participants will be reminded to wash reusable face coverings at home before using again; all disposable face coverings will be thrown away at the end of the day.
- 4. Face coverings will be discarded if they no longer cover the mouth and nose, have damaged straps, fall off the persons' face, or have holes in the material. Foothill Horizons will keep a supply of face coverings at all entrances and check-in stations for staff and participants who need a new one.
- 5. Face coverings will be available at check in stations, in the classrooms, and in staff backpacks, in addition to gloves and face shields. Administrative staff will check to ensure staff are using personal protective equipment as per guidelines.

## Cleaning, Disinfection, and Ventilation

- 1. Trained custodial staff will clean and sanitize restrooms, door handles, light switches, and all frequently used surfaces two times daily and as needed.
- 2. Staff will limit the use of shared playground equipment. Only one group of participants (10 or less) will be allowed to use the equipment at the same time. Children will wash hands before and after use.
- 3. Staff will only use products that are approved for use against COVID-19 by the Environmental Protection Agency, and follow the CDPH asthma-safer cleaning methods and Healthy Schools Act. Staff will avoid products with peroxyacetic acid, sodium hypochlorite, or quaternary ammonium compounds.
- 4. Staff will use buildings with greatest indoor outdoor air exchange and explore options for improving air filtration and ventilation. Additionally, staff will maximize time spent outside, weather permitting. Staff will do their best to limit time indoors to the hours required for distance learning (i.e. WiFi assignments) and take participants outside for all other activities, maximizing fresh air and space for social distancing.
- 5. If the Air Quality Index is greater than 151, children will be sent home due to limited availability of clean air systems on campus.
- 6. Staff and participants will not be using the onsite pool during this Day Camp program.

## Checking for Signs and Symptoms

1. Staff, participants, and their families will all be trained to identify symptoms of COVID-19 (listed in the Foothill Horizons Day Camp Exclusion Policy attached); they will also be educated on when they need to stay home from camp, and when they are safe to return. This information will be reiterated and enforced each morning during the daily health screening.
  - a. All staff and participants will be sent home and encouraged to seek medical care if they present with COVID-19 symptoms according to protocol. If staff or participants present with upper respiratory symptoms or fever they must isolate and recover until they are fever free (without taking fever suppressant) for 24 hours AND 10 days have passed since they first exhibited symptoms. Staff will recommend medical care.
2. Every day, staff and participants will undergo the Daily Health Screening and temperature check, attached. Staff will self-screen at staff entrances. Entrance onto campus will be determined based on passing the health screening.
3. Staff who are checking in children will also visually and aurally scan participants for symptoms. Participants may be sent home even if they pass the written Daily Health Screening but present with visual or audible symptoms (i.e. pale and shaky, coughing, etc.)
4. Staff will be trained to use and conduct daily health screenings with no-touch thermometers; each check-in station will be equipped with a designated thermometer. If a no-touch thermometer is not working or a fever is suspected and staff needs further confirmation, oral thermometers will be kept in the Health Office. If an oral thermometer is required, staff will use a disposable protective sleeve and thoroughly sanitize the thermometer after use.
5. Health Office staff will document and track any incidents of possible exposure to persons' testing positive with COVID-19 as they are recorded at the check-in stations. Foothill Horizons will notify Tuolumne County Health Department of any possible or confirmed exposure for staff or participants. Other affected families will be notified as soon as possible, while maintaining confidentiality.
6. Any staff member or participant who is sent home, must communicate with the COVID-19 Point Person, Principal Jessica Hewitt, or an assigned designee before being cleared to return to campus.
7. Staff and participants will be excluded/sent home if they show any symptoms of COVID-19. Staff will request medical information from parents via the Foothill Child Participation Form. Parents will be asked to disclose if their child has seasonal allergies or other conditions that would cause chronic symptoms similar to COVID-19 symptoms (i.e. cough, runny nose). Children with a history of allergies will not be excluded due only to allergy symptoms.

Staff will monitor participants throughout the day, looking for signs of illness that may develop. Children will be sent home if they present with a fever of 100.4 F or higher, cough, respiratory complaints, or other COVID-19 symptoms. If children develop a fever of 103 or higher before parents/guardians can pick them up, or symptoms grow severe, children will be transported to prompt care by ambulance. Families will be encouraged to seek medical care for any COVID-19 symptoms. Health Office and Administrative staff will monitor other staff and each other for symptoms that may develop throughout the day. Staff who develop a fever of 100.4F or higher, cough, respiratory complaints, or other COVID-19 symptoms will be sent home immediately. Staff will be encouraged to seek medical attention.

## Planning for When a Staff Member or Child Becomes Sick

1. If a participant exhibits symptoms of COVID-19, they will immediately be asked to put on their face covering (if they do not already have it on) and escorted to the Health Office isolation area. The child will remain in the isolation area, wearing a face covering until a parent or guardian arrives to pick him/her up. Staff members who develop symptoms of COVID-19 will be asked to stop work and put on their face covering immediately. They will be sent home immediately and encouraged to seek medical care.
  - a. The Health Clerk will be the point person to notify the Principal, call parents/guardians to secure a ride home, and initiate the appropriate documentation in the Medical Log book. The Health Clerk will also supervise and provide allowable care for the sick child, while wearing appropriate PPE (face covering, face shield, and gloves and if contact with the student is necessary a gown will also be worn by the contacting person). The Health Clerk will maintain 6' or greater distance from the child if possible.
2. If COVID-19 symptoms become severe staff will call 911 immediately for possible ambulance transport and notify parents/guardians.
3. Foothill Horizons requires staff and participants to disclose any positive COVID-19 tests. If a staff member or participant tests positive, Foothill Horizons will notify local health officials, staff, and families immediately while maintaining confidentiality and abiding by state and federal laws.
4. Any areas used by a sick person will be closed off until surfaces have been cleaned and disinfected. Whenever possible, staff will wait 24 hours before entering a contaminated space (isolation, classroom, office, etc.) to clean and disinfect to reduce risk of exposure. If this is not feasible, staff will wait as long as possible. All staff will be trained on safe and effective disinfectant application; staff will follow protocol to correctly apply the disinfectants while wearing gloves, mask and the appropriate PPE. Cleaning and sanitizing products will be kept away from children.
5. Sick staff or participants will not be allowed to return to campus until they have met CDC criteria to discontinue home isolation, including 72 hours with no fever (and no fever suppressing medications) and 10 days since symptoms first appeared.
6. Participants will be restricted to children from Tuolumne County and the children of Foothill Horizons employees, who reside in the same household as said employees, from Stanislaus County. This program will not be open to students traveling from a greater geographic distance and thus reduce the risk of high transmission.
7. If there is a COVID-19 outbreak at Foothill Horizons, staff will follow the CDPH guidelines <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Workplace-Outbreak-Employer-Guidance.aspx>. Specifically we will work closely with Local Health Department, Administrative Offices at Stanislaus County Office of Education (SCOE) and Tuolumne County Superintendent of Schools (TCSOS) to determine first degree exposure and exclude those children or staff, effectively closing down a group of students or the whole program:
  - a. Foothill Horizons will close down a group if it is determined that participants were in close proximity for an extended period of time (within 6 ft for more than 15 minutes). This includes staff and participants who may have to quarantine.
8. If any staff or participants test positive for COVID-19, Health Office staff and administrators, in partnership with the local health department, will investigate the case to determine if any site-related factors may have

contributed to the risk of infection or risk of future spread. If staff discover problem-areas in the protocols or guidance, these measures will be revised. Areas of investigation will include education, training, and follow-through with all COVID-19 social distancing, hygiene, face coverings, and disinfecting protocols; health screening data; individual classroom routines; and ventilation in buildings.

9. Staff will meet daily and weekly to review challenges and concerns regarding implementation of safety measures, and any changes to the guidance from CPHD or Local Health Department, SCOE and TCSOS.

## Maintaining Healthy Operations

1. The Principal will monitor staff absenteeism and keep an updated roster of trained subs who can fill in if any staff become sick.
2. Health Office staff will maintain detailed records of all injuries and illnesses in the Daily Medical Log. Staff will pay close attention to any complaints/symptoms that fall under COVID-19 symptoms. If staff or participants exhibit symptoms of COVID-19, the Health Clerk will start documenting symptoms on the COVID-19 Outbreak Tally and immediately isolate the ill person.
3. The Foothill Horizons Principal, Jessica Hewitt, will be the main staff liaison responsible for responding to COVID-19 concerns. Staff and the families of participants will all be notified about who the liaison is and how to reach her. The Principal will designate and train Health Office employees on documenting and tracking possible exposure. The Principal or a designated staff member will notify the local health officials, staff, and families in a prompt and responsible manner regarding any exposure to confirmed or suspect COVID-19 cases or positive COVID-19 tests.
4. Staff and families will be offered multiple ways to communicate self-reporting symptoms before coming onto campus including:
  - a. Calling into the front office to speak with a staff member or leave a voicemail
  - b. Emailing the Principal directly
  - c. Texting the Principal directly or staff cell phone

Staff and families will be promptly notified about possible exposure and impending closures through group text message and email, and parents will be called directly to pick up their child for illness or immediate closures.

5. All confidentiality will be maintained while disclosing necessary information in accordance with state and local law.

## Considerations and Planning for Closures

1. The Foothill Horizons Administrative Assistant (or another designated staff member) will check all state and local orders and health department notices on a daily basis. She will immediately communicate any guidance or mandates to adjust operations or close the program to the Principal and the rest of the staff.
2. If a staff member or participant tests positive for COVID-19 and may have exposed others at Foothill Horizons, the Principal and designated staff will:
  - a. Immediately close down areas that have been used by the infected person (isolation areas and classrooms) until they can be cleaned and disinfected.
  - b. Contact the local Health Department and SCOE for guidance on magnitude and length of closure, and TCSOS if it one of their children.

- c. Send participants and staff who have been in close contact with the ill person home to seek medical attention and isolated for a minimum of 14 days.
- d. Communicate with all families, staff, and the community regarding the incident, length of closure, and guidance on isolation.



Scott Kuykendall, Superintendent

## FOOTHILL HORIZONS OUTDOOR SCHOOL



Jessica Hewitt, Principal

21925 Lyons Bald Mountain Rd, Sonora, CA 95370, 209-532-6673, FAX (209) 533-1390

### **Distance Learning Camp Medication Policy**

*If your child will need to take or have access to any medication (including over the counter, prescription, topical, and emergency medication) while they are on campus at Foothill Horizons Outdoor School:*

1. Complete the attached Request for Administration of Medication Form and sign.
2. Bring a copy of the form with your child's medication, stored in the original bottle or container, in a ziplock bag to the first day of camp. *Please do not bring any expired medication.*
3. Submit a copy of the form to your child's doctor requesting a signature.
4. Once you have the doctor's signature, submit a new copy of the form to Foothill Horizons within *10 days* after the start of the program.

*If your child's medication changes during the course of the program, please bring an updated form to camp.*

Thank you! If you have any questions, the Foothill Horizons Health Office staff are happy to help!





## REQUEST FOR ADMINISTRATION OF MEDICATION AT OUTDOOR SCHOOL

Foothill Horizons' FAX: (209) 532-0019; TEL: (209) 532-6673

Student: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Male\_\_ Female\_\_

School: \_\_\_\_\_ Teacher: \_\_\_\_\_ Grade: \_\_\_\_\_

Parents: please see instructions on opposite side. Make copies if more than one medicine is required.

### TO BE COMPLETED BY AUTHORIZED HEALTH CARE PROVIDER

Medication name: \_\_\_\_\_ Strength (mg, ml, mcg): \_\_\_\_\_

Dose (# of tabs, puffs, etc.): \_\_\_\_\_ Method of Administration: \_\_\_\_\_

Time of Administration (circle if appropriate): 8:20 am noon 6:20 pm 9 pm Other: \_\_\_\_\_

Start: \_\_ immediate \_\_ other date: \_\_\_\_\_ Stop: \_\_ end of year \_\_ other date/duration: \_\_\_\_\_

☐ PRN (prescribed as needed): symptoms \_\_\_\_\_

Reason for Medication: \_\_\_\_\_ Special storage requirements: \_\_refrigerate \_\_none

Restrictions and/or important side effects: \_\_none anticipated \_\_yes—please describe: \_\_\_\_\_

### **REQUEST FOR SELF-ADMINISTRATION OF INHALERS AND EPI-PENS (Only for auto-injectable epinephrine or inhaled asthma medication)**

This student is both capable and responsible for self-administering auto-injectable epinephrine or inhaled asthma medication. \_\_ Yes—unsupervised \_\_ Yes—supervised \_\_ No—please indicate why: \_\_\_\_\_

This student may carry medication: \_\_ Yes \_\_ No Please indicate additional information: \_\_\_\_\_

Health Care Provider's Name: \_\_\_\_\_

Health Care Provider's Signature: X \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: ( ) \_\_\_\_\_

### TO BE COMPLETED BY PARENT OR GUARDIAN

#### **PARENT/GUARDIAN CONSENT FOR MEDICATION TO BE ADMINISTERED BY SCHOOL PERSONNEL**

Parent(s)/guardian(s) of \_\_\_\_\_, request that medicine be administered by the school nurse or a member of the school staff if the school nurse is not available. I consent to allow disclosure of identifiable health information from the health care provider to the school nurse or other designated school personnel. I will notify the school if the medication has changed or is no longer needed. Medication will be furnished in its pharmacy-labeled container.

Parent/Guardian Signature: X \_\_\_\_\_ Date: \_\_\_\_\_ Phone #: ( ) \_\_\_\_\_

#### **PARENT/GUARDIAN CONSENT FOR SELF-ADMINISTRATION OF MEDICATION (Only for auto-injectable epinephrine or inhaled asthma medication)**

I hereby consent for my child, \_\_\_\_\_, to self-administer the following medication while attending Outdoor Education at Foothill Horizons. I, on behalf of myself, my child, our heirs, executors and assigns, hereby agree to indemnify and hold harmless, release and covenant not to sue Stanislaus County Office of Education, its officers, employees, and agents, for any and all liability, claim or cause of action of any nature whatsoever, including but not limited to personal injury or death, which may result from my child's self-administration of medication.

Please check appropriate medication: \_\_ Inhaled asthma medication \_\_ Auto-injectable epinephrine

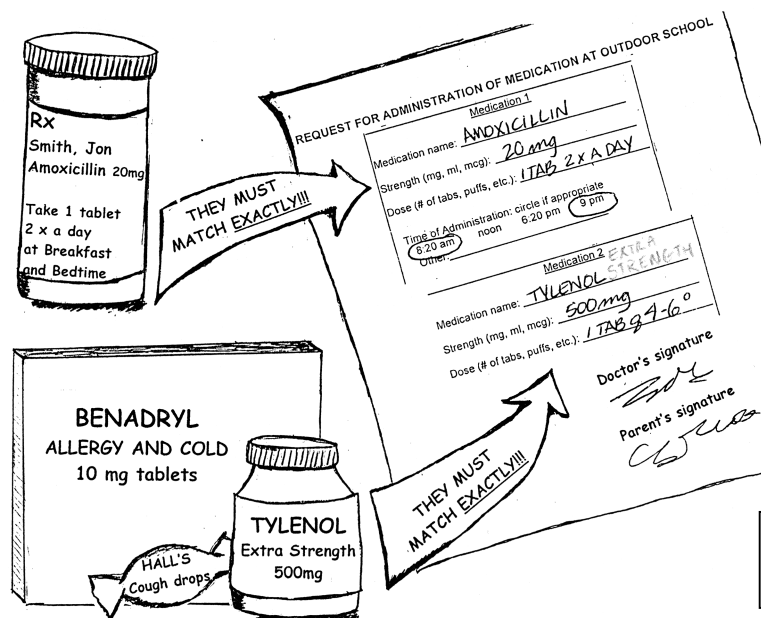
Parent/Guardian Signature: X \_\_\_\_\_ Date: \_\_\_\_\_ Phone #: ( ) \_\_\_\_\_

Reviewed by School Nurse: X \_\_\_\_\_ Date: \_\_\_\_\_

**Continued on back**

**PARENTS:** If you want your child to take ANY KIND of medicine (including over the counter drugs like Tylenol, Benadryl, vitamins, Tums, cough drops etc.) follow the steps below. If medication forms are not filled out completely and correctly, your child **will NOT be allowed to attend** Foothill Horizons.

1. Have your child's Health Care Provider (H.C.P) fill out the appropriate form(s). The label on the medicine and what the H.C.P writes on the form must match exactly. If a dosage or scheduled time has changed since the medication was first prescribed, the doctor should call in a new prescription and the pharmacist should print out a new medication label with the current and accurate information to match the H.C.P's prescription. **The Health Care Provider must fill the form out completely and must sign all forms including those for over the counter drugs.**
2. **All medication forms must have a parent/guardian's signature.** Check that you have signed the paperwork.
3. Put all your child's medications in one Ziploc bag. Write your child's name on any medication that does not have a label on it such as over-the-counter drugs. Write your child's name and school on the bag. Have the school nurse check the medication and paperwork prior to the departure day. Give the labeled bag of medicines to your child's teacher on the departure day.



**California Code of Regulations, Title 5, Education Article 4.1: Administering Medication to Pupils or Otherwise Assisting Pupils in the Administration of Medication During the Regular School Day**

**§600. Authorization**

Pursuant to Section 49423 and subdivision (b) of Section 49423.6 of the Education Code, any pupil who is required to take, during the regular school day, prescribed medication may be assisted by a school nurse or other designated school personnel if both of the following conditions are met:

(a) The pupil's authorized health care provider executes a written statement specifying, at a minimum, the medication the pupil is to take, the dosage, and the period of time during which the medication is to be taken, as well as otherwise detailing (as may be necessary) the method, amount, and time schedule by which the medication is to be taken.

(b) The pupil's parent or legal guardian provides a written statement initiating a request to have the medication administered to the pupil or to have the pupil otherwise assisted in the administration of the medication, in accordance with the authorized health care provider's written statement.

**CEC. 49423.** (a) Notwithstanding Section 49422, any pupil who is required to take, during the regular school day, medication prescribed for him or her by a physician and surgeon, may be assisted by the school nurse or other designated school personnel or may carry and self-administer prescription auto-injectable epinephrine if the school district receives the appropriate written statements identified in subdivision (b)

(b) (1) In order for a pupil to be assisted by a school nurse or other designated school personnel pursuant to subdivision (a), the school district shall obtain both a written statement from the physician detailing the name of the medication, method, amount, and time schedules by which the medication, method is to be taken and a written statement from the parent, foster parent, or guardian of the pupil indicating the desire that the school district assist the pupil in the matters set forth in the statement of the physician.

(2) In order for a pupil to carry and self-administer prescription auto-injectable epinephrine pursuant to subdivision (a), the school district shall obtain both a written statement from the physician and surgeon detailing the name of the medication, method, amount, and time schedules by which the medication is to be taken, and confirming that the pupil is able to self-administer auto-injectable epinephrine, and a written statement from the parent, foster parent, or guardian of the pupil consenting to the self-administration, providing a release for the school nurse or other designated school personnel to consult with the health care provider of the pupil regarding any questions that may arise with the medication, and releasing the school district and school personnel from civil liability if the self-administering pupil suffers an adverse reaction as a result of self-administering medication pursuant to the paragraph.

Section 49423.1 is added to the Education Code, to read:

**CEC. 49423.1.** (a) Notwithstanding Section 49422, any pupil who is required to take, during the regular school day, medication prescribed for him or her by a physician and surgeon, may be assisted by the school nurse or other designated school personnel or may carry and self-administer inhaled asthma medication if the school district receives the appropriate written statements specified in subdivision (b).

(b) (1) In order for a pupil to be assisted by a school nurse or other designated school personnel pursuant to subdivision (a), The school district shall obtain from the physician and surgeon detailing the name of the medication, method, amount, and time schedules by which the medication is to be taken and a written statement from the parent, foster parent, or guardian of the pupil requesting that the school district assist the pupil in the matters set forth in the statement of the physician and surgeon.

(2) In order for a pupil to carry and self-administer prescription inhaled asthma medication pursuant to subdivision (a), the school district shall obtain both a written statement from the physician and surgeon detailing the name of the medication, method, amount, and time schedules by which the medication is to be taken, and confirming that the pupil is able to self-administer inhaled asthma medication, and a written statement from the parent, foster parent, or guardian of the pupil consenting to the self-administration, providing a release for the school nurse or other designated school personnel to consult with the health care provider of the pupil regarding any questions that may arise with regard to the medication, and releasing the school district and school personnel from civil liability if the self-administering pupil suffers an adverse reaction by taking medication pursuant to this section.