COVID 19 SAFETY PLAN (CSO)

In response to the novel Corona virus (Covid 19) pandemic, Star Christian School and Child Care Center has developed a Covid 19 safety plan.

This safety plan relies on common understanding of a "multiple barrier approach" to reduce exposure and transmission of the Covid 19 virus.

All activities are consistent with and will adjust to changing applicable to the state and local health orders.

Barriers Include

- Health and safety practices and protocols in place, including hand washing, appropriate face coverings, and access to essential protective equipment.
- Training is provided to all staff and students reinforcing the importance of health and safety practices and protocols.
- plans are implemented for intensified cleaning and disinfecting, including training for staff and access to cleaning supplies and essential protective equipment and regular disinfecting of frequently touched surfaces.
- Daily health screening for students are conducted at the assigned entrance gate including taking student temperatures . Staff are to provide a daily health affirmation each work day by completing a form managed by the office.
- Staff and students who are sick are expected to stay home.
- School will cooperate with public health to support testing strategies to mitigate transmission of Covid 19, upon request.
- Protocols, actions, and templates are in place for the following Covid 19 related scenarios.
    - ✓ A student or staff member either exhibits Covid 19 symptoms , answers yes to health screening questions or has a temperature of 100.4 or above.
    - ✓ A family member or someone in close contact with a student or staff member test positive for Covid 19 .
    - ✓ A student or Staff member tests positive for Covid 19.
    - ✓ A student or staff member test negative for Covid 19 after any of the reasons in the above scenarios.

- Where practical , physical distancing of six feet is maintained between adults and students; four to six feet distance is permissible between students within a classroom or instructional area where requirements herein are in practice.
- For elementary , stable classroom cohorts are maintained throughout each school day, and through each quarter or semester, with an assigned primary cohort teacher, and systems are in place to prevent the mixing of classroom cohorts.

Types of protective material provided to employees at this school location include:

- Students - face masks
- General Staff - face masks, and disposable gloves
- Day custodian - masks, disposable gloves, and goggles.
- Health Clerk : Face Masks / shield, disposable gloves

Additional Control Measures implemented at this school include:

- School has secured away all sports equipment, etc.

Cleaning and Disinfecting protocols

- Thorough cleaning in high traffic area is performed regularly. Commonly used surfaces are frequently disinfected.
- All Shared equipment and touchable surfaces are cleaned and sanitized between each use as much as practicable
- All entrances and exits are equipped with proper sanitation products , including hand sanitizer and sanitizing wipes.
- Hand washing facilities will be made available and will stay operational and stocked at all times and additional soap, paper towels, and hand sanitizer are supplied when needed.
- Sanitizing supplies are provided to promote employees' personal hygiene. This may include tissues , hand soap, adequate time for hand washing, alcohol based hand sanitizers, disinfectants, and disposable towels.
- Cleaning Products are used that meet the (EPA)'s approval for use against Covid 19.
- School hours and / or other procedures have been modified to provide adequate time for regular, through cleaning, product stocking, or other measures
- Staff is provided adequate time to implement cleaning practices before and after shifts.

Star Christian School AND CHILD CARE CENTER

COVID 19 DAILY STUDENT HEALTH SCREENING

1. Has the student had close contact with anyone diagnosed with Covid- 19 within the last 14 days?
2. Does the student have any of the following symptoms within the last 24 hours?

- fever (100.4 degrees or above?)
- prolonged cough
- shortness of breath
- chills
- muscle pain
- headache
- sore throat
- diarrhea
- vomiting
- flu - like symptoms

Any "YES" answers must be reported to the School's Covid 19 point of contact.

Covid 19 Daily Health Screening for Staff

Daily (work day) completion of this form by staff member that enters Star Christian School and Child Care Center is MANDATORY.

Please circle Yes or No

First and Last Name:

1. I affirm that I have been without fever for 24 hrs without the use of fever- reducing medications and that I have not had new or worsening symptoms of respiratory illness (cough, shortness of breath, or runny nose) in the past 24 hours.

Yes

No

2. I have not had close contact with anyone with respiratory illness or confirmed or probable case of Covid - 19 within the last 14 days.

Yes

No

Room #

Time In: Estimated Time Out :

* If you answer no to either of the questions above, you must go home immediately and contact your supervisor for further instructions.

Star Christian School

CHILD CARE CENTER

Daily Health Screening

First and Last Name:_____ WEEK: :_____

Room Numer:_____

MONDAY

Time In:_____ Estimated Time Out_____

Symptoms

1.-Do you have any of the following symptoms (check all that apply)? Loss of taste/smell ☐

Fever> 100 degrees F ☐ Cough ☐ Sore throat ☐ Shortness of breath ☐

2. a. In the last month, have you traveled to an area with widespread outbreak either within or outside of the United State? AND/OR (www.cdc.gov/coronavirus/2019-ncov/traveles/after-travel-precautions.html)

b. Have you had close contact with a person know to have COVID-19, MERS-CoV or Ebola?

Yes ☐ No ☐

3. Have you traveled outside of the United States in the last 30 days?

Yes ☐ No ☐

TUESDAY

Time In:_____ Estimated Time Out_____

Symptoms

1.-Do you have any of the following symptoms (check all that apply)? Loss of taste/smell ☐

Fever> 100 degrees F ☐ Cough ☐ Sore throat ☐ Shortness of breath ☐

2. a. In the last month, have you traveled to an area with widespread outbreak either within or outside of the United State? AND/OR (www.cdc.gov/coronavirus/2019-ncov/traveles/after-travel-precautions.html)

b. Have you had close contact with a person know to have COVID-19, MERS-CoV or Ebola?

Yes ☐ No ☐

3. Have you traveled outside of the United States in the last 30 days?

Yes ☐ No ☐

WEDNESDAY

Time In:_____ Estimated Time Out_____

Symptoms

1.-Do you have any of the following symptoms (check all that apply)? Loss of taste/smell ☐

Fever> 100 degrees F ☐ Cough ☐ Sore throat ☐ Shortness of breath ☐

2. a. In the last month, have you traveled to an area with widespread outbreak either within or outside of the United State? AND/OR (www.cdc.gov/coronavirus/2019-ncov/traveles/after-travel-precautions.html)

b. Have you had close contact with a person know to have COVID-19, MERS-CoV or Ebola?

Yes ☐ No ☐

3. Have you traveled outside of the United States in the las 30 days?

Yes ☐ No ☐

THURSDAY

Time In:_____ Estimated Time Out_____

Symptoms

1.-Do you have any of the following symptoms (check all that apply)? Loss of taste/smell ☐

Fever> 100 degrees F ☐ Cough ☐ Sore throat ☐ Shortness of breath ☐

2. a. In the last month, have you traveled to an area with widespread outbreak either within or outside of the United State? AND/OR (www.cdc.gov/coronavirus/2019-ncov/traveles/after-travel-precautions.html)

b. Have you had close contact with a person know to have COVID-19, MERS-CoV or Ebola?

Yes ☐ No ☐

3. Have you traveled outside of the United States in the last 30 days?

Yes ☐ No ☐

FRIDAY

Time In:_____ Estimated Time Out_____

1.-Do you have any of the following symptoms (check all that apply)? Loss of taste/smell ☐

Fever> 100 degrees F ☐ Cough ☐ Sore throat ☐ Shortness of breath ☐

2. a. In the last month, have you traveled to an area with widespread outbreak either within or outside of the United State? AND/OR (www.cdc.gov/coronavirus/2019-ncov/traveles/after-travel-precautions.html)

b. Have you had close contact with a person know to have COVID-19, MERS-CoV or Ebola?

Yes ☐ No ☐

3. Have you traveled outside of the United States in the last 30 days?

Yes ☐ No ☐