



3850 Old York Road

Elkins Park, PA 19027

215-887-3625

July 28, 2020

Dear Parents,

At Beth Shalom we have been following all protocols put forth by the CDC and the Pennsylvania Department of Health. At the time of this mailing, the following procedures are in place for the safe reopening of our Learning Center. You will be notified of any other changes that might take place between now and September 8.

Please note:

- Parents will not be allowed in the building.
- A teacher will greet you at the designated entrance. Parents must wear a mask when dropping off and picking up.
- All children two and older will wear masks.
- When arriving at school, there will be:
 - Temperature checks
 - Completion of a health survey (Please bring your own pen)
 - All children will wash their hands (with a hand sanitizer)
- There will be no specialists permitted in the building at the present time, therefore, we have not scheduled Music, Hebrew, Mandarin or Coach Dave.
- Each child will remain with their own class throughout the day. This includes Early care, Late care and playground time. This is to limit possible exposure.
- The same teachers will remain with each class all day.
- No backpacks or lunch bags are permitted.
- Please do not send toys from home.
- Please send lunches to school in a labeled, disposable plastic bag.

Our goal is to keep your child safe! And, of course to continue to provide an excellent, fun, educational program for your child. I have scheduled a three- day professional workshop in August for our entire staff. It will help all of us to best prepare to teach and care for your very special children in this COVID environment.

We value your partnership and look forward to seeing all of you in September.

Stay Well!

Stay Safe!

Eileen



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Elkins Park, PA 19027
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July 28, 2020

To all Early Learning at Beth Sholom Parents,

In order to minimize the risk of exposure to COVID 19, the staff at Beth Sholom will follow all CDC procedures and be in compliance with Pennsylvania regulations. We want to make you aware of these new procedures. Please sign the last page and return to school to acknowledge that you have read each item carefully.

1. I understand that during this COVID-19 Public Health Emergency I will NOT be permitted to enter the facility beyond the designated drop-off and pick-up area. I understand that during drop-off and pick-up I MUST wear a mask at all times. I understand that this procedure change is for the safety of all persons present in the facility and to limit, to the extent possible, everyone's risk of exposure. I understand that it is my responsibility to inform any Emergency Contact persons of the information contained in this letter.

.2. I understand that to enter the facility, my child must be free from COVID-19 symptoms. If, during the day, any of the following symptoms appear my child will be separated from the rest of the people in the center. I will be contacted, and my child MUST be picked up from the facility within 45 minutes of being notified. If my child, or a member of our household, is experiencing any of the following symptoms, my child will be excluded from the program.

Symptoms include,

- fever of 100.4 degrees Fahrenheit or higher
- dry cough
- Shortness of Breath
- Chills
- Loss of taste or smell
- Sore Throat
- Muscle aches

While we understand that many of these symptoms can also be related to non-COVID-19 related issues, we must proceed with an abundance of caution during this Public Health Emergency. These symptoms typically appear 2-7 days after being infected so please take them seriously. Your child will need to be symptom-free without any medications for 72 hours before returning to the facility.

3. I understand that my child will wear a mask at all times while in the facility and on facility premises. Children 2 years of age and under should not wear a mask. Children eating or napping should not wear a mask.

4. I understand that my child must bring a pair of shoes to the facility that will ONLY be worn inside this facility and will be left here each evening. I MUST remove my child's shoes at the entrance of the facility. Staff will have the child put on their "center only shoes" once the child washes their hands and goes into the classroom. At pick-up, Staff will remove the child's "center only shoes" and the child will be brought to the entrance where I will put on my child's outside shoes prior to leaving the facility.

5. I understand that to limit the exposure risk for everyone in the center, my child will be excluded from the program for 14 days upon return, if my child or anyone from our household travels to any country, state, county or city that is considered to be a "hot spot" for COVID-19 infections. Further, if travelers from locations considered "hot spots" visit/stay in our home, my child will be excluded from the program for 14 days from the last day of their visit/stay. I acknowledge that a child is also not to attend if the child or anyone in their household flies to any destination. I further acknowledge that tuition will be due in full during any 14 day period the child is not permitted to attend the program as the child is still enrolled in the program.

6. I will immediately notify the Early Learning at Beth Shalom Administration if I become aware of any person with whom my child or I have had contact exhibits any of the symptoms listed in Number 2 above, is advised to self-isolate, quarantine, has tested positive, or is presumed positive for COVID-19. Further, I will immediately notify the Early Learning at Beth Shalom Administration if anyone from my place of employment is presumed positive or tests positive for COVID-19 whether or not I have had direct contact with that person. *This is not a HIPPA/Privacy violation as we are not requiring you to disclose the identity of the person.



Please fill this out completely, return before the start of school and save the important information listed above.

Thank you.

I, _____ certify that I have read, understand, and agree to comply with the provisions listed herein. I acknowledge that failure to act in accordance with the provisions listed herein, or with any other policy or procedure outlined by Early Learning will result in termination of services. I acknowledge that care for my child will be terminated if it is determined that my actions, or lack of action unnecessarily exposes another employee, child, or their family member to COVID-19.

Child's Name: _____ DOB: _____

Parent/Guardian's Name: _____

Parent/Guardian Signature _____ Date _____

Parent/Guardian's Name: _____

Parent/Guardian Signature: _____ Date: _____

Administration Witness: _____ Date: _____