

## WLPS Protocol Plans

Dear WLPS Families,

We hope you and your families are healthy and safe. We are excited to share our plans for re-opening. These plans have been thoughtfully made in consideration of our children, parents, and faculty. This information is fluid and subject to change as we learn new information and adjust to updated guidance. It is important to remember that we all play a part in preventing community spread of the virus and keeping each other healthy.

**We ask that you always err on the side of caution as you evaluate your child's health each morning before coming to school.**

We are looking forward to seeing you in September!

### CHILDREN:

- are not required to wear face coverings but may do so if preferred.
- exhibiting a temperature of **100.4 degrees or higher** should not come to school and may not return until after they are fever free without medication for at least 24 hours.
- who have a temperature over 100.4 degrees AND showing common symptoms of COVID-19 will be excluded from school for 14 days or until all symptoms disappear. Symptoms include but are not limited to low grade fevers, coughs, shortness of breath, fatigue, chills, muscle pains, headaches, sore throats, sneezing, runny noses, congestion, diarrhea, vomiting, or new loss of taste or smell.
  - **You are asked to err on the side of caution.** If your child is exhibiting any of these or other symptoms, **please** keep him or her at home out of respect for the well-being of all.
- becoming ill at school will immediately be removed from the classroom to a safe monitored space and parents will be called for pick up. **It is important for us to be able to quickly reach you or your emergency contacts! Someone must always be reachable!**
- will continue our practice of washing their hands throughout the day, including when entering classrooms, returning from the playground, before and after eating, and using the bathroom.
- that have seasonal allergies should take their non-sedating allergy medicine in the morning. Students with excessive snot and mucus will be excluded from school as this is just another pathway for the spread of a virus. Speak with your pediatrician for guidance of appropriate treatment.

### PARENTS:

- will monitor their health and their children’s health on a daily basis. This includes temperature and any symptoms. They will stay away from WLPS if symptoms are present.
- will wear face coverings that cover their nose and mouth inside WLPS (when allowed).
- will not be allowed in the classroom except for individual class visits.
- will pick up and drop off children to a WLPS Faculty member on the front porch.
- will notify the school by phone or e-mail if they determine it is best to keep their child at home for the day or longer.
- will alert the school immediately if they or their child exhibit symptoms of COVID-19 or have been in close contact with family members or other individuals that are COVID-19 positive or exhibiting symptoms. You should quarantine and follow CDC and the Local Health Department guidelines.
- will wait upon arrival with their children in their cars until the school door is open for entry.
- will wait in their cars until the school door is open for dismissal.

**FACULTY AND STAFF:**

- are required to wear appropriate face coverings as needed.
- are required to stay home if they are experiencing a fever or any sign of an illness.
- will wash hands frequently throughout the day and will wear gloves when in contact with any bodily fluids, preparing food, feeding children and diaper changing. Hand sanitizer will also be used as needed.

**BUILDING:**

- will have a daily cleaning of all rooms with hospital grade disinfectants. This includes floors, tables, doorknobs, light switches, countertops, handles, toilets, faucets, sinks and any other surfaces that are frequently touched.
- will keep proper air circulating and will operate with Ultra Violet lighting in air handlers.

**Acknowledgement:**

I have read the WLPS Reopening Plans and understand that the implementation of this precautionary plan is to help maintain the health and safety of all families, children, faculty, and staff. I realize that it is impossible to eliminate all possibilities of my child contracting any type of virus or illness. I support this plan and will follow all guidelines and recommendations to do my part to promote good health for the best interest of everyone.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Child’s/Children’s Name(s)

\_\_\_\_\_  
Signature/s

\_\_\_\_\_  
Date