

# **Health and Safety Policy during COVID-19 Pandemic Period**

## **Early Childhood Development Center Kaleidoscope**

### **Health and Safety Policy during COVID-19 Pandemic Period**

All content in this document can be amended, edited, or supplemented at any time. Families and staff will be notified about any changes.

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# Health and Safety Policy during COVID-19 Pandemic Period

This document outlines what Early Childhood Development Center Kaleidoscope does to establish measures for safety in the Child Care Center during the COVID-19 crisis. The program ensures a safe learning environment for both children and staff by having health and safety and security policies and procedures in place.

The existing Kaleidoscope's regular policies and protocols remain in place. Although, some are modified during this time.

To limit the spread of COVID-19, Kaleidoscope preschool has adopted more stringent protocols for building access and an increase of disinfecting and cleaning protocols.

## REGISTRATION

Upon registration, families must provide the following:

- Medical Documentation
  - Families must submit a current medical form (within 12 months of the date of entry) which includes proof of immunizations (preferred)
    - Completed Immunizations, based on the age, including the influenza vaccine.
    - Children without the influenza vaccine are **not** allowed to enroll, unless they have received a signed medical exemption as outlined in the NYC Health Code
  - Families must give written consent for program staff to act and obtain appropriate health care in the event of an emergency
    - If applicable, families should provide an individualized health care plan indicating specific emergency medication (i.e., an epinephrine auto-injector, asthma inhaler and/or nebulizer) to be administered for the child
  - If applicable, children must have an Allergy Response Plan identifying their allergy(ies) and detailing the steps that need to be taken
- Other documentation
  - Proof of age (birth certificate, passport)
  - Emergency Contact Card ("blue card") that includes:
  - At least 2 emergency contacts, approved escorts, Parent Questionnaire with home language and health related information.

Upon registration, the program provides the following:

- Program's point of contact & telephone number
- Program's email address
- Hours of operation
- Parent Questionnaire to be completed and returned by following day
- Daily Expectations of families (e.g. daily health checks with families present, emergency contacts available to pick up child)
- Arrival and Dismissal Locations (have different entrances for different age groups to avoid

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- unnecessary congregating of families and/or have staggered times)
- Arrival and Dismissal policies to include staggered times
- Open Door Policies. This is not allowed.

## DAILY OPERATIONS

**Program Days:** Monday - Friday

**Program Hours:** 8:00 am - 6:00 pm

### **Arrival**

Children should be healthy in order to attend the preschool. A child should be fever-free for 72 hours before he/she may return to the preschool. A child cannot be receiving any fever reducing medicine while attending the preschool.

At arrival families must:

- Sign child(ren) in to the program daily
- Be prepared to provide health check information prior to the start of each day. Failure to do so could result in not allowing the child to attend on that day.
- Be prepared to drop your child(ren) off at the entrance of the building or program.  
(Non-essential adults are not allowed to enter the building)

At arrival program will:

- Have a designated staff member(s) at each entrance point doing daily health checks on each child before the child's family leaves the premises.
  - This could include asking the family questions as it relates to COVID-19 symptoms and ensuring that families have taken their child's fever prior to drop off.
- Following the health check, preschoolers (and toddlers) should be dropped off at the front of the building and escorted to the program by a staff member. If a family member must come into the building, he/she must wash their hands or apply hand sanitizer upon entry.
- Once child(ren) are in the building they are taken to wash their hands immediately before touching anything.
- Upon entering the building, family members must be wearing a face covering. Families will be prohibited from entering if they are not wearing a face covering.

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## Dismissal

Identified staff member will bring children to the designated dismissal location at their designated time.

At dismissal families must:

- Sign child(ren) out of the program daily
- Share any relevant information as it pertains to change in schedule, pick up/drop off, or COVID-19 status.
- Families should be prepared to pick children up from the entrance of the building or program. (Non-essential adults will be advised to not enter the building)
- Upon entering the building, family members must be wearing a face covering and complete hand washing or apply sanitizer. Families will be prohibited from entering if they are not wearing a face covering.

At dismissal program will:

- Share any updates on the child as it pertains to their health, activities participated in, meals eaten, length of nap, or overall program, etc.
- Have family member or approved escort sign out the child.
- Remind families to inform program of any changes to their schedule or absences.
- Copies of Pick Up Permission are made to ensure that one set is kept in the classroom and one sets are kept with the sign in/sign out logs for use at arrival and dismissal.

## Attendance

Program ensures that all children are accounted for at all times. A child's attendance is taken upon arrival to the classroom and checked various times throughout the day, to include, but not limited to, after outdoor gross motor play, at meals, after center time/free play.

**To ensure Social Distancing Practices, the program will**

- Create physical space among the children and between children and staff in the classroom. Keep at least 6 feet between one person and the next, as much as possible
- Limit classrooms to no more than 15 children and 2 teaching staff members in the classrooms of children ages 3-4, and up to 12 children and 2 teaching staff members in the classroom of 2 year-old children.
- Modify circle time and other similar classroom activities so that students can spread out. Do not gather in large crowds.
- Remain at less than 50% capacity in facility rooms and overall to encourage social distancing.
- Stagger times for arrival, dismissal, gross motor play, breaks and other activities. These approaches can limit the amount of close contact between children in high-traffic places and times
- Have meals and snacks in classrooms. Avoid sharing tables whenever possible. Remind children not to share food or drinks.
- Limit visitors

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## Daily Routines and Schedules

It is important to create consistency as soon as possible, by setting routines and schedules for the children. Planned activities are maintained daily to the extent possible.

All age groups of children should expect to:

- Engage in centers, read-alouds, and use classroom materials
- Participate in age-appropriate art and music activities
- Participate in gross motor play using an onsite outdoor play space.
- Eat two meals and a snack each day
- Have an age-appropriate rest period

A separate gross motor play time allotted for all age while also ensuring that social distancing is maintained. The program does not take children to local parks.

## DAILY HEALTH CHECKS

Daily health checks happen for both children and staff upon arrival. Child health checks are documented and done before families leave in the morning. Staff checks are documented and completed upon staff's arrival for their shift. As an additional precaution, the program does periodic health checks throughout the day such as before a meal, after a nap, during toileting. This includes asking the child how they are feeling, and observing etc.

### Guidance for Child Health Checks

When family members arrive with children, they will be asked about the health of any children being dropped off before entry. Families must assess their children at home before bringing them to the program. Home assessment should include:

- Temperature assessment, measured as 100.4 or above or self-reported as feeling feverish, and
- Evaluation of the child for cough and shortness of breath and sore throat
  - If children show cold or flu-like symptoms, they should remain home.

On arrival, a designated person will ask the family member the following:

1. Has the child had a fever or felt feverish in the past 24 hours?
2. Has the child had a new cough, sore throat or shortness of breath in the past 24 hours?

If the answer is YES to either question, the child cannot be permitted to participate to ensure the safety of others.

If the answer is NO to both questions, the child may enter the program for the day.

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## Guidance for Staff Health Checks

Staff should refrain from reporting to the program if they:

1. Have a fever or felt feverish in the past 24 hours
2. Have a new cough, sore throat, or shortness of breath in the past 24 hours

Staff is instructed to report their expected absence to the Education Director as soon as possible, and consult a health care professional about their condition. Staff that become ill should provide the Education Director with daily updates about their health status.

The Education Director will utilize their sub plan to provide coverage for absent teachers.

## DAILY HYGIENE

- The program ensures there are protocols in place for increased handwashing while using the appropriate procedure throughout the day and enough time to do so.
  - signage promoting handwashing is posted at each handwashing sink.
- Staff supports children who are still working towards full mastery of toileting skills.
- Staff ensures that children's bedding (blankets and sheets) are cleaned weekly.

## FACE COVERINGS/MASK

*Note: This guidance is subject to change, pending additional State and City guidance*

### Context on the Use of Face Coverings/Masks

All staff must use a face covering or mask while they are on-site. Children do not need to wear face coverings or masks when they are in the program, or in our outdoor space that belongs exclusively to Kaleidoscope.

Face coverings or masks should be used by staff, children (over 2 years of age), and family members while traveling to and from Kaleidoscope, if social distancing cannot be maintained, such as on public transportation. Additionally, all family members or other visitors (e.g., delivery personnel, etc.) over the age of 2 who are entering the program must be wearing a face covering or mask.

Families may choose to have children (over 2 years of age) wear face coverings or masks at the program. Face coverings or masks will not be placed on children younger than 2 years of age, anyone who has trouble breathing, or anyone who is otherwise unable to remove the mask without assistance. This includes children with severe asthma, who should not wear face coverings or masks. Please be mindful of younger children with face coverings or masks if they are around small items that could be choking hazards.

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## Additional Health and Safety Guidelines for Use of Face Coverings/Masks

- Reusable face coverings/masks are strongly encouraged as they are best for the environment and most sustainable over time.
  - A face covering can include anything that covers your nose and mouth, including dust masks, scarves, bandanas, and homemade face coverings. Medical-grade PPE (e.g., N-95 respirators) remains a critical need for health care workers and first responders and, therefore, should be prioritized for those settings.
  - When entering the program with a face covering/mask used outdoors, it is recommended that staff switch to a clean, uncontaminated face covering/mask.
    - It is a best practice for staff to have two separate face coverings/masks; one as you are commuting to the site and one to wear on-site. The program keeps a supply of additional face coverings/masks on site.
  - Face coverings/masks will need to be washed by hand or machine using detergent and returned each day. Face coverings/masks should be fully dry before using each time.
- Moisture buildup is a real concern with face covering/mask wearing for young children; therefore, the following procedures/guidelines are put in place:
  - Conduct frequent checks for moisture build-up and/or the development of facial rashes on any children who are wearing face coverings/masks. Incorporate rash checks during bathroom schedules and mealtimes.
  - Any signs or symptoms of a rash will be documented and families will be notified according to DOHMH protocol.
- Face coverings/masks will be removed with gloved hands and placed into a plastic bag or other airtight container. The skin will be washed with soap and water and patted dry. Allow the skin to air dry.
- Face coverings/masks will be stored in an airtight container (such as a plastic sandwich bag with a zip) and labeled with the individual's name.
- Gloves and proper sanitation will always be used when touching a used or contaminated face covering/mask.
- Young children might take off their face covering/masks without warning. It is important to watch for signs that they want to remove the face covering/mask to avoid them taking it off on their own and dropping it on a surface or the floor, where another child could have access to it.

## Introducing Face Covering/Mask Wearing to Children

- Introduce face covering/mask wearing during group meeting. Teachers might create a story explaining why people are wearing face coverings/masks. If age appropriate, we may ask the children to help us write a story about face covering/mask wearing.
- Let children explore their face coverings/masks prior to wearing them. Provide a mirror for children to see what they look like in their face covering/mask. Encourage them to share how they feel about their face covering/mask.
- Ask children if you can place the face covering/mask on their face. If they say yes, explain what

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you're doing ("I'm going to put this over your face, now I'm going to put the elastic behind your ears". . .) so they can anticipate and understand what is happening. If they get frightened or refuse, tell them it is okay and try again later.

- When speaking with children, address questions/concerns openly and honestly, providing accurate and developmentally appropriate information for the age group.
- Share photos of real adults and children wearing face coverings/masks. Help children understand that face coverings/masks help to keep us safe and keep away from germs.

## Communicating with Children While Wearing Face Coverings/Masks

- Children rely on our body language and expressive tones to interpret adult messages. When staff are wearing face coverings/masks, children will not be able to see their facial expressions, so eye contact and voice inflection is especially important.
- Children and adults rely on lip reading and facial expressions to understand each other's language, therefore it is imperative that adults speak clearly and that they monitor children's frustration levels when communicating.
- Consider hanging photos of children's and staff members' faces without face coverings/masks on around the classroom and having staff pin photos of themselves without face coverings/masks to their shirts so that children can see their smiling faces.

## Meeting Children's Social Emotional Needs While Wearing Face Coverings/Masks

- Some children may find face coverings/masks scary. It is important that adults remain attuned to how children are feeling and provide a lot of comfort, positive reinforcement and space for children to express their feelings.
- Children play out their feelings and experiences. Children may bring a stuffed toy from home that they can put a face covering/mask on. Teachers can model this by bringing in their own stuffed toy and showing the children how putting a face covering/mask on their stuffed toy is like putting a face covering/mask on themselves.
- Children will not be forced to wear a face covering/mask. Staff may provide short periods of time throughout the day where they try wearing a face covering/mask and create opportunities for them to express their feelings through art, dance, dramatic play, or social stories.

## Additional Health and Safety Reminders

- Stay home when you are sick.
- Cover your coughs and sneezes.
- Wash your hands often with soap and water for at least 20 seconds.
- Maintain social distancing of at least six feet whenever possible.

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## MEALS

The program offers children breakfast, lunch, and an afternoon snack using the USDA/CACFP nutrition guidelines. The program also adheres to individualized meal guidance from families of children with special dietary needs.

*The program uses the classroom for serving meals non-family style.*

The program adheres to the food safety and sanitation policies in accordance with New York City Department of Health and Mental Hygiene (DOHMH) policies and guidelines, defined by the Early Childhood Environmental Rating Scale – Revised (ECERS-R).

## FOOD ALLERGIES

The program has a process in place to identify any children with food allergies.

- Upon being notified that a child has allergies, the program takes the following steps to collect information and plan collaboratively with the child’s family and physician to support his or her needs:
  1. Request that parent/guardian(s) complete the [Allergies/Anaphylaxis Medication Administration Form \(AAMAF\)](#)
  2. Maintain all documentation in a secured location (e.g., director’s office)
  3. Staff collaboratively develops an [Allergy Response Plan](#) with child’s parent/guardian(s) and physician.
  4. Staff is trained on the individualized Allergy Response Plan and emergency care procedures for any child who is in their care. Information on child allergies must be made available to all staff that come in contact with the child, in a manner that respects child privacy. For example, a list of children’s allergies is posted in each classroom in a location that is only accessible to staff members.

## NAP/REST PROVISIONS

Kaleidoscope has a regularly scheduled time during which we provide an environment conducive for children to nap and rest. Quiet activities are provided for children who do not wish to nap or rest.

During nap and rest time, children are offered the following items to allow them to relax comfortably:

- A firm sanitary cot is provided for the exclusive use of each child (3 ft apart).
- Cots are cleaned and sanitized if soiled or contaminated. Disinfecting of cots happens weekly, at a minimum.
- Staff ensures careful supervision during sleep.

Children have a sheet and blanket to use during rest. This bedding is cleaned weekly or more frequently if it becomes soiled. All children’s bedding materials are stored separately and not touching.

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## SUPERVISION

- Children are never out of the line of sight of staff.
- Staff adjusts proximity for individual children who demonstrate needing closer supervision.
  - Continually counts and checks attendance as the group moves from space to space.
  - Closely monitors classroom doors if left open for any reason.
  - Children remain within the building and onsite playground. **Neighborhood walks and field trips are not permitted during this time.**

## SAFETY AND EMERGENCY GUIDANCE

The program has an existing safety plan in compliance with the NYC Department of Health and Mental Hygiene. All staff members are aware of the following:

### **Emergency Guidance**

- All emergency numbers are posted throughout the building.
- CPR/First Aid designated and trained staff member(s) - certification is up to date and on file. At least one trained person is on site at all times.
- All staff are aware of evacuation procedures and locations, in the event of an emergency.
- Medication administration:
  - Designated staff member(s) for emergency medication administration (Epi-pen, asthma inhaler, nebulizer). At least one trained staff person on site at all times.
  - Call 911 after administering Epi-pen, then call parents/guardians.
    - At least 2 Epi-pens on site at correct dosage for children in the program.
  - File incident report with DOHMH. Incident log kept on site and up to date in case needed at some future date.
  - Program maintains proper storage and disposal of all medications.
- Program has thermometers and a supply of medical and emergency equipment, including go bags/kits.

## HEALTH GUIDANCE

The situation regarding COVID-19 is rapidly changing, as is our knowledge of this new disease. The guidance in this document is based on the best information currently available.

The New York State Office of Children and Family Services has issued a COVID-19 FAQ for child care programs (see <https://ocfs.ny.gov/main/news/2020/COVID-FAQ-for-cc-programs-2020-03-16.pdf>).

### **COVID-19 Isolation and/or Exclusion Expectations**

Children and staff members should stay home if they are sick.

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In the event that a child or staff member is sick, the program adheres to the guidance below.

The program designates a private, enclosed area provided for separating ill children under direct adult supervision, until a family member can pick up the child. The area/room is large enough to maintain a comfortable 6 feet between the child and staff as well as has a desk phone and has ventilation. Prepare a laminated sign that reads "Occupied. Do Not Enter Without Proper Protective Equipment" for use on the room door.

- Designate a primary and secondary staff member who are certified in first aid and CPR, who will be responsible to escort any child or staff member who meets the criteria for potential COVID-19 infection to the pre-designated private area/room and provide adult presence during isolation.
- The designated staff members will be provided with personal protective equipment, including face masks, gloves, gown and face shield.
- Maintain a supply of medical and emergency equipment and supplies, including gobags/kits.

## Symptomatic Children

- If a child is sick, complaining/showing signs of fever, cough or shortness of breath, program staff will:
  - Designated staff member will escort the child to the isolation room.
  - Encourage the child to wear a face mask that is provided; the child should put it on themselves. If the child is unable to mask themselves, with the child's permission, staff will place a face mask on the child.
  - Notify the child's parent/guardian.
  - Post "Occupied. Do Not Enter Without Proper Protective Equipment." sign on the room door.
  - If the parent/guardian does not pick up, the program will call 911 for hospital transport, and complete and submit an Occurrence Report.
  - Upon completing the supervision of the child (transferring custody to parent or emergency medical personnel), designee will remove gloves (taking care to touch only the inner surface of the glove) and wash hands. Then remove the following in this order taking care to touch only the back of the items: face covering, gown, then wash hands. Hands will be washed after removing each item. All items may be disposed of in a regular garbage bin.
    - The private room will be left with the door closed for a minimum of 2 hours before cleaning and disinfection.
    - If the child is not referred for further evaluation (i.e., not suspected to have COVID19 infection), the program leader designee will refer the child (through their parent/guardian) to their private physician for further care needs. After cleaning and disinfecting the room, the private room can be used immediately thereafter for other purposes.

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## Symptomatic Staff

- If a staff member is sick and complaining of fever, cough or shortness of breath, supervisors will advise them to leave work and contact their doctor.

If the employee does not feel well enough to leave on their own, the program leader will assist with arrangement of ambulance services. If 911 is called, the program will complete and submit an Occurrence Report. Any adults waiting with the employee should be provided a face covering/mask and stay at least 6 feet away from the employee in the designated isolation room.

## Site Closure Due to Positive COVID-19 Case

- The program will contact [stayinghealthy@schools.nyc.gov](mailto:stayinghealthy@schools.nyc.gov) and [earlychildhoodpolicy@schools.nyc.gov](mailto:earlychildhoodpolicy@schools.nyc.gov) to share the following information if a staff member or child at the program tests positive for COVID-19:
  - Full name:
  - DOB:
  - Program:
  - Date was informed of positive test results:
  - Date was last in program building:
- Notify staff and families (while maintaining the confidentiality of sensitive health information).
- At this time, the programs with confirmed positive cases of COVID-19 will not automatically result in a mandated program closure.

## MAINTENANCE AND CLEANING SCHEDULE

Classroom teachers will clean, sanitize, and disinfect toys and materials in the classroom throughout the day.

### Cleaning and Disinfecting Toys in Child Care Settings

According to Caring for Our Children routine cleaning, sanitizing and disinfecting, keeping objects and surfaces in a child care setting as clean and free of pathogens as possible requires a combination of:

- A. Frequent cleaning
- B. When necessary an application of sanitizing or disinfecting

Cleaning, sanitizing, and disinfecting products are not used in close proximity to children, and adequate ventilation is maintained during any cleaning, sanitizing or disinfecting procedure to prevent children and caregivers/ teachers from inhaling potentially toxic fumes.

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When using bleach and water to sanitize or disinfect surfaces different amounts of times and concentrations are required to effectively sanitize or disinfect. Ensuring the correct concentration is important to ensure that we do not leave toxic residue on tables for eating or mouthed toys and to ensure proper sanitizing/disinfecting. In addition, the bleach solution is made daily as the mixture starts to degrade once mixed and exposed to light.

Surface	Mixture	Time Required
<b>Food Surface: tables that children eat at, high chairtrays, counters food is served on, etc.</b>	1/2 teaspoon bleach and 1 quart of water	The solution should be sprayed on and must remain on the surfaces for at least 2 minutes
<b>Surfaces in contact with bodily fluids:</b> changing tables, mats/cots that children may drool on or have toileting accidents, etc.	1 tablespoon bleach and 1 quart of water	The solution should be sprayed on and must remain for at least 2 minutes
<b>Toys:</b> Mouthed toys/Toys in classrooms with infants and toddlers	1 teaspoon and 1 gallon of water	Soaked for at least 5 minutes

## General guidelines for cleaning and/or disinfecting toys in child care settings

- Toys that cannot be cleaned and sanitized will not be used in child care settings.
- Toys that children have placed in their mouths or that are otherwise contaminated by body secretion or excretion will be set aside until they are cleaned by hand with water and detergent, rinsed, sanitized, and air-dried
- Play with plastic or play foods, play dishes and utensils, will be closely supervised to prevent shared mouthing of these toys.
- Indoor toys will not be shared between groups of children unless they are washed and sanitized before being moved from one group to the other.
- Small toys with **hard surfaces** (ex. plastic toys) can be set aside for cleaning by putting them into a dishpan labeled “soiled toys.”
- Toys with **soft or porous surfaces** (ex. plush toys, wooden blocks, board books etc.) cannot be submerged in water or soaked in cleaning solutions. Instead the toys should be wiped with a cloth that has been soaked in warm soapy water to remove any debris. If there is dirt or grime in the grooves, use a scrub brush to remove. Allow the toy to dry completely and then wipe the toy with a cloth that has been soaked in a disinfecting solution.

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Age Group	Frequency
<p><b>Toddlers</b></p>	<p>Since children this age are more likely to mouth toys, the frequency at which toys are cleaned and disinfected/sanitized should increase to reduce the spread of germs.</p> <p><b>Here are times when this should occur:</b></p> <ul style="list-style-type: none"> <li>● After all free play periods where children are using materials</li> <li>● When toys are mouthed or touched after a child has placed their hands in their mouth should be removed once the child is done playing with it so that it can be cleaned and sanitized before being used by another child</li> <li>● Rotate toys in for play so children still have options for play while materials that have become contaminated are removed for cleaning and sanitizing</li> <li>● At the end of the day</li> <li>● Pay attention to children as they play so that soiled toys can be collected and set aside for cleaning and sanitizing at the end of the day</li> </ul>
<p><b>Preschool Age</b></p>	<p>Preschool age children are less likely to mouth toys so the frequency at which toys would need to be cleaned and disinfected/sanitized is reduced. However, it is still important to clean and sanitize toys as they become soiled.</p> <p><b>Here are times when this should occur:</b></p> <ul style="list-style-type: none"> <li>● At the end of the day</li> <li>● Pay attention to children as they play so that soiled toys can be collected and set aside for cleaning and sanitizing at the end of the day</li> </ul> <p><b>Toys should be set aside when:</b></p> <ul style="list-style-type: none"> <li>● After a child has placed a toy in their mouth or touched a toy after placing their hands in their mouth. The toy should be removed once the child is done playing with it so that it can be cleaned and sanitized before being used by another child.</li> <li>● After the toy has come in contact with bodily fluids (sneezing, coughing, putting fingers in nose then touching a toy, etc.)</li> </ul>

**General guidelines to carry out sanitary diapering procedures:**

For children in diapers or pull-ups proper diapering procedures is followed to make sure conditions are sanitary.

- Clean the diapering surface/area by spraying it with a soapy water solution and drying with a paper towel or by wiping it with a water-saturated paper towel or wipe.
- Disinfect the diapering surface by spraying it with a bleach-water solution (1 tablespoon bleach and 1 quart of water) and wait at least 2 minutes before wiping (or allow to air dry).

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## In Addition:

- All bathrooms remain sufficiently stocked with liquid hand soap and paper towels.
- All handwashing sinks are in a state of good repair.
- Staff's daily cleaning of their classrooms adheres to the following:
  - Wipe down all exposed surfaces utilizing an antiviral cleaning product. Special attention is to be paid to horizontal surfaces in classrooms, classroom materials, and bathrooms, including food surfaces, outdoor gross motor equipment, diaper changing areas, and napping surfaces. Frequently contacted items, such as faucet handles, door hardware, push plates and light switches are wiped down regularly.
  - Operable windows and both supply and exhaust ventilation systems are checked for proper operation. Windows are kept open where practical and HVAC equipment operates with maximum airflow.
  - Staff are instructed to use EPA-registered antiviral products that have an approved emerging viral pathogen claim for COVID-19 or a product with label claims against human coronaviruses. All products are to be used according to the label instructions.

We want to thank our families and staff you for their partnership. Delivering the service during this challenging time is so necessary and this would not be possible without our ongoing collaboration.

We value your input and feedback. If you have any questions or feedback, please contact Oksana Grebenyuk at [ecdckaleidoscope@aol.com](mailto:ecdckaleidoscope@aol.com).