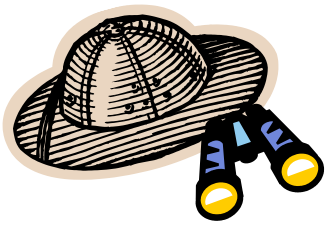


Dooley Center
16170 Canberra
Roseville MI 48066
586-439-7600
Fax 586-439-7601
Kathy Moroney – Director

CAMP DOOLEY ENROLLMENT CHECKLIST

Step 1. Schedule an appointment to turn in registration paperwork. The link to schedule an appointment can be found here or on the Dooley Programs tab on Dooley's website.

- http://dooley.fraser.k12.mi.us

We must have the following documents to complete the registration process. You may pick up the forms at the Dooley Center or you may complete them online and print them or download the competed forms and email to Katherine.moroney@fraserk12.org

- Required Camp Dooley Enrollment Documents
  - Child Information Card
  - Medical/Allergy Questionnaire
  - Completed Health Appraisal-doctor's signature required (Not required for current FPS Elementary students)
  - Concussion Awareness
  - Camp Dooley Program Policies
  - Notice of licensing notebook
  - Pesticide advisory
  - Days/Hours needed
  - T-Shirt order form (Due by May 31st)
  - Copy of up-to-date Immunization Record (Not required for current FPS Elementary students)

ALL FORMS ARE NEEDED FOR A CHILD TO ATTEND

- Your child's **Original Birth Certificate- (we will make the copy)**
  - Can be ordered online at www.vitalchek.com
  - Can be obtained from the courthouse of the county where the child was born
  - Can contact State of Michigan Vital Records by phone at (517) 335-8656

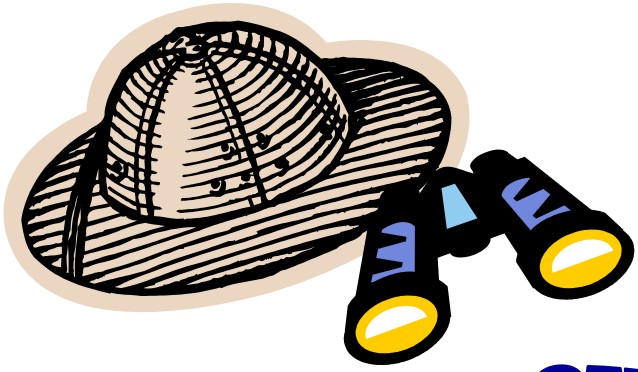
Step 2.

Pay the registration fee either at the Dooley Center with cash or check or pay with a credit card when the invoice is emailed to you. **Registration is not complete until the registration fee is paid.**

If you have any problems, please call:

- Bookkeeper-(586) 439-7038
- Dooley office (586) 439-7600
- Or email katherine.moroney@fraserk12.org

Step 3. Review Camp Dooley Exclusion/Illness Policy



JOIN US AT CAMP DOOLEY FOR A FUN KID FRIENDLY SUMMER

CAMP DOOLEY

Located at the Dooley Center

16170 Canberra • Roseville MI 48066 • 586.439.7600

Dear Parents,

We are planning our summer childcare, Camp Dooley, which will be available for 3-year-olds (who are fully potty trained) through current 3rd grade students.

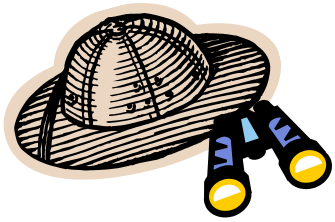
Our hours of operation will be Monday thru Friday from 7:00 a.m. until 6:00 p.m. The summer program will begin June 21st through August 26th. Camp will be closed July 2nd & 5th for Independence Day. For Friday, August 27th and the week of August 30th you will need to make other arrangements for your children, as we need to prepare and clean for the new school year.

The non-refundable registration fee is $60.00 for one child or $75.00 per family due at registration. The per/hr per child charge is $5.25. Fees are to be paid in advance based on the schedule provided at registration. Invoices are emailed weekly. Payment of fees is due on or before Thursday of each week for the following week's care. **There are no refunds for days not attended.** It is your responsibility to keep all receipts for tax purposes and to notify the office, at the time of registration, if F.I.A. will be required to be billed.

Registration will begin Monday, May 3rd at the Dooley Center**.** Starting April 30th, there will be a link on the website to sign up to turn in paperwork. Registration forms are available to be picked up in the office or online at http://dooley.fraser.k12.mi.us. **Once ALL forms are completed and returned to the office and the registration fee is paid, your child will be placed on the Camp Dooley list for the days specified at registration.**

We look forward to spending a fun filled summer with your child!

Sincerely,
Dooley Camp Staff



Camp Dooley Payments

Parents/legal guardians need to submit payment based on the schedule provided at the time of registration. **The registration fee must be paid to secure the child's placement.**

- **We will use the schedule that you provided to reserve a spot for your child. We do not provide refunds if a child does not attend on their scheduled days.**
- Fees are paid in advance. Invoices are emailed weekly on Monday.
- Payment of fees is due on or before Thursday of each week for the following week's care.
- Parents/legal guardians that do not make their payments by Friday for the following week could lose their spot in Camp Dooley. They will be contacted if this situation occurs.
- If the account is not kept current or is chronically delinquent, we reserve the right to terminate care until full payment is made or permanently terminate childcare.
- Families with overdue accounts from the previous school year must pay the balance in full before current year registration will be accepted. We reserve the right to deny childcare services when payment is delinquent.

Credit Card

Online: A link to pay with a credit card will be sent to your email from our bookkeeper. **For your convenience, you may use the link provided on the invoice, to make the payment through the online portal. There are no fees attached to paying online. You may also send a check or money order to the address provided in the email.**

CAMP DOOLEY
CHILD INFORMATION CARD

Enrollment Date	Date of Discharge

Child's Name (Last, First, Middle Initial)			Home Phone Number ( ) -
Date of Birth	Gender (circle one) M F	Grade	Allergies, If Any
Address (Number and Street)	City	State	Zip Code
Mother/Legal Guardian's Name			Cell Phone Number ( ) -
Email Address			Work Phone Number ( ) -
Address (Number and Street)	City	State	Zip Code
Location when child is at Camp	Address		
Father/Legal Guardian's Name			Cell Phone Number ( ) -
Email Address			Work Phone Number ( ) -
Address (Number and Street)	City	State	Zip Code
Location when child is at Camp	Address		
Parent's Name (Parent That Will Be Liable For Payment)	Billing Email address:		
Will Child Be An FIA Recipient (circle one)? YES NO			

PERSON OTHER THAN PARENT TO BE NOTIFIED IN EMERGENCY SITUATION WHEN PARENT IS NOT AVAILABLE

Name	Relationship	Phone Number ( ) -	
Address (Number and Street)	City	State	Zip Code

NAMES OF PERSONS OTHER THAN PARENT TO WHOM CHILD MAY BE RELEASED

1.Name		2.Name	
Relationship	Phone Number ( ) -	Relationship	Phone Number ( ) -
3.Name		4.Name	
Relationship	Phone Number ( ) -	Relationship	Phone Number ( ) -

Name of Child's Physician or Health Clinic		Phone Number: ( ) -	
Address (Number and Street)	City	State	Zip Code
Hospital Preferred			

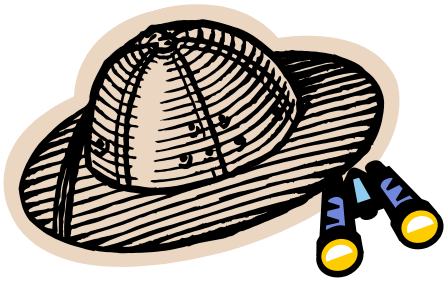
I hereby give permission to **Fraser Public Schools** licensed by the Department of Social Services to secure emergency medical and/or emergency surgical treatment for the previously named minor child while in care.

Non-emergency medical treatment or elective surgery is not included in this authorization.

Signature of Parent or Guardian	Date Signed

AUTHORITY: Act 116 of P.A. 1973 COMPLETION: Required. PENALTY: Rule Violation Citation.

Fraser Public Schools will not discriminate against any individual or group because of Race, sex, religion, age, national origin, color, marital status, handicap or political beliefs.



Fraser Public Schools
Camp Dooley Program Policies

Child's Name: _____ Age: _____

☐ I understand fees for Camp Dooley are prepaid 1 weeks before care and a schedule must be provided. **There are no refunds if my child does not attend. Failure to make payments in a timely manner may result in my child being dropped from the program.**

☐ I understand that if I am late picking up my child I may be charged a $15.00 late fee for every 15 minutes after 6pm. This fee will be added to my invoice.

☐ I will make the camp staff aware of any changes with phone numbers, addresses, e-mail addresses, as well as any other information pertaining to my child.

☐ I understand I must provide local emergency contact information.

☐ I verify that my child _____ is in good health and has no limitation on activities. I will accept responsibility for my child's health while at the site.

☐ I have made the camp staff aware of any allergies, medications and special needs that my child may have.

☐ I understand that all Camp Dooley classrooms are peanut and tree nut restricted. I will not send to school items that contain peanut or tree nut products.

☐ I understand a valid immunization record must be kept on file with my child's records or in my child's CA-60.

☐ I understand the illness policy stated in the Dooley COVID Response & Preparedness Plan.

☐ I am aware of a Licensing Notebook that is available for all parents review during regular business hours.

☐ I understand that all camp staff have been cleared through a comprehensive background check.

☐ **I understand students must be at least 3 years and old fully potty trained.** I understand the toilet-trained policy and procedure.

☐ **Little Camper students must take a rest period according to Michigan State law and licensing rules. I will provide the necessary linens.**

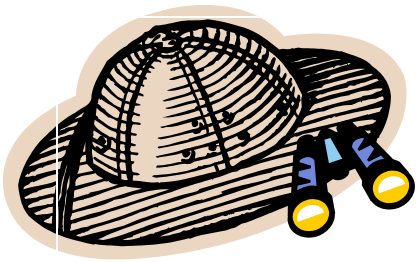
☐ I understand that the Dooley Summer Camp staff will provide appropriate and reasonable guidelines for the children. Positive methods of discipline shall be used. If a caregiver feels that your child should be withdrawn, a meeting with both parents and the Director or Teacher In Charge will be held to decide what is in the best interest of the child.

☐ I will talk with my child about the following behavior expectations and agree my child will…

- respect all of the Caregiver(s).
- respect all peers. Kicking, punching, slapping etc… will not be permitted.
- use appropriate language. No profanity.
- walk while inside. Running is allowed only in the gym or on the playground.
- stay in the Dooley Summer Camp rooms.
- stay with the Dooley Summer Camp group.
- assist with maintaining the cleanliness of game, craft and snack areas.

☐ I understand that these plans and policies may change as new information and state licensing guidelines become available.

ParentSignature:_____Date:_____/_____/_____



Camp Dooley
16170 Canberra
Roseville MI 48066
586-439-7600 • Fax 586-439-7601
Kathy Moroney – Director

Parents/Guardians,

As required by the State of Michigan, Little Learners @ Fraser Public Schools, Dooley Center, maintains a licensing notebook that is available, upon request, for your review any time during normal business hours.

- The center maintains a licensing notebook of all licensing inspection reports, special investigation reports and all related corrective action plans.
- The notebook will be available to parents for review during regular business hours.
- Licensing inspection and special investigation reports from the past two years are available on the Bureau of Children and Adult Licensing website at **www.michigan.gov/michildcare**.

Please sign below to indicate that you have been informed of the availability of our licensing notebook and that you understand that you may request it at any time during our normal business hours.

Thank you,
Kathy Moroney
Director

I have been informed of the availability of Little Learner's licensing notebook and understand that I may request it for review at any time during normal business hours.

_____
Child's Name

_____ _____
Parent/Guardian Signature Date

Dooley Center
16170 Canberra
Roseville MI 48066
586-439-7600
Fax 586-439-7601

Kathy Moroney – Director

MEDICAL / ALLERGY QUESTIONNAIRE

Student's name _____ Class _____

Date of birth _____/_____/_____ Doctor _____ Phone (_____) _____-_____

Does your child have any medical conditions? (Diabetes, seizures, heart conditions, etc) ☐ Yes ☐ No

If so, please list:

☐ _____

☐ _____

☐ _____

Does your child have asthma? ☐ Yes ☐ No If so, please list any medications they use.

NAME AMOUNT FREQUENCY

☐ _____

☐ _____

☐ _____

Does you child have any allergies?

☐ **My child has <u>NO CURRENT ALLERGIES</u>** (Skip to Parent Permission)

☐ **My child has allergies.** Please answer the questions below.

****

Has your child been diagnosed by a doctor for his/her allergies? ☐ Yes ☐ No

When/How was your child diagnosed with allergies? _____

When was the last time your child had an allergic reaction? _____

How many times has your child been treated in the ER or hospitalized for an allergic reaction? _____

FOOD ALLERGIES: Check all that apply. Name the specific food causing the reaction.

☐ Peanuts

☐ Tree Nuts Specifically: _____

☐ Fish Specifically: _____

☐ Fruit Specifically: _____

☐ Dairy Products Specifically: _____

REACTION can occur by (check all that apply) ☐ Ingestion ☐ Contact ☐ Inhalation

SYMPTOMS of child's food allergy reaction/intolerance include:

- ☐ Nausea and vomiting
- ☐ Cramping and/or abdominal pain
- ☐ Facial swelling, itching, welts or hives
- ☐ Swelling of the lips, nose, tongue or throat.
- ☐ Respiratory changes difficulty breathing, wheezing or continuous coughing.
- ☐ Inability to speak or swallow.
- ☐ Flushed face
- ☐ Drooling
- ☐ Complains that the throat feels tight, scratchy, or different in some way.
- ☐ OTHER – DESCRIBE: _____

FOR PEANUT ALLERGY:

Reading food labels all the time is important. If a label indicates the food item is made in a facility that also processes peanuts, my child may consume. ☐ Yes ☐ No

Does your child have an Epinephrine Auto-injector prescribed? ☐ Yes ☐ No

MEDICATIONS: If your child takes for these symptoms, please inquire about additional required forms

- ☐ Non-Prescription Medication
- ☐ Prescription Medication
- ☐ Allergy & Anaphylaxis Emergency Care Plan

OTHER ALLERGIES: Please list any other allergies you child has.

- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____

Does your child wear a Medic Alert to identify him/her as having allergies? ☐ Yes ☐ No

****

PARENT PERMISSION

I verify that the above information is correct. I give my permission to share this information with staff on a need to know basis. The information is **valid for ONE SCHOOL YEAR**. Annual parent signature is required.

Does your child ever ride the school bus to or from school? ☐ Yes ☐ No

Parent/guardian signature _____ Date _____/_____/_____

Mother _____ Phone (_____) _____-_____

Father _____ Phone (_____) _____-_____

HEALTH APPRAISAL

Dear Parent or Guardian: The following information is requested so that the school can work with the parent to meet the physical, intellectual and emotional needs of the child. Fill out the information requested in Section I. Section III may be certified by the transcription of information from the certificate of immunization. The remaining sections are to be completed by a doctor, nurse and dentist. (**BE SURE TO BRING YOUR CHILD'S IMMUNIZATION RECORDS TO THE EXAMINATION**.)

PERSONAL

CHILD'S NAME (Last, First, Middle)			DATE OF BIRTH (mm/dd/yy) / /
ADDRESS (Number & Street)	(City)	(ZIP Code) MI	TODAY'S DATE (mm/dd/yy) / /
PARENT/GUARDIAN (Last, First, Middle)			HOME TELEPHONE NUMBER ( )
ADDRESS (Number & Street)	(City)	(ZIP Code) MI	WORK TELEPHONE NUMBER ( )

SECTION I - HEALTH HISTORY

Yes	No	Resolved	# Is your child having any of the problems listed below?
☐	☐	☐	1 Allergies or Reactions (for example, food, medication or other)
☐	☐	☐	2 Hay Fever, Asthma, or Wheezing
☐	☐	☐	3 Eczema or Frequent Skin Rashes
☐	☐	☐	4 Convulsions/Seizures
☐	☐	☐	5 Heart Trouble
☐	☐	☐	6 Diabetes
☐	☐	☐	7 Frequent Colds, Sore Throats, Earaches (4 or more per year)
☐	☐	☐	8 Trouble with Passing Urine or Bowel Movements
☐	☐	☐	9 Shortness of Breath
☐	☐	☐	10 Speech Problems
☐	☐	☐	11 Menstrual Problems
☐	☐	☐	12 Dental Problems: Date of Last Exam / /
☐	☐	☐	Other (please describe): _____
☐	☐		Does your child take any medication(s) regularly?

Reason for Medication

_____ / /
Parent/Guardian Signature Date

Birth History:

Are there any current or past diagnosis(es) ☐ Yes ☐ No

If yes, please describe:

If yes, list medications: ⇨

Was the health history reviewed by a health professional?
☐ Yes ☐ No ***Examiner's Initials:*** _____

SECTION II - PHYSICAL EXAMINATION, INSPECTION, TESTS AND MEASUREMENTS

Required for Child Care and Head Start / Early Head Start

Tests and Measurements

No	Yes	Was child tested for:	Test results:	Normal	Referred	Under Care
☐	☐	VISION	Visual Acuity	○	○	○
			Muscle Imbalance	○	○	○
		Date: / /	Other:	○	○	⊙
☐	☐	HEARING	Audiometer	○	○	○
			Other:	○	○	○
		Date: / /		○	○	○
☐	☐	URINALYSIS	Sugar	○	○	○
			Albumin	○	○	○
		Date: / /	Microscopic	○	○	○
☐	☐	BLOOD LEAD LEVEL	Level _____ ug/dl ⇨			
		Date: / /				

No	Yes	Was child tested for:	Test results:	Normal	Referred	Under Care
☐	☐	HEIGHT & WEIGHT	Height	○	○	○
			Weight	○	○	○
☐	☐	Other: _____	Other	○	○	○
☐	☐	HEMOGLOBIN / HEMATOCRIT	⇨	○	○	○
☐	☐	BLOOD PRESSURE	Reading: _____			
☐	☐	TUBERCULIN	Type: _____			
		Date: / /	Neg.: ☐ Pos.: ☐ _____ mm			

NOTE: Blood lead level required for all children enrolled in Medicaid must be tested at one and two years of age, or once between three and six years of age if not previously tested. All children under age six living in high-risk areas should be tested at the same intervals as listed above.

Examinations and/or Inspections

Essential Findings Deviating from Normal:

Exam Date: / /

SECTION III - IMMUNIZATIONS

Statements such as "UP-TO-DATE" or "COMPLETE" will not be accepted. Admission to school may be denied on the basis of this information.*

VACCINES (Circle Type)	DATE ADMINISTERED MM/DD/YYYY	
Hepatitis B (HepB)	1	3
	2	
DTaP/DTP/DT/Td	1	4
	2	5
	3	6
Tdap	1	
Haemophilus Influenzae type b (HIB)	1	3
	2	4
Polio (IPV/OPV)	1	3
	2	4
Pneumococcal Conjugate (PCV7/PCV13)	1	3
	2	4
Rotavirus (RV1/RV5)	1	3
	2	
Measles,Mumps, Rubella (MMR)	1	2
Varicella (Chickenpox)	1	2

History of Chickenpox Disease? ☐ Yes ☐ No If yes, date:

VACCINES (Circle Type)	DATE ADMINISTERED MM/DD/YYYY	
Hepatitis A (HepA)	1	2
Influenza (IIV/LAIV)	1	3
	2	4
Meningococcal (MCV4 / MPSV4)	1	2
Human Papillomavirus (HPV9/HPV4/HPV2)	1	3
	2	
	Type of Vaccine(s)	Date of Vaccine(s)
OTHER Vaccines Specify Date & Type	1	
	2	
	3	

Indicate and attach physician diagnosis or laboratory evidence of immunity as applicable

*NOTE: According to Public Act 368 of 1978, any child enrolling in a Michigan school for the first time must be adequately immunized, vision tested and hearing tested. Exemptions to these requirements are granted for medical, religious and other objections, provided that the waiver forms are properly prepared, signed and delivered to school administrators. Forms for these exemptions are available at your provider office for medical waiver forms and through your local health department for nonmedical waiver forms.

Parent/Guardian refused immunizations: ☐

I certify that the immunization dates are true to the best of my knowledge

_____ _____ ___/___/___

Health Professional's Signature Title Date

SECTION IV - RECOMMENDATIONS

(Required for Child Care and Head Start/Early Head Start)

No	Yes	
☐	☐	Is there any defect of vision, hearing or other condition for which the school could help by seating or other actions? If yes, please explain:
☐	☐	Should the child's activity be restricted because of any physical defect or illness? If yes, check and explain degree of restriction(s): ☐ Classroom ☐ Playground ☐ Gymnasium ☐ Swimming Pool ☐ Competitive Sports ☐ Other

Other Recommendations

SECTION V - DENTAL EXAMINATION AND RECOMMENDATIONS (OPTIONAL)

I have examined _____ 's teeth. As a result of this examination, my recommendation for treatment is: _____

child's name

_____ ___/___/___

Dentist's Signature Date

PHYSICIAN'S SIGNATURE

_____ ___/___/___ _____ _____

Examiner's Signature Date ***Examiner's Name (Print or Type)*** Degree or License

_____ _____ MI _____ (___) _____

Number & Street City ZIP Code Telephone

Information required for:

Early On - Hearing and Vision Status; Diagnosis; Health Status

Child Care Licensing - Physical Exam, Restrictions, Immunizations

Head Start/Early Head Start - Determination that child is up-to-date on a schedule of age-appropriate preventive and primary health care, including medical, dental, and mental health. The schedule must incorporate the well-child care visit required by EPSDT and the latest immunizations schedule recommended by the Centers for Disease Control and Prevention, State, tribal, and local authorities. An EPSDT well-child exam includes height, weight, and blood tests for anemia at regular intervals based on age.

****

Developed in Cooperation with the Department of Health and Human Services, Education, Michigan American Association of Pediatrics, Early Childhood Investment Corporation, Child Care Licensing, Head Start, Michigan State Medical Society, Michigan Association of Osteopathic Physicians and Surgeons.

Dooley Center
16170 Canberra
Roseville MI 48066
586-439-7600
Fax 586-439-7601

Kathy Moroney - Director

Advisory to Parents / Guardians

Dear Parent or Guardian:

State of Michigan law requires that schools and day care centers that may apply pesticides on school or day care property must provide an annual advisory to parents or guardians of students attending the facility.

Please be advised that the Fraser Public Schools district utilizes an Integrated Pest Management (IPM) approach to control pests. IPM is a pest management system that utilizes all suitable techniques in a total pest management system with the intent of preventing pests from reaching unacceptable levels or to reduce an existing population to an acceptable level. Pest management techniques emphasize sanitation, pest exclusion, and biological controls. One of the objectives of using an IPM approach is to reduce or eliminate the need for chemical applications of pesticides. However, certain situations may require the need for pesticides to be utilized.

Please be advised that parents or guardians of children attending Fraser Public Schools may review the district's Integrated Pest Management program and records of any pesticide application upon request.

If you have questions regarding the district's pest management procedures, please contact:

Fraser Operations & Maintenance
33499 Klein Road
Fraser, MI 48026
(586) 439-7114
enviromental@fraserk12.org

Child's Name _____

Parent's Signature _____Date _____/_____/_____

Revised March 2021

Educational Material for Parents and Students (Content Meets MDCH Requirements)

Sources: Michigan Department of Community Health. CDC and the National Operating Committee on Standards for Athletic Equipment (NOCSAE)

UNDERSTANDING CONCUSSION

Some Common Symptoms

Headache	**Balance Problems**	**Sensitive to Noise**	**Poor Concentration**	**Not "Feeling Right"**
Pressure in the Head	**Double Vision**	**Sluggishness**	**Memory Problems**	**Feeling Irritable**
Nausea/Vomiting	**Blurry Vision**	**Haziness**	**Confusion**	**Slow Reaction Time**
Dizziness	**Sensitive to Light**	**Fogginess**	**"Feeling Down"**	**Sleep Problems**
		Grogginess		

WHAT IS A CONCUSSION?

A concussion is a type of traumatic brain injury that changes the way the brain normally works. A concussion is caused by a fall, bump, blow, or jolt to the head or body that causes the head and brain to move quickly back and forth. A concussion can be caused by a shaking, spinning or a sudden stopping and starting of the head. Even a "ding," "getting your bell rung," or what seems to be a mild bump or blow to the head can be serious. A concussion can happen even if you haven't been knocked out.

You can't see a concussion. Signs and symptoms of concussions can show up right after the injury or may not appear or be noticed until days or weeks after the injury. If the student reports any symptoms of a concussion, or if you notice symptoms yourself, seek medical attention right away. A student who may have had a concussion should not return to play on the day of the injury and until a health care professional says they are okay to return to play.

IF YOU SUSPECT A CONCUSSION:

1. **SEEK MEDICAL ATTENTION RIGHT AWAY –** A health care professional will be able to decide how serious the concussion is and when it is safe for the student to return to regular activities, including sports. Don't hide it, report it. Ignoring symptoms and trying to "tough it out" often makes it worse.

2. **KEEP YOUR STUDENT OUT OF PLAY –** Concussions take time to heal. Don't let the student return to play the day of injury and until a heath care professional says it's okay. A student who returns to play too soon, while the brain is still healing, risks a greater chance of having a second concussion. Young children and teens are more likely to get a concussion and take longer to recover than adults. Repeat or second concussions increase the time it takes to recover and can be very serious. They can cause permanent brain damage, affecting the student for a lifetime. They can be fatal. It is better to miss one game than the whole season.

3. **TELL THE SCHOOL ABOUT ANY PREVIOUS CONCUSSION –** Schools should know if a student had a previous concussion. A student's school may not know about a concussion received in another sport or activity unless you notify them.

SIGNS OBSERVED BY PARENTS:

- Appears dazed or stunned
- Is confused about assignment or position
- Forgets an instruction
- Can't recall events prior to or after a hit or fall
- Is unsure of game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows mood, behavior, or personality changes

CONCUSSION DANGER SIGNS:

In rare cases, a dangerous blood clot may form on the brain in a person with a concussion and crowd the brain against the skull. A student should receive immediate medical attention if after a bump, blow, or jolt to the head or body s/he exhibits any of the following danger signs:

- One pupil larger than the other
- Is drowsy or cannot be awakened
- A headache that gets worse
- Weakness, numbness, or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Cannot recognize people/places
- Becomes increasingly confused, restless or agitated
- Has unusual behavior
- Loses consciousness (even a brief loss of consciousness should be taken seriously.)

HOW TO RESPOND TO A REPORT OF A CONCUSSION:

If a student reports one or more symptoms of a concussion after a bump, blow, or jolt to the head or body, s/he should be kept out of athletic play the day of the injury. The student should only return to play with permission from a health care professional experienced in evaluating for concussion. During recovery, rest is key. Exercising or activities that involve a lot of concentration (such as studying, working on the computer, or playing video games) may cause concussion symptoms to reappear or get worse. Students who return to school after a concussion may need to spend fewer hours at school, take rests breaks, be given extra help and time, spend less time reading, writing or on a computer. After a concussion, returning to sports and school is a gradual process that should be monitored by a health care professional.

Remember: Concussion affects people differently. While most students with a concussion recover quickly and fully, some will have symptoms that last for days, or even weeks. A more serious concussion can last for months or longer.

To learn more, go to www.cdc.gov/concussion.

Parents and Students Must Sign and Return the Educational Material Acknowledgement Form

CONCUSSION AWARENESS

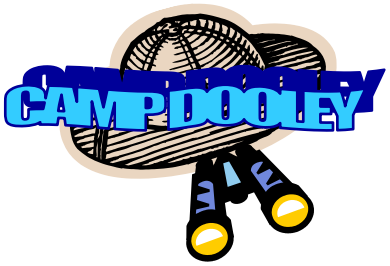
EDUCATIONAL MATERIAL ACKNOWLEDGEMENT FORM

By my name and signature below, I acknowledge in accordance with Public Acts 342 and 343 of 2012 that I have received and reviewed the Concussion Fact Sheet for Parents and/or the Concussion Fact Sheet for Students provided by _____
Sponsoring Organization

_____	_____
Participant Name Printed	Parent or Guardian Name Printed
_____	_____
Participant Name Signature	Parent or Guardian Name Signature
_____	_____
Date	Date

Return this signed form to the sponsoring organization that must keep on file for the duration of participation or age 18.

Participants and parents please review and keep the educational materials available for future reference.



Dear Parents:

We are excited about our upcoming Camp Dooley program and are delighted that you are participating.

In order for us to plan our staffing and to save a spot for your child, we will need to know the days and times that you will use Camp Dooley. You will be billed for this schedule every week. Please see the Camp Dooley Payments information page.

Thank you,

Child's Name: _____

Program: _____

Days/Hours Needed:

Monday _____

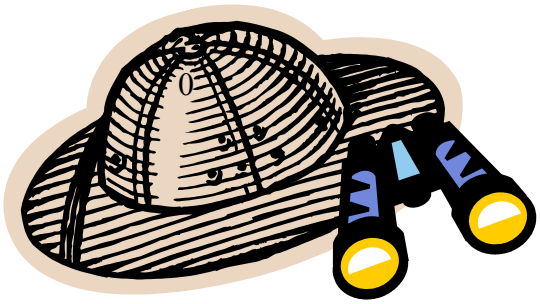
Tuesday _____

Wednesday _____

Thursday _____

Friday _____

Dooley Staff



CAMP DOOLEY

T-SHIRT ORDER FORM

Child's Name: _____

Program: _____

SIZE:

CHILD X-SMALL	_____
CHILD SMALL	_____
CHILD MEDIUM	_____
CHILD LARGE	_____
CHILD X-LARGE	_____
ADULT X-SMALL	_____
ADULT SMALL	_____

For ordering purposes, we will NOT be accepting any more T-shirt orders after May 31st.

Camp Dooley

EXCLUSION/ILLNESS POLICY

Please be aware that these plans may change as new information and guidelines become available.

Please see Child Care COVID Response & Preparedness Plan for important additional information.

Students should not go to school or participate in any school activities or sports if having symptoms of COVID-19. If a student starts having symptoms of COVID-19 while at school, they need to be sent home. The student may return based on the guidance for their diagnosis (See "Managing Communicable Diseases in Schools" **bit.ly/2PaOz8U**) unless they are at risk for COVID-19 exposure.

Section 1: SYMPTOMS OF COVID-19 (CDC VERSION FOR K-12)

(If new, different, or worse than any longstanding conditions)

- Temperature 100.4 or signs of fever (chills/sweating)
- Sore throat
- New uncontrolled cough that causes difficulty breathing
- Diarrhea, vomiting, or abdominal pain
- New onset of severe headache

Section 2: IS YOUR CHILD AT RISK FOR EXPOSURE TO COVID-19?

Students are at higher risk for COVID-19 if in the past 14 days they:

- Had close contact with a person with confirmed COVID-19.
- Have a history of travel.

If "YES" to any questions in Section 1, and "NO" to all questions in Section 2, student should stay out of school until they meet criteria for return based on their symptoms.

If "YES" to any question in Section 1, and "YES" to any question in Section 2, student should stay out of school, and be evaluated by their healthcare provider and possibly receive COVID-19 testing.

If "NO" to all questions in Section 1, and "YES" to any questions in Section 2, students need only be excluded from school if they have had close contact to someone with confirmed COVID-19, as they should be in quarantine.

If you are asked to have your child medically evaluated, call your health care provider or follow up with a local clinic or urgent care center. You can also call 2-1-1 or go to www.mi.gov/coronavirustest or www.macombgov.org/COVID19 to find the closest testing location. **While testing is not required,** students may need to be excluded from in-person instruction for a longer period of time.

HOW LONG MUST THEY STAY OUT OF SCHOOL?

If your child has symptoms of COVID-19, and tests positive for COVID-19:

Keep your child out of school until:

- It has been at least 10 days from the first day they had symptoms.
- They have had 24 hours with no fever without the use of fever-reducing medication.
- And other symptoms have improved. There is no need for a "negative test" or a "doctor's note" to clear your child to return to school if they meet all isolation and quarantine criteria. The MCHD issues an Isolation and Quarantine Completion Notification Letter once an individual completes isolation/quarantine.

If your child has symptoms of COVID-19, has risk for exposure to COVID-19, and no testing has been done (or results are pending):

Keep your child out of school until:

- It has been at least 10 days from the first day they had symptoms.
- They have had 24 hours with no fever without the use of fever-reducing medication.
- Other symptoms have improved.

If your child has symptoms of COVID-19, has risk for exposure to COVID-19, and tests negative for COVID-19:

Your child may return based on the guidance for their symptoms (see "Managing Communicable Diseases in Schools" bit.ly/2PaOz8U):

- **Fever**: at least 24 hours have passed with no fever, without the use of fever-reducing medications
- **Sore throat**: improvement in symptom (if strep throat: do not return until at least 2 doses of antibiotic have been taken);
- **Cough/Shortness of breath**: improvement in symptom

- **Diarrhea, vomiting, abdominal pain**: no diarrhea or vomiting for 24 hours
- **Severe headache**: improvement in symptom

Children with signs of illness should be kept home to ensure the health and well being of others. Staff reserves the right to refuse admittance to any child who appears ill. If your child develops a contagious disease or rash of any kind during the school year, please call your child's school. It is mandatory for us to report these illnesses to the Macomb County Health Department on a weekly basis.

If children become ill while in our care, the child will be separated from the group to prevent further spread of the illness to other children. Parent or emergency contact person will be required to immediately pick up the child. The child will be made comfortable and will be adequately supervised until picked up by the parent.

Rash and communicable diseases will require documentation from a physician that you are clear to return to school.

HEALTH CARE PLAN

Please see Child Care COVID Response & Preparedness Plan for important additional information.

Screening Families & Staff for COVID-19 Symptoms and Exposure

Upon arrival to the program, staff and families are required to report if they or anyone in their household:

have received positive COVID-19 results;
been in close contact with someone who has COVID-19; and/or

have experienced symptoms such as: Temperature 100.4 or signs of fever (chills/sweating), Sore throat, New uncontrolled cough that causes difficulty breathing, diarrhea, vomiting, or abdominal pain, new onset of severe headache

The procedures we will use to screen staff for symptoms and exposure include:
Fraser staff will have a self assessment:
https://form.jotform.com/202416706872153
This survey includes taking temperature, checking for any symptoms and if anyone has had close contact with someone who has COVID-19.
The procedures we will use to screen children/families for symptoms and exposure include:
Families must complete the Dooley Self Assessment:
https://form.jotform.com/202416706872153
The Little Learners greeter/door monitor will ask families about child/household members' symptoms and exposure and take the child's temperature.
If families or staff are absent or otherwise off-site but experience exposure or symptoms, they should contact: The school office

Daily Temperature Checks

Temperature Checks

As fever is the key indicator of COVID-19 in children, we will check each child's temperature upon daily arrival to the program. Staff will also be asked to take their own temperatures upon arrival to work. Staff will re-check children's temperatures throughout the day if they appear ill or "not themselves" (e.g., flushed cheeks, rapid or difficulty breathing without recent physical activity, fatigue, or extreme fussiness).
When children arrive to the program, temperature checks will occur before children enter their classroom.
Each child's temperature will be taken by:
Program staff.
The following staff members will be responsible for temperature checks:
The door monitor or office staff will take the child's temperature.
To minimize potential spread of illness, staff will:
wear a face mask while taking the child’s temperature.

Hand Washing

The State of Michigan requires us to follow the following hand washing procedures:

Hand Washing Procedures:

The following procedures will be used for hand washing:

- Have a single service towel available
- Turn on the water to a comfortable temperature between 60 degrees and 120 degrees
- Moisten hands with water and apply soap
- Rub hands together vigorously until a soapy lather appears and continue for at least 10 seconds
- Rub areas between fingers, around nail beds, under fingernails, under jewelry, and back of hand
- Rinse hands under running water until free of soap and dirt. Leave water running while drying hands
- Dry hands with a clean, disposable paper or single use cloth. Turn off tap with disposable paper or single service towel

Hands shall be washed with soap under running water. The following are not approved substitutes for soap and running water:

- Hand sanitizers
- Water basins
- Pre-moistened cleansing wipes

Handling Bodily Fluids

Universal Precautions/Blood Borne Pathogens
Bloodborne Pathogens – OSHA Standard – Universal Precautions

All employees will view the OSHA "Bloodborne Pathogens" video upon hire and annually thereafter.
The center will use precautions when handling bodily fluids as instructed in the blood borne pathogen training. Steps used will include:

- Staff will put on gloves
- Clean up bodily fluid/diaper
- Wash area with soap and water, rinse, and sanitize area
- Wash hands of child
- Take off gloves and wash hands

Cleaning and Sanitizing

Please see Child Care COVID Response & Preparedness Plan for important additional information.
The following steps are to be followed for cleaning and sanitizing:

- Wash area/surface with warm water and soap/detergent.
- Rinse area/surface with clean water.
- Submerge, wipe, or spray the article or surface with a sanitizing solution.
- Let area/surface air-dry.

Sanitizing Solution

- Commercial sanitizers specified on the label to be safe for food contact surface and used according to the manufacturer's directions.

Controlling infections

- See Universal Precautions above
- Toys that are mouthed will be removed and washed, rinsed, and sanitized
- Other toys and equipment will be washed immediately if dirty, or on a daily basis or when dirty.
- Bedding will be stored so that it does not come into contact with other children's bedding. Cots/mats will be washed daily if used by different children or weekly if used by one child.
- Children who have any type of communicable disease/condition will be removed from care and may return to care only with a doctor's note.
- Children who become ill will be moved away from other children until they are picked up.