

"Knowledge, Citizenship, Wellness"

INDEPENDENCE ACADEMY

NORTH RIVER COLLABORATIVE

460R BELMONT ST., BROCKTON, MA 02301

P: 508.510.4091 F: 508.857.0815

RYAN MORGAN, PRINCIPAL/DIRECTOR

WWW.IARECOVERYHS.ORG

August 2020

Dear Parents/Guardians,

We are both excited and confident about our return to in-person instruction to open the 2020-2021 school year. As we begin the process of in-person instruction this fall, we are committed to providing your student with a clean and safe learning environment. We are writing to let you know that we have taken steps to comply with the Massachusetts mandatory standards for workplaces and the Massachusetts Department of Elementary and Secondary Education, CDC, and MA Department of Public Health guidance, including:

- Obtaining all required Personal Protective Equipment and Sanitization Supplies
- Developing health and safety procedures to control the spread of COVID-19
- Training our staff about health and safety procedures

IA will follow and/or is in compliance with all the procedures and safety measures outlined in the North River Collaborative Reopening Plan. The NRC Reopening Plan can be accessed on the website at www.northrivercollaborative.org. As part of our procedures, our staff will conduct a daily personal assessment of their health and will not come to work if they are exhibiting any symptoms of or have been in contact with anyone with COVID-19. Our staff will wear face coverings, maintain 6 feet of social distance except when student's personal or behavioral needs require close contact, and follow strict hand sanitizing procedures throughout the day. Classrooms will be designed to maximize space between students and to minimize sharing of materials. Common and high touch areas/items will be regularly sanitized.

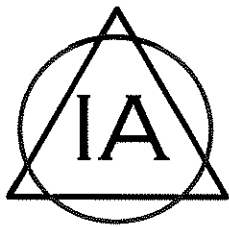
We are asking parents to assist us in maintaining a safe and healthy learning environment by performing a symptom check with your child each morning before sending them to school, and we have included the symptoms of COVID-19 with this letter. We have also included a few other requests for your assistance and ask that you sign off on and return your acknowledgement to the school prior to your student returning to school. If you have questions, please contact the Principal, Ryan Morgan at (508)510-4091 or rmorgan@nrcollab.org. We appreciate your assistance in keeping our Independence Academy community as healthy as possible.

Enclosed you will find three pieces of important information.

- **COVID-19 Parent/Guardian Acknowledgement Form** ***** (Please sign and return) *****
- **Emergency Contact Information Form** ***** (Please complete and return) *****
- **General School Schedule**
- **Calendar for the current school year**
- **Additional COVID-19 Information**

Thank you,

Ryan C. Morgan
Ryan Morgan



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COVID-19 Parent/Guardian Acknowledgement

1. HEALTH AND SAFETY

- a. Before I send my child to school each day, I will make sure that they have no symptoms of COVID19 and have not been exposed to anyone with COVID19.
- b. If my child has symptoms, I will keep them home and contact the school nurse.
 - Symptoms of COVID19 are, included but not limited to:
 - Temperature greater than 100°F
 - Change in breath sounds, from your child's baseline
 - Shortness of breath
 - Oxygen saturation less than 90%, or less than your child's baseline
 - Body aches
 - Rash on fingers or toes
 - New lack of smell or taste
 - New cough
 - Nausea, vomiting or diarrhea
 - Nasal congestion OR runny nose
 - Sore throat
 - Headache
 - Chills
- c. If my child has been exposed to anyone with COVID19, I will inform the school nurse or Program Coordinator, and will keep my child home for 14 days.
- d. If my child tests positive for COVID19, I will inform the school nurse and Program Coordinator and keep them home for at least 14 days or as advised by DPH.
- e. If my child develops symptoms while at school, I will pick them up immediately and/or have made arrangements for a trusted adult to pick them up.
- f. While some coughs and sneezes may be unrelated to COVID19, I will work with the school team to make sure that my child can follow proper procedures to cover their cough. If they are unable to do so, and unable to wear a mask, they might have to stay home from school for a period of time.
- g. I will be sure the school has updated contact information in the event my child needs to be sent home.

2. FACE COVERING

- a. I understand that my child will be expected to wear a face covering in accordance with guidance from the Department of Elementary and Secondary Education. I will do my best to help them understand and practice this expectation before returning to school.
- b. I agree to provide my child with a face covering.
- c. I confirm it is my responsibility to wash my child's face coverings after each use.

[Type here]

- d. I understand that if my child does not have a face covering, that the program will provide him/her with one.
- e. If my child is unable to wear a face covering, I will discuss this with the school nurse, classroom teacher or Program Coordinator and make an appropriate plan.
- f. I understand that just as my child may not be able to wear a face covering, there may be other students in my child's classroom who cannot wear a face covering, as well.

3. SOCIAL DISTANCING AND HYGIENE

- a. I will reinforce with my child the importance of keeping 6 feet away from others while on School or Collaborative property whenever possible.
- b. I will reinforce the importance of frequent handwashing or use of hand sanitizer with my child.
- c. I understand that expectations will be based on the age and developmental ability of each student, but that if my child's behavior jeopardizes the health and safety of others, the team may need to convene to make alternative plans.

4. ACKNOWLEDGEMENT:

By signing this document below, you will be agreeing to help us ensure that we are providing as healthy an environment as possible for your child and all of the students and staff of Independence Academy.

Print Name

Signature

Date

INDEPENDENCE ACADEMY EMERGENCY CARD

Student Name _____ Student SS# _____

Date of Birth _____ Grade _____ Identifies as: Male _____ Female _____ Trans. _____ Other _____

EMERGENCY CONTACTS: (will be contacted in order listed)

1. Name _____ Relationship _____ Lives with this person : Yes___ No ___

Address _____

Cell Phone _____ Home Phone _____ Work # _____

Email _____

2. Name _____ Relationship _____ Lives with this parent : Yes___ No ___

Address _____

Cell Phone _____ Home Phone _____ Work # _____

Email _____

Custody other than Parent/ guardian above: Yes___ NO___

DCF___ DYS___ Other___

Additional Emergency Contact: _____ Tel _____

Address _____ Relationship _____

Insurance Information

Insurance _____ Insurance # _____

Doctor (primary care) _____ Tel _____

Doctor (psychiatrist) _____ Tel _____

MEDICATIONS – List all medication(s) your child is taking at home and/or at school.

Medication	Dose	Frequency
1.		
2.		
3.		
4.		

ALLERGIES: _____

EpiPen: ☐ Yes ☐ No

OVER

CONFIDENTIAL

INDEPENDENCE ACADEMY EMERGENCY CARD

AUTHORIZATION for Treatment and Administration of OTC MEDICATIONS, FIRST AID, AND EMERGENCY CARE:

☐ I consent that the school nurse or designee may administer over the counter medications, and that the school nurse or designated CPR and First Aid certified school personnel may administer first aid and/or emergency care to ensure the safety and wellbeing of my student.

In case of EMERGENCY, Independence Academy staff will attempt to contact parent/guardian before calling the student's primary care physician. The student may be transported by ambulance to an emergency care facility, if necessary.

Primary Care Physician: _____

Phone: _____

☐ I give permission to the Independence Academy Nurse or designee, to share information relevant to my child's health condition with appropriate personnel when needed to meet the health and safety needs of my child. I give permission to exchange information with my child's primary care physician for the purpose of referral, diagnosis and/or treatment.

Parent/Guardian Signature

Date

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DAILY SCHEDULE

TIME	MONDAY	TUESDAY	WEDNESDAY (12:15)	THURSDAY	FRIDAY
9:00 - 9:30	ARRIVAL	ARRIVAL	ARRIVAL	ARRIVAL	ARRIVAL
9:30 - 10:00	ADVISORY	ADVISORY	ADVISORY	ADVISORY	ADVISORY
10:00 - 10:40	ACADEMIC BLOCK 1	ACADEMIC BLOCK 1	10:00 - 10:50	ACADEMIC BLOCK 1	ACADEMIC BLOCK 1
10:40 - 10:50	MASK BREAK	MASK BREAK	CIVICS/GLOBAL CITIZENSHIP - PURPLE	MASK BREAK	MASK BREAK
10:50 - 11:20	ACADEMIC BLOCK 2	ACADEMIC BLOCK 2	FUSION LAB - GREY	ACADEMIC BLOCK 2	ACADEMIC BLOCK 2
11:20 - 11:50	ACADEMIC BLOCK 3	ACADEMIC BLOCK 3	10:50 - 11:00	ACADEMIC BLOCK 3	ACADEMIC BLOCK 3
11:50 - 12:00	MASK BREAK	MASK BREAK	MASK BREAK	MASK BREAK	MASK BREAK
12:00 - 12:30	ACADEMIC BLOCK 4	ACADEMIC BLOCK 4	11:00 - 11:50	ACADEMIC BLOCK 4	ACADEMIC BLOCK 4
12:30 - 1:00	LUNCH	LUNCH	CIVICS/GLOBAL CITIZENSHIP - GREY	LUNCH	LUNCH
1:00 - 1:40	WELLNESS/ONLINE	WELLNESS/ONLINE	FUSION LAB - PURPLE	WELLNESS/ONLINE	WELLNESS/ONLINE
1:40 - 2:20	WELLNESS/ONLINE	WELLNESS/ONLINE	11:50 - 12:00	WELLNESS/ONLINE	WELLNESS/ONLINE
2:20 - 2:30	MASK BREAK	MASK BREAK	MASK BREAK/JOURNALS	MASK BREAK	MASK BREAK
2:30 - 3:30	FUSION LAB - PURPLE	HUMANITIES LAB - PURPLE	12:00 - 12:15	FUSION LAB - GREY	HUMANITIES LAB - PURPLE
	HUMANITIES LAB - GREY	FUSION LAB - GREY	LUNCH	HUMANITIES LAB - PURPLE	FUSION LAB - GREY

INDEPENDENCE ACADEMY | 2020-2021 CALENDAR

AUGUST '20							1
S	M	T	W	Th	F	S	
							1
2	3	4	5	6	7	8	
9	10	11	12	13	14	15	
16	17	18	19	20	21	22	
23	24	25	26	27	28	29	
30	31						

31 PD Day Staff Only

FEBRUARY '21							15
S	M	T	W	Th	F	S	
	1	2	3	4	5	6	
7	8	9	10	11	12	13	
14	15	16	17	18	19	20	
21	22	23	24	25	26	27	
28							

Winter Recess
(2/15 - 2/19)

SEPTEMBER '20							21
S	M	T	W	Th	F	S	
		1	2	3	4	5	
6	7	8	9	10	11	12	
13	14	15	16	17	18	19	
20	21	22	23	24	25	26	
27	28	29	30				

September 1-4, 8-11, 14
Professional Development
STAFF ONLY
15 Students Report

MARCH '21							23
S	M	T	W	Th	F	S	
	1	2	3	4	5	6	
7	8	9	10	11	12	13	
14	15	16	17	18	19	20	
21	22	23	24	25	26	27	
28	29	30	31				

5 Term 3 Progress
Reports
19 No School (Prof. Dev)

OCTOBER '20							21
S	M	T	W	Th	F	S	
				1	2	3	
4	5	6	7	8	9	10	
11	12	13	14	15	16	17	
18	19	20	21	22	23	24	
25	26	27	28	29	30	31	

13 Term 1 Progress
Reports
12 No School

APRIL '21							16
S	M	T	W	Th	F	S	
				1	2	3	
4	5	6	7	8	9	10	
11	12	13	14	15	16	17	
18	19	20	21	22	23	24	
25	26	27	28	29	30		

2 No School
9 Term 3 Ends
Spring Recess
(4/19 - 4/23)

NOVEMBER '20							18
S	M	T	W	Th	F	S	
1	2	3	4	5	6	7	
8	9	10	11	12	13	14	
15	16	17	18	19	20	21	
22	23	24	25	26	27	28	
29	30						

3 No School (Prof. Dev)
11 No School
Veterans' Day
17 Term 1 Ends
Thanksgiving Recess
(11/26 - 11/27)

MAY '21							20
S	M	T	W	Th	F	S	
						1	
2	3	4	5	6	7	8	
9	10	11	12	13	14	15	
16	17	18	19	20	21	22	
23	24	25	26	27	28	29	
30	31						

14 Term 4 Progress
Reports
31 No School
Memorial Day

DECEMBER '20							16
S	M	T	W	Th	F	S	
		1	2	3	4	5	
6	7	8	9	10	11	12	
13	14	15	16	17	18	19	
20	21	22	23	24	25	26	
27	28	29	30	31			

22 Term 2 Progress
Reports
Holiday Break
(12/23 - 12/31)

JUNE '21							12
S	M	T	W	Th	F	S	
		1	2	3	4	5	
6	7	8	9	10	11	12	
13	14	15	16	17	18	19	
20	21	22	23	24	25	26	
27	28	29	30				

16 Term 4 Ends
170th Day of School
with no cancellation days
23 170th Day of School
with 5 cancellation days

JANUARY '21							19
S	M	T	W	Th	F	S	
					1	2	
3	4	5	6	7	8	9	
10	11	12	13	14	15	16	
17	18	19	20	21	22	23	
24	25	26	27	28	29	30	
31							

1 No School
New Year's Day
18 No School/MLK Day
29 Term 2 Ends

SCHOOL HOURS:

Monday, Tuesday, Thursday, Friday:

9:00AM - 3:35PM

Wednesday:

9:00AM - 12:15PM

For updated calendar information throughout the year please visit:
www.iarecoveryhs.org

Facemask Do's and Don'ts

For Healthcare Personnel

When putting on a facemask

Clean your hands and put on your facemask so it fully covers your mouth and nose.

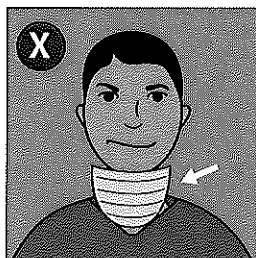


DO secure the elastic bands around your ears.

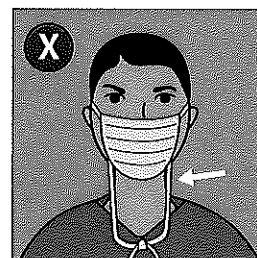
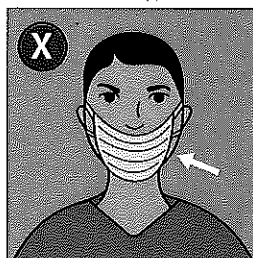


DO secure the ties at the middle of your head and the base of your head.

When wearing a facemask, don't do the following:



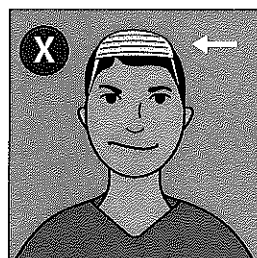
DON'T wear your facemask under your nose or mouth.



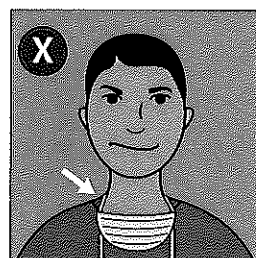
DON'T allow a strap to hang down. DON'T cross the straps.



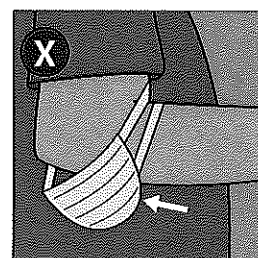
DON'T touch or adjust your facemask without cleaning your hands before and after.



DON'T wear your facemask on your head.



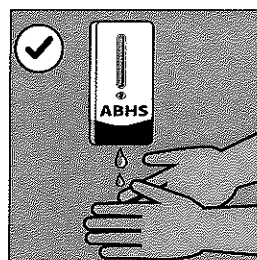
DON'T wear your facemask around your neck.



DON'T wear your facemask around your arm.

When removing a facemask

Clean your hands and remove your facemask touching only the straps or ties.



DO leave the patient care area, then clean your hands with alcohol-based hand sanitizer or soap and water.



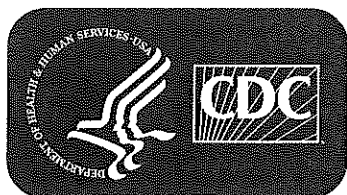
DO remove your facemask touching ONLY the straps or ties, throw it away*, and clean your hands again.

*If implementing limited-reuse: Facemasks should be carefully folded so that the outer surface is held inward and against itself to reduce contact with the outer surface during storage. Folded facemasks can be stored between uses in a clean, sealable paper bag or breathable container.

Additional information is available about how to safely put on and remove personal protective equipment, including facemasks:

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/using-ppe.html>.

cdc.gov/coronavirus

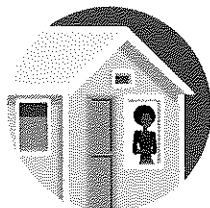


10 things you can do to manage your COVID-19 symptoms at home

Accessible Version: <https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/steps-when-sick.html>

If you have possible or confirmed COVID-19:

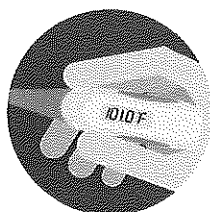
- 1. Stay home** from work and school. And stay away from other public places. If you must go out, avoid using any kind of public transportation, ridesharing, or taxis.



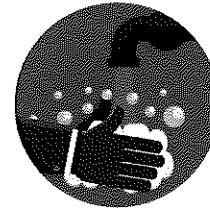
- 6. Cover your cough and sneezes** with a tissue or use the inside of your elbow.



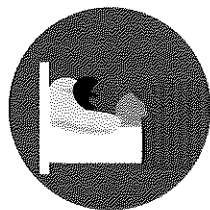
- 2. Monitor your symptoms** carefully. If your symptoms get worse, call your healthcare provider immediately.



- 7. Wash your hands often** with soap and water for at least 20 seconds or clean your hands with an alcohol-based hand sanitizer that contains at least 60% alcohol.



- 3. Get rest and stay hydrated.**



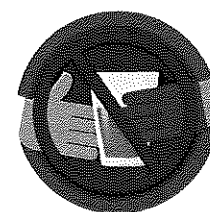
- 8. As much as possible, stay** in a specific room and **away from other people** in your home. Also, you should use a separate bathroom, if available. If you need to be around other people in or outside of the home, wear a mask.



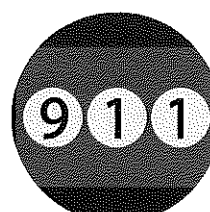
- 4. If you have a medical appointment, call the healthcare provider** ahead of time and tell them that you have or may have COVID-19.



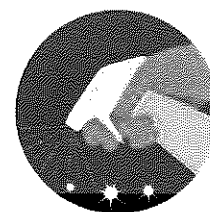
- 9. Avoid sharing personal items** with other people in your household, like dishes, towels, and bedding.



- 5. For medical emergencies, call 911 and notify the dispatch personnel** that you have or may have COVID-19.



- 10. Clean all surfaces** that are touched often, like counters, tabletops, and doorknobs. Use household cleaning sprays or wipes according to the label instructions.



[cdc.gov/coronavirus](https://www.cdc.gov/coronavirus)

Symptoms of Coronavirus (COVID-19)

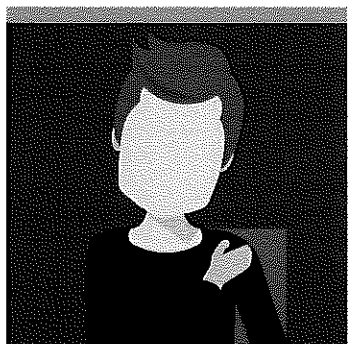
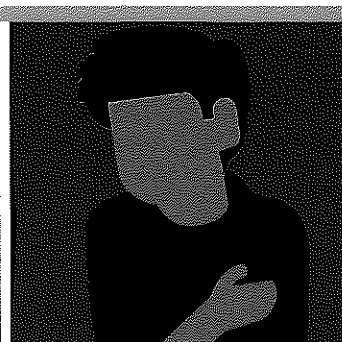
Know the symptoms of COVID-19, which can include the following:



Cough, shortness of breath or difficulty breathing



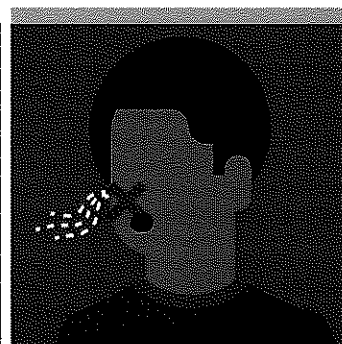
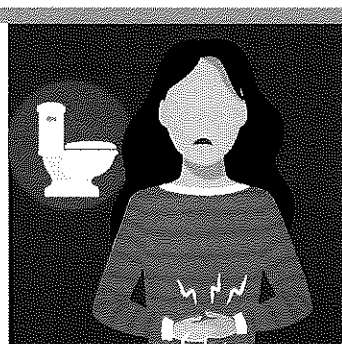
Fever or chills



Muscle or body aches



Vomiting or diarrhea



New loss of
taste or smell

Symptoms can range from mild to severe illness, and appear 2-14 days after you are exposed to the virus that causes COVID-19.

Seek medical care immediately if someone has
emergency warning signs of COVID-19.

- Trouble breathing
- Persistent pain or pressure in the chest
- New confusion
- Inability to wake or stay awake
- Bluish lips or face

This list is not all possible symptoms. Please call your healthcare provider for any other symptoms that are severe or concerning to you.



cdc.gov/coronavirus



COVID-19 STAFF TRAINING SIGN-OFF FORM

By signing this form below, you are acknowledging that you received training on specific protocols required during the COVID-19 pandemic prior to in-person instruction of students with disabilities being conducted.

I acknowledge that I have been trained on the following topics:

- Health and safety protocols, social distancing, and infection control practices (handwashing, face coverings, and gloves)
- Group sizes and staffing
- Safe and effective use of protective equipment (putting on and taking on protective equipment and disposing and/or washing protective equipment)
- Classroom meals
- Cleaning and disinfecting practices
- Health office practices, protective equipment, management and isolation of students and/or staff showing signs and symptoms of illness
- Assisting students that require less than a minimum of 6 feet
- Toileting protocols
- Physical intervention and restraint protocols
- Pickup and drop-off of students and preparing for pickup
- How the transportation of sick, symptomatic, or exposed students will be addressed
- When to seek medical assistance for students or staff who exhibit symptoms or become sick

Please note that the contents of these trainings may be changed based on new guidance from the MDPH, CDC, and/or DESE.

Please print your name, sign your name, and date this form in the spaces below and provide it to your coordinator or his/her designee.

Print Name

Signature

Date



Staff Re-entry to Building Acknowledgment

Dear Student Program or District Services employee,

As we begin the process of re-opening our programs for the fall, we are committed to providing you with a clean and safe environment to work in. As a result, a COVID-19 Control Plan has been developed so that you know what is expected of you in order to return to the workplace. The contents of this plan have been memorialized below. For those in host schools, we are working with these schools to create this environment and will be taking additional steps for each classroom as needed.

When you arrive at your school or classroom, you will see posters emphasizing the important steps all employees, students (as able) and visitors need to follow in accordance with the Massachusetts re-opening guidance. We assure employees, students, and visitors we have taken steps to comply with the Massachusetts mandatory standards for workplaces including:

- Our employees are wearing face coverings
- Social distance measures have been put in place
- We have developed thorough cleaning and disinfecting protocols
- We provide handwashing options
- We are regularly sanitizing high touch areas
- Our staff have been trained regarding social distancing and hygiene protocols

Below are updated expectations of all North River Collaborative employees. Please review each one, and if you agree, please sign below. If you have questions, please contact your supervisor or Kelli O'Brien McKinnon at kobrienmckinnon@nrcollab.org. We appreciate your assistance in keeping our North River Collaborative community as healthy as possible.

1. HEALTH AND SAFETY

- a. Before I come to work each day, I will conduct a personal assessment of my health in accordance with Massachusetts government guidance to determine if there is any indication that I may have symptoms and/or may have been exposed to COVID-19. When I come to work each day, I recognize that I will be confirming that I do not have any symptoms related to, and have not been knowingly exposed to, COVID-19. If this status changes, I agree to immediately leave the workplace and immediately contact my Coordinator or his/her designee.
- b. I agree to contact my supervisor and not come into work if I am feeling ill.
- c. I acknowledge that, if my temperature exceeds 100 degrees Fahrenheit, I will not be permitted to work.

d. While some coughs and sneezes are unrelated to COVID-19, like allergies, no matter the situation, when coughing and/or sneezing, I agree to cover my mouth and nose with a tissue or use the inside of my bent elbow. I will follow-up immediately with washing my hands with warm water for at least 20 seconds or use hand sanitizer with at least 60% alcohol.

2. FACE COVERING

a. I agree to wear a proper face covering at all times when on Collaborative or school property with one exception below.

b. I understand that I may take the mask off if I am alone in an office area; however, I must wash my hands or sanitize my hands with hand sanitizer with at least 60% alcohol whenever putting on my mask or if I touch the face covering.

c. If you don't have a face covering, then one will be provided to you (please contact your supervisor if you don't have a face covering).

d. I confirm it is my responsibility to wash my face coverings after each use.

e. I understand that if I forget my face covering, then we will provide you with a face covering (please contact your supervisor if you forget), but we strongly encourage you to come prepared.

3. SOCIAL DISTANCING

a. I agree to keep 6 feet between myself and others while on School or Collaborative property whenever possible.

b. I will follow all posted arrows and signs.

c. Employees should refrain from using another person's equipment, phone, computer, desk, or entering private offices without an invitation from the respective employee, and only when the six-foot social distancing protocol can be followed.

4. GLOVES

a. I understand gloves are required when performing cleaning duties.

b. It is my choice to wear gloves during the workday, but I recognize that gloves DO NOT stop the spread of germs but are a barrier for skin and I will still need to wash my gloved hands or use sanitizing gel as if I were wearing no gloves at all.

c. I understand that gloves will be made available for those staff members who perform cleaning duties beyond sanitizing their work areas.

5. CLEANLINESS

a. I agree to keep my hands washed/sanitized while on duty and or on School and Collaborative Property.

6. SANITIZATION

a. I understand that gloves are required when cleaning and must be immediately disposed of safely.

7. MISCELLANEOUS

a. Delivery of food must be outside of the Collaborative/School location and received in strict accordance with social distancing standards

b. In addition to the above guidelines, I will follow the specific guidelines for the building in which I work.

8. ACCOMMODATIONS AND TIME OFF

a. Employees with accommodation or time off needs must contact their supervisor.

b. The Collaborative will provide reasonable accommodations in accordance with policies and laws.

c. The Collaborative provides paid sick time and paid time off in accordance with the CARES ACT Family First Coronavirus Response Act and any other policies.

d. If an employee is unable for any reason to comply with any of the above, please contact your supervisor immediately to discuss your needs.

9. ACKNOWLEDGEMENT:

Your return to work is voluntary. Should you decide not to return to work, you will be considered to have resigned your position with the Collaborative unless other arrangements have been made with the Collaborative to provide you with approved time off. Please contact your supervisor.

Please be assured the North River Collaborative is doing its part to comply with the State and Federal Guidance to provide the safest possible workplace and requires employees do the same.

By signing this document below, you will be acknowledging and agreeing to comply with this policy.

You will be agreeing to help us ensure that we are all maintaining all of the proper precautions put in place to keep the workplace safe and make sure our reopened workplace is a healthy environment for both employees and our students and families.

Failure to comply with these requirements may result in disciplinary action up to and including termination of employment.

I further understand that I will also have to complete a staff training on specific protocols designed to address student needs during COVID-19.

A copy of this document will be part of your personnel record.

Please print your name, sign your name, and date this form in the spaces below and provide it to your coordinator or his/her designee.

Signature

Date

Print Name