



**THE LAKE HOUSE IN CRYSTAL LAKE PARK**  
**Parent and Participant**  
**COVID-19 Handbook**  
**07/31/2020**

# Parent/Guardian and Participant Handbook

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## Guidance Used in Decision Making

The Urbana Park District is committed to the health and safety of all stakeholders; employees, guardians, community members, and participants. In order to best prevent the spread of COVID-19 in our workplace and within agency programs the following procedures have been put into place utilizing the most recent information from local and federal health organizations.

This handbook has been developed with the best practices from many resources, including Restore Illinois, Center for Disease Control and Prevention, Illinois Department of Public Health, Illinois Park and Recreation Association, National Recreation and Park Association, and IPARKS.

The district is dedicated to updating and revising our Resumption of Operations Plan as this fast-moving situation continues to evolve. All decisions will be made by the Urbana Park District Administrative Team, based on their findings and conversations with local and state officials. When questions of safety arise, we will continue to rely on the recommendations of our local and nationwide experts listed above.

## Programs by Phase

Below is the current plan of how the nature center will respond due to a change in Phase. In-Person Programs will only be provided during Phase 4 or 5. During Phase 4 the nature center is unable to provide personal care or behavior support which would require staff and participants to be within 6ft of one another (Emergency support such as First Aid will be provided).

Governor's Phases	Phase 1	Phase 2	Phase 3	Phase 4	Phase 5
Definition	Spread	Flattening	Recovery	Revitalization	Restored
Programs	Virtual	Virtual	Virtual	Virtual; Modified In-Person	Virtual and In-Person
Face Covering	N/A	N/A	N/A	Required inside and outside unless social distancing can be accommodated	Restored
Physical Distancing	N/A	N/A	N/A	Required inside and outside	Restored

## **Participant Requirements**

### **Participant Eligibility**

If a participant is unable to meet the following expectations, they may be unable to participate at this time in accordance with current federal, state, and local mandates and guidelines. We expect guidelines to become less restrictive as Illinois passes through each Restore Phase. Staff will consistently evaluate participant progress in meeting these criteria and communicate any concerns with guardians.

- Independent or parent-assisted personal self-care such as bathroom needs, hand washing, eating, dressing, and personal hygiene.
- Maintain physical distance of 6 feet or greater from other participants, staff, and community members with minimal verbal reminders.
- Independently put on, wear, and take off a face covering (ages 2 and up), when necessary and for the duration of the program (excluding actual working out and dancing).
- Participate in the activity without the need for physical assistance.
- Conduct a personal health screening prior to each program. Must be able to honestly answer “No” to all 12 questions.

To determine if in-person programs are a good fit, please consider your responses to the following statements:

<b>YES NO</b>	<b>I am able to maintain 6-feet or more of personal space from others</b>
<b>YES NO</b>	<b>I am able to supply, put on, and wear for the duration of the program a face covering.</b>
<b>YES NO</b>	<b>I can cover a sneeze or a cough.</b>
<b>YES NO</b>	<b>I can independently wash my hands and/or apply hand sanitizer.</b>
<b>YES NO</b>	<b>I demonstrate safe behavior towards myself and others consistently, with limited verbal reminders from others.</b>

If you answered “Yes” to all statements, in-person programming may be a good fit.

If you answered “no” to one of the statements, please contact us at 217-367-1544 to discuss program options.

If you answered “no” to two or more statements, virtual programs are the best way to participate until guidelines are updated.

Staff will review all registrations and contact you if there are questions regarding the participant’s ability to follow updated eligibility and safety practices.

By signing up for in-person programs, guardians/participants are confirming they can meet the criteria listed above. If during a program, the participant is not able to follow these guidelines without minimal verbal prompts, the participant will be asked to pause on in-person programs until they can demonstrate the ability to meet all guidelines.

### **Participant/Patron Health Screening Protocols**

All participants/patrons are required to complete a wellness screening prior to joining a program or entering the facility. Staff will verbally ask participants and/or guardians a series of health screening questions prior to the program beginning and record the answers. If participants are able to answer NO

to the following questions, they may join the program. If you can answer YES to any of these questions you are not allowed to attend until cleared by a medical professional.

In the last 24 hours:

**Y or N: Have you felt feverish?**

**Y or N: Do you have a cough?**

**Y or N: Do you have a sore throat?**

**Y or N: Have you been experiencing difficulty breathing or a shortness of breath?**

**Y or N: Do you have muscle aches?**

**Y or N: Have you had a new or unusual headache (e.g., not related to caffeine, diet, or hunger, not related to history of migraines, clusters, or tension, not typical to the individual)?**

**Y or N: Have you noticed a new loss of taste or loss of smell?**

**Y or N: Have you been experiencing chills or rigors (rigors: a sudden feeling of cold with shivering accompanied by a rise in temperature)?**

**Y or N: Do you have any gastrointestinal concerns (e.g., abdominal, pain, vomiting, diarrhea)?**

**Y or N: Is anyone in your household displaying any symptoms of COVID-19?**

**Y or N: To the best of your knowledge, have you or anyone in your household come into close contact with anyone who has tested positive for COVID-19 (close contacts include household contacts, intimate contacts, or contacts within 6-ft for 15 minutes or longer (10 minutes or longer for ambulatory care services) unless wearing N95 mask during period of contact)?**

If the participant/patron displays any of the above symptoms, staff must take precautions as if participant has COVID-19 and the person will be asked to leave the facility. If the participant has illness such as allergies or other non-contagious conditions that may appear similar to a contagious illness a note from a medical professional is required prior to participation.

## **Face Coverings**

Lake House staff, participants and patrons will be required to wear face masks in the common areas of the facility while not physically exercising or dancing. Inside the rental room, face coverings are suggested if physical distancing is not possible. Participants must provide their own face covering and must be able to independently put on, wear, and take off a face covering. If food/drink is consumed, face coverings may be removed but physical distancing of 6 ft is required.

Face coverings should: 1) Fit snugly but comfortably around the face, 2) Be secured with ties or ear loops, 3) Include multiple layers of fabric preferred 4) Allow for breathing without restriction, 5) Be clean. Disposable face coverings should not be worn more than one time. Fabric face coverings should be laundered regularly and not be re-used when attending programs without being cleaned.

## **Distancing Measures**

### **Indoor Programs**

Only 25 people are allowed in the rental room at a given time, visitors and staff included. We ask that patrons and participants respect one another's time and space while in the restrooms, hall, and shared areas.

Before being admitted to the facility, a staff member must ensure the participant has a completed health screening questionnaire form. A staff member will ask the participant and/or his or her guardian

a series of health screening questions and record the answers given. Participant/patron temperatures will be taken upon arrival as well. Once a staff member has verified that the participant/patron has not answered “yes” to any of the questions and is eligible to remain at the facility, the staff member should file the questionnaire accordingly. If a participant/patron answers “yes” to any of the questions on the form, staff members must ask the participant/patron to leave and contact their supervisor immediately. Please see Appendix A for participant screening checklist.

## Programs

Participant numbers will be reduced at this time. All participants must practice social distancing and wear a face mask. Parents/Guardians must assist in the participant screening checklist. Only participants will be permitted the program rooms. It is recommended that parents/guardians remain in their cars if not participating in the visit or program. Loitering in the lobby will not be allowed. Once the program concludes, we ask all parents, guardians and participants to exit the building. Drinking fountains will not be available for use; use the bottle fillers only. Limited capacity will be available in the restrooms.

## Private Rentals

To book a private rental at the Lake House, a rental form must be completed and approved by the Recreation Office Manager. Rooms will be run at half capacity. Proper social distancing is required. Face masks are suggested. **All rental visitors will be required to sign the rental roster for contract tracing purposes.** Rooms and public spaces will be cleaned and disinfected after each rental. Drinking fountains will not be available; use the bottle fillers only. Guest services such as coffee and tea will not be provided by the district. All food and drink brought by the rental group must be removed from the facility at the conclusion of the rental.

## Physical and Verbal Reminders of Distance

Staff will provide verbal reminders for physical distancing as needed throughout the facility. When possible, physical and visual reminders will be used. Examples include changing the location of equipment to allow for distancing, taping areas/markers on the floor, creating physical barriers and displaying signage with reminders/expectations.

If the verbal reminders are not effective and/or cause safety concerns in the facility, the participant will be asked to leave and will be suspended from all in-person programs until able to follow physical distancing requirements.

Hand Washing – Participants and staff will be asked to wash or sanitize their hands upon entry to the facility and also throughout the day at transitions or specific intervals. If staff see a participant touch their face, eyes, mouth etc. they must immediately direct the participant to wash/sanitize his/her hands. Washing or sanitizing will also occur before and after eating.

Equipment/Supplies Use – Sharing equipment and supplies is discouraged. To reduce the sharing items, we may request that participants bring their own equipment/supplies or provide items for individual use only. When items will be used by more than one individual, sanitation will occur between each use.

## Post Exposure

If a patron has tested positive for COVID-19, guardians, participants and staff will be notified if they may have been exposed. In order to maintain confidentiality, the name of the individual will not be released.

There will be many factors taken into consideration for next steps to determine whether the program needs to be suspended for mitigation. Urbana Park District Administration will communicate program updates when available. The safety of participants and staff is our top priority.

Patrons diagnosed with, or exhibiting symptoms of, COVID-19 may only return to program after it has been 10 days from the time individual experienced symptoms, does not have a fever for 3 days (without fever reducing medication) and shows improvement in respiratory symptoms (cough, shortness of breath). A patron may return to facility after 2 negative COVID-19 tests in a row, with testing completed 24 hours apart and documentation from a physician.

## Employee Screening Protocols

- Temperature checks will be done prior to each shift.
- Hand washing is continuously encouraged.
- Face masks will be mandatory for all staff when not in a private office with door closed.
- Employees will be responsible for completing a daily self-check before reporting to work.
- All sick employees are encouraged to stay home. Any sick staff on shift will be immediately asked to go home and will be required to communicate with their immediate supervisor on symptoms and procedures.
- Any staff member who has been exposed and has no symptoms will be required to stay home for a minimum of 7 days.
- Any staff member who has been exposed and has symptoms will be required to stay home for at least 10 days from the time they were exposed.
- Employees can return to work after quarantine when it has been ten (10) days from the time they have experienced symptoms and at least three (3) days after they have no fever (without taking fever reducing fever medication) and have improvement in their respiratory symptoms (cough, shortness of breath).

## Isolation & Communicable Disease Procedures

### Isolation Procedures

In the event a patron displays or develops symptoms of COVID-19 during a program, staff will follow the procedures outlined below to isolate the individual until they can be picked up from the program site. Parents/Guardians or emergency contacts are required to pick up within 30 minutes of the initial call, preferably much sooner.

1. If not already wearing a face covering both the participant and staff must wear a covering.
2. **If the facility has an available isolated room**, the individual will be asked to stay in that room.
3. **If there is not an available isolated room** and it is possible, the individual will be taken outside.
4. Call emergency contacts to pick the participant up.
5. If participant is in immediate medical distress, call 911 immediately.

## COVID-19 COMMUNICABLE DISEASE PROCEDURES

### Definition Communicable

1. Able to be passed by contact: transmitted from one person to another either by direct contact with the person or by indirect contact, e.g. contact with his or her clothes, surfaces, etc.

2. Capable of transmitting disease: affected by or carrying a disease that can be transmitted by direct or indirect contact (as by a vectors)
3. Likely to affect others: quickly spread from one person to another

COVID-19 Communicable Disease Procedures are enacted whenever a staff member, participant, or other individual has received confirmed diagnosis of COVID-19 or been exposed to someone with a confirmed diagnosis of COVID-19 while in the Lake House to which others may have been exposed.

### **Key Components**

- Key personnel will enact the procedures as soon as notification is received so that no additional time passes before notifying at-risk individuals of possible exposure.
- If applicable, the infected or potentially infected individual will be isolated.
- Specific information will be obtained from the individual regarding the diagnosis, dates of illness, necessity for quarantine and release to return to work if the individual is a staff.
- Obtain an updated illness fact sheet to include with report.
- Identify all potentially exposed individuals and determine who should be notified of the situation and determine how that notification should take place.
- During this process staff will retain as much confidentiality as possible when communicating to specific at-risk individuals while maintaining identification anonymity of the contagious individual.
- All communications, notes, emails, etc. will be retained and filed by UPD Human Resources.
- If cleaning and sanitation is needed to restore areas and equipment the individual came into contact with prior to re-opening, a full-time staff member will contact responsible parties.

### **Cleaning & Sanitation Procedures**

Prevent the spread of COVID-19 by following the guidelines below:

- Stay more than 6 feet away from people.
- Avoid touching your face.
- Frequently wash your hands for 20 seconds with soap and water or using alcohol-based hand sanitizer with a minimum of 60% alcohol if hands are not soiled.
- Cover your mouth and nose with a tissue when coughing or sneezing, disposing of the tissue in the trash, and wash your hands or using hand sanitizer.
- Frequently cleaning commonly touched surfaces (e.g. doorknobs, keyboards) with antiseptic cleanser.
- Cover your mouth and nose with a cloth face cover or mask when around others.

## Cleaning (based on recommendations from IDPH)

### Multi-Purpose Rooms and Kitchen

	Hourly	Daily	Weekly	As needed/used
Sinks/Countertops		X		
Restrooms (If App.)		X		
Tables & Chairs		X		
Carpets		X		
Cubbies			X	
Whiteboards			X	
Door Handles		X		
Phones		X		
Light Switches		X		
Thermostat Control		X		
Trash		X		
Kitchen Appliances Touch points		X		

### Restrooms

	Hourly	Daily	Weekly	As needed/used
Sinks/Faucets	X			
Countertops		X		
Toilets/Urinals	X			
Stall Doors	X			
Stall Partitions		X		
Door Handles	X			
Toilet/Paper Dispensers		X		
Support Bars *If App	X			
Soap Dispensers		X		
Sanitary Nap Bin	X			
Mirrors		X		
Floors		X		

### Hallways

	Hourly	Daily	Weekly	As Needed	Do Not Use/Remove
Drinking Fountains					X
Bottle filler	X				
Lockers *If App					X
Trash				X	
Table Tops	X				
Chairs	X				
Fire Doors		X			
Light Switches	X				
Building Alarm Pad		X			
Directional Signage				X	
Furniture (e.g. Couches/soft chairs, display tables, etc)					X

**Admin Spaces & Office**

	Hourly	Daily	Weekly	As Needed	Do Not Use/Remove
<b>Phones</b>		X			
<b>Desktops/Chairs</b>		X			
<b>Countertops</b>	X				
<b>Fax Machines</b>				X	
<b>Copiers</b>				X	
<b>Door Handles</b>	X				
<b>Computers</b>		X			
<b>Table Surfaces</b>		X			
<b>Carpet/Rugs</b>		X			
<b>Plexi Shield</b>		X			
<b>File Cabinets</b>				X	
<b>Extra Furniture (soft surfaces)</b>					X

## **Appendix A**

### **Participant Health Screening Checklist**

The following are the questions which are included on the health screening questionnaire form:

Question	Yes	No
Temperature check above 100.4 degrees?		
Have you felt feverish?		
Do you have a cough?		
Do you have a sore throat?		
Have you been experiencing difficulty breathing or a shortness of breath?		
Do you have muscle aches?		
Have you had a new or unusual headache (not related to caffeine, diet, or hunger, not related to history of migraines, clusters or tension, not typical to the individual)?		
Have you noticed a new loss of taste or loss of smell?		
Have you been experiencing chills or rigors (rigors: a sudden feeling of cold with shivering accompanied by a rise in temperature)?		
Do you have any gastrointestinal concerns (abdominal pain, vomiting, diarrhea)?		
Is anyone in your household displaying any symptoms of COVID-19?		
To the best of your knowledge, have you or anyone in your household come into close contact with anyone who has tested positive for COVID-19 (close contacts include household contacts, intimate contacts, or contacts within 6 feet for 15 minutes or longer unless wearing N95 mask during period of contact)?		

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Patron/Participant Name (printed)

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Patron/Participant/Parent/Guardian Signature

Date