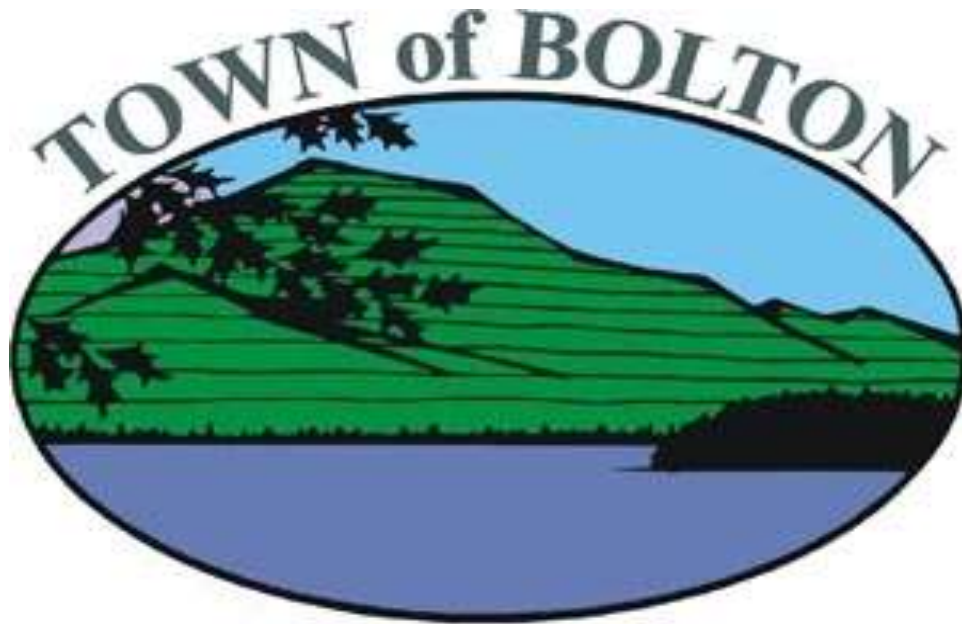




Town of Bolton  
Recreation Department



# Recreation Center Reopening Plan



# Town of Bolton Recreation Department



## **Town of Bolton Recreation Center Reopening Plan**

The information in this document in regards to transportation, sign ups, schedule, etc. supersedes the information in The Recreation Center Handbook until further notice.

The Town of Bolton Recreation Center will be open Monday – Friday from 3:00-6:00 PM, and select Saturdays. We will follow the Bolton Central School calendar and closings. If BCS closes for an emergency, bad weather, or any other reason, the Recreation Center will close as well.

Bolton Recreation Department programs/activities may from time to time be canceled or rescheduled. Before sending a child to the Town Hall, a parent shall confirm that the recreation program has not been canceled or rescheduled. Parents are responsible for making sure their child is not dropped off and left unattended or unsupervised at the Town Hall in the event of a program cancellation.

### **Daily Advance Sign Up required until further notice.**

**There will be no Drop Ins allowed this year. Children must wear a face covering to enter the building.**

The Recreation Center will re-open on Monday, September 13, 2021.

15 participants/day will be allowed to use the Recreation Center until further notice. If you would like your child to attend, you must call/email on the day of your intended use to reserve a space for your child. If you would prefer emailing once a week with the days your child will attend, that is acceptable as well. It is a first come first served basis. You may call the Recreation Center between 9:00AM-2:30 PM to request a reservation. Completed paperwork is required to enter the Recreation Center, and can be found on pages 8 & 9.

The Recreation Center Handbook **and Paperwork** is available at [www.boltonnewyork.com/recreation](http://www.boltonnewyork.com/recreation)

The Recreation Center phone number is 518-644-9310, email: [boltonrec@yahoo.com](mailto:boltonrec@yahoo.com)

Participants will have their temperature checked before entry into the building. A participant with a temperature of 100 degrees Fahrenheit or greater will not be permitted to enter the facility. The participant will wait in the conference room, located upstairs in the Town Hall, until a parent/guardian picks them up. Please call 518-928-3176 or 518-644-9310 when you arrive, and your child will be escorted out to your car. Your child will be required to be seen by a health care provider in regards to the failed screening, and we will need documentation from the provider stating that your child is able to return to the program.



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**Transportation** (each family is responsible for making their transportation arrangements with the school).

The following is a BCS Policy: A pickup and drop off location **MUST** be consistent for all bus transportation. The bus schedule and assignments are coordinated based on these known locations and the number of students on each bus run and their assigned seats. **We cannot accommodate requests to change a drop off location unless it is an absolute emergency!** Please help us with this challenging bus situation by refraining from making such requests.

## **Programs/Activities**

Returning and new participants should be made aware that the typical activities and sports play will not be possible for the time being. We will focus on activities with little or no physical contact (seated games) Additional tables will be added so that participants can properly social distance • sports that involve less physical closeness over those that are close-contact or involve shared equipment may be permitted if space allows; • Enhanced cleaning and disinfection will occur after each use of board games, art supplies etc. When possible each participant will be provided with their own labeled container of art supplies.

## **Physical Distancing and Face Coverings**

Employees will wear face coverings at all times.

Participants will wear a face covering at all times unless they are seated for a snack/drink.

## **Pick-up Procedures**

**Phone Call Method (Preferred):** Parents should call the Recreation Center (518-644-9310) when they arrive and request that your child walk upstairs to be picked up outside.

**Indoor Pick Up Area:** If a parent must enter the facility, parents must call upon their arrival to ensure that there is space available to enter the Recreation Center and meet their child at the door. Arrival/Pickup will be staggered when feasible. Please do not enter the Recreation Center by using the upstairs Town Hall entrance. Please enter from the outside entrance on the far right of the building. An appropriate face covering is required to enter the facility, and we ask that you do not come past the sign in table. Parents picking up at the facility should not stay for excessive periods of time. Please no social visiting or lengthy conversations.

Non-essential visitors will be prohibited from entering the Recreation Center, to the best extent possible.



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## **Screening**

### Staff

Staff have been instructed to stay home if they are sick and we remind parents/guardians to keep sick children home.

### Participants

It is expected that participants will be prescreened (temperature check and check for signs of illness) at home and via Bolton Central School, however, each participant will have their temperature checked and provided hand sanitizer before entry into the Recreation Center. A participant with a temperature of 100 degrees Fahrenheit or greater will not be permitted to enter the facility. A parent will be contacted for immediate pick up.

## **Isolation Area**

Any participant who fails a screening will wait in the conference room, located upstairs in the Town Hall. A parent will be contacted and informed of the failed screening and be required to pick up their child. Upon arrival to the Town Hall, please call 518-644-9310 or 518-928-3176, and your child will be escorted out to your car. Your child will be required to be seen by a health care provider in regards to the failed screening, and we will need documentation from the provider stating that your child is able to return to the program.

## **Suspected Exposure and/or Confirmed Positive COVID-19 test procedure**

The Town of Bolton requests that you contact us immediately to inform us if your child or any member of the child's household, has been potentially exposed to someone with COVID-19, had a confirmed exposure to COVID 19, or has a positive COVID-19 test.

In the event that a parent/guardian of a participant must be isolated because they have tested positive for, or exhibited symptoms of, COVID-19, the parent/ guardian must be advised that they cannot enter the site for any reason, including picking up their child.

- If the parent/guardian – who is a member of the same household as the child is exhibiting signs of COVID-19 or has been tested and is positive for the virus, utilize an emergency contact authorized by the parent to come pick up the child. As a “close contact,” the child must not return to the Recreation Center for the duration of their parents quarantine.

- If the parent/guardian– who is a member of the same household as the child– is being quarantined as a precautionary measure, without symptoms or a positive test, staff should walk out or deliver the child to the parent/guardian at the boundary of, or outside, the premises. As a



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“contact of a contact” the child may return to the Recreation Center for the duration of the quarantine.

- If a child or their household member becomes symptomatic for COVID-19 and/or tests positive, the child must quarantine and may not return or attend the Recreation Center until after quarantine is complete.

Town of Bolton Staff will immediately notify the state and local health department about any positive test result by an employee or child at their site.

An onsite log will be maintained of every person, including children, employees, parents/guardians who may have come in close contact with individuals at the site, excluding individuals wearing appropriate PPE.

## **Protective Equipment**

Staff will limit the sharing of objects (e.g. electronic equipment, arts and crafts materials, touch screens) and discourage touching of shared surfaces; or, when in contact with shared objects or frequently touched areas, require employees to wear gloves (trade-appropriate or medical); or, require employees and children/campers to practice hand hygiene before and after contact.

Hand Sanitizer, soap and warm water, and paper towels will be provided to staff and children. Staff will be provided with gloves and facemasks, however may wear a proper face covering of their choice. Cleaning supplies are available for immediate daily use, and enhanced cleaning procedures will be completed daily by Building and Grounds Staff.

Children must bring a face covering with them to enter the building. In the event that a participant forgets their face covering or it becomes soiled, a new face covering will be provided to them.

## **Hygiene, Cleaning, and Disinfection**

Shared Workstations will be cleaned daily

Enhanced cleaning and disinfection will occur; shared objects will be cleaned between each use. The entire facility, including floors, bathroom, tables/chairs, remote controls, light switches, door handles, and other furniture will be disinfected each morning

Staff will Adhere to hygiene, cleaning, and disinfection requirements from the Centers for Disease Control and Prevention (CDC) and Department of Health (DOH) and maintain logs on site that document date, time, and scope of cleaning and disinfection.



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The Town of Bolton will Provide, maintain, and coach children on proper hand hygiene. Stations: handwashing with soap, running warm water, and disposable paper towels; alcohol-based hand sanitizer containing 60% or more alcohol for areas where handwashing is not available or practical.

Hand sanitizer will be available throughout common areas on site.

Employees/staff and participants must perform hand hygiene immediately upon entering the program

## **Emergency Cleaning**

The Town of Bolton will provide for the cleaning and disinfection of exposed areas in the event an individual is confirmed to have COVID-19. Such cleaning procedure will follow CDC and local DOH Guidelines.

In the event of a positive COVID-19 test, the Recreation Center will remain closed for a minimum of 48 hours. A required 24 hour waiting period and time to consult with Warren County Public Health and a review of NYS DOH “Interim Guidance for Public and Private Employees for returning to work following a COVID-19 Infection or Exposure,” will be necessary before establishing a reopening plan.

## **Communication**

The Town of Bolton has reviewed and understands the state-issued guidelines for reopening. Updates to the program will be available at [www.boltonnewyork.com](http://www.boltonnewyork.com) and [www.boltoncsd.org](http://www.boltoncsd.org) Additionally, informational flyers will be sent to Bolton Central School for distribution to grades 4 and up regarding the Recreation Center, and public program information will be sent to all grades.

Throughout the year, Town staff will continue to review guidelines and requirements on COVID-19 guidelines, protocols, hand hygiene, social distancing, CDC cleaning guidelines, and proper face covering wearing. Updates to this plan will be made as needed, and at the sole discretion of both The Town of Bolton Town Board and/or Recreation Director.

Please contact Michelle Huck with any to COVID-19 questions or concerns. 518-644-9310 or [boltonrec@yahoo.com](mailto:boltonrec@yahoo.com)



# Town of Bolton Recreation Department

## Recreation Department Medical Information

Child's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
DOB \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_

Parent email address: \_\_\_\_\_

This release shall be effective for any recreation department program in which my child participates through 2021-2022. I understand that it will remain on file with the recreation director until that date.

Should my child require emergency medical care at any time during the recreation department trips/programs/events and /or activities, and if I am unable to be reached, I give the recreation department staff and/or chaperones permission to act on my behalf (en loco parentis) regarding medical and surgical emergencies for my son or daughter, named and signed below. I understand I am responsible for any expenses incurred as a result of medical treatment.

Student Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Home Telephone # \_\_\_\_\_

Mother's Cell Phone # \_\_\_\_\_

Father's Cell Phone # \_\_\_\_\_

Emergency Contact Person Name \_\_\_\_\_

Emergency Contact Person # \_\_\_\_\_

Emergency Contact Person Name \_\_\_\_\_

Emergency Contact Person # \_\_\_\_\_

Physician's Name and Address: \_\_\_\_\_

Medical Insurance Company \_\_\_\_\_

ID # \_\_\_\_\_ Group# \_\_\_\_\_

Please indicate any special health considerations (Allergies, Medications, Health Conditions, etc.)

\_\_\_\_\_  
\_\_\_\_\_

I have read and understand this form and will abide by the information pertaining to student participation in Bolton Recreation Department activities. I understand the assumption of risk in regard to the possibility of injury due to the nature of activity associated with the events/trips/activities offered during the Recreation Department Season, and I fully release the above information contained in the medical release.

Parent/Guardian Name (Please Print) \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_



# Town of Bolton Recreation Department

Happenings Youth Center (Recreation Center) rules state:

Elementary students (grades 4-6) will get picked up at the door by a parent or guardian when they leave for the day. No elementary students (grades 4-6) are allowed to sign themselves out of the facility without written parental permission.

Once a student signs out and leaves the Recreation Center, the Recreation Department Staff and the Town of Bolton are no longer responsible for that individual student's whereabouts, actions, or behavior.

Students must inform the director and/or Recreation Center Attendant if they leave the premises.

By signing this form you and your child are acknowledging that you have read the entire handbook and agree to the rules stated above.

Student Signature \_\_\_\_\_ Print Name \_\_\_\_\_

Parent Signature \_\_\_\_\_ Phone # \_\_\_\_\_

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

Date \_\_\_\_\_

**If you would like for your elementary aged student to have permission to sign him/herself OUT of the Recreation Center please sign and fill out form below.**

I (parent name) \_\_\_\_\_, give permission for my son/daughter (Child Name) \_\_\_\_\_ to leave/sign-out of Happenings Youth Center at their choosing. I understand that once they have signed out they will no longer be supervised or the responsibility of the Town of Bolton Recreation Department staff.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

**Notes:** \_\_\_\_\_

### Photo Policy

Your child may be photographed while at the **Recreation Center**. Please understand the photos will be used to create a scrap book and/or for promotional purposes including flyers, brochures, newspaper and on the internet. Please know that although your child's photograph may be used for advertising, his or her identity will not be disclosed.

### Custody

The Town of Bolton Staff are not trained to review legal documents or court decrees. Decisions regarding who is authorized to pick up a child will be governed by the Primary Parent/Guardian information listed on this document.

Parent's/Guardian's Initials \_\_\_\_\_

The Town of Bolton and the Recreation Center are not responsible for lost or damaged personal property. All scheduled events are subject to change. In case of an emergency, and if a family physician cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel (i.e. EMT, First Responder, and/or Physician).

I have received the Bolton Recreation Center Parent Handbook and have read the information, policies, and procedures therein. I understand that participation in the Recreation Center Program is at the sole discretion of the Recreation Director. I have reviewed the Code of Conduct with my child(ren).

Parent/Guardian

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Parent/Guardian: \_\_\_\_\_