



COSSE LEARNING

2020

COSSE LEARNING POLICIES AND GUIDEBOOK

A solution for remote and hybrid education

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Wyoming Fine Arts
CENTER

2020

COSSE LEARNING POLICIES AND GUIDEBOOK

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Please review this document completely and fill out all forms.

COSSE LEARNING OVERVIEW

Cosse ("co-say" meaning pod in French) **Learning** is a solution The Center is offering to families choosing remote education and families who need additional support with the various school district's Hybrid learning models.

Students will participate at The Center with structured activities. Designated locations are assigned for activities which include proctored time for their remote school lessons, as well as daily music, art, and energy pursuits. All classes will be taught by The Center's current staff of qualified teachers and partner organizations.

Pod Structure

- To maintain safe social distancing, groups of students will be broken into separate learning pods for the semester.
- There will be 9 students and 1 instructor per pod.
- Lessons and activities will be built with age and grade level in mind.

Cherry • Pod 1	Berry • Pod 2	Kale • Pod 3
Monday - Friday 8am - 5pm	Monday - Wednesday 8am - 5pm	Wednesday - Friday 8am - 5pm

The Center Will Provide:

- **WI-FI** will be provided for students to complete their online lessons from school.
- There will be **9 students and 1 instructor** per pod.
- Lessons and activities will be built with age and grade level in mind.
- A safe and creative environment.

Family Support

- Students must **bring their own computer/tablet** to complete their school work during proctored time.
- Students must **bring their own headphones/headsets** to listen to their online school work.
- Families will need to pack a **peanut free lunch and snack**.
- Students must **bring their own water bottles** for the day.

Cosse Learning Schedule

Pods will rotate between the Masonic Lodge, the Ballroom, the Art Studio, and the Garden Space.



Semester Schedule / Cost

Full Time Cosse

Monday - Friday • 8a - 5p • August 19 - December 18

The Full Time Cosse Learning Program is \$350.00 for five days a week of programming/education. Full Time students are also provided priority enrollment in the No School! Let's Art Program on school holidays.

Hybrid Cosse

Monday - Wednesday OR Wednesday - Friday • 8a - 5p • August 19 - December 18

The Hybrid Cosse cost is based on three days per week of programming/education. The cost is \$225 per student. It is recommended that you pay a \$50 deposit for each week of the semester to guarantee your spot. The \$50 will be credited to the weekly fee. The cost of the deposit is \$800.00.

If your school system does not go on a Hybrid Schedule, then your deposit can be used for other programming at The Center.

Wyoming School District holidays will apply.

register at www.musicartdance.org/cosse

Wyoming Fine Arts Center Onsite Lesson Policies and Procedures

Wyoming Fine Arts Center (The Center) is committed to the safety of our faculty, staff, and students. As we begin bringing lessons back into The Center, we want to share with you how we want to engage with students this term.

In order to provide the best in person lessons for everyone, The Center is following the CDC Guidelines, the Hamilton County Public Health Guidelines, and the protocols outlined by Governor Mike DeWine.

While we know this may seem extreme, we are taking every precaution we can to minimize an outbreak at our facility.

We have included the following protocols:

- CDC Fever Definition
- COVID-19 Protocol
- Assumption of Risk
- Pre-arrival Protocol
- Wyoming Fine Arts Center's Process
- Faculty's Responsibility
- Student's Responsibility
- Parent's Responsibility
- Social Distance Policy
- Restroom Availability

CDC Fever Definition – A fever is a temperature of 100.4 degrees F.

COVID-19 Protocol

- If a student, or family member has been exposed to someone who has tested positive for COVID-19, then the student must be **symptom free for 14 days** before they are able to attend a lesson.

Assumption of Risk

- An inherent risk of exposure to COVID-19 exists in any public place where people are present. COVID-19 is an extremely contagious disease that can lead to severe illness and death. According to the Centers for Disease Control and Prevention, senior citizens, and guests with underlying medical conditions are especially vulnerable. By visiting Wyoming Fine Arts Center you voluntarily assume all risks related to exposure to COVID-19.

Wyoming Fine Arts Center Protocol

Each day, after classes, our facility will be cleaned by a professional cleaning company including, but not limited to restrooms, banisters (indoor and outside), and floors vacuumed.

High touch areas in the room are the faculty's responsibilities to be cleaned through the day.



infographic courtesy of Wyomig Public Schools

Faculty Responsibilities

General responsibilities:

- **Wear a facial covering that includes covering mouth, nose, and chin.**
- **Sanitize hands** after working with any individual student before interacting with the next student.

Beginning of lesson (to be conducted by Faculty or Center staff member):

- **Take temperatures** of students as they arrive.
- **Provide hand sanitizer** to each student upon arrival.
- Have Fun!

During lessons:

- **Ensure 6 foot social distancing** between each person in your room (family members count as one unit.)
- Communicate with staff for any additional needs that may arise throughout the day.

After lesson:

- **Clean high touch areas in classroom.**

Student Responsibilities

- **Be healthy**, no fever, no cough.
- **Bring your own water bottle for lessons.**
- **Maintain appropriate social distance** with all people in The Center.
- Listen to teachers and Wyoming Fine Arts Center staff.
- **Wash your hands regularly**, and when asked by faculty.
- **Wear a mask at all times** when in the building for your lesson.
- Have Fun and Be Creative!

Parent Responsibilities

- **Ensure the child is healthy each day of lessons.**
- Talk to the child about the importance of having their temperature taken.
- **Wearing a mask is required of all students.** Talk to child about the importance of wearing a mask.
- **Provide a water bottle for your child.** Water fountains will not be available to use at The Center.
- **Explain to child the rules of social distancing.**
- **Explain to child the importance of washing hands regularly.**
- Wait until student's temperature is taken prior to leaving the premises.
- Parents know their child best. **If you do not feel that the child is well, regardless of a fever, please keep them home.**

Social Distance Policy

According to the State of Ohio Director's Stay Safe Ohio Order, social distancing requires maintaining a six (6) foot social distancing for both employees and members of the public at all times.

Restroom Availability

The Center's restroom facilities are only open to those faculty, staff and students who are participating in activities in the building. They are not available for use to the general public.

Please use the closest restroom to your activity. The restrooms are cleaned at least once every day but will not be cleaned after every use. Please note that these are public restrooms and available for your convenience.

Developed and reviewed by: American Camp Association, American Academy of Pediatrics Council on School Health, & Association of Camp Nurses



American Camp Association Camper Health History Form

To Parent(s)/Guardian(s): Please follow the instructions below. Attach additional information if needed.

Dates will attend camp: from _____ to _____
Month/Day/Year Month/Day/Year

Camper Name: _____
First Middle Last

Gender: _____ Birth Date: _____ Age on arrival at camp: _____
Month/Day/Year

Camper Home Address: _____
Street Address City State Zip Code

Parent/guardian with legal custody to be contacted in case of illness or injury:

Name: _____ Relationship to camper: _____ Phone 1: _____ Phone 2: _____
Email: _____

Home Address: _____
If different from above Street Address City State Zip Code

Second parent/guardian or other emergency contact:

Name: _____ Relationship to camper: _____ Phone 1: _____ Phone 2: _____
Email: _____

Additional contact in event parent(s)/guardian(s) can not be reached:

Name: _____ Relationship to camper: _____ Phone 1: _____ Phone 2: _____

Allergies: ☐ No known allergies. ☐ This camper is allergic to: ☐ Food ☐ Medicine ☐ The environment (insect stings, hay fever, etc.) ☐ Other
(Please describe below what the camper is allergic to and the reaction seen.)

Diet, Nutrition: ☐ This camper eats a regular diet. ☐ This camper eats a regular vegetarian diet. ☐ This camper is lactose intolerant.
☐ This camper is gluten intolerant. ☐ Other, *please explain in space below*

Restrictions: ☐ I have reviewed the program and activities of the camp and feel the camper can participate without restrictions.
☐ I have reviewed the program and activities of the camp and feel the camper can participate with the following restrictions or adaptations.
Please describe below

Medical Insurance Information: This camper is covered by family medical/hospital insurance ☐ Yes ☐ No
Include a copy of your insurance card if appropriate; copy both sides of the card so information is readable.

Insurance Company: _____ Policy Number: _____

Subscriber: _____ Insurance Company Phone Number: _____

Parent/Guardian Authorization for Health Care: This health history is correct and accurately reflects the health status of the camper to whom it pertains. The person described has permission to participate in all camp activities except as noted by me and/or an examining physician. I give permission to the physician selected by the camp to order x-rays, routine tests, and treatment related to the health of my child for both routine health care and in emergency situations. If I cannot be reached in an emergency, I give my permission to the physician to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for this child. I understand the information on this form will be shared on a "need to know" basis with camp staff. I give permission to photocopy this form. In addition, the camp has permission to obtain a copy of my child's health record from providers who treat my child and these providers may talk with the program's staff about my child's health status.

Signature of Custodial Parent/Guardian: _____ Date: _____ Relationship to Camper: _____

If for religious or other reasons you cannot sign this, contact the camp for a legal waiver which must be signed for attendance.

Immunization History: Provide the month and year for each immunization. Starred (*) immunizations must include date to meet ACA Standard. Copies of immunization forms from health-care providers or state or local government are acceptable; please attach to this form.

Immunization	Dose 1 Month/Year	Dose 2 Month/Year	Dose 3 Month/Year	Dose 4 Month/Year	Dose 5 Month/Year	Most Recent Dose Month/Year
Diphtheria, tetanus, pertussis (DTaP) or (TdaP)						
Tetanus booster* (dT) or (TdaP)						
Mumps, measles, rubella (MMR)						
Polio (IPV)						
Haemophilus influenzae type B (HIB)						
Pneumococcal (PCV)						
Hepatitis B						
Hepatitis A						
Varicella (chicken pox)	<input type="checkbox"/> Had chicken pox Date: _____					
Meningococcal meningitis (MCV4)						

Tuberculosis (TB) test	Date: _____	<input type="checkbox"/> Negative <input type="checkbox"/> Positive
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If your camper has not been fully immunized, please sign the following statement:

I understand and accept the risks to my child from not being fully immunized.

Signature of Custodial

Parent/Guardian: _____ Date: _____ Relationship to Camper: _____

Medication: ☐ This camper will not take any daily medications while attending camp.

☐ This camper will take the following daily medication(s) while at camp:

"Medication" is any substance a person takes to maintain and/or improve their health. This includes vitamins & natural remedies. **Please review camp instructions about required packaging/containers.** Many states require original pharmacy containers with labels which show the camper's name and how the medication should be given. Provide enough of each medication to last the entire time the camper will be at camp.

Name of Medication	Date Started	Reason for Taking It	When it is Given	Amount or Dose Given	How it is Given
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other time:		
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other time:		
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other time:		
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other time:		

The following non-prescription medications may be stocked in the camp Health Center and are used on an as needed basis to manage illness and injury. **Cross out those the camper should not be given.**

Acetaminophen (Tylenol)
Phenylephrine decongestant (Sudafed PE)
Antihistamine/allergy medicine
Diphenhydramine antihistamine/allergy medicine (Benadryl)
Sore throat spray
Lice shampoo or cream (Nix or Elimite)
Calamine lotion
Laxatives for constipation (Ex-Lax)

Ibuprofen (Advil, Motrin)
Pseudoephedrine decongestant (Sudafed)
Guaifenesin cough syrup (Robitussin)
Dextromethorphan cough syrup (Robitussin DM)
Generic cough drops
Antibiotic cream
Aloe
Bismuth subsalicylate for diarrhea (Kaopectate, Pepto-Bismol)

General Health History: Check "Yes" or "No" for each statement. Explain "Yes" answers below.

Has/does the camper:

- | | |
|---|---|
| 1. Ever been hospitalized? <input type="checkbox"/> Yes <input type="checkbox"/> No | 11. Had fainting or dizziness? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Ever had surgery? <input type="checkbox"/> Yes <input type="checkbox"/> No | 12. Passed out/had chest pain during exercise? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Have recurrent/chronic illnesses? <input type="checkbox"/> Yes <input type="checkbox"/> No | 13. Had mononucleosis ("mono") during the past 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Had a recent infectious disease? <input type="checkbox"/> Yes <input type="checkbox"/> No | 14. If female, have problems with periods/menstruation?..... <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Had a recent injury? <input type="checkbox"/> Yes <input type="checkbox"/> No | 15. Have problems with falling asleep/sleepwalking? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Had asthma/wheezing/shortness of breath?..... <input type="checkbox"/> Yes <input type="checkbox"/> No | 16. Ever had back/joint problems? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. Have diabetes? <input type="checkbox"/> Yes <input type="checkbox"/> No | 17. Have a history of bedwetting? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. Had seizures? <input type="checkbox"/> Yes <input type="checkbox"/> No | 18. Have problems with diarrhea/constipation? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9. Had headaches? <input type="checkbox"/> Yes <input type="checkbox"/> No | Have any skin problems? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 10. Wear glasses, contacts, or protective eyewear? <input type="checkbox"/> Yes <input type="checkbox"/> No | 20. Traveled outside the country in the past 9 months? <input type="checkbox"/> Yes <input type="checkbox"/> No |

Please explain "Yes" answers in the space below, noting the number of the questions. For travel outside the country, please name countries visited and dates of travel.

Mental, Emotional, and Social Health:: Check "Yes" or "No" for each statement.

Has/does the camper:

- | |
|---|
| 1. Ever been treated for attention deficit disorder (ADD) or attention deficit/hyperactivity disorder (AD/HD)? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Ever been treated for emotional or behavioral difficulties or an eating disorder? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. During the past 12 months, seen a professional to address mental/emotional health concerns? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Had a significant life event that continues to affect the camper's life? <input type="checkbox"/> Yes <input type="checkbox"/> No |

(History of abuse, death of a loved one, family change, adoption, foster care, new sibling, survived a disaster, others)

Please explain "Yes" answers in the space below, noting the number of the questions. The camp may contact you for additional information.

Health-Care Providers:

Name of camper's primary doctor(s): _____	Phone: _____
Name of dentist(s): _____	Phone: _____
Name of orthodontist(s): _____	Phone: _____

What Have We Forgotten to Ask? Please provide in the space below any additional information about the camper's health that you think important or that may affect the camper's ability to fully participate in the camp program. Attach additional information if needed.

Social Media Permission Form

Please indicate your approval for the video to be shared online by answering these questions. The Center will honor your preference.

- _____ YES, I give The Center approval to post my child's performance on The Center's **public** YouTube Channel and other social media platforms.
- _____ NO, I do not give The Center approval to post my child's performance on The Center's **public** YouTube Channel and other social media platforms.
- _____ YES, I give the The Center approval to post my child's performance on The Center's **private** YouTube Channel. This link will be shared to those only associated with the Wyoming Fine Arts Center and the Faculty's students.
- _____ NO, I do not give the The Center approval to post my child's performance on The Center's **private** YouTube Channel. This link will be not be shared with anyone other than the immediate family of the student and the staff of The Center.

We would like to be able to publicly share these videos so our students can see their accomplishments. However, we know that many families are concerned with privacy and cyber bullying. The Center's policy with videos including children will have all comments closed.

If you have any questions or concerns:
director@musicartdance.org
513.948.1900

Consent and Signatures

I have read and understand the Wyoming Fine Arts Center Guidelines outlined in this document.
I understand that there is an inherent risk of exposure to COVID-19 that exists in any public place where people are present. COVID-19 is an extremely contagious disease that can lead to severe illness and death. According to the Centers for Disease Control and Prevention, senior citizens and guests with underlying medical conditions are especially vulnerable. By visiting and sending my student to the Wyoming Fine Arts Center I voluntarily assume all risks related to exposure to COVID-19. The Center will not be held responsible if the student contracts COVID-19 while at the facility.

Parent Signature

Parent Printed Name

Date