



## **Family Agreement to Return to In-Person Services Related to COVID-19 Safety Policies & Procedures**

I agree to only have sessions when my child and all members of the household feel healthy and do not show signs of illness as described below or any signs of illness in Easterseals' Illness Policy. \_\_\_\_\_ **(initial)**

**Per the CDC, COVID-19 signs of illness are as follows:**

- Fever (temperature of 100.4° or higher in the past 48 hours)
- Rapid breathing or difficulty breathing (without recent physical activity)
- Cough
- Muscle pain
- Sore throat
- Chills and/or repeated shaking with chills
- Headache
- New loss of taste or smell

I acknowledge that before each session, Easterseals staff will call/text me to confirm that everyone in the home is healthy. For a Center based appointment, my child and my temperatures will be checked. \_\_\_\_\_ **(initial)**

I agree to cancel the session or schedule through telehealth, if clinically appropriate, and follow the current CDC protocols if I or a member of my family that is living in the same household has been exposed to a confirmed case of COVID-19 or if symptoms should occur. \_\_\_\_\_ **(initial)**

All Easterseals staff will wear face mask/shield while in your home or in the Center. Staff will be provided with a Personal Protective Equipment (PPE) kit containing: face masks, hand sanitizer, hand soap, cleaning disinfectant, and paper towels. Staff will be trained to utilize these items safely, according to OSHA/CalOSHA and CDC guidelines. Staff will be taking their own temperatures and self-screening daily. \_\_\_\_\_ **(initial)**

I agree that the parent/caregiver present in the home or Center during session will also wear a face mask to decrease risk when social distancing is not possible during session. \_\_\_\_\_ **(initial)**

I agree to use cleaning disinfectant to sanitize the area where a session will be held before each session begins. \_\_\_\_\_ **(initial)**

I will clean and disinfect toys to be used during sessions as requested by the staff. \_\_\_\_\_ **(initial)**

I agree that only one adult will be present with staff and child during each session and I will limit guests during sessions. Siblings cannot be accommodated during session at Centers during this time and will be asked to wait with parent outside. \_\_\_\_\_ **(initial)**

My signature below indicates that I have read, understand and agree to the protocols and procedures described herein and all of my questions have been answered. I also understand that it is my responsibility to review and follow Easterseals COVID-19 Safety Policies and Procedures before each session in order to continue services for my child.

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

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