



Child Health and Safety Agreement

Effective 9/9/21

In order to keep your child healthy and safe upon their return to school we have had to change many of our policies and procedures. It is important that you understand and agree with these new procedures we need to go by in our day- to- day operations, per the Massachusetts Dept. of Early Education and Care.

We have provided you with a Family Guidance Handout that includes specific information for the center where your child is enrolled.

*Please read the guidance handout and then, below, initial beside each statement, and sign at the bottom to indicate your agreement. **This agreement must be returned to the center BEFORE your child can attend.** Thank you!*

Note: This plan is subject to change with little notice.

1. Emergency (contacts) Back-up:

It is extremely important that we have accurate and up-to-date information regarding how to reach you during the time your child is at school, in case they get sick.

_____ I understand that I must provide 3 emergency contacts with transportation prior to my start date. **Failure to provide these contacts will result in a delayed start.**

_____ I understand that, if I'm called to pick-up my child due to illness, I or my emergency contact must arrive at the center within 30 minutes of notification.

_____ I understand that if my child is on school bus transportation, that transportation will not be available to drive a sick child home.

2. Hygiene Policy and PPE (Facial Coverings):

_____ I understand that my child will be required to wash their hands using the CDC recommended handwashing procedure throughout the day using running water and rubbing with soap for at least 20 seconds.

_____ If my child is over the age of 2, I give consent for my child to use hand sanitizer made of at least 60% alcohol when soap and water are not immediately available.

_____ I understand that if my child is 2 years of age or older, if they can safely wear and remove a face mask they must wear them while at school and will be supervised at all times while wearing a mask.*

_____ I understand that children will not be required to wear a face mask:

- If they are under the age of 2
- While eating or sleeping
- *If they have a documented physical or behavioral health related concern

3. **ARRIVAL and PICK UP PROCEDURES:**

ARRIVAL

_____ I understand that parent/guardians are allowed to enter the building to drop off and pick up their child following the specific procedure outlined in the *Family Guidance* policy, but must wear a mask at all times, use hand sanitizer provided in the entryway prior to entering the building and are asked to immediately exit the building after dropping off their child.

_____ I understand that it is up to the discretion of my child's teacher and/or other staff whether or not my child's temperature will be taken. However, if my child's temperature must be taken it will be done by a staff member it will be done with a touchless thermometer.

_____ I understand that anyone dropping off or picking up my child must wear a mask.

DEPARTURE

(Children not receiving school transportation)

_____ I understand that I must wear a mask when picking up my child.

_____ I understand that Pathways staff will only release my child to an adult who is on the authorized list and has a form of picture identification. This will be done daily and includes parents.

_____ I understand that the staff will sign out my child only if appropriate picture identification and authorization has been done.

DEPARTURE

(Children receiving school transportation)

_____ I understand that I must wear a mask at the bus stop and that my child must wear a mask while on the Pathways bus (if over age 2).

4. **Exclusion Process:**

_____ I understand that, if my child becomes ill with COVID-19- like symptoms while at school a staff member will bring them to an isolated space and stay with them until they are picked up.

_____ I understand that if my child is diagnosed COVID-19 positive or presumed to have COVID-19 or has had a known exposure to COVID-19 they may NOT return to school until seen

by or consulting with a doctor/health professional and have met the criteria for discontinuing home isolation. **I understand that a doctor's note is required clearing the child for returning to school.**

_____ I understand that if my child is out sick for 3 or more days for any reason, they must bring a doctor's note to return.

_____ I understand that if my child has a fever, they may not return to school until 48 -hours have passed fever-free *without* the use of any fever-reducing medications.

_____ I understand that my child must maintain an up-to-date well-child visit record with their pediatrician. They also must be up to date with all immunizations. **Failure to comply may result in loss of childcare.**

5. Travel:

Not Vaccinated / Child:

_____ I understand that if I and/or my child travels outside of the United States I will get tested 3-5 days after arrival in the U.S. **and** stay home to self-quarantine for a full 7 days after travel. I must provide Pathways with a negative COVID-19 test result for myself and/or child before entering the facilities. If I choose to not get tested, I must stay home and self-quarantine for 10 days after travel before returning to Pathways. If I have test results to share, I will call the **COVID-19 Reporting Line (see below)** for further instruction.

Fully Vaccinated:

_____ I understand that if I travel outside of the United States I will stay home and get tested 3-5 days after arrival in the U.S. and must provide Pathways with a negative COVID-19 test result before entering the facilities to drop off / pick up my child. If I have test results to share, I will call the **COVID-19 Reporting Line (see below)** for further instruction.

6. COVID-19 Exposure:

_____ I will immediately notify the center's **COVID-19 Reporting Line (see below)** if I become aware of any person with whom my child or I have had contact with:

- is advised by a Board of Health to self-isolate or quarantine
- has tested positive for COVID-19

COVID-19 Reporting Line: 978-489-5447. Messages will be monitored 24/7. Please leave your name, phone number, and detail of what the COVID-19 situation is for your child/family (see above list in item #4). Please wait for a return call from Pathways for further information.

_____ **I understand that I must report any COVID-19 positive diagnosis or exposure of my child and family to the program using the number above. I also understand that I need to wait for Pathways to contact me before bringing my child to school.**

7. Limiting COVID-19 Exposure:

_____ I understand that, outside of care, in order to control my child's exposure in the community, I will comply with any and all state, county, and local orders. I will follow the recommendations from the CDC regarding physical distancing and cloth face coverings.

8. Transportation Policies:

_____ I understand that if my child rides a Pathways bus they must wear a mask if age 2 years or older (unless otherwise medically indicated).

_____ I understand that my child may have a temperature check before boarding the bus if there is suspected illness during the visual check conducted by the bus monitor.

9. Parents Role and Understanding:

_____ I understand that while present in the facility each day my child will be in contact with children and other employees who are also at risk of community exposure. I understand that no list of restriction, guidelines or practices will remove 100% of the risk of exposure to COVID-19 as the virus can be transmitted by persons who are asymptomatic and before some people show signs of infection. I understand that I play a role in keeping everyone in the facility safe and reducing the risk of exposure by following the practices outlined herein.

10. Level of Knowledge/Preparation:

Please help us get your child ready for school. Explain and practice mask wearing if applicable. Your child's teachers will be reaching out to you. Please work with them to make this transition to school as easy as possible for you and your child.

Child's Name: _____ **DOB:** _____

Parent Name: _____

Parent Signature: _____ **Date:** _____

This form must be signed and returned to the center before your child can attend.