

Family-School Agreement for In-Person Programming During COVID-19

Parents/Guardians:

We are so excited to welcome back all of our scholars for the school year 21-22! The safety and security of our scholars and staff is at is at top of mind.

This document contains important information about the commitments we need from you to be able to keep our buildings safely as a result of the COVID-19 public health crisis. Please read this carefully before signing and let us know if you have any questions.

Stokes School Health and Safety Commitments:

- Require safe routines (mask covering, use of hand sanitizer, frequently hand washing, maintain 3ft distancing when feasible)
- Maintain our facility clean
- Reduce class transitions
- Reorganize classroom spaces
- Adjust arrival and dismissal times
- Screen and report symptoms
- Test 100% of staff and scholars each week(Mondays)
- Adjust meal routines
- Support virtual learning (when needed)



Elsie Whitlow Stokes CFPCS Responsibility to Minimize Exposure to COVID-19

- 1. Require students and staff to practice safe routines.** Anyone who comes to school in-person will be provided with a supply of disposable face masks, including smaller masks for our youngest students, and other personal protective equipment (PPE) should they need it.
- 2. Maintain clean and safe facilities.** Enhanced cleaning practices will be a part of our school routines. Frequently touched surfaces (e.g., sink handles, door handles, and playground) will be cleaned and disinfected daily and a deep cleaning will happen weekly.
- 3. Reduce class transitions and time in hallways.** Scholars will be scheduled with a small group of peers that will stay in their classroom and educators will come to them.
- 4. Reorganize classroom spaces.** Desks will be spaced 3 feet apart as much as possible, and scholars will be facing the front of the classroom.
- 5. Adjust arrival and dismissal procedures.** Our schools will have new procedures that incorporate social distancing, include health screenings, and provide hand sanitizer and masks for scholars who do not have one. Family members will be able to help their students check in at their school entry point, but they will not be permitted to enter the building. Visitor access will be significantly limited.
- 6. Screen for illness and report symptoms.** Staff will be required to participate in a daily health screening. If a staff member develops any COVID-19 symptoms while at school, there will be a designated physical location and a process in place that allows the individual to isolate until it is safe to go home and seek medical care. DC Health reporting protocols will be initiated.
- 7. Adjust meal and snack routines.** Each scholar's small group will eat meals together in their classrooms. If weather permitted scholars can eat outside. Meal distribution procedures will prioritize safety and hygiene through individualized meals and the use of hand sanitizer and/or hand washing before and after meals.
- 8. Train staff.** Staff are receiving training on our new safety protocols, contact tracing, maximizing learning opportunities, maintaining safety, and ways to support adults and scholars with trauma.
- 9. Support virtual learning.** A trained staff member will support your scholar's virtual learning. (if applicable)
- 10. Conduct COVID-19 clear saliva testing on a weekly basis to 100% of staff and students.** Stokes is collaborating with SHIELDT3.

My Responsibility to Minimize Exposure to COVID-19

By agreeing to having your scholar participate in in-person programming at school, you agree to take certain precautions which will help keep everyone (your student, other scholars, and Stokes teachers and staff) safe. Stokes School will support all scholars and families with all health and safety protocols, including clear guidance and reminders.

Initial each to indicate that you understand and agree to these actions:

- a. I will only send my scholar to school if they are symptom-free. *Symptoms can include cough, fever, headache, new loss of taste or smell, repeated shaking with chills, sore throat, shortness of breath, and muscle pain.*
- b. I will abide by the guidance in the Ask, Ask, Look protocol which includes determining if my scholar has any symptoms consistent with COVID-19 to the best of my ability or has been in close contact with anyone who has COVID-19 each day.
- c. I will not send my scholar to school if experiencing COVID-19 like symptoms.
- d. I understand that my scholar's temperature will be check upon arrival. If his/her temperature is above 100.4 my scholar will not be admitted in campus.
- e. I understand that if my scholar is send home with COVID-19 like symptoms, I will take my scholar to get tested and will provide a copy of the results to the school. I will email the copy of test to covid19@ewstokes.org
- f. I understand that my scholar will do a clear saliva PCR COVID-19 test every Monday. The operations team will observe my scholar during the process to return to school.
- g. I will ensure my scholar has received the appropriate immunizations for enrollment, will provide record of such prior to returning to school, and understand that without this they will not be admitted.
- h. My scholar will arrive on time.
- i. My scholar will be pick up on time.
- j. I will reinforce with my scholar the importance of their adherence to the social distancing precautions and other safety precautions while at Stokes School.
- k. I will say goodbye to my scholar at their school's designated drop off location and will not enter the building each day to minimize the number of individuals' other scholars and staff are exposed to.
- l. My scholar will wash their hands or use alcohol-based hand sanitizer when they enter the building.
- m. My scholar will bring his/her own reusable bottle of water to school.
- n. I understand that my scholar MUST wear a mask at all the time except when eating or drinking.
- o. If a resident of my home tests positive for COVID-19, I will immediately let the school know, keep my child home for the quarantine timing as determined by DC Health, and will not return to in-person learning until a doctor has advised, and I will present documentation prior to arrival.
- p. If my scholar travels to a high-risk state, I will disclose the information to the school and I will quarantine if requested by the school.

By signing, I agree to the above statements and will make every effort to ensure my scholar abides by them each day.

_____ Parent/Guardian Name Printed

_____ Parent /Guardian Name Signature

_____ Student Name and School
(one per student even if at the same school)

