

To: All participants and families of City Access New York's programs

From: Ryan Dillon, Director of Program Services

Re: Safety Protocol Attestation

In order for us to safely reopen in-person services, we must strictly follow certain safety protocols. We have shared those protocols in a previous mailing. For a program participant to be admitted into in-person service, our staff are mandated to ask the following questions **daily**:

1. Does your child currently have a fever?
  - a. *Note: you may take their temperature at home, however we must also take their temperature before allowing them onto the van.*
2. Has your child recently tested positive for COVID-19?
  - a. *Note: If your child has been recently tested, please notify us and share any results.*
3. Does your child have any COVID-19 related symptoms?
  - a. *Symptoms include fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting or diarrhea.*
4. Has your child had any close contact with people who are confirmed or suspected to have COVID-19?
  - a. *Note: Close contact includes anyone who lives in the home or anyone they may have visited recently.*
5. Has your child or anyone in the home traveled recently to or from places that currently have travel restrictions?

If any of the above questions are answered 'Yes', we cannot allow the participant into our program until they are medically cleared and have been tested negative. They should continue attending remote services during this time.

**COVID-19 Safety Procedure Attestation**

**The guidelines and safety measures put forth by OPWDD and the Department of Health serve the purpose of attempting to avoid the potential transmission of COVID-19 to everyone attending our programs. Signing this attestation is required for participants to attend our programs.**

I attest that I understand the safety procedures City Access is following in order to safely reopen in-person services.

I agree to assist in this process by assessing the health status of the participant attending the program daily and will immediately report to CANY staff any changes in the health status.

I agree to answer the daily questions honestly and understand if any criteria are not met, my child will not be permitted to attend in-person services at City Access New York until medically cleared.

Participant's Name: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_

\*Please keep the first page and return this page as soon as possible\*