

Cross and Crown Lutheran School

Rohnert Park, California 94928

COVID19 Public Health Emergency, August 2020

Staff Waiver

This waiver must be initialed and signed to complete staff employment.

Please read and initial each statement below.

1. _____ I understand that to enter upon the facility premises I must be free from COVID-19 symptoms. If, during the course of the day, any of the following symptoms appear I must immediately notify the Preschool Director or School Administrator.

Symptoms include:

- * Fever of 101.2 degrees Fahrenheit or higher
- * Dry Cough
- * Shortness of Breath
- * Headache
- * Chills
- * Loss of taste or Smell
- * Sore Throat
- * Muscle aches
- * Diarrhea

While we understand that many of these symptoms can also be related to non-COVID-19 related issues we must proceed with an abundance of caution during this Public Health Emergency. These symptoms typically appear 2-7 days after being infected so please take them seriously. You will need to be symptom free without any medication for 72 hours before returning to the facility.

2. _____ I understand that my temperature will be taken before I begin the day while on facility premises.
3. _____ I understand that I am expected to arrive 15 minutes before my scheduled time and will be health screened each day.
4. _____ I understand that until further notice, I am required to wear a mask at all times while in the facility and on facility premises. Each teacher is to provide their own mask with the recommendation that it is washed daily. I understand I am also to wear a face shield in the classroom, provided by Cross and Crown Lutheran School.

5. _____ I understand that the facility has adopted enhanced cleaning procedures and I will comply with and complete all cleaning and disinfecting tasks as assigned each day.
6. _____ I understand that I am required to wash my hands using CDC recommended hand washing procedures throughout the day.
7. _____ I understand that outside of work, in order to control my exposure in the community, I will comply with any and all state, county or local stay-at-home orders, will limit contact outside of work to persons living in my household and will only go out to stores to shop for essential items like food, medicines and toiletries and will follow any recommendations from the CDC that limits my risk for exposure including wearing a mask in all public areas and remaining 6 ft from all other people.
8. _____ I understand that I am expected to maintain 6 ft social distancing while on the church and school premises.
9. _____ I understand that Staff schedules may temporarily change to meet the following policy and there may be daily changes, depending on the needs of the building.
10. _____ I will immediately notify the Preschool Director or School Administrator 1) if I become aware of any person with whom I have had contact, exhibits any of the symptoms listed above, 2) if advised to self-isolate, quarantine, or has tested positive, or is presumed positive for COVID-19.
11. _____ I understand that should I have symptoms of COVID-19 or become exposed to someone with COVID-19, I will, as soon as possible, get tested by my primary care provider or a community testing site. I will self-quarantine while waiting for test results.
12. _____ I understand it is recommended by the California Department of Public Health that all members of school staffs be tested every two months, and that I will comply.
13. _____ I understand that while working in the facility each day I will be in contact with children, families and other employees who are also at risk of community exposure. I understand that no list restrictions, 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 crucial role in keeping everyone in the facility safe and reducing the risk of exposure by following the practices outlined herein.

I, _____ certify that I have read, understand, and agree to comply with the provisions listed herein. I acknowledge that failure to act in accordance with the provisions listed herein, or with any other policy or procedure outlined by CCLS will result in disciplinary action up to and including termination. I acknowledge that my employment will be terminated if it is determined that

my actions, or lack of action unnecessarily exposes another employee, child, or their family member to COVID-19.

Employee Signature

Date

Administrator

Date